# **QUARTERLY STATEMENT**

OF THE

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

**TO THE** 

**Insurance Department** 

**OF THE** 

**STATE OF** 

**RHODE ISLAND** 

FOR THE QUARTER ENDED

June 30, 2021

**HEALTH** 

2021



# **QUARTERLY STATEMENT**

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

ALTUS DENTAL INSURANCE CO., INC.

	1571 , 1571		Code52	2632 En	nployer's ID Number	05-0513223
Organized under the Laws of	ent Period) (Prior Perior RHODE ISLAND	00)	State	of Domicile or Port of Entry	RI	
Country of Domicile	US	,	Otate	or Bonnone or Fort or Entry		
Licensed as business type:	Life, Accident and Health	[X] Property/Cas	sualty	[ ] Hospital, Medica	I & Dental Service or Inde	emnity [ ]
	Dental Service Corporation	• •			nce Organization	[ ]
	Other	• •	erally Qualified?		0	0004
Incorporated/Organized		ugust 1, 2020			·	2001
Statutory Home Office	10 CHARLES STREET	treet and Number)	State of Domicile or Port of Entry R    Property/Casualty   [ ] Hospital, Medical & Dental Service or Indemnity [ ]   Vision Service Corporation   [ ] Health Maintenance Organization [ ]   Health Maintenance Organization [ ]   Provided Business   September 1, 2001			
Main Administrative Office	10 CHARLES STREET	aroot and reambor,		(only or row	ii, otato, ocuita y una zip oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(Street and N	Number)		
	PROVIDENCE, RI US	02904			N	
Mail Address 10 CH	, ,	n, State, Country and Zip Code)		, , ,	,	
Wall Address 10 Ch	ARLES STREET (Street and Nu	imber or P.O. Box)	,			ode)
Primary Location of Books and	Records 10 CH	ARLES STREET		PROVIDENCE, RI US 02904	4 877-223-0	•
		(Street and Number)	(City o	or Town, State, Country and Zip (	Code) (Area Code) (Telep	hone Number)
Internet Website Address	www.altusdental.com			077 000 0577		
Statutory Statement Contact	GEORGE J. BEDARD				Number) (Extension)	
	gbedard@altusdental.	, ,		(receptions	, , ,	
		(E-Mail Address)			(Fax Number)	
		OFFI	CFRS			
	Nam		02.10	Title		
1.	JOSEPH R PERRONI		PRESIDE			
2.	MELISSA GENNARI		ASSISTAN	NT SECRETARY		
3	RICHARD A. FRITZ		TREASUR	RER		
		VICE-PRI	ESIDENTS			
Name		Title				
RICHARD A. FRITZ	VP & CFO	IO INITIATIVEO				
BLAINE CARROLL  JAMES KINNEY	<u>VP - STRATEG</u> VP - SALES	IC INITIATIVES	WENDY DUNG	AN	VP - CHIEF MARKETI	NG OFFICER
O/WIEO TUTTIET	VI O/LEO					
				-		
		DIDECTORS	OD TOUGTEES	-		
ELIZABETH CATUCCI #	JULIE G. DUFF			IDICHT	EDANICIS I ELVINI	
JONATHAN W. HALL	PETER C. HAY					
COLIN P. KANE	MARK A. PAUL					
JOHN T. RUGGEIRI	EDWIN J. SAN	TOS	MARK A. SHAW	V		
State of RHODE ISLAND						
County of PROVIDENCE	22					
odding of Trioviberioe	SS SS					
The officers of this reporting entity h	ooing duly sworn, agab dangaa and	say that they are the described	officers of said reportin	ng antity and that an the reporting	na pariod stated above, all a	f the herein described
		•	•			
	·		•		=	
•				•	•	• •
to the extent that: (1) state law may	y differ; or, (2) that state rules or re	gulations require differences in	reporting not related to	o accounting practices and proc	edures, according to the be	st of their information,
knowledge and belief, respectively.	Furthermore, the scope of this attes	tation by the described officers a	lso includes the related	d corresponding electronic filing w	vith the NAIC, when required	, that is an exact copy
(except for formatting differences du	e to electronic filing) of the enclosed	d statement. The electronic filing	may be requested by v	various regulators in lieu of or in a	addition to the enclosed state	ement.
(Signatur	re)	(Si	gnature)		(Signature)	
JOSEPH R PE	*	-	SA GENNARI		RICHARD A. FRIT	Z
(Printed Na			ted Name)		(Printed Name)	
1.	NT		2.		3. TDE 4 OUDED	
PRESIDE (Title)	NI		IT SECRETARY		TREASURER (Title)	
(Title)			(Title)		(Title)	
Subscribed and awarn to hefere	thic			a la thia an ari-i	al filing?	[V]Voc [ ]No
Subscribed and sworn to before me				a. Is this an origina	<del>-</del>	[X]Yes []No
12th day of AUGUST	, 2021				e the amendment number	
				2. Date		
		<del></del>		3. Num	nber of pages attached	
KRISTEN MEIZOSO						
My commission expires 8/1/24						

# **ASSETS**

-		Current Statement Date			
		1	2	3	4
,		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
	Bonds Stocks:	42,744,472		42,744,472	41,923,999
	2.1 Preferred stocks				
	2.2 Common stocks				
3.					
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$ 0 encumbrances)				
	4.2 Properties held for the production of income (less \$ 0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 4,389,094), cash equivalents (\$ 1,444,392), and short-term				
	investments (\$ 0)	5,833,486		5,833,486	1,450,158
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets	7,443,723		7,443,723	9,019,550
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.					
12.	/	56,021,681		56,021,681	52,393,707
13.	Title plants less \$ 0 charged off (for Title insurers only)				
14.	Investment income due and accrued	326,701		326,701	336,115
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	842,995	34,980	808,015	907,619
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$ 0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.		719,974	55,840	664,134	558,642
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	693,478		693,478	693,478
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$ 0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	1,148,560		1,148,560	3,291,059
24.	Health care (\$ 0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				2,330
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
-	Protected Cell Accounts (Lines 12 to 25)	59,753,389	90,820	59,662,569	58,182,950
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				-0.455.5-
28.	Total (Lines 26 and 27)	59,753,389	90,820	59,662,569	58,182,950
	,		1	i	
	DETAILS OF WRITE-IN LINES				

DETAILS OF WRITE-IN LINES		
1101.	 	
1102.	 	 
1103.	 	 
1198. Summary of remaining write-ins for Line 11 from overflow page		
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)		
2501. ADVANCE CLAIM PAYMENTS DUE TO COVID 19	 	 2,330
2502.	 	 
2503.	 	 
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		2,330

# LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 0 reinsurance ceded)	2,419,510		2,419,510	2,249,600
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	116,184		116,184	133,068
4.	Aggregate health policy reserves, including the liability of \$ 0 for medical				
	loss ratio rebate per the Public Health Service Act				
	Aggregate life policy reserves				
6.					
	Aggregate health claim reserves				
	Premiums received in advance	1,064,143		1,064,143	865,964
	General expenses due or accrued	1,959,160		1,959,160	2,433,309
10.1	Current federal and foreign income tax payable and interest thereon				
40.0	(including \$ 0 on realized gains (losses))				
	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others Remittances and items not allocated				
	Borrowed money (including \$ 0 current) and interest				
14.	thereon \$ 0 (including \$ 0 current)				
15	Amounts due to parent, subsidiaries and affiliates	1,559,354		1,559,354	994,757
	Ded all as	1,000,004		1,000,004	
	Payable for securities	6,472,360		6,472,360	6,472,360
	Payable for securities lending	, , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Funds held under reinsurance treaties (with \$ 0 authorized reinsurers,				
	\$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$ 0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$ 0 current)	1,130,278		1,130,278	1,182,094
24.	Total liabilities (Lines 1 to 23)	14,720,989		14,720,989	14,331,152
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	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		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
	Unassigned funds (surplus)	XXX	XXX	38,621,719	37,531,937
32.	Less treasury stock, at cost:				
	32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX		
	32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
1	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	44,941,580	43,851,798
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	59,662,569	58,182,950
	DETAILS OF WRITE-IN LINES				

DETAILS OF WRITE-IN LINES				
2301. COVID PREMIUM CREDITS NOT YET TAKEN BY GROUPS	616,464		616,464	668,280
2302. ADVANCE DEPOSITS	513,814		513,814	513,814
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,130,278		1,130,278	1,182,094
2501. RESTRICTED RESERVES ACA ASSESSMENT	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	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**

