

QUARTERLY STATEMENT

OF THE

of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE QUARTER ENDED

September 30, 2022

HEALTH

2022



47155202220100103

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code 0477 , 0477 NAIC Company Code 47155 Employer's ID Number 71-0561140
(Current Period) (Prior Period)

Organized under the Laws of Arkansas , State of Domicile or Port of Entry AR

Country of Domicile US

Licensed as business type: **Life, Accident and Health** [] **Property/Casualty** [] **Hospital, Medical & Dental Service or Indemnity** [X]
Dental Service Corporation [] **Vision Service Corporation** [] **Health Maintenance Organization** []
Other [] **Is HMO Federally Qualified?** Yes [] No []

Incorporated/Organized March 15, 1982 Commenced Business August 1, 1982

Statutory Home Office 1513 Country Club Road , Sherwood, AR US 72120
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1513 Country Club Road
(Street and Number)

Sherwood, AR US 72120 501-835-3400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1513 Country Club Road , Sherwood, AR US 72120
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1513 Country Club Road Sherwood, AR US 72120 501-835-3400
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address deltadentalar.com

Statutory Statement Contact Deborah Ann Lowtharp 501-992-1634
(Name) (Area Code) (Telephone Number) (Extension)
dlowtharp@deltadentalar.com 501-992-1635
(E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	<u>Kristin Nielsen Merlo</u>	<u>President and CEO</u>
2.	<u>Cindy Hovis Boyle</u>	<u>Secretary</u>
3.	<u>Arnoud Derk Krijt</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Thomas Burton Redd</u>	<u>Vice President of Professional Relations</u>	<u>David Edward Hawsey</u>	<u>VP, Marketing</u>
<u>Jimmy Sam Anthony</u>	<u>VP, Operations</u>	<u>Deborah Ann Lowtharp</u>	<u>VP, Finance & CFO</u>
<u>Jennifer Renee Morales</u>	<u>Director, Medicaid Operations</u>	<u>Kathleen Lestage Mehdizadegan</u>	<u>VP, General Counsel</u>
<u>Bradley Jay Clothier #</u>	<u>Executive VP & CGO</u>	<u>Caleb William Castleberry #</u>	<u>VP, Information Technology</u>

DIRECTORS OR TRUSTEES

<u>Phillip Wayne Cox</u>	<u>Robbins Mark Bailey</u>	<u>Troy John Dryden Bartels</u>	<u>Arnoud Derk Krijt</u>
<u>Cindy Hovis Boyle</u>	<u>Tamika Silverman Edwards</u>	<u>Joseph Wood Thompson</u>	<u>Sarah Jean Clark</u>
<u>Granville Wayne Callahan, Sr.</u>	<u>Nader Elias Alley</u>	<u>Paul Eugene Beahm, Jr.</u>	<u>Mark Alan Langston</u>
<u>Desiree de Melo Dare #</u>			

State of Arkansas

County of Pulaski ss

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

<u>(Signature)</u> <u>Kristin Nielsen Merlo</u> (Printed Name) 1. President and CEO (Title)	<u>(Signature)</u> <u>(Printed Name)</u> 2. (Title)	<u>(Signature)</u> <u>Arnoud Derk Krijt</u> (Printed Name) 3. Treasurer (Title)
--	--	--

Subscribed and sworn to before me this _____ day of _____, 2022

a. Is this an original filing? [X] Yes [] No
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	40,625,508		40,625,508	35,756,257
2. Stocks:				
2.1 Preferred stocks	63,340		63,340	78,860
2.2 Common stocks	52,104,263	11,130,580	40,973,683	50,767,791
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	21,163,880		21,163,880	21,116,470
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)	2,683,599		2,683,599	2,766,188
5. Cash (\$ 32,164,797), cash equivalents (\$ 998,815), and short-term investments (\$ 2,963,933)	36,127,546		36,127,546	37,177,765
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	1,182,746		1,182,746	2,227,188
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	153,950,882	11,130,580	142,820,302	149,890,519
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	272,182		272,182	198,310
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,934,876		1,934,876	1,243,447
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	8,484,623		8,484,623	5,783,833
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,287,877	212,340	1,075,537	1,500,138
21. Furniture and equipment, including health care delivery assets (\$ 0)	1,915,629	1,915,629		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	16,237		16,237	8,834
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	3,661,217	1,810,646	1,850,571	2,387,878
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	171,523,523	15,069,195	156,454,328	161,012,959
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	171,523,523	15,069,195	156,454,328	161,012,959

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. Deferred Compensation - 457	1,850,571		1,850,571	2,387,878
2502. Prepaid Expenses & Deposits	1,633,664	1,633,664		
2503. Miscellaneous Receivable	129,276	129,276		
2598. Summary of remaining write-ins for Line 25 from overflow page	47,706	47,706		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,661,217	1,810,646	1,850,571	2,387,878

