

QUARTERLY STATEMENT

OF THE

DELTA DENTAL PLAN

OF

ARKANSAS, INC.

of SHERWOOD

in the state of ARKANSAS

TO THE

Insurance Department

OF THE

STATE OF

STATE OF ARKANSAS

FOR THE QUARTER ENDED

June 30, 2020

HEALTH

2020



47155202020100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2020
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 www.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>Eddie Allen Choate</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>John Garrett Norman #</u>	<u>VP, CIO</u>	<u>James Wayne Couch</u>	<u>Senior VP, COO, General Counsel</u>
<u>Ashley Lynne Riddle</u>	<u>VP of Sales & Account Management</u>	<u>Thomas Burton Redd</u>	<u>Vice President of Professional Relations</u>
<u>Kelly Terese Carney</u>	<u>Vice President of Human Resources & CAO</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>		

DIRECTORS OR TRUSTEES

<u>Mel Taylor Collazo</u>	<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>		

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>Eddie Allen Choate</u> <u>(Printed Name)</u> 1. <u>President and CEO</u> <u>(Title)</u>	<u>(Signature)</u> <u>Cindy Hovis Boyle</u> <u>(Printed Name)</u> 2. <u>Secretary</u> <u>(Title)</u>	<u>(Signature)</u> <u>Arnoud Derk Krijt</u> <u>(Printed Name)</u> 3. <u>Treasurer</u> <u>(Title)</u>
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Subscribed and sworn to before me this _____ day of _____, 2020

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	32,145,175		32,145,175	34,414,450
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	47,743,587	13,052,557	34,691,030	37,223,001
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)	15,913,334		15,913,334	15,479,134
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)	2,939,692		2,939,692	2,997,779
5. Cash (\$ 33,313,777), cash equivalents (\$ 0), and short-term investments (\$ 2,498,348)	35,812,126		35,812,126	22,421,021
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	2,766,380		2,766,380	3,306,548
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)	137,320,294	13,052,557	124,267,737	115,841,933
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	219,857		219,857	225,166
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,719,289		2,719,289	2,849,360
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				46,715
17. Amounts receivable relating to uninsured plans	10,206,574		10,206,574	4,954,406
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	5,892,783	4,047,824	1,844,959	2,058,678
21. Furniture and equipment, including health care delivery assets (\$ 0)	1,213,191	1,213,191		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	516,470		516,470	103,016
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	6,069,459	3,700,164	2,369,295	2,438,503
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	164,157,917	22,013,736	142,144,181	128,517,777
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	164,157,917	22,013,736	142,144,181	128,517,777

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. Prepaid Expenses & Deposits	2,369,295		2,369,295	
2502. Deferred Compensation - 457	1,862,300	1,862,300		2,438,503
2503. Miscellaneous Receivable	1,794,381	1,794,381		
2598. Summary of remaining write-ins for Line 25 from overflow page	43,483	43,483		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,069,459	3,700,164	2,369,295	2,438,503

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	6,867,144		6,867,144	7,681,775
2. Accrued medical incentive pool and bonus amounts	(257,066)		(257,066)	630,234
3. Unpaid claims adjustment expenses	286,343		286,343	286,981
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	249,364		249,364	249,364
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,739,969		2,739,969	3,923,826
9. General expenses due or accrued	19,959,338		19,959,338	9,702,210
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	3,092,958		3,092,958	2,640,312
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	2,385,455		2,385,455	2,561,395
23. Aggregate write-ins for other liabilities (including \$ 0 current)	1,777,697		1,777,697	1,506,304
24. Total liabilities (Lines 1 to 23)	37,101,202		37,101,202	29,182,401
25. Aggregate write-ins for special surplus funds	X X X	X X X		1,902,777
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	104,992,979	97,382,599
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	105,042,979	99,335,376
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	142,144,181	128,517,777

DETAILS OF WRITE-IN LINES				
2301. Escheat	1,777,697		1,777,697	1,506,304
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)	1,777,697		1,777,697	1,506,304
2501. Affordable Care Act Section 9010 Fee Assessment - 2020	X X X	X X X		1,902,777
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		1,902,777
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