2. Net pre 3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ital/medical benefits r professional services	1 Uncovered  XXX XXX XXX XXX XXX XXX XXX XXX		To Date  3 Total  992,091 35,265,274  35,265,274	December 31  4  Total  2,004,863 69,115,205  69,115,205  46,832,619
2. Net pre 3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ge in unearned premium reserves and reserve for rate credits or-service (net of \$ 0 medical expenses) revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	Uncovered  XXX  XXX  XXX  XXX  XXX  XXX  XXX	Total  1,012,284 38,238,954  38,238,954  30,519,625	Total  992,091 35,265,274  35,265,274  18,198,295	Total  2,004,863 69,115,205  69,115,205  46,832,619
2. Net pre 3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ge in unearned premium reserves and reserve for rate credits or-service (net of \$ 0 medical expenses) revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX XXX XXX XXX XXX XXX	1,012,284 38,238,954 38,238,954 30,519,625	992,091 35,265,274 35,265,274 18,198,295	2,004,863 69,115,205 69,115,205 46,832,619
2. Net pre 3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ge in unearned premium reserves and reserve for rate credits or-service (net of \$ 0 medical expenses) revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX XXX XXX XXX XXX	38,238,954 38,238,954 30,519,625	35,265,274 35,265,274 18,198,295	69,115,205 69,115,205 46,832,619
3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	remium income (including \$ 0 non-health premium income) ge in unearned premium reserves and reserve for rate credits or-service (net of \$ 0 medical expenses) revenue gate write-ins for other health care related revenues gate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs gate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX XXX XXX XXX XXX	38,238,954 30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
3. Chang 4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ge in unearned premium reserves and reserve for rate credits or-service (net of \$ 0 medical expenses) revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) rd Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX XXX XXX XXX	30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
4. Fee-fol 5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	or-service (net of \$ 0 medical expenses) revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX XXX XXX	30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
5. Risk re 6. Aggreg 7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	revenue egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7)  Id Medical:  ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical titive pool, withhold adjustments and bonus amounts	XXX XXX XXX	30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	egate write-ins for other health care related revenues egate write-ins for other non-health revenues revenues (Lines 2 to 7) id Medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX	30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
7. Aggreg 8. Total re Hospital and 9. Hospital 10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	egate write-ins for other non-health revenues revenues (Lines 2 to 7)  Id Medical:  Ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts	XXX	30,519,625	35,265,274 18,198,295	69,115,205 46,832,619
8. Total re Hospital and 9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	revenues (Lines 2 to 7)  Id Medical:  Ital/medical benefits  r professional services  de referrals  gency room and out-of-area  cription drugs  egate write-ins for other hospital and medical  tive pool, withhold adjustments and bonus amounts		30,519,625	18,198,295	46,832,619
9. Hospital 10. Other p 11. Outside 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtota Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	ital/medical: ital/medical benefits r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
10. Other p 11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	r professional services de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	r professional services  de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
11. Outsid 12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	de referrals gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
12. Emerg 13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	gency room and out-of-area cription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
13. Prescri 14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	oription drugs egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
14. Aggreg 15. Incenti 16. Subtot Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	egate write-ins for other hospital and medical tive pool, withhold adjustments and bonus amounts				
15. Incenti 16. Subtot Less:  17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	tive pool, withhold adjustments and bonus amounts				
16. Subtota Less: 17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas			20 540 005		
17. Net rei 18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas	7. (Lines 5 to 15)		1 305196251	18,198,295	46,832,619
18. Total h 19. Non-he 20. Claims 21. Genera 22. Increas			30,519,625	10,130,233	70,002,013
19. Non-he 20. Claims 21. Genera 22. Increas	einsurance recoveries				
19. Non-he 20. Claims 21. Genera 22. Increas	hospital and medical (Lines 16 minus 17)		30,519,625	18,198,295	46,832,619
21. Genera 22. Increas \$	nealth claims (net)				
21. Genera 22. Increas \$	ns adjustment expenses, including \$ 153,422 cost containment expenses		1,465,541	878,331	3,267,538
\$	ral administrative expenses		5,322,028	6,292,397	10,670,493
\$	ase in reserves for life and accident and health contracts (including				
	0 increase in reserves for life only)				
23. Total u	underwriting deductions (Lines 18 through 22)		37,307,194	25,369,023	60,770,650
	nderwriting gain or (loss) (Lines 8 minus 23)		931,760	9,896,251	8,344,555
	nvestment income earned		513,229	532,331	1,037,750
1	ealized capital gains (losses) less capital gains tax of \$ 0		(49,295)	840	(20,532
	nvestment gains (losses) (Lines 25 plus 26)		463,934	533,171	1,017,218
I	ain or (loss) from agents' or premium balances charged off [ (amount			,	,,,,,
recove					
l	parto write inc for other income or expenses				(3,378,410
	ncome or (loss) after capital gains tax and before all other federal income taxes				(0,010,110
I		XXX	1,395,694	10,429,422	5,983,363
1			305,912	2,432,993	2,024,495
32. Net inc	s 24 plus 27 plus 28 plus 29) ral and foreign income taxes incurred	XXX	000,012	2,702,000	2,027,433

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		121,590
2902. DONATION TO TUFTS DENTAL SCHOOL		(500,000)
2903. DONTATION TO THE BOSTON FOUNDATION		(3,000,000)
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		(3,378,410)

# **STATEMENT OF REVENUE AND EXPENSES (Continued)**

•		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	43,851,798	39,050,122	39,050,122
34.	Net income or (loss) from Line 32	4 000 700	7,996,429	3,958,868
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			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			604,719
39.	Change in nonadmitted assets			136,541
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	(85,110)	(20,571)	101,292
48.	Net change in capital and surplus (Lines 34 to 47)	1,089,782	8,234,518	4,801,676
49.	Capital and surplus end of reporting period (Line 33 plus 48)	44,941,580	47,284,640	43,851,798

	DETAILS OF WRITE-IN LINES			
4701.	INCLUSION OF BAD DEBT RESERVE IN THE NON ADMITTED ASSET	(85,110)	(20,571)	101,292
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)	(85,110)	(20,571)	101,292

# **CASH FLOW**

		1	2	3
	Cash from Operations	Current Year	Prior Year	Prior Year
		To Date	To Date	Ended December 31
1.	Premiums collected net of reinsurance	38,431,245	36,066,292	69,023,0
2.	Net investment income	473,348	534,980	1,024,0
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	38,904,593	36,601,272	70,047,1
5.	Benefit and loss related payments	30,349,715	18,301,155	46,330,3
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	7,278,602	6,461,939	7,874,0
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	305,912	2,432,993	2,024,4
10.	Total (Lines 5 through 9)	37,934,229	27,196,087	56,228,8
11.	Net cash from operations (Line 4 minus Line 10)	970,364	9,405,185	13,818,2
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	3,159,296	1,250,196	6,791,4
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets	1,575,827	1,285,006	1,285,0
	12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	4 705 400	0.505.000	0.070
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,735,123	2,535,202	8,076,4
13.	Cost of investments acquired (long-term only):	4 475 400	500 700	7.004.0
	13.1 Bonds		593,796	7,264,9
	13.2 Stocks			
	13.3 Mortgage loans 13.4 Real estate			
	40 F Other-in		1,178,548	0.064.6
	40.0 Minutes and Parket		1,170,540	9,064,5
		4.175.429	1,772,345	16,329,4
14.	Notice of the second se	4,170,423	1,772,040	10,529,5
	Net increase (or decrease) in contract loans and premium notes  Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	559,694	762,857	(8,253,0
	Cash from Financing and Miscellaneous Sources	,	,	( ) /
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	2,853,270	4,509,392	(6,720,4
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus			
	Line 16.5 plus Line 16.6)	2,853,270	4,509,392	(6,720,4
	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)	4,383,328	14,677,434	(1,155,3
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	1,450,158	2,605,490	2,605,4
	19.2 End of period (Line 18 plus Line 19.1)	5,833,486	17,282,924	1,450,1
	13.2 End of portod (Eine 10 pids Eine 13.1)			

_N	Note: Supplemental disclosures of cash flow information for non-cash transactions:	
20	0.0001	
20	0.0002	
20	0.0003	

# **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	168,811					168,811				
2. First Quarter	168,279					168,279				
3. Second Quarter	169,514					169,514				
4. Third Quarter										1
5. Current Year										
6. Current Year Member Months	1,012,284					1,012,284				
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)	38,431,245					38,431,245				
13 Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	38,238,954					38,238,954				
17. Amount Paid for Provision of Health Care Services	30,349,715					30,349,715				
Amount Incurred for Provision of Health Care Services						30,519,625				

(:	a)	For health pro-	emiums written:	amount of Medicare	Title XVIII exemi	ot from state taxes	s or fees \$	0
1,	٠,	i oi noulli pi	Cillianio Williani.	arriourit or inculouro	THE ATTHE CACHIN	יים אוליווי אוניים וויים ו	J OI ICCO 4	,

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

	Aging	Analysis of Unpaid Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
5233333 Aggregate accounts not individually listed - discovered						
0399999 Aggregate accounts not individually listed - covered	1,316,409	364,741	235,114	170,676	332,570	2,419,5
0499999 Subtotals	1,316,409	364,741	235,114	170,676	332,570	2,419,5
0599999 Unreported claims and other claim reserves						
Josepha Onreported claims and other claim reserves						
0699999 Total amounts withheld						
0799999 Total claims unpaid						2,419,5
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	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)						
2. Medicare Supplement						
3. Dental only	1	28,430,692	159,284	2,260,226	2,078,307	2,249,600
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)	1,919,023	28,430,692	159,284	2,260,226	2,078,307	2,249,600
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,919,023	28,430,692	159,284	2,260,226	2,078,307	2,249,600

(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 quarter ended June 30, 2021 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 Summary of Significant Accounting Policies and Going Concern ation of the Company's net inc. and capital & surplus between NAIC SAP and the state of ... is shown below NET INCOME F/S F/S age 3,958,868 1,089,782 01. ALTUS DENTAL INSURANCE CO., INC. state basis (Page 4, Line 3 \$ XXX XXX F/S F/S Net Income Net Income SSAP# Details of Depreciation of Fixed Assets Page Totals (Lines 01A0201 through 01A0225) 03. State Permitted Practices that are an increase/(decrease) from NAIC SAP Net Income F/S Net Income F/S SSAP# Details of Depreciation of Home Office Property Page Totals (Lines 01A0301 through 01A0325) 3,958,868 04. NAIC SAP (1 - 2 - 3 = 4)1,089,782 SURPLUS F/S F/S Line # 43,851,798 06. State Prescribed Practices that are an increase/(decrease) from NAIC SAP: F/S Surplus Surplus SSAP# e.g., Goodwill, net, Fixed Assets, Net Page Line # 2020 Totals (Lines 01A0601 through 01A0625) 707. State Permitted Practices that are an increase/(decrease) from NAIC SAP Net Income Net Income Page Home Office Property SSAP# Line # 2021 2020 Totals (Lines 01A0701 through 01A0725) 08. NAIC SAP (5 - 6 - 7 = 8) \$ XXX XXX XXX 44.941.580 43.851.798

## (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 Policy

### **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 now reported as Cash on Schedule E and the Balance Sheet, per the NAIC guidance.
- 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 the 2021 annual 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 2021 and 2020 accounting practices or resulting statutory income and surplus as reported by the Company.

SSAP 47 requires the exclusion of uninsured plan business for both premiums earned and claims incurred in the Statement of Revenues and Expenses. The Company has identified its Administrative Service Business (ASC), where the account, not Altus Dental Insurance Company, Inc., has assumed the overall risk for the claims incurred and removed these components from both premiums earned and claims incurred in these 2021 and 2020 financial statements and the associated supporting exhibits. The administrative expenses reimbursed from ASC business is reported in the Annual Statement as "reimbursements by uninsured accident and health plans" in the Underwriting and Investment Exhibit Part 3 - Analysis of Expenses.

### NOTE 3 - - BUSINESS COMBINATIONS AND GOODWILL

During 2021, the Company had no business combinations, direct purchases or mergers with other companies. The related disclosures, specifically including 3A, are all not applicable.

### NOTE 4 - - DISCONTINUED OPERATIONS

During 2021, the Company's financial results include no gains or losses from discontinued operations. The related note disclosures, specifically including 4A(1), 4A(3) and 4A(4), are all not applicable.

### NOTE 5 - - INVESTMENTS

The Company's bond investments described in Note 1, and other invested assets represent all of the Company's statutory recorded investments at June 30, 2021 and December 31, 2020.

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 5A(3) through 5A(8), 5B(1) through 5B(3), 5D(2) through 5D(4), 5E(3)a, 5E(3)b, 5E(5)a, 5E(7), 5F(2), 5F(3), 5F(5) through 5F(11), 5G(2), 5G(3), 5G(5) through 5G(10), 5H(2), 5H(3), 5H(5) through 5H(9), 5I(2), 5I(3), 5I(5) through 5I(8), 5L, 5M(1), 5M(2), 5N, 5O, 5P and 5Q are all not applicable.