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	6,060,957		6,060,957	6,536,448
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	255,345		255,345	274,354
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	2,340,620		2,340,620	2,243,692
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,021,985		3,021,985	2,599,024
9. General expenses due or accrued	9,493,875		9,493,875	12,643,413
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	4,021,796		4,021,796	3,523,744
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	2,595,422		2,595,422	2,595,422
23. Aggregate write-ins for other liabilities (including \$ 0 current)	2,536,675		2,536,675	1,823,963
24. Total liabilities (Lines 1 to 23)	30,326,675		30,326,675	32,240,060
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X	50,000	50,000
31. Unassigned funds (surplus)	X X X	X X X	126,077,653	128,722,899
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	126,127,653	128,772,899
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	156,454,328	161,012,959

DETAILS OF WRITE-IN LINES				
2301. Escheat	2,536,675		2,536,675	1,823,963
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	2,536,675		2,536,675	1,823,963
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X	50,000	50,000

NONE

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	8,162,618	8,062,233	10,728,352
2. Net premium income (including \$ 0 non-health premium income)	X X X	163,831,977	160,037,462	214,046,748
3. Change in unearned premium reserves and reserve for rate credits	X X X	(8,403)	18,525	29,437
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X	5,009,960	4,004,103	5,305,010
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	25,466		4,000
8. Total revenues (Lines 2 to 7)	X X X	168,859,000	164,060,090	219,385,195
Hospital and Medical:				
9. Hospital/medical benefits		124,495,765	125,219,938	165,311,426
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		124,495,765	125,219,938	165,311,426
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		124,495,765	125,219,938	165,311,426
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		14,516,571	14,924,076	20,456,873
21. General administrative expenses		19,941,028	20,330,747	25,725,876
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		158,953,364	160,474,761	211,494,175
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	9,905,636	3,585,329	7,891,020
25. Net investment income earned		626,602	870,774	1,046,955
26. Net realized capital gains (losses) less capital gains tax of \$ 0		(942,350)	2,237,200	6,282,049
27. Net investment gains (losses) (Lines 25 plus 26)		(315,748)	3,107,974	7,329,004
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses		447,666	571,379	649,084
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	10,037,554	7,264,682	15,869,108
31. Federal and foreign income taxes incurred	X X X	498,097		459,252
32. Net income (loss) (Lines 30 minus 31)	X X X	9,539,457	7,264,682	15,409,856

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Net Gain Loss from Fixed Assets	X X X	25,466		4,000
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	25,466		4,000
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. Miscellaneous Income		447,666	571,379	649,084
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		447,666	571,379	649,084

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	128,772,899	109,191,329	109,191,329
34. Net income or (loss) from Line 32	9,539,457	7,264,682	15,409,856
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	(13,057,365)	2,557,520	1,740,852
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	872,662	1,772,992	2,430,862
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			
48. Net change in capital and surplus (Lines 34 to 47)	(2,645,246)	11,595,194	19,581,570
49. Capital and surplus end of reporting period (Line 33 plus 48)	126,127,653	120,786,523	128,772,899

DETAILS OF WRITE-IN LINES			
4701.			
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)			

NONE

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	168,661,993	163,694,116	219,759,392
2. Net investment income	1,157,368	1,468,542	1,168,751
3. Miscellaneous income	25,466		
4. Total (Lines 1 to 3)	169,844,827	165,162,658	220,928,143
5. Benefit and loss related payments	124,971,256	125,829,347	165,363,882
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	39,542,747	31,105,046	46,011,700
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	164,514,003	156,934,393	211,375,582
11. Net cash from operations (Line 4 minus Line 10)	5,330,824	8,228,265	9,552,561
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,378,901	8,076,593	8,353,105
12.2 Stocks	559,590	16,655,350	16,655,350
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	17,500		440,855
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,955,991	24,731,943	25,449,310
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,355,432	9,500,085	11,646,229
13.2 Stocks	3,262,275	18,955,305	19,124,892
13.3 Mortgage loans			
13.4 Real estate	471,368	808,457	808,457
13.5 Other invested assets			160,000
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,089,075	29,263,847	31,739,578
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(8,133,084)	(4,531,904)	(6,290,268)
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)	1,752,041	(3,049,618)	3,021,449
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	1,752,041	(3,049,618)	3,021,449
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,050,219)	646,743	6,283,742
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	37,177,765	30,894,023	30,894,023
19.2 End of period (Line 18 plus Line 19.1)	36,127,546	31,540,766	37,177,765