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	4,205,648	3,690,731	7,439,037
2. Net premium income (including \$ 0 non-health premium income)	X X X	98,829,350	108,574,092	218,191,885
3. Change in unearned premium reserves and reserve for rate credits	X X X	(124,682)		44,352
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	98,704,668	108,574,092	218,236,237
Hospital and Medical:				
9. Hospital/medical benefits		63,903,982	88,628,342	176,471,155
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		(257,066)		630,234
16. Subtotal (Lines 9 to 15)		63,646,916	88,628,342	177,101,389
Less:				
17. Net reinsurance recoveries			139,171	464,931
18. Total hospital and medical (Lines 16 minus 17)		63,646,916	88,489,171	176,636,458
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		10,768,861	10,422,268	17,230,081
21. General administrative expenses		13,082,701	9,754,070	22,193,730
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)		87,498,478	108,665,509	216,060,269
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	11,206,190	(91,417)	2,175,968
25. Net investment income earned		544,813	732,455	1,501,007
26. Net realized capital gains (losses) less capital gains tax of \$ 0		(1,394,449)	(399,058)	(674,453)
27. Net investment gains (losses) (Lines 25 plus 26)		(849,636)	333,397	826,554
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		346,119		746,275
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	10,702,673	241,980	3,748,797
31. Federal and foreign income taxes incurred	X X X			(23,104)
32. Net income (loss) (Lines 30 minus 31)	X X X	10,702,673	241,980	3,771,901

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Miscellaneous Income		346,119		746,275
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)		346,119		746,275

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	99,335,377	89,196,625	89,196,625
34. Net income or (loss) from Line 32	10,702,673	241,980	3,771,901
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	5,841,924	3,817,867	5,140,251
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(10,836,996)	(2,810,015)	1,226,600
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)	5,707,601	1,249,832	10,138,752
49. Capital and surplus end of reporting period (Line 33 plus 48)	105,042,978	90,446,457	99,335,377

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	107,347,914	121,592,938	231,127,728
2. Net investment income	575,284	869,475	1,794,832
3. Miscellaneous income		359,787	746,275
4. Total (Lines 1 to 3)	107,923,198	122,822,200	233,668,835
5. Benefit and loss related payments	65,348,846	90,955,706	177,852,615
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	25,582,552	36,110,851	51,277,881
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)	90,931,398	127,066,557	229,130,496
11. Net cash from operations (Line 4 minus Line 10)	16,991,800	(4,244,357)	4,538,339
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,410,109	13,144,457	20,984,788
12.2 Stocks	4,351,102	9,774,368	10,626,265
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	540,168	103,922	439,103
12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,301,379	23,022,747	32,050,156
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,178,519	10,510,865	19,092,006
13.2 Stocks	2,881,323	1,968,100	10,219,821
13.3 Mortgage loans			
13.4 Real estate	637,612		10,731,414
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,697,454	12,478,965	40,043,241
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)	3,603,925	10,543,782	(7,993,085)
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)	(7,204,619)	(2,375,901)	393,536
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(7,204,619)	(2,375,901)	393,536
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)	13,391,106	3,923,524	(3,061,210)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	22,421,021	25,482,231	25,482,231
19.2 End of period (Line 18 plus Line 19.1)	35,812,127	29,405,755	22,421,021

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	628,953				82,106	245,737			301,110	
2. First Quarter	840,600				142,922	400,224			297,454	
3. Second Quarter	850,224				142,280	396,600			311,344	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	4,205,648				618,533	1,777,413			1,809,702	
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)	98,660,316				6,012,507	65,907,461			26,740,348	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	98,704,668				6,012,507	65,951,813			26,740,348	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	64,718,613				3,002,645	38,645,318			23,070,650	
18. Amount Incurred for Provision of Health Care Services	63,646,916				3,043,117	37,881,578			22,722,221	

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						6,867,144
0799999 Total claims unpaid						6,867,144
0899999 Accrued medical incentive pool and bonus amounts						(257,066)