- A. Mortgage Loans, including Mezzanine Real Estate Loans This is not applicable.
- B. Debt Restructuring This is not applicable.
- C. Reverse Mortgages This is not applicable.
- D. Loan Backed Securities This is not applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions This is not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing This is not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing This is not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale This is not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale This is not applicable.
- J. 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. In December 2018, the Company's parent purchased an adjacent building to its existing corporate headquarters. This new entity, First Circle Realty, was incorporated as a subsidiary of The Altus Group.

- K. Low-Income Housing Tax Credits (LIHTC) The Company does utilize state tax credits, which may include low-income housing tax credits. See footnote number 21, where accounting for tax credits is addressed.
- L. Restricted Assets This is not applicable, so no table is needed.
- M. Working Capital Finance Investments This is not applicable.
- N. Offsetting and Netting of Assets and Liabilities This is not applicable.
- O. 5GI\* Securities This is not applicable.
- P. Short Sales This is not applicable.
- Q. Prepayment Penalty and Acceleration Fees The Company received \$40,920 in acceleration fees for the year ended December 31, 2020 and \$50,095 for the two quarters ending June 30, 2021.
- R. Reporting Entity's Share of Cash Pool by Asset Type See Note 20

Asset Type	Percent Share
Cash	76%
Cash Equivalents	24%
Short-Term Investments	0%
Total	100%

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

During 2021 and 2020, 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, 2021 and December 31, 2020, 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 were no statutory temporarily impaired adjustments at June 30, 2021 or at December 31, 2020.

## NOTE 8 - - DERIVATIVE INSTRUMENTS

As disclosed in Note 1 above, 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, 2021 and December 31, 2020, the Company had not utilized any derivative financial instruments. The related disclosures, specifically 8A(8) and 8B(2) through 8B(4), 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, 2021 and December 31, 2020 balances and related disclosures are calculated and presented pursuant to SSAP No. 101.

# NOTES TO FINANCIAL STATEMENTS

01.	The components of the net deferred tax asset/(liability) at June 30 ar	e as follows:					
UI.			06/30/2021			12/31/202	
		(1)	(2)	(3)	(4)	(5)	(6)
				(Col 1 + 2)			(Col 4 + 5)
a.	Gross Deferred Tax Assets	Ordinary \$ 693,478	Capital	Total 693.478	Ordinary 693,478	Capital	Total 693,478
b.	Statutory Valuation Allowance Adjustments	\$		050,410	000,470		050,470
	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 693,478		693,478	693,478		693,478
d. e.	Deferred Tax Assets Nonadmitted Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 693,478		693,478	693,478		693,478
	Deferred Tax Liabilities	\$ 093,476		055,476	053,476		093,476
	Net Admitted Deferred Tax Asset /			L			
	(Net Deferred Tax Liability) (1e - 1f)	\$ 693,478		693,478	693,478		693,478
01.			Change		1		
		(7)	(8)	(9)	]		
		(Col 1 - 4)	(Col 2- 5)	(Col 7 + 8)			
		Ordinary	Capital	Total			
a.	Gross Deferred Tax Assets Statutory Valuation Allowance Adjustments	\$ \$					
b. c.	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$	***************************************				
d.	Deferred Tax Assets Nonadmitted	\$					
е.	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$					
	Deferred Tax Liabilities  Net Admitted Deferred Tax Asset /	\$			-		
9	(Net Deferred Tax Liability) (1e - 1f)	\$					
<b>7</b> 2.			00.00.0004		-	10/04/000	•
2.		(1)	06/30/2021 (2)	(3)	(4)	12/31/202	(6)
		(.,	\	''	,	\-'	
	Admin a language of the Common and t	Outline and	0	(Col 1 + 2)	0	0	(Col 4 + 5)
	Admission Calculation Components SSAP No. 101 Federal Income Taxes Paid In Prior Years Recoverable	Ordinary	Capital	Total	Ordinary	Capital	Total
	Through Loss Carrybacks.	\$					
	Adjusted Gross Deferred Tax Assets Expected To Be Realized			***************************************			***************************************
	(Excluding The Amount Of Deferred Tax Assets From 2(a) above)  After Application of the Threshold Limitation. (The Lesser of						
	2(b)1 and 2(b)2 Below)	\$ 693,478		693,478	693,478		693,478
1.	Adjusted Gross Deferred Tax Assets to be Realized Following	_		***************************************			
2	the Balance Sheet Date.  Adjusted Gross Deferred Tax Assets Allowed per	\$	***************************************				
	Limitation Threshold	\$ XXX	xxx		xxx	xxx	
	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 application of SSAP						
	No. 101. Total ( 2(a) + 2(b) + 2(c) )	\$ 693,478		693,478	693,478		693,478
2.			Change		1		
		(7)	(8)	(9)			
		(0-14 4)	(O-10 E)	(0.17.0)			
	Admission Calculation Components SSAP No. 101	(Col 1 - 4) Ordinary	(Col 2-5) Capital	(Col 7 + 8) Total			
a.	Federal Income Taxes Paid In Prior Years Recoverable	,	·		1		
	Through Loss Carrybacks.	\$					
	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above)						
	After Application of the Threshold Limitation. (The Lesser of						
	2(b)1 and 2(b)2 Below)	\$					
1.	Adjusted Gross Deferred Tax Assets to be Realized Following the Balance Sheet Date.	\$					
	Adjusted Gross Deferred Tax Assets Allowed per		h	·	1		
	Limitation Threshold	\$ XXX	XXX				
	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.	\$					
	Deferred Tax Assets Admitted as the result of application of SSAP						
	No. 101. Total ( 2(a) + 2(b) + 2(c) )	\$					
3.		2021	2020	]			
	Ratio Percentage Used to Determine Recover Period						
	And Threshold Limitation Amount.  Amount Of Adjusted Capital And Surplus Used To Determine						
	Recovery Period And Threshold Limitation In 2(b)2 Above.	\$					
4.		06/30	/2021	12/31/	2020	Cha	ange
	Impact of Tax-Planning Strategies	(1)	(2)	(3)	(4)	(5)	(6)
(a)	Determination of Adjusted Gross Deferred Tax					(Col.12)	(Col 2 A)
	Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
	Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 693,478		693,478	p / mm/		P
1.							
1. 2.	Percentage of Adjusted Gross DTAs By Tax				1	1	I
1.	Character Attributable To The Impact of Tax Planning Strategies	\$ 693,478		693.478			
1. 2.		\$ 693,478		693,478			
1. 2. 3. 4.	Character Attributable To The Impact of Tax Planning Strategies Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	\$ 693,478		693,478			

C.		Current income taxes incurred consist of the following ma	jor	components		
				(1)	(2)	(3)
						(Col 1 - 2)
				06/30/2021	12/31/2020	Change
٩.		Current Income Tax				
	a.	Federal	\$	305,912	2,024,495	(1,718,583)
	b.	Foreign	\$			
	c. d.	Subtotal Federal Income Tax on net capital gains	\$	305,912	2,024,495	(1,718,583)
	e.	Utilization of capital loss carry-forwards	\$			
	f.	Other	\$	205.040	0.004.405	(4.740.500)
	g.	Federal and foreign income taxes incurred	\$	305,912	2,024,495	(1,718,583)
2.		Deferred Tax Assets:				
	a.	Ordinary				
	(1)	Discounting of unpaid losses	\$	9,858	9,858	
		Unearned premium reserve	\$	86,018	86,018	
		Policyholder reserves Investments	\$			
		Deferred acquisition costs	\$			
		Policyholder dividends accrual	\$			
		Fixed assets  Compensation and benefits accrual	\$			
		Pension accrual	\$			
		Receivables - nonadmitted	\$	36,945	36,945	
		Net operating loss carry-forward  Tax credit carry-forward	\$	537,767	537,767	
		Other (including items <5% of total ordinary tax assets)	\$	22,890	22,890	
	(99)	Subtotal	\$	693,478	693,478	
	b.	Statutory valuation allowance adjustment	\$			
	C.	Nonadmitted	\$			
	d.	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	693,478	693,478	
	e.	Capital:				
		·				
		Investments	\$			
		Net capital loss carry-forward Real estate	\$			
		Other (including items <5% of total capital tax assets)	\$			
	(99)	Subtotal	\$			
	f.	Statutory valuation allowance adjustment	\$			
	g.	Nonadmitted	\$			
	h. i.	Admitted capital deferred tax assets (2e99 - 2f - 2g) Admitted deferred tax assets (2d + 2h)	\$	693,478	693,478	
		Admitted deferred (ax assets (20 1 211)	Ψ.	033,470	033,470	
3.		Deferred Tax Liabilities:				
	a.	Ordinary				
	(1)	Investments	\$			
		Fixed assets	\$			
		Deferred and uncollected premium Policyholder reserves	\$			
		Other (including items <5% of total ordinary tax liabilities)	\$			
	(99)	Subtotal	\$			
	b.	Capital:				
		Investments Real Estate	\$			
		Other (including items <5% of total capital tax liabilities)	\$			
	(99)	Subtotal	\$			
	C.	Deferred tax liabilities (3a99 + 3b99)	\$			
4.		Net deferred tax assets/liabilities (2i - 3c)	\$	693,478	693,478	
I.		Alternative Minimum Tax Credit				
	(1)	Gross AMT Credit Recognized as:		Amount		
	(')	a. Current year recoverable	\$	Amount		
		b. Deferred tax asset (DTA)	\$			
	(2)	Beginning Balance of AMT Credit Carryfoward	\$	l		
		Amounts Recovered	\$			
		Adjustments	\$			
		Ending Balance of AMT Credit Carryforward (5 = 2 - 3 - 4) Reduction for Sequestration	\$			
		Nonadmitted by Reporting Entity	\$			
	(8)	Reporting Entity Ending Balance (8 = 5 - 6 - 7)	\$			

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, 2021 and no net change in the total valuation allowance adjustments for the periods ended June 30, 2021 and December 31, 2020, 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, 2021 and December 31, 2020, 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:			
2021	\$ 305,912	_	305,912
2020	\$ 2,024,495	_	2,024,495
2019	\$ 1,562,125	_	1,562,125
2018	\$ 1,822,805	_	1,822,805
2017	\$ 2,431,284	_	2,431,284

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., First Circle, Inc. and First Circle Realty, Inc, 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 2017 and subsequent.

## NOTE 10 - - INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. In December of 2018, a new entity within the Altus Group, First Circle Realty, Inc. was formed to purchase the land and building at 10 Orms Street in Providence. The purchase was capitalized with \$6,500,000 and recorded as an intercompany transfer from the ultimate parent Company, Delta Dental of Rhode Island.