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

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	892,045				144,078	397,971			349,996	
2. First Quarter	903,680				145,664	399,155			358,861	
3. Second Quarter	910,570				144,744	398,214			367,612	
4. Third Quarter	911,935				144,483	395,684			371,768	
5. Current Year										
6. Current Year Member Months	8,162,618				1,305,041	3,581,758			3,275,819	
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)	168,833,534				10,206,296	99,466,746			59,160,492	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	168,546,760				10,206,296	99,179,972			59,160,492	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	124,971,256				5,050,301	71,213,521			48,707,434	
18. Amount Incurred for Provision of Health Care Services	124,495,765				5,123,281	70,476,322			48,896,162	

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

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	3,719,176	67,494,345		3,555,200	3,719,176	4,292,399
4. Vision only	243,700	4,806,601		244,157	243,700	171,177
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	1,725,903	46,981,531		2,261,600	1,725,903	2,072,872
8. Other health						
9. Health subtotal (Lines 1 to 8)	5,688,779	119,282,477		6,060,957	5,688,779	6,536,448
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	5,688,779	119,282,477		6,060,957	5,688,779	6,536,448

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

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements Delta Dental Plan of Arkansas, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department. The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Code.

The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures manual (NAIC SAP), has been adopted as a component of prescribed or permitted practices by the state of Arkansas. The State has adopted certain prescribed accounting principles that differ from those found in NAIC SAP. A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Arkansas is shown below:

Net Income	SSAP#	F/S Page	F/S Line #	09/30/22	12/31/2021
(1) Delta Dental Plan of Arkansas, Inc state basis	XXX	XXX	XXX	\$9,539,457	\$15,409,856
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(4) NAIC SAP	XXX	XXX	XXX	<u>\$9,539,457</u>	<u>\$15,409,856</u>
Surplus	SSAP#	F/S Page	F/S Line #	09/30/2022	12/31/2021
(5) Delta Dental Plan of Arkansas, Inc				\$126,127,653	\$128,772,899
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
a. 23-63-801 provides limitations on admitted common stock	A-001	2	2.2	\$11,130,580	\$11,182,968
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(8) NAIC SAP	XXX	XXX	XXX	<u>\$137,258,233</u>	<u>\$139,955,867</u>

B. Use of Estimates in the Preparation of the Financial Statements

No Change.

NOTES TO FINANCIAL STATEMENTS

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) Loan-backed securities are stated at amortized cost. The prospective adjustment method is used to value all securities.
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

D. Going Concern

Management has evaluated the Company and determined there is no doubt in its ability to continue as a going concern.

Note 2: Accounting Changes and Corrections of Errors

- A. No Change

Note 3: Business Combinations and Goodwill

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change

NOTES TO FINANCIAL STATEMENTS

Note 4: Discontinued Operations

No Change

Note 5: Investments

A. No Change

B. No Change

C. No Change

D. Loan-Backed Securities

1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from investment managers.

2) None

3) None

4) The aggregate amount of unrealized losses:

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

The aggregate related fair value of securities with unrealized losses

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Collateral Received - None

F. No Change

G. No Change

H. No Change

I. No Change

J. No Change

K. No Change

L. No Change

M. No Change

N. No Change

NOTES TO FINANCIAL STATEMENTS

O. No Change

P. No Change

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	1
(2) Aggregate Amount of Investment Income	\$6,493

R. No Change

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No Change

Note 7: Investment Income

A. No Change

B. No Change

Note 8: Derivative Instruments

No Change

Note 9: Income Taxes

A. No Change

B. No Change

C. No Change

D. No Change

E. No Change

F. No Change

G. No Change

H. No Change

I. No Change

NOTES TO FINANCIAL STATEMENTS

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At September 30, 2022, the Company reported \$0 due from subsidiary, Omega Administrators, Inc. (OAI), \$0 from subsidiary, Delta Dental of Arkansas Foundation, Inc. and \$2,514,481 due to the affiliate, Delta Dental of Michigan (DDMI) and \$1,016 due to the affiliate, Renaissance Life and Health Insurance Company (RLHIA), respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change
- M. No Change
- N. No Change
- O. No Change

Note 11: Debt

- B. FHLB (Federal Home Loan Bank) Agreements
None

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A Nonqualified 457(b) Retirement Plan was established by the Company on April 1, 2003, "as an inducement and motivation to its key managerial and highly compensated employees and its Board of Directors." Participation in the plan is determined at the sole discretion of the Company's Board of Directors. At September 30, 2022, plan assets totaled \$1,850,571 and plan liabilities totaled \$1,850,571 resulting in gains (losses) reported in the statutory statements of activities of \$0.

NOTES TO FINANCIAL STATEMENTS

A Nonqualified 457(f) Retirement Plan was established by the Company on January 1, 2016, to retain senior officers. The plan requires a five year vesting period. Participation in the plan is determined at the sole discretion of the Company's Board of Directors. The Board of Directors approves the funding of the plan in the fourth quarter of each year.