Previously, in the fourth quarter of 2016, a new entity within the Altus Group, First Circle, Inc. was also established and was capitalized with \$10,000,000 in the first quarter of 2017. In March of 2019, additional capital in the amount of \$5,000,000 was transferred to this new company. These amounts were recorded as intercompany transfers, as these capitalizations were from the ultimate parent Company, Delta Dental of Rhode Island. First Circle, Inc., a for-profit subsidiary, remains in the development stage. The Company is a services company that connects consumers with dentists for services not payable by insurance, and assists dental offices in promoting and increasing the efficiency of their offerings of such services through its proprietary Chewsi technological, transactional, payment processing and marketing services platform.

- B. See section A above.
- C. See section A above.
- D. At June 30, 2021 and December 31, 2020 the Company has 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 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 dental operations of The Altus Group, Inc. and its subsidiaries projects profitability going forward and that the intercompany advances will be reduced gradually over time.

See Schedule Y of the 2020 Annual Statement – Part 2 – Summary of Insurers Transactions with any Affiliates.

# ALTUS DENTAL INSURANCE CO., INC. INTERCOMPANY BALANCES JUNE 30, 2021

Assets (Page 2) Line #	Account #	Description	Amount
23	2166-0000-000	A/R from Delta Dental of RI	\$1,148,559.76
		Total	\$1,148,559.76
Liabilities (Page Line #	e 3) Account #	Description	Amount
15	2166-0000-001 2166-0000-002 2166-0000-003	A/P to The Altus Group. Inc. A/P to Altus Dental, Inc. A/P to Altus Systems, Inc.	\$247,209.31 1,171,670.62 140,474.01

- E. The company maintains no guarantees or undertakings in accordance with SSAP #5 not applicable.
- F. 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 ultimate 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 Delta Dental (DDRI), for costs associated with a portion of consolidated expenses incurred by DDRI that should be spread between the two insurance companies. The main costs in this category would be rent, depreciation and payroll and fringe benefit costs for the various departments that service both insurance Companies, such as Underwriting and Finance.
- Altus Systems (AS) is the company that employs the operations staff necessary to administer the dental business of both DDRI and this Company, such as claims processing and customer service.
- Altus Dental incurs costs related to: (1) advertising, (2) recruiting and servicing the provider network, and (3) sales and marketing activities. These costs are then allocated to the Company based on the volume of subscriber dental contracts.

For the periods ended June 30, 2021 and December 31, 2020, after elimination of intercompany transactions, The Altus Group, Inc. generated a gain of \$685,777 and a gain of \$3,585,032, 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 2020 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.

- G. 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.
- H. The consolidated holding company maintains no upstream intermediate entities. This type of structured entity is not applicable to the corporate structure of Delta Dental of Rhode Island and all subsidiaries.
- I. The Company has no ownership of SCA entities. The parent company, Delta Dental of Rhode Island, does have an SCA annual filing for its subsidiary, The Altus Group.
- J. SCA impairment is not applicable to the Delta Dental of Rhode Island and Altus Dental Insurance Company as all subsidiaries are healthy and profitable.
- K. Foreign Insurance Subsidiaries are not applicable to the operations of the Company.
- L. Investments in a downstream noninsurance holding Company are not applicable to the operations of the Company.
- M. The Company maintains no SCA investments, so the Balance Sheet valuation tables are not applicable.
- N. The NAIC guidance per this section relates to disclosing Insurance SCA investments where the statutory equity reflects a departure from the NAIC permitted or prescribed statutory accounting practices and procedures. This departure from NAIC entity valuation methodology is not applicable to the corporate structure of the Company, therefore the table disclosing an NAIC departure is not applicable.
- O. The company maintains no SCA investments, so there are no losses that would exceed its investment. No disclosure is needed.

### NOTE 11 - - DEBT

During the periods ended June 30, 2021 and December 31, 2020 the Company had no outstanding capital notes or any debt arrangements. The related note disclosures, specifically including 11B(2) through 11B(4), 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(1) through 12A(7), 12A(10) and 12C(1), 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, specifically including 13(11) and 13(12), are all not applicable.

- 1. 30 shares at \$100,000 per share.
- 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 At December 31, 2020, there was no reserve restriction. The government spending bill enacted in December 2019 repealed the annual fee on health insurance providers under section 9010 of the Affordable Care Act, effective in 2021. This will result in no payment being made for the 2020 statutory premiums earned. A total of \$1,089,121 of reserves were restricted at December 31, 2019 for the estimated twelve months of the 2020 ACA assessment, based on the actual 2019 premiums in the December 31, 2019 filing. This amount was expensed in the first quarter of 2020. The final actual consolidated amount of \$1,982,996 from the IRS was paid in September 2020. Included in this total was \$1,096,027 which was allocated to the Company.
- 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. There were no unassigned funds represented or reduced by unrealized gains and losses within the bond investments at June 30, 2021 and December 31, 2020 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, specifically including 14A(2), 14B(3), 14B(3) and 14D, are all not applicable.

The following are not applicable to the company.

- A. Contingent commitments Not applicable
- B. Assessments Not applicable, other than the ACA Assessment addressed above
- C. Gain contingencies Not applicable
- D. Claims related extra contractual obligation Not applicable
- E. Joint and several liabilities Not applicable
- F. All other contingencies Not applicable

### NOTE 15 - - LEASES

The Company has no lease obligations for office space or other such commitments, as it is allocated expenses from the ultimate parent Delta Dental of Rhode Island. The related note disclosures, specifically including 15A(2)a, 15B(1)c, 15B(2)b and 15B(2)c, 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, specifically including 16(1), 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 17C(2), 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 2021 and 2020 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, 2021 and December 31, 2020 financial operations respectively exclude approximately \$3,805,347 and \$5,686,047 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 contracts. 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 the Uninsured Portion of Partially Insured Plans

A	ASO Plans The gain from operations from Administrative Services Only (ASO) unplans and the uninsured portion of partially insured plans was as follouring 2021: (years as seen in Notes text)		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
	a. Net reimburs for admin Exp (includ admin fees) in excess of act	\$			
	b. Total net other income or exp (includ interest paid to or rec from )	\$			
	c. Net gain or (loss) from operations (a + b)	\$			
	d. Total claim payment volume	\$			
В.	ASC Plans				
	The gain from operations from Administrative Services Contract (ASC	)[د	ASC	Uninsured Portion	
	plans and the uninsured portion of partially insured plans was as foll	lov	Uninsured	of Partially Insured	Total
	during 2021: (years as seen in Notes text)		Plans	Plans	<u>ASC</u>
		L			
	Gross reimbursement for medical cost incurred	\$	3,539,154		3,539,154
	b. Gross administrative fees accrued	\$	266,193		266,193

\$

\$

3.805.347

3.805.347

# 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 \$1,714,543 and \$3,425,164 for the periods ended June 30, 2021 and December 31, 2020. The related note disclosures are all not applicable.

## NOTE 20 - - FAIR VALUE MEASUREMENTS

c. Other income or expenses (includ interest paid to or received fro \$

d. Gross expenses incurred (claims and administrative)

e. Total net gain or loss from operations (a + b + c - d)

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 data obtained from independent sources based on trades of securities while unobservable inputs reflect the Company's market assumptions. These inputs are comprised 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, 2021				
Assets at fair value:				
Cash Equivalents - Money Market	\$ 1,444,392			1,444,392
Investments - Bonds		43,530,159		43,530,159
December 31, 2020				
Assets at fair value:				
Cash Equivalents - Money Market	\$ 2,625,644			2,625,644
Investments - Bonds		43,487,360		43,487,360

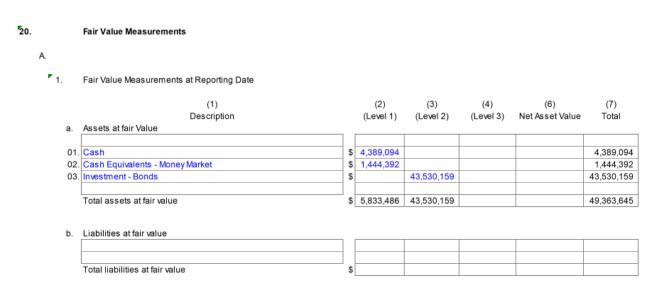
The book values and estimated fair values of the Company's financial instruments are as follows:

			Т	June	2021		Decemb	er 2020
			Т		Estimated			Estimated
				Book value	fair value		Book value	fair value
Assets:								
Cash	1	\$	S	4,389,094	4,389,094	\$	(320,793)	(320,793)
Cash	Equiva	lents - Money Market	Т	1,444,392	1,444,392		1,770,951	1,770,951
Inves	stments	- Bonds		42,744,472	43,530,159		41,923,999	43,487,360

Cash and Cash Equivalents – The carrying value of cash and cash equivalents 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.

## NOTES TO FINANCIAL STATEMENTS



Assets:  Beginning Balance at 01/01/2021 to Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Beginning Balance at Transfers in-Transfers out of Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total S   (1) (2) (3) (4) (5) (6) (7) (8) (9) (1)  Beginning Balance at Transfers in-Transfers out of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  (1) (2) (3) (4) (5) (6) (7) (8) (9) (1)  Beginning Balance at Transfers in-Transfers out of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total gains and (losses) and (losses) and (losses) included in of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total S  Total gains and (losses) Net included in of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total S  Effective Carrying Interest Maturity											, ,
Total gains and (losses) and (l	Assets:	Balance	at Transfers in-		and (losses) included in	and (losses) included in	Purchases	Issuances	Sales	Settlements	Endin Balance 12/31/20
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1)  Beginning Balance at Transfers in- Transfers out included in included in Surplus Purchases Issuances Sales Settlements 12/3  Total \$  Aggregate Admitted Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value    Total \$  Effective Carrying Interest Maturity					~~~~~		***************************************				
Beginning Balance at Transfers in- Transfers out of Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Total S  Aggregate Admitted Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity	Total	\$									
Beginning Balance at Transfers in- Transfers out of Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Total  S  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Effective Carrying Interest Maturity										'	
Beginning Balance at Transfers in- Transfers out of Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Total gains and (losses) included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Total  S  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Effective Carrying Interest Maturity		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Beginning Balance at Transfers in- U1/01/2021 to Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Type of Financial Instrument  Type of Financial Instrument  Total  Effective Carrying Interest Maturity		(1)	(2)	(0)	(+)	(0)	(0)	(1)	(0)	(5)	(10,
Beginning Balance at Transfers in- U1/01/2021 to Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Type of Financial Instrument  Type of Financial Instrument  Total  Effective Carrying Interest Maturity											
Balance at Transfers out of Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total \$  Type of Financial Instrument  Type of Financial Instrument  Effective Carrying Interest Maturity  Transfers out included in Net income Surplus Purchases Issuances Sales Settlements 12/3  Not Practicable (Carrying (Carrying Interest Maturity)											
Liabilities:  O1/01/2021 to Level 3 (a) of Level 3 (b) Net income Surplus Purchases Issuances Sales Settlements 12/3  Total  Total  Aggregate Admitted Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Effective Carrying Interest Maturity				Transfers out							Endir Balanc
Total  S  Aggregate Admitted Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity	Liabilities:						Purchases	Issuances	Sales	Settlements	12/31/2
Type of Financial Instrument  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity				(-)							
Type of Financial Instrument  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity	Total	]									
Type of Financial Instrument  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity	Total	\$									
Type of Financial Instrument  Aggregate Fair Value Assets (Level 1) (Level 2) (Level 3) Value (NAV) Value)  Total  Effective Carrying Interest Maturity											
Total \$ Effective Carrying Interest Maturity								Practicable (Carrying			
Effective Carrying Interest Maturity	Type of Financial Instrument	Fair Va	ue Assets	(Level 1)	(Level 2)	(Level 3)	Value (NAV)	Value)			
Effective Carrying Interest Maturity											
Carrying Interest Maturity	Total	\$									
Carrying Interest Maturity											
Carrying Interest Maturity											
Type or Class of Financial Instrument Value Rate Date Explanation			g Interest								