Effective January 1, 2013, The Company sponsors a 401(k) plan (the "Plan") covering substantially all employees greater than 18 years old on first day of service. The Company will match 100 percent of the first 3 percent of deferred wages and 50 percent of the next 2 percent of deferred wages. A participant is immediately 100 percent vested in employee salary, rollover, and Company matching contributions and any income or loss thereon.

The Company also sponsors a profit-sharing plan covering all full-time employees who have completed one year of service. Contributions to the plan are discretionary and limited by the Internal Revenue Code. A participant is fully vested after a three-year period. Contributions to the profit-sharing plan totaled approximately \$703,000, and \$900,000 for the years ended September 30, 2022 and 2021, respectively.

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is (\$20,234,597) as of September 30, 2022.

NOTES TO FINANCIAL STATEMENTS

- K. No Change
- L. No Change
- M. No Change

Note 14: Contingencies

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. The Company, along with the Delta Dental Plans Association (DDPA), Delta USA and the other independent DDPA members companies, is defending a collection of lawsuits that have been filed in at least ten different district courts. The parties have requested that the cases be consolidated before a single district court for pretrial proceedings. The plaintiffs, representing purported classes of dental providers, allege that various Association member company licensing standards violate federal antitrust laws. The Company believes the claims are meritless and intends to vigorously defend this case. The case is in the early stages of discovery. At this point, it is too early in the proceedings to determine the outcome of the matter or the range or amount of any potential loss.

Note 15: Leases

No Change

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

- A. No Change
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

NOTES TO FINANCIAL STATEMENTS

Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans

A. No Change

B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended September 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Gross reimbursement for medical costs incurred	\$ 232,011,502	\$ 238,871,961
Gross administrative fees accrued	12,349,072	11,922,159
Gross expenses incurred (claims and administrative)	<u>(244,360,574)</u>	<u>(250,794,121)</u>
Total net gain or loss from operations	\$ <u>0</u>	\$ <u>0</u>

C. No Change

Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change

Note 20: Fair Value Measurements

A. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
a. Assets at fair value					
Perpetual Preferred Stock					
Industrial and Misc Parent, Subs and Affiliates	63,340			63,340	
Total Perpetual Preferred Stock	63,340			63,340	
Bonds					
US Government		8,239,129		8,239,129	
Industrial and Misc Hybrid Securities Parent, Subs and Affiliates		32,386,379		32,386,379	

NOTES TO FINANCIAL STATEMENTS

Total Bonds		40,625,508		40,625,508	
Common Stock					
Industrial and Misc	33,070,097			33,070,097	
Parent, Subs and Affiliates		19,034,165		19,034,165	
Total Common Stock	33,070,097	19,034,165		52,104,262	
Derivative Assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value	33,133,437	59,659,673		92,793,111	
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

B. Other Fair Value Measurements

No Change

C. Fair Value Measurements Aggregate

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable	Net Asset Value (NAV) Included in Level 2
Bonds	\$40,625,508	\$40,625,508	\$ 0	\$40,625,508			
Common Stock	52,104,262	40,973,683	33,070,097	19,034,165			
Perpetual Preferred Stock	63,340	63,340	63,340	0			
Mortgage Loans							
Total	\$92,793,111	\$81,662,531	\$33,133,437	\$59,659,673			

D. No Change

E. No Change

Note 21: Other Items

A. No Change

B. No Change

NOTES TO FINANCIAL STATEMENTS

- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change

Note 22: Events Subsequent

No Change

Note 23: Reinsurance

- A. No Change
- B. No Change
- C. No Change
- D. No Change

Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company accrues retrospective premium adjustments for its Medicaid business in accordance to the parameters set by the State of Arkansas.
- B. The Company records accrued retrospective premium as an adjustment to direct written premiums.
- C. The amount of net premiums written by the Company at September 30, 2022 that are subject to retrospective rating features is \$59,160,492 that represented 36% of the total net premiums written. The Company has net premiums payable of \$2,053,845 related to its agreement with the state of Arkansas. No other premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

No Change

- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

No Change

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

NOTES TO FINANCIAL STATEMENTS

Note 26: Intercompany Pooling Arrangements

No Change

Note 27: Structured Settlements

No Change

Note 28: Health Care Receivables

No Change

Note 29: Participating Policies

No Change

Note 30: Premium Deficiency Reserves

No Change

Note 31: Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 12/31/2019

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____ 12/31/2019

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____ 05/21/2021

6.4 By what department or departments?
 Arkansas Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information

GENERAL INTERROGATORIES

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

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

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules, and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code. Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

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

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

FINANCIAL

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

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

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 1,028,437

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

GENERAL INTERROGATORIES

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

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ _____	\$ _____
14.22 Preferred Stock	\$ _____	\$ _____
14.23 Common Stock	\$ 19,315,901	\$ 19,034,165
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)	\$ 19,315,901	\$ 19,034,165
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ _____	\$ _____

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Stephens Capital Management	111 Center Street, Little Rock, AR 72201
Regions	400 West Capitol, Little Rock, AR 72201

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

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

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

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

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

GENERAL INTERROGATORIES

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments decisions on behalf of the reporting entity. 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 Name of Firm or Individual	2 Affiliation
Stephens Capital Management	U
Luther King	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
123570	Stephens Capital Management	N/A	SEC	DS
110093	Regions - Luther King	N/A	SEC	DS

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

18.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5GI securities? Yes No

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

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

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

States, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XX1	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	L	104,663,082		59,160,492				163,823,574	
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate other alien	OT	XXX								
59. Subtotal	XXX		104,663,082		59,160,492				163,823,574	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Totals (Direct Business)	XXX		104,663,082		59,160,492				163,823,574	
DETAILS OF WRITE-INS										
5800	XXX									
5800	XXX									
5800	XXX									
5899 Summary of remaining write-ins for Line 58	XXX									
5899 Totals (Lines 58001 through 58003 plus 58 (Line 58 above))	XXX									

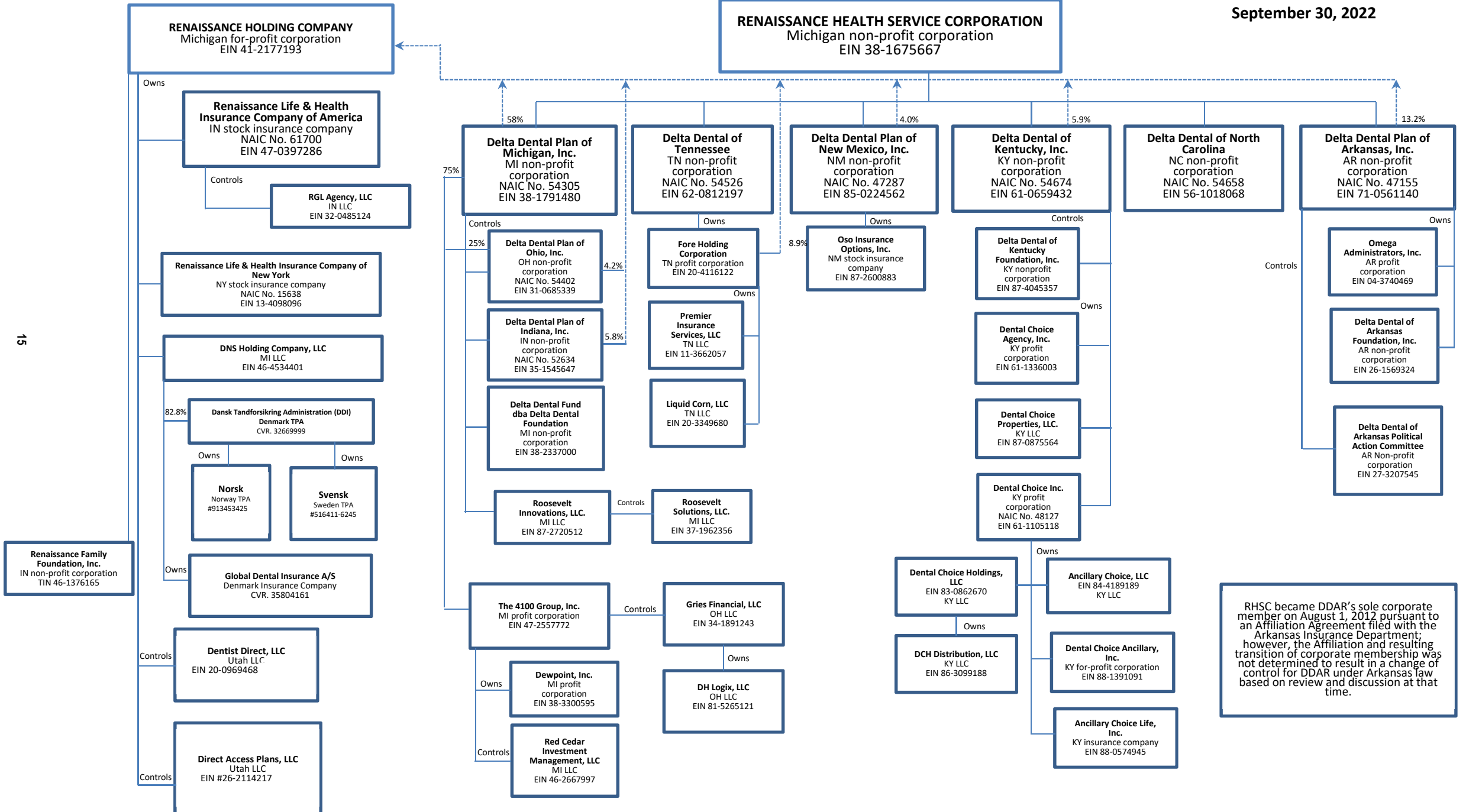
NONE

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

PART 1 - ORGANIZATIONAL CHART

ORGANIZATIONAL CHART September 30, 2022



RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	NIA					NO	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.000	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.200	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.800	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.900	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.900	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.000	Renaissance Health Service Corpor	NO	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.200	Renaissance Health Service Corpor	YES	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of Ameri	IN	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of A	Ownership	100.000	Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New Y	NY	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	03-2669999				Dansk Tandforsikring Administration ApS	DNK	NIA	DNS Holding Company, LLC	Ownership	82.800	Renaissance Health Service Corpor	NO	
		0	03-5804161				Global Dental Company A/S	DNK	NIA	DNS Holding Company, LLC	Ownership	100.000	Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	NO	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	NO	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corpor	NO	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.000	Renaissance Health Service Corpor	NO	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.000	Renaissance Health Service Corpor	NO	
		0	20-0661957				Chesme, LLC	MI	NIA	The 4100 Group, Inc	Ownership	79.000	Renaissance Health Service Corpor	NO	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	34-1891243				Greis Financial, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	87-0875564				Dental Choice Properties LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	NO	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	83-0862670				Dental Choice Holdings, LLC	KY	NIA	Dental Choice Inc	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	84-4189189				Ancillary Choice, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc. (See footnote to Sch	AR	RE	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	NO	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	100.000	Renaissance Health Service Corpor	NO	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corpor	NO	
		0	27-3207545				PAC of Delta Dental Plan of Arkansas, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corpor	NO	