### NOTE 21 - - OTHER ITEMS

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 signed agreements, some of which had been funded, to purchase state tax credits that will be utilized in 2021 and later years. Accordingly, the Company maintains tax credits as net assets at June 30, 2021 and December 31, 2020. Before purchasing the tax credits the Company estimates the utilization of 2021 tax credits and future years by projecting premium levels for each year, 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, specifically 21H and 21I.

- A. Unusual or infrequent items Not applicable
- B. Troubled debt restructuring debtors Not applicable
- C. Other disclosures and unusual items Not applicable
- D. Business interruption insurance recoveries Not applicable
- E. State transferable and non-transferable tax credits The Company has entered into signed agreements, some of which had been funded, to purchase state tax credits that will be utilized in 2021 and later years. The carrying value in the amount of \$7,443,723 and \$9,019,550 is listed on the June 30, 2021 and December 31, 2020 Balance Sheets.
- F. Subprime-mortgage-related risk exposure Not applicable
- G. Retained assets Not applicable
- H. Insurance-Linked securities (ILS) Contracts Not applicable.

## NOTES TO FINANCIAL STATEMENTS

E. *1.	Other items State Transferable Tax Credits Description of State Transferable Tax Credits	State	Carrying Value	Unused Amount	
				Ollused Alliodik	
01.	2020 MASSACHUSETTS TAX CREDIT	MA	7,443,723		
	Total	x x x	7,443,723		
<b>r</b> 4.	State Tax Credits Admitted and Nonadmitted	Total Admitted	Total Non-Admitted		
a. b.	Transferable Non-transferable				
F.					
	Subprime-Mortgage-Related Risk Exposure				
02	Direct exposure through investments in subprime mortgage loans.	1	2	3	4
		Book/Adjusted			Other-Than- Temporary
		Carrying Value			Impairment
		(excluding interest)	Fair Value	Value of Land and Buildings	Losses Recognized [
	a. Mortgages in the process of foreclosure b. Mortgages in good standing				
	c. Mortgages with restructure terms d. Total				
_					
703	Direct exposure through other investments.	1	2	3	4
			Book/Adjusted		Other-Than- Temporary
			Carrying Value		Impairment
		Actual Cost	(excluding interest)	Fair Value	Losses Recognized
	a. Residential mortgage-backed securities b. Commercial mortgage-backed securities				
	c. Collateralized debt obligations d. Structured securitie				
	e. Equity investment in SCAs *				
	f. Other assets g. Total				
	*ABC Company's subsidiary XYZ Company has investments in subp	rime			
	mortgages. These investments comprise% of the companies				
	invested assets.				
04	Underwriting exposure to subprime mortgage risk through Mortgage	Guaranty or Financial G	uaranty insurance co	verage.	
		1	2	3	4
		Losses Paid	Losses Incurred	Case Reserves	IBNR Reserves
		in the Current Year	in the Current Year	at End of Current Period	at End of Current Period
	a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage				
	c. Other Lines (specify):				
	d. Total				
G.	Retained Assets				
02		As of End of 0	In Force Current Year	As of End o	f Prior Year
		Number	Balance	Number	Balance
	a. Up to and including 12 Months b. 13 to 24 Months				
	b. 13 to 24 Months c. 25 to 37 Months				
	b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months				
	b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months				
03	b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months f. Over 60 Months				
03	b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months f. Over 60 Months	Indivi		Gre	
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## NOTE 22 - - EVENTS SUBSEQUENT

The Company has no events subsequent to June 30, 2021 that would warrant disclosure in these statutory 2021 financial statements.

# **NOTES TO FINANCIAL STATEMENTS**

# 22. Events Subsequent

			Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that			
	subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?		YES	
В.	ACA fee assessment payable for the upcoming year	\$		
		Ψ		4 000 007
C.	ACA fee assessment paid	\$		1,096,027
D.	Premium written subject to ACA 9010 assessment	\$	38,238,954	69,115,205
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Li	\$	43,851,798	
F.	Total Adjusted Capital after surplus adjustment			
	(Five-Year Historical Line 14 minus 22B above)	\$	43,851,798	
G.	Authorized Control Level			
	(Five-Year Historical Line 15)	\$	2,629,927	
H.	Would reporting the ACA assessment as of Dec. 31, 2021			
	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, specifically including 23B, 23C, 23D(1)a, and 23D(2)a, 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, 2021 and December 31, 2020. The related note disclosures, specifically including 24D and 24E, are all not applicable.

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

Loss Reserves as of December 31, 2020 were \$2,249,600. As of June 30, 2021, \$1,919,023 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$159,284 as a result of re-estimation of unpaid claims and claim adjustment expenses on the dental line of insurance. Therefore, there has been a \$171,293 favorable prior-year development since December 31, 2020 to June 30, 2021. 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 no unfavorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

## NOTE 26 - - INTERCOMPANY POOLING ARRANGEMENTS

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 2021 and 2020, 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, 2021 and December 31, 2020. This resulted in no additional liability for the current 2021 year as well as 2020. 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.

## PART 1 – COMMON INTERROGATORIES

## **GENERAL**

	Did the reporting entity experience any material transactions requiring the with the State of Domicile, as required by the Model Act?	sactions	Yes[]No[X]	
1.2	If yes, has the report been filed with the domiciliary state?			Yes[]No[]
	Has any change been made during the year of this statement in the charte settlement of the reporting entity?	er, by-laws, articles of incorporation	, or deed of	Yes[]No[X]
2.2	If yes, date of change:			
3.1	Is the reporting entity a member of an Insurance Holding Company System one or more of which is an insurer?	d persons,	Yes[X]No[]	
	If yes, complete Schedule Y, Parts 1 and 1A.			
3.2	Have there been any substantial changes in the organizational chart since		Yes[]No[X]	
	If the response to 3.2 is yes, provide a brief description of those changes.  Is the reporting entity publicly traded or a member of a publicly traded group.			Yes[]No[X]
				res[]NO[A]
	If the response to 3.4 is yes, provide the CIK (Central Index Key) code iss	,		
	Has the reporting entity been a party to a merger or consolidation during the	ne period covered by this statemen	t?	Yes[]No[X]
	If yes, complete and file the merger history data file with the NAIC.  If yes, provide the name of entity, NAIC Company Code, and state of dome	nicile (use two letter state abbreviation	on) for any	
	entity that has ceased to exist as a result of the merger or consolidation.	1		
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile	
	If the reporting entity is subject to a management agreement, including thi	ird_narty_administrator(s)_managing		
	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.			Yes[]No[]N/A[X]
6.1	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?	any significant changes regarding th		Yes[]No[]N/A[X]
	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.	any significant changes regarding the state of dominates and significant changes regarding the state of dominates.	icile or	
6.2	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entity.  State the as of date that the latest financial examination report became as the reporting entity. This date should be the date of the examined balance.	any significant changes regarding the state of dominate sheet and not the date the report able to other states or the public from	icile or was m either	12/31/2017
6.2	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entity. State the as of date that the latest financial examination report became as the reporting entity. This date should be the date of the examined balance completed or released.  State as of what date the latest financial examination report became available the state of domicile or the reporting entity. This is the release date or content of the reporting entity. This is the release date or content of the reporting entity.	any significant changes regarding the state of the state of dominate sheet and not the date the report able to other states or the public from the public from the state of the examination responses.	icile or was m either	12/31/2017 12/31/2017
6.2	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entity. State the as of date that the latest financial examination report became as the reporting entity. This date should be the date of the examined balance completed or released.  State as of what date the latest financial examination report became available the state of domicile or the reporting entity. This is the release date or conto the date of the examination (balance sheet date).  By what department or departments?	any significant changes regarding the state of the state of dominate sheet and not the date the report able to other states or the public from the public from the state of the examination responses.	icile or was m either	12/31/2017 12/31/2017
<ul><li>6.2</li><li>6.3</li><li>6.4</li><li>6.5</li></ul>	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entity. State the as of date that the latest financial examination report became as the reporting entity. This date should be the date of the examined balance completed or released.  State as of what date the latest financial examination report became available the state of domicile or the reporting entity. This is the release date or conto the date of the examination (balance sheet date).  By what department or departments?	any significant changes regarding the state of dominate sheet and not the date the report able to other states or the public from preparation date of the examination restance.	icile or was m either eport and	12/31/2017 12/31/2017
<ul><li>6.2</li><li>6.3</li><li>6.4</li><li>6.5</li></ul>	general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entit.  State the as of date that the latest financial examination report became average the reporting entity. This date should be the date of the examined balance completed or released.  State as of what date the latest financial examination report became available the state of domicile or the reporting entity. This is the release date or connot the date of the examination (balance sheet date).  By what department or departments?  INSURANCE DIVISION, DEPARTMENT OF BUSINESS REGULATION, SURVANCE DIVISION, SURVANCE DIVI	any significant changes regarding the state of domestic ty was made or is being made.  Valiable from either the state of domestic sheet and not the date the report able to other states or the public from the examination responsible.  STATE OF RHODE ISLAND	icile or was m either eport and	12/31/2017 12/31/2017 11/13/2018

7.2	If yes, give full informa	tion						
Ω1	le the company a cube	idiary of a bank holding company regulated	by the Federal Pesanya Peard?				Vac I Na I V	<b>'</b> 1
							Yes[]No[X	<b>V</b> ]
8.2	If response to 8.1 is ye	es, please identify the name of the bank hold	ing company.					
8.3	Is the company affiliate	ed with one or more banks, thrifts or securitie	es firms?				Yes[]No[X	(]
8.4	affiliates regulated by a Comptroller of the Curr	es, please provide below the names and local a federal regulatory services agency [i.e. the rency (OCC), the Federal Deposit Insurance and identify the affiliate's primary federal regul	Federal Reserve Board (FRB), the Corporation (FDIC) and the Security	Office of the				
		1	2	3	4	5	6	
		Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC	
	<ul><li>(b) Full, fair, accurate, entity;</li><li>(c) Compliance with approximate the compliance with a proximate the complian</li></ul>		lations;		orting		Yes [ X ] No [	1
9.2	Has the code of ethics	for senior managers been amended?					Yes[]No[X	(]
9.21	If the response to 9.2 i	s Yes, provide information related to amend	ment(s).					
9.3	Have any provisions of	f the code of ethics been waived for any of the	ne specified officers?				Yes[]No[X	(]
9.31	If the response to 9.3 i	s Yes, provide the nature of any waiver(s).						
			FINANCIAL					
10.1	Does the reporting enti	ity report any amounts due from parent, sub	sidiaries or affiliates on Page 2 of th	nis statemer	nt?		Yes [ X ] No [	1
10.2	If yes, indicate any am	ounts receivable from parent included in the	Page 2 amount:			\$_		1,148,560
			INVESTMENT					
		s, bonds, or other assets of the reporting enti ble for use by another person? (Exclude sec					Yes[]No[X	()

	If yes, give full and complete information relating thereto:			
).	Amount of real estate and mortgages held in other invested assets in Sche	edule BA:		\$
3.	Amount of real estate and mortgages held in short-term investments:		\$	
1	Does the reporting entity have any investments in parent, subsidiaries and	affiliates?		Yes[]No[X]
2	If yes, please complete the following:	1	2	
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value	
	14.21 Bonds	\$	\$	
	14.22 Preferred Stock	\$	\$	
	14.23 Common Stock			
	14.24 Short-Term Investments 14.25 Mortgage Loans on Real Estate			
	14.26 All Other	\$	\$	
	14.27 Total Investment in Parent, Subsidiaries and Affiliates			
	(Subtotal Lines 14.21 to 14.26)	\$	\$	
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$	
1	Has the reporting entity entered into any hedging transactions reported on			Yes [ ] No [ X ]
	, , , , , , , , , , , , , , , , , , , ,			
	If no, attach a description with this statement.		ary state?	Yes[]No[]N/A[X]
	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 Sche 16.2 Total book adjusted/carrying value of reinvested collateral asset 16.3 Total payable for securities lending reported on the liability page	edule DL, Parts 1 and 2 ets reported on Schedule	t statement date:	\$\$
	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Sche 16.2 Total book adjusted/carrying value of reinvested collateral asset 16.3 Total payable for securities lending reported on the liability page  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mor physically in the reporting entity's offices, vaults or safety deposit boxes, w owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in	\$\$ \$\$
	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Sche 16.2 Total book adjusted/carrying value of reinvested collateral asset 16.3 Total payable for securities lending reported on the liability page  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mor physically in the reporting entity's offices, vaults or safety deposit boxes, w owned throughout the current year held pursuant to a custodial agreement	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook?	t statement date:  DL, Parts 1 and 2  ts held other securities, ust company in tions,	\$ \$
	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral book adjusted/carrying value of reinvested collateral assets.  16.3 Total payable for securities lending reported on the liability page.  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mor physically in the reporting entity's offices, vaults or safety deposit boxes, wowned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Example the following:	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook?	t statement date:  DL, Parts 1 and 2  ts held other securities, ust company in stions,	\$\$ \$\$
	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral book adjusted/carrying value of reinvested collateral assets.  16.3 Total payable for securities lending reported on the liability page.  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, morphysically in the reporting entity's offices, vaults or safety deposit boxes, wowned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Examination agreements that comply with the requirements of the NAIC Financial complete the following:	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook?	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in stions, andbook,	\$\$ \$\$
	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral total book adjusted/carrying value of reinvested collateral assets.  16.3 Total payable for securities lending reported on the liability page.  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, morphysically in the reporting entity's offices, vaults or safety deposit boxes, wowned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Examination agreements that comply with the requirements of the NAIC Financial complete the following:	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func aminers Handbook? al Condition Examiners Ha	t statement date:  DL, Parts 1 and 2  ts held other securities, ust company in stions,	\$\$ \$ \$ Yes[X]No[]
-	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral book adjusted/carrying value of reinvested collateral assets.  16.2 Total book adjusted/carrying value of reinvested collateral assets.  16.3 Total payable for securities lending reported on the liability page.  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, more physically in the reporting entity's offices, vaults or safety deposit boxes, we owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Examples that comply with the requirements of the NAIC Financial complete the following:  1 Name of Custodian(s)  CITIZENS BANK	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook? al Condition Examiners Ha	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in stions, andbook,  2  Custodian Address	\$\$ \$ \$
1	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral book adjusted/carrying value of reinvested collateral assets.  16.2 Total book adjusted/carrying value of reinvested collateral assets.  16.3 Total payable for securities lending reported on the liability page.  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, more physically in the reporting entity's offices, vaults or safety deposit boxes, we owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Examples that comply with the requirements of the NAIC Financial complete the following:  1 Name of Custodian(s)  CITIZENS BANK	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook? al Condition Examiners Ha	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in ctions, andbook,  2 Custodian Address  DVIDENCE, RI 02903	\$\$ \$ \$
7.	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Sche 16.2 Total book adjusted/carrying value of reinvested collateral asset 16.3 Total payable for securities lending reported on the liability page  Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mor physically in the reporting entity's offices, vaults or safety deposit boxes, w owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Exa  For all agreements that comply with the requirements of the NAIC Financial complete the following:  1 Name of Custodian(s)  CITIZENS BANK  ON  For all agreements that do not comply with the requirements of the NAIC F provide the name, location and a complete explanation:	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook? al Condition Examiners Ha	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in etions, andbook,  2 Custodian Address  DVIDENCE, RI 02903	\$\$ \$ \$
1	For the reporting entity's security lending program, state the amount of the  16.1 Total fair value of reinvested collateral assets reported on Scholateral 2. Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability page Excluding items in Schedule E - Part 3 - Special Deposits, real estate, morphysically in the reporting entity's offices, vaults or safety deposit boxes, wowned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Or Custodial or Safekeeping Agreements of the NAIC Financial Condition Example the following:  1 Name of Custodian(s)  CITIZENS BANK  ON  For all agreements that do not comply with the requirements of the NAIC Financial Condition Example the name, location and a complete explanation:	edule DL, Parts 1 and 2 ets reported on Schedule ge tage loans and investmen ere all stocks, bonds and with a qualified bank or tr utsourcing of Critical Func- aminers Handbook? al Condition Examiners Ha	t statement date:  DL, Parts 1 and 2  ts held other securities, rust company in ctions, andbook,  2 Custodian Address  DVIDENCE, RI 02903	\$

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 Now Custodian	3 Date of Change	4 Poscon
Old Gustodian	New Custodian	Date of Change	Neasun

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 access to the investment accounts", "...handle securities"]

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

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

Yes[]No[X]

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

Yes[]No[X]

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

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

18.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office	
	been followed?	Yes[X]No[]

18.2	If no.	list exceptions	ċ


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

Has the reporting entity self-designated 5GI securities?

Yes[]No[X]

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

Has the reporting entity self-designated PLGI securities?

Yes[]No[X]

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

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

Yes[]No[X]

## PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent	80.21	_ %
	1.2 A&H cost containment percent	0.40	) %
	1.3 A&H expense percent excluding cost containment expenses	17.35	<u>;</u> %
2.1	Do you act as a custodian for health savings accounts?	Yes[]No[X]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$	_
2.3	Do you act as an administrator for health savings accounts?	Yes[]No[X]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$	_
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states?	Yes[]No[X]	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other		
	than the state of the reporting entity?	Yes[]No[X]	

# **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

ſ	1	2	3	4	5	6	7	8	9	10
	NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
13										
					NONE					
					NONE	•				

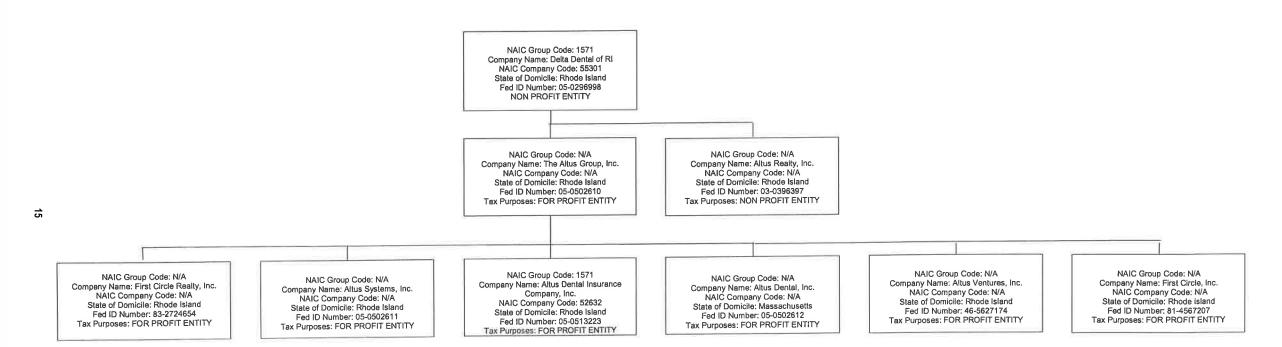
## **SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