		0	91-3453425				Norsk	DNK	NIA	Dansk Tandforsikring Administrations ApS	Ownership		Renaissance Health Service Corpor	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		0	51-64116245				Svensk	SWE	NIA	Dansk Tandforsikring Administrations ApS	Ownership		Renaissance Health Service Corpor	NO	
		0	87-2600883				Oso Insurance Options, Inc.	NM	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	87-2720512				Roosevelt Innovations, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	20-0969468				Dentist Direct, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	26-2114217				Direct Access Plans, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	87-4045357				Delta Dental of Kentucky Foundation, Inc.	KY	NIA	Delta Dental of Kentucky, Inc	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	86-3099188				DCH Distribution, LLC	KY	NIA	Dental Choice Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	88-1391091				Dental Choice Ancillary, Inc.	KY	NIA	Ancillary Choice, LLC	Ownership	100.000	Renaissance Health Services Corpor	NO	
		0	88-0574945				Ancillary Choice Life, LLC	KY	NIA	Ancillary Choice, LLC	Ownership	100.000	Renaissance Health Services Corpor	NO	

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Asterik	Explanation
10	RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

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

NO

AUGUST FILING

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

N/A

1. Explanation

N/A

2. Explanation

N/A

Question 1 N/A
Explanation:

Bar Code:



47155202236500103

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation

ASSETS

	Current Year			Prior Year
	1	2	3	4
		Nonadmitted	Net Admitted	Net Admitted
	Assets	Assets	Assets	Assets
			(Cols. 1 - 2)	
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR OTHER THAN INVESTED ASSETS				
2504. Vehicles	47,706	47,706		
2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598)	47,706	47,706		

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	23,882,661	23,753,358
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	416,443	
2.2 Additional investment made after acquisition	54,925	808,457
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation	506,547	679,154
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	23,847,482	23,882,661
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	23,847,482	23,882,661

SCHEDULE B - VERIFICATION**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commercial fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,227,188	2,419,758
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		160,000
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(1,044,442)	(352,570)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,182,746	2,227,188
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	1,182,746	2,227,188

SCHEDULE D - VERIFICATION**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	97,785,877	84,410,435
2. Cost of bonds and stocks acquired	9,617,707	30,611,121
3. Accrual of discount	23,025	18,520
4. Unrealized valuation increase (decrease)	(12,493,841)	1,648,362
5. Total gain (loss) on disposals	(71,657)	6,168,659
6. Deduct consideration for bonds and stocks disposed of	1,939,626	25,008,455
7. Deduct amortization of premium	134,868	126,422
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	6,493	63,657
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	92,793,110	97,785,877
12. Deduct total nonadmitted amounts	11,130,580	11,182,968
13. Statement value at end of current period (Line 11 minus Line 12)	81,662,530	86,602,909

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

2022

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)	30,321,375	3,949,279	83,685	(213,723)	30,321,375	30,321,375	33,973,246	27,235,658
2. NAIC 2 (a)	10,527,372	185,112	200,000	137,011	10,527,372	10,527,372	10,649,495	8,520,599
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	40,848,747	4,134,391	283,685	(76,712)	40,848,747	40,848,747	44,622,741	35,756,257
PREFERRED STOCK								
8. NAIC 1	72,840			(2,420)	72,840	72,840	70,420	78,860
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock	72,840			(2,420)	72,840	72,840	70,420	78,860
15. Total Bonds & Preferred Stock	40,921,587	4,134,391	283,685	(79,132)	40,921,587	40,921,587	44,693,161	35,835,117

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 3,962,748; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999	2,963,933	X X X	2,951,580		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired	2,951,580	
3. Accrual of discount	12,353	
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)	2,963,933	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,963,933	

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	NONE	
9.	Total foreign exchange change in Book/Adjusted Carrying Value		
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 + 5 - 6 + 7 + 8 + 9)		
11.	Deduct nonadmitted assets		
12.	Statement value at end of current period (Line 10 minus Line 11)		

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)	NONE	
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 (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
NONE															

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SCHEDULE DB VERIFICATION

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

Book/Adjusted Carrying Value Check

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

NONE

Fair Value Check

7. Part A, Section 1, Column 16	_____
8. Part B, Section 1, Column 13	_____
9. Total (Line 7 plus Line 8)	_____
10. Part D, Section 1, Column 9	_____
11. Part D, Section 1, Column 10	_____
12. Total (Line 9 minus Line 10 minus Line 11)	_____

Potential Exposure Check

13. Part A, Section 1, Column 21	_____
14. Part B, Section 1, Column 20	_____
15. Part D, Section 1, Column 12	_____
16. Total (Line 13 plus Line 14 minus Line 15)	_____

SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		2,899,876
2. Cost of cash equivalents acquired	998,815	
3. Accrual of discount		124
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		2,900,000
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)	998,815	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	998,815	

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
NONE												
5099999 Totals												XXX

EO3

SCHEDULE BA - PART 3

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

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						
NONE																			
5099999 Totals																			

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 Modifier and SVO Administrative Symbol
87264A-BD-6	T-MOBILE USA INC		09/29/2022	Morgan Stanley & Co		185,112	200,000.00	3,500	2.C FE
1109999999	Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	185,112	200,000.00	3,500	X X X
2509999997	Subtotal - Bonds - Part 3				X X X	185,112	200,000.00	3,500	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A for Quarterly)				X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	185,112	200,000.00	3,500	X X X
640491-10-6	NEOGEN ORD		09/02/2022	BARCLAYS CAPITAL LE	11,000.000	198,134			
5019999999	Common Stock - Industrial and Miscellaneous (Unaffiliated) - Publicly Traded				X X X	198,134	X X X		X X X
5989999997	Subtotal - Common Stock - Part 3				X X X	198,134	X X X		X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A for Quarterly)				X X X	X X X	X X X	X X X	X X X
5989999999	Total - Common Stock				X X X	198,134	X X X		X X X
5999999999	Total - Preferred and Common Stock				X X X	198,134	X X X		X X X
6009999999	Totals				X X X	383,246	X X X	3,500	X X X

E04

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractua Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
3128MJ-4A-5	FH G08816 - RMBS		09/01/2022	Paydown		5,370	5,370.21	5,417	5,413		(1)		(1)		5,412		(42)	(42)	123	06/01/2048	1.A
3128MJ-T6-7	FH G08572 - RMBS		09/01/2022	Paydown		5,404	5,403.56	5,321	5,326		1		1		5,327		77	77	125	02/01/2044	1.A
3128P8-HG-9	FH C92031 - RMBS		09/01/2022	Paydown		3,745	3,745.24	3,873	3,852		(2)		(2)		3,850		(105)	(105)	96	01/01/2039	1.A
3132VM-DZ-5	FH Q61019 - RMBS		09/01/2022	Paydown		6,141	6,141.17	6,302	6,280		(1)		(1)		6,279		(138)	(138)	165	01/01/2049	1.A
3138LT-JV-1	FN AO2975 - RMBS		09/01/2022	Paydown		14,550	14,550.16	14,323	14,337		3		3		14,340		210	210	337	05/01/2042	1.A
3140FT-N8-0	FN BE7614 - RMBS		09/01/2022	Paydown		7,704	7,703.69	8,213	8,138		(8)		(8)		8,130		(427)	(427)	228	03/01/2037	1.A
3140J5-JW-0	FN BM1176 - RMBS		09/01/2022	Paydown		11,478	11,477.69	12,038	11,993		(9)		(9)		11,983		(506)	(506)	350	08/01/2044	1.A
3140J9-EM-9	FN BM4639 - RMBS		09/01/2022	Paydown		17,864	17,863.55	18,179	18,155		(6)		(6)		18,149		(286)	(286)	420	02/01/2045	1.A
31418C-XM-1	FN MA3383 - RMBS		09/01/2022	Paydown		7,007	7,006.83	7,057	7,053		(1)		(1)		7,052		(45)	(45)	166	06/01/2048	1.A
31418C-ZG-2	FN MA3442 - RMBS		09/01/2022	Paydown		3,142	3,141.95	3,163	3,161						3,161		(19)	(19)	73	08/01/2048	1.A
0909999999	Bonds - U.S. Special Revenue and Special Assessment Non-Guaranteed Obligations				X X X	82,405	82,404.05	83,886	83,708		(24)		(24)		83,683		(1,281)	(1,281)	2,083	X X X	X X X
254687-CM-6 64215-@AA-2	WALT DISNEY CO HPS SPECIALTY LOAN FUND V FEEDER		09/15/2022 07/01/2022	Maturity @ 100.00 Distribution		200,000 1,137	200,000.00 1,137.00	209,850 1,137	203,793		(3,793)		(3,793)		200,000				6,000	09/15/2022	2.A FE 2.A FE
1109999999	Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	201,137	201,137.00	210,987	203,793		(3,793)		(3,793)		200,000				6,000	X X X	X X X
2509999997	Subtotal - Bonds - Part 4				X X X	283,542	283,541.05	294,873	287,501		(3,817)		(3,817)		283,683		(1,281)	(1,281)	8,083	X X X	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A for Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	283,542	283,541.05	294,873	287,501		(3,817)		(3,817)		283,683		(1,281)	(1,281)	8,083	X X X	X X X
6009999999	Totals					283,542	X X X	294,873	287,501		(3,817)		(3,817)		283,683		(1,281)	(1,281)	8,083	X X X	X X X