**Current Year To Date - Allocated by States and Territories** 

		Direct Business Only									
		1	_	_				<u> </u>	_		
			2	3	4	5	6	7	8	9	10
							Federal	1:6 0			
							Employees Health	Life & Annuity			
		Active	Accident &				Benefits	Premiums &	Property /	Total	
		Status	Health	Medicare	Medicaid	CHIP Title	Program	Other	Casualty	Columns	Deposit-Type
	States, Etc.	(a)	Premiums	Title XVIII	Ttle XIX	XX1	Premiums	Considerations	Premiums	2 Through 8	Contracts
		N									
	Alabama AL Alaska AK	I . !N . N									
3	Arizona AZ	. !\!   N									
1	Arkansas AR	N N									
1	California CA	N N									
1	Colorado CO	N N									
	Connecticut CT	N N									
1	Delaware DE	N									
9.	District of Columbia DC	N									
10.	Florida FL	N									
11.	Georgia GA	N									
12.	Hawaii HI	Ņ									
13.	Idaho ID	Ņ									
14.	Illinois IL	Ņ.									
1	Indiana IN	Ņ.									
1	Iowa IA	Ņ.									
1	Kansas KS	N.									
	Kentucky KY	N.									
	Louisiana LA	N.									
1	Maine ME	N.									
1	Maryland MD	N.	20 020 054							20,000,051	
1	Massachusetts MA	L N	38,238,954							38,238,954	
1	Michigan MI Minnesota MN	N N									
1	Minnesota MN Mississippi MS	N N									
	Minarrai	N N									
1	Montana MT	. !\\									
1	Nebraska NE	N N									
1	Nevada NV	N N									
1	New Hampshire NH	N									
1	New Jersey NJ	N									
1	New Mexico NM	N									
33.	New York NY	N					l				
34.	North Carolina NC	N									
35.	North Dakota ND	N									
36.	Ohio OH	Ņ									
	Oklahoma OK	Ņ									
38.	Oregon OR	Ņ.									
39.	Pennsylvania PA	Ņ.									
1	Rhode Island RI	Ņ.									
1	South Carolina SC	. Ņ .									
1	South Dakota SD	N.									
1	Tennessee TN	N.									
1	Texas TX Utah UT	N N									
1		N N									
	Vermont VT Virginia VA	I . !N . N									
1	Washington WA	N N									
1	West Virginia WV	N N					1				
1	Wisconsin WI	N					1				
1	Wyoming WY	N				[	I			l	
1	American Samoa AS	N									
1	Guam GU	N									
1	Puerto Rico PR	N									
	U.S. Virgin Islands	Ņ.									
1	Northern Mariana Islands MP	. Ņ									
1	Canada CAN	. Ņ									
	Aggregate other alien OT	XXX	00.00							*****	
	Subtotal Paractics antity contributions	XXX	38,238,954							38,238,954	
00.	Reporting entity contributions for Employee Benefit Plans	XXX					1				
61	Totals (Direct Business)	XXX	38,238,954							38,238,954	
<u></u>			50,200,304	<u> </u>	<u> </u>		<u> </u>	<u> </u>		1 00,200,304	<u> </u>
L	DETAILS OF WRITE-INS	L									L
58001		xxx									
58002		XXX									
58003		XXX					1				
	Summary of remaining write-ins for Line 58	XXX				<u> </u>	<u> </u>				
	Totals (Lines 58001 through 58003 plus 589										
	(Line 58 above)	XXX								<u></u>	

(a)	Active	Status	Counts

Netive Status Sourits	
L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1
E – Eligible - Reporting entities eligble or approved to write surplus lines in the state	
R - Registered - Non-domiciled RRGs	
Q - Qualified - Qualified or accredited reinsurer	
N – None of the above - Not allowed to write business in the state	56



## **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	T 16
		1				1								*	
						ļ <u>.</u>								1	
						Name of					Type of Control				
		1				Securities					(Ownership,	If O to all in		I 00A	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board,	If Control is Ownership		Is an SCA Filing	
Group		Company	l ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Provide	Liltimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	1 '	Entity	(Name of Entity / Person)	Influence, Other)	1	Entity/ice)/Derson(e)	(Y/N)	*
Code	Group Name	Code	Nullibel	KOOD	CIK	international)	Of Affiliates	Location	Entity	(Name of Entity / Person)	inilidence, Other)	Percentage	Entity(les)/Person(s)	(T/IN)	$\perp$
		00000	05-0502610				THE ALTUS GROUP INC	RI	LIDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100 000	DELTA DENTAL OF RHODE ISLAN		
		00000	05-0502611				ALTUS SYSTEMS, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N N	
		00000	05-0502612				ALTUS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N N	1
1		00000	46-5627174			1	ALTUS VENTURES, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	1
1571	DELTA DENTAL OF RHODE ISLAND	55301	05-0296998				DELTA DENTAL OF RHODE ISLAND	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223			I	ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	
		00000	03-0396397			I	ALTUS REALTY, INC.	RI	NIA	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	
		00000	81-4567207			I	FIRST CIRCLE, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	
	l	00000	83-2724654	l	l	1	FIRST CIRCLE REALTY, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	N	

- 1		
	Asterik	Explanation
6		

#### 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	licare 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:		
	52632202136500102	

# **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 encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Deduct amounts received on disposals  Total foreign exchange change in book/adjusted carrying value  Deduct current year's other-than-temporary impairment recognized  Deduct current year's depreciation		
7.	Deduct current year's other-than-temporary impairment recognized		
1 .	2 dade danient y dan d deproduction		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

# **SCHEDULE B - VERIFICATION**

Mortgage Loans

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
ĺ	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.			
7.	Total gain (loss) on disposals  Deduct amounts received on disposals  Deduct amortization of premium and mortgage interest points and cor mile of the second		
8.	Deduct amortization of premium and mortgage interest points and community and the second seco		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		1
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	9,019,550	1,118,458
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		9,064,508
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		121,590
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals	1,575,827	1,285,006
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)	7,443,723	9,019,550
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7,443,723	9,019,550

## **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	41,923,999	41,741,947
2.	Cost of bonds and stocks acquired	4,175,428	7,264,971
3.	Accrual of discount	17,760	40,029
4.	Unrealized valuation increase (decrease)		256
5.	Total gain (loss) on disposals	(49,295)	(20,532)
6.	Deduct consideration for bonds and stocks disposed of	3,160,095	6,811,810
7.	Deduct amortization of premium	213,420	331,782
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	50,095	40,920
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	42,744,472	41,923,999
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	42,744,472	41,923,999

## **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)	38,426,290	1,461,833	1,799,295	(581,156)	38,426,290	37,507,672		37,910,419
2. NAIC 2 (a)		1,204,670	500,000	483,023	4,049,107	5,236,800		4,013,580
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	42,475,397	2,666,503	2,299,295	(98,133)	42,475,397	42,744,472		41,923,999
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	42,475,397	2,666,503	2,299,295	(98,133)	42,475,397	42,744,472		41,923,999

a)	Book/Adjusted Carrying	Value column for	the end of the current reporting per	riod includes the following	ing amount of short-term and ca	sh equivalent bonds by NA	IC designatio
	NAIC 1 \$	0: NAIC 2 \$	0: NAIC 3 \$	0: NAIC 4 \$	0. NAIC 5 \$	0: NAIC 6 \$	0

## **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted	Par	Actual	Interest Collected	Paid for Accrued Interest
	Carrying Value		Cost	Year To Date	Year To Date
9199999		NUNE			

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

## **SCHEDULE DB - PART C - SECTION 1**

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

		Replicated (Sy	nthetic Asset) Tr	ransactions						Components of	f the Replication (Sy	nthetic Asset) Transactions			
1	2	3	4	5	6	7	8	Derivative Inst	rument(s) Open			Cash Ins	strument(s) Held		
		NAIC						9	10	11	12	13	14 NAIC	15	16
Number	Description	Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
								<u>·</u>	, ,			·			
							<b>.</b>	IONE							
						I									
															I
999999999	Totals					XXX	XXX	XXX			XXX	XXX	XXX		

## SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

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

## **SCHEDULE DB VERIFICATION**

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

Book/Adjusted Carrying Value Check

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

# **SCHEDULE E PART 2 - VERIFICATION**

(Cash Equivalents)

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,770,951	530,827
2.	Cost of cash equivalents acquired		8,573,584
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		1,770,951
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,444,393	1,770,951

## 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
								1
						1		
			1					1
			MAN					
			$\mathbf{N}()\mathbf{N}$					
			14014					
								1
0399999 Totals								

## **SCHEDULE A - PART 3**

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

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

# 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			Rate of	Actual Cost at Time	Additional Investment Made After	Value of Land
Loan Number	City	State	Loan Type	Date Acquired	Interest	of Acquisition	Acquisitions	and Buildings
				.				
				.				
				(				
				.				
3399999 Totals				XXX	XXX			

## **SCHEDULE B - PART 3**

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

1	Location		4	5	6	7		Cha	ange in Book Value	Recorded Investm	nent		14	15	16	17	18
	2	3				Book Value/	8	9	10	11	12	13	Book Value/				
						Recorded			Current				Recorded				1
						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								
									<b>V</b> E								
								<del>-</del> —	. <del> </del>								
																	1
059999 Totals																	

E

## **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		NAIC							1 1
					Designation,							
					NAIC							
					Designation							
				Name of	Modifier and		_					
CUSIP	Nama			Vendor or	SVO	Date	Туре	Actual Cost	Additional	A manuscript of	Commitment	Percentage
Ident-	Name	City	State	General	Administrative	Originally	and	at Time of	Investment Made	Amount of	for Additional	Ournership
ification	or Description	City	State	Partner	Symbol	Acquired	Strategy	Acquisition	After Acquisition	Encumbrances	Investment	Ownership
												.
												.
5099999 Totals												XXX

## **SCHEDULE BA - PART 3**

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

1	2	Locatio	n	5	6	7	8		Ch	ange in Book/Adji	usted Carrying Va	alue		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
							Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
				Name of			Carrying	Unrealized	(Depreciation)	Other Than	Capitalized	Total	Foreign	Carrying Value		Foreign	Realized	Total	
CUSIP				Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Gain	Gain	
Ident-	Name			or Nature of	Originally	Disposal	Encumbrances,	Increase	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	(Loss) on	(Loss) on	Investment
ification	or Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9+10-11+12)	B./A.C.V.	on Disposal	Consideration	on Disposal	Disposal	Disposal	Income
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	DOOTON.		COMMONIMENT THE OF MA	0.445/0000	0.4/4.4/0004													
	MASSACHUSETTS TAX CREDIT	BOSTON BOSTON	MA.  MA	COMMONWEALTH OF MA	04/15/2020 12/21/2020	04/14/2021									1,100,000 475,827				
	IMASSACIOSETTS TAY CKEDIT	DOSTON		COMMONWEALTH OF MA	15/51/5050	04/14/2021									4/0,02/				
4699999 Any	Other Class of Admitted Assets - U	naffiliated				I									1,575,827				
4899999 Tot	al Unaffiliated			1	1	1									1,575,827				
5099999 Tot	als			•	1	-									1,575,827				

## SCHEDULE D - PART 3

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

1 CUSIP Ident- ification	2 Description	3 Foreign	4  Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifer and SVO Administrative Symbol
)2665W-BH-3	AMERICAN HONDA FINANCE CORP		04/12/2021	CITIZENS		315,208	300,000.00		1.G FE
3076C-AH-9	AMERIPRISE FINANCIAL INC		04/26/2021	CITIZENS		270,150	250,000.00		1.G FE
172967-JC-6	CITIGROUP INC		06/25/2021	CITIZENS		339,873	300,000.00		2.B FE
26441C-AS-4	DUKE ENERGY CORP		06/25/2021	CITIZENS		317,565	300,000.00	2,584	
8145G-AH-3	GOLDMAN SACHS GROUP INC		06/24/2021	CITIZENS		326,357	300,000.00	1,225	
18056-AY-3	HASBRO INC		06/25/2021	CITIZENS		275,005	250,000.00		2.C FE 1.F FE
40424-AS-7 57636Q-AG-9	LOEWS CORP MASTERCARD INC		04/26/2021	CITIZENS		278,888	250,000.00 250,000.00	651 2,766	
31427-AQ-1	WALGREENS BOOTS ALLIANCE INC		04/05/2021 06/25/2021	CITIZENS		271,230 272,228	250,000.00		2.B FE
10 1421-70-1	WALGINEING BOOTS ALLIANCE INC			CHIZENS			250,000.00		Z.D.I.L.
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	2,666,504	2,450,000.00	11,667	XXX
3399997	Subtotal - Bonds - Part 3				XXX	2,666,504	2,450,000	11,667	XXX
	Cubicial Bonds Farto				XXX	2,000,004	2,400,000	11,007	XXX
3399998	Summary Item from Part 5 for Bonds				XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds				XXX	2,666,504	2,450,000.00	11,667	XXX
3033333	Total Bonds				XXX	2,000,004	2,400,000.00	11,007	XXX
			[						
				l					
		1 '''	1	1		. 1 .			
999999					XXX	2,666,504	XXX	11,667	XXX

# SCHEDULE D - PART 4

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

						_			40	,	Ohanna in Daa	k/Adjusted Ca	mina Valua		40	4-	40	40		0.4	
1	2	3	4	5	6	7	8	9	10					45	16	17	18	19	20	21	22
		_								11	12	13	14	15					ъ .		NAIC
		-							5.			Current							Bond		Designation,
		0							Prior			Year's			Book/				Interest/		NAIC
		r			Number				Year		Current	Other	Total	Total	Adjusted	Foreign			Stock		Designation
		e			of				Book/	Unrealized	Year's	Than	Change	Foreign	Carrying	Exchange	Realized	Total	Dividends	Stated	Modifer
CUSIP		i			Shares		_		Adjusted	Valuation	(Amort-	Temporary	in	Exchange	Value at	Gain	Gain	Gain	Received	Contractua	1
Ident-		g	Disposal	Name of	of	Consid-	Par	Actual	Carrying	Increase/	ization)/	Impairment	B./A.C.V.	Change in	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	Administrative
ification	Description	n	Date	Purchaser	Stock	eration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
15189X-AP-3	CENTERPOINT ENERGY HOUSTON ELEC	1:10	05/03/2021	Call @ 100.00		500,000	500,000.00	496,110	499,567		350		350		499.917		83	83	3,854	06/01/2021	1.F FE
29736R-AH-3	ESTEE LAUDER COMPANIES INC					250,000	250,000.00	241,608	248,864		889		889		249,753		247	247	1,771	05/10/2021	
760719-AR-5	HSBC USA INC	1 1		Maturity @ 100.00		500,000	500,000.00	632,169	510,101		(10,101)		(10,101)		500,000				22,813	05/15/2021	
449786-AP-7	ING BANK NV		06/09/2021			500,000	500,000.00	544,680	505,589		(5,589)		(5,589)		500,000				12,500	06/09/2021	1.D FE
872540-AR-0	TJX COMPANIES INC		06/04/2021	Call @ 100.00		550,095	500,000.00	559,071	555,073		(5,448)		(5,448)		549,625		(49,625)	(49,625)	11,132	04/15/2025	1.F FE
3899999	Subtotal - Bonds - Industrial and Miscellaneou	ıs (Una	ffiliated)		XXX	2,300,095	2,250,000.00	2,473,638	2,319,194		(19,899)		(19,899)		2,299,295		(49,295)	(49,295)	52,070	XXX	XXX
8099999	Subtotal - Bonds - SVO Identified Funds				XXX															XXX	XXX
8299999	Subtotal - Bonds - Unaffiliated Bank Loans				XXX															XXX	XXX
8399997	Subtotal - Bonds - Part 4				XXX	2,300,095	2,250,000	2,473,638	2,319,194		(19,899)		(19,899)		2,299,295		(49,295)	(49,295)	52,070	XXX	XXX
8399998	Summary Item from Part 5 for Bonds	П			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds				XXX	2,300,095	2,250,000.00	2,473,638	2,319,194		(19,899)		(19,899)		2,299,295		(49,295)	(49,295)	52,070	XXX	XXX
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		.																		1	1
		.																			

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## SCHEDULE DB - PART A - SECTION 1

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
		Description									Cumulative	Current											Hedge
		of Item(s)								Strike Price,	Prior Year(s)	Year Initial						Total					Effectiveness
		Hedged, Used			Exchange,					Rate or	Initial Cost	Cost of		Book/			Unrealized	Foreign		Adjustment		Credit	at Inception
		for Income	Schedu	Type(s) of	Counterparty		Date of			Index	of Undiscounte	Undiscounted		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	Premium	Premium	Current	Carrying			Increase/	Change in	(Amortization)/	Value of	Potential	Reference	Quarter-end
	Description	Replicated	Identifie	(a)	Clearinghouse	Trade Date	Expiration	Contracts	Amount	(Paid)	(Received)	(Received)	Year Income	Value	Code	Fair Value	(Decrease)	B./A.C.V.	Accretion	Hedged Item	Exposure	Entity	(b)
											Paid	Paid											
										N()	INF	<b>.</b>											
L										110													
17599	999999 Total						XXX	XXX	XXX	XXX					XXX							XXX	XXX

Code	Description of Hedged Risk(s)
	NATE
	N. W. I. V.

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
	<u></u>

## **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	Hi	ghly Effective He	dges	18	19	20	21	22
	I													15	16	17					(
				Description			1		1					1		Change in		Change in			(
				of Item(s)			l i		1					Ī		Variation		Variation		Hedge	ĺ
				Hedged,			1							Ī		Margin	Cumulative	Margin		Effectiveness	(
				Used for									Book/	I		Gain (Loss)	Variation	Gain (Loss)		at Inception	ĺ
				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
1759999999 Total				•		XXX	XXX	XXX	8.7	X X	XXX									XXX	XXX

Γ											Broke	r Name												Begin	ning Ca	sh				Cumul	ative Ca	ash				Endir	ng Cash		
																								Ba	alance					С	nange					Bal	lance		
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ä lī	otal N	et Cas	sh De	eposit	s																																		$\neg$

Code	Description of Hedged Risk(s)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
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## **SCHEDULE DB - PART D - SECTION 1**

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

## SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Book / Adjusted

XXX

Type of Margin

XXX

XXX

2	3	4	5
Type of Asset	CUSIP		
Pledged	Identification	Description	Fair V
	2 Type of Asset Pledged		

029999999 Total Collateral Pledged to Reporting Entity

						CI	earii	ngho	ouse	9							edge			ntific	catio	n				De	escrip	otion			Fair	Value	9		Pai	r Valu	ie			Value		M	aturity	/ Date		(I, \	V or I\	/)	
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L	0199999999	9 T	otal C	Collat	eral	Ple	dged	l by	Rep	ortir	ng E	ntity																															ХХ	Χ		<i>&gt;</i>	(XX		

019999999 Total Collateral Pledged by Reporting Entity							XXX	XXX
Collateral Pledged to Reporting Entity								
1	2	3	1	5	6	7	8	Q
1	2		7			'		1
								1
Evahanga								
Counterparty or Central	Type of Asset	CUSIP				Book / Adjusted		Type of Margin
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	Identification	Description	Fair Value	Par Value	Book / Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
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			NUNE					
					1			· · · · · · · · · · · · · · · · · · ·

## **SCHEDULE DB - PART E**

Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date

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

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

## **SCHEDULE DL - PART 1**

#### **SECURITIES LENDING COLLATERAL ASSETS**

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

NONE	1	2	3	4	5	6	7
	CUSIP Identification	Description	Code	Designation, NAIC Designation Modifer and SVO Administrative		Adjusted	Maturity Dates
		NO	NE				
999999 Totals							
9999990 Tols							
999999 Tolak							
9999999 Trials							
9999999 Totals							
9999999 Totals							
9999999 Totals							
9999999 Totals							
9999999 Totals							
9999999 Totals							
9999999 Totals							
	9999999 Tota	ls					XXX

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

## **SCHEDULE DL - PART 2**

#### **SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

COURT Describin	1	2	3	4	5	6	7
CUSP Descripton Descri	·	_	-		_		·
NONE	CUSIP Identification	Description	Code	Designation, NAIC Designation Modifier and SVO	Fair Value	Adjusted Carrying	Maturity Dates
	10011011000011	2000.1940.1		7.4	74140		24.00
			<u>.</u> <u> </u>	<u>.</u> <u></u>			
				ME			
[							
9999999 Totals XXX	9999999 Totals			<u> </u>		<u> </u>	XXX

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

## **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			9
			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					6,333,297	6,074,493	7,706,605	
	BANK 19425988 OPERATIVE PROVIDENCE RI 02903 BANK 99000695 CLAIMS PROVIDENCE RI 02903					(17,387) (3,740,578)	(16,897) (3,112,987)	(15,319) (3,302,192)	
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	XXX	XXX			2,575,332	2,944,609	4,389,094	XXX
	Suspended Depositories								
0299998	Deposits in ( 0) depositories that do								
	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			2,575,332	2,944,609	4,389,094	XXX
0400000	Cook in Company to Office	XXX	XXX	XXX	XXX				XXX
0499999	Cash in Company's Office	***	* * * *	X X X	XXX				X X X
0599999	Total	XXX	XXX			2,575,332	2,944,609	4,389,094	XXX

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

#### Show Investments Owned End of Current Quarter

	Description  BS CITIZENS NA CASH SWEEP  rket Mutual Funds	Code	Date Acquired 06/30/2021	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value 1,444,392	8 Amount of Interest Due & Accrued	Amount Received During Year 374
990220-47-7 RE	3S CITIZENS NA CASH SWEEP	Code			Date		Due & Accrued	During Year
990220-47-7 RE	3S CITIZENS NA CASH SWEEP		06/30/2021	0.050	XXX	1,444,392		374
			06/30/2021	0.050	XXX	1,444,392		374
8699999 All Other Money Ma	rket Mutual Funds					I		1
						1,444,392		374
9999999 Total Cash Equivale	ndo.					1,444,392		374