SCHEDULE DB - PART A - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contract	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (b)	
NONE																							
1759999999 Total							XXX	XXX	XXX	XXX				XXX								XXX	XXX

E06

(a)

Code	Description of Hedged Risk(s)
NONE	

(b)

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

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22
														15	16	17					
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Quarter-end (b)	Value of One (1) Point
1759999999 Total						X X X	X X X	X X X			X X X									X X X	X X X

NONE

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
<div style="font-size: 4em; font-weight: bold;">NONE</div>			
Total Net Cash Deposits			

E07

(a)

Code	Description of Hedged Risk(s)
<div style="font-size: 4em; font-weight: bold;">NONE</div>	

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
<div style="font-size: 4em; font-weight: bold;">NONE</div>	

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	Counterparty Offset		Book/Adjusted Carrying Value			Fair Value			12 Potential Exposure	13 Off-Balance Sheet Exposure
			4 Fair Value of Acceptable Collateral	5 Present Value of Financing Premium	6 Contracts With Book/ Adjusted Carrying Value >0	7 Contracts With Book/ Adjusted Carrying Value <0	8 Exposure net of Collateral	9 Contracts With Fair Value >0	10 Contracts With Fair Value <0	11 Exposure Net of Collateral		
NONE												
099999999 Gross Totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

E08

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book / Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)	
NONE									
019999999 Total Collateral Pledged by Reporting Entity								X X X	X X X

E09

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book / Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
NONE								
029999999 Total Collateral Pledged to Reporting Entity						X X X	X X X	X X X

SCHEDULE DB - PART E

Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date
 This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

CDHS		Hedged Item								Hedging Instruments								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Identifier	Description	Prior Fair Value in Full Contract Cash Flows Attributed to Interest Rate	Ending Fair Value in Full Contract Cash Flows Attributed to Interest Rates	Fair Value Gains (Loss) in Full Contract Cash Flows Attributed to Interest Rates (4-3)	Fair Value Gain (Loss) in Hedged Item Attributed to Hedged Risk	Current Year Increase (Decrease) in VM-21 Liability	Current Year Increase (Decrease) in VM-21 Liability Attributed to Interest Rates	Change in the Hedged Item Attributed to Hedged Risk Percentage (6/5)	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 Offset to VM-21 Liability	Hedging Instruments' Current Fair Value Fluctuation Not Attributed to Hedged Risk	Hedge Gain (Loss) in Current Year Deferred 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)
NONE																		
Total									XXX									

E10

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)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
999999999	Totals					X X X

General Interrogatories:

1. Total activity for the year to date Fair Value \$ 0 Book/Adjusted Carrying Value \$ 0

2. Average balance for the year to date Fair Value \$ 0 Book/Adjusted Carrying Value \$ 0

3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0.

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)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
999999999 Totals						X X X

General Interrogatories:

1. Total activity for the year to date	Fair Value \$	0	Book/Adjusted Carrying Value \$	0
2. Average balance for the year to date	Fair Value \$	0	Book/Adjusted Carrying Value \$	0

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
	UNITED STATES TREASURY		09/14/2022		10/18/2022	998,815		1,116
0019999999	Bonds - U.S. Governments - Issuer Obligations					998,815		1,116
0109999999	Subtotals – U.S. Government Bonds					998,815		1,116
2419999999	Total Bonds - Subtotals – Issuer Obligations					998,815		1,116
2509999999	Total Bonds - Subtotals – Bonds					998,815		1,116
8609999999	Total Cash Equivalents					998,815		1,116

E14