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	4,458,582	34,186,736	510,277	3,842,393	4,968,859	4,859,344
4. Vision only	619,762	2,382,882		191,506	619,762	151,034
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	2,252,826	20,817,824		2,322,968	2,252,826	2,671,396
8. Other health						
9. Health subtotal (Lines 1 to 8)	7,331,170	57,387,442	510,277	6,356,867	7,841,447	7,681,774
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts				(257,066)		
13. Totals (Lines 9 - 10 + 11 + 12)	7,331,170	57,387,442	510,277	6,099,801	7,841,447	7,681,774

(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 #	6/30/2020	12/31/2019
(1) Delta Dental Plan of Arkansas, Inc state basis	XXX	XXX	XXX	\$10,702,673	\$3,771,899
(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>\$10,702,673</u>	<u>\$3,771,899</u>
Surplus	SSAP#	F/S Page	F/S Line #	6/30/2020	12/31/2019
(5) Delta Dental Plan of Arkansas, Inc				\$105,042,979	\$99,335,376
(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	\$13,052,557	\$6,332,538
(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>\$118,095,537</u>	<u>\$105,667,914</u>

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

No Change.

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change

NOTES TO FINANCIAL STATEMENTS

- (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
- None

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

Note 4: Discontinued Operations

No Change

Note 5: Investments

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

NOTES TO FINANCIAL STATEMENTS

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

O. No Change

P. No Change

Q. No Change

R. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs 2

(2) Aggregate Amount of Investment Income \$8,496

S. No Change

NOTES TO FINANCIAL STATEMENTS

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

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

A. No Change

B. No Change

C. No Change

D. At June 30, 2020, the Company reported \$0 due from subsidiary, Omega Administrators, Inc. (OAI), \$0 from subsidiary, Delta Dental of Arkansas Foundation, Inc. and \$2,157,362 due to the affiliate, Delta Dental of Michigan (DDMI) and \$85,471 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

NOTES TO FINANCIAL STATEMENTS

I. No Change

J. No Change

K. No Change

L. No Change

M. 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 June 30, 2020, plan assets totaled \$2,369,295 and plan liabilities totaled \$2,369,295 resulting in gains (losses) reported in the statutory statements of activities of \$0.

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 first 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 \$475,000, and \$416,000 for the years ended June 30, 2020 and 2019, respectively.

A. No Change

B. No Change

C. No Change

D. No Change

E. No Change

F. No Change

NOTES TO FINANCIAL STATEMENTS

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

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$4,894,358 as of June 30, 2020.
- (11) No Change
- (12) No Change
- (13) 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), DeltaUSA, and the other independent DDPA member companies, is defending a collection of lawsuits that have been filed in district courts across the country and consolidated into one case in the United States District Court for the Northern District of Illinois. 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. 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

NOTES TO FINANCIAL STATEMENTS

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

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 June 30, 2020 and 2019:

	2020	2019
Gross reimbursement for medical costs incurred	\$ 119,249,786	\$ 160,244,962
Gross administrative fees accrued	7,851,249	7,509,345
Gross expenses incurred (claims and administrative)	(127,101,035)	(167,754,307)
Total net gain or loss from operations	\$ 0	\$ 0

- 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					

NOTES TO FINANCIAL STATEMENTS

Industrial and Misc Parent, Subs and Affiliates					
Total Perpetual Preferred Stock					
Bonds					
US Government		2,692,531		2,692,531	
Industrial and Misc		29,452,644			
Hybrid Securities				29,452,644	
Parent, Subs and Affiliates					
Total Bonds		32,145,175		32,145,175	
Common Stock					
Industrial and Misc	27,493,483			27,493,483	
Parent, Subs and Affiliates		20,250,104		20,250,104	
Total Common Stock	27,493,483	20,250,104		47,743,587	
Derivative Assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value	27,493,483	52,395,279		79,888,763	
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 Level 2
Bonds	\$32,145,175	\$32,145,175	\$ 0	\$32,145,175			
Common Stock	47,743,587	34,691,030	27,493,483	20,250,104			
Perpetual Preferred Stock							
Mortgage Loans							
Total	\$79,888,763	\$66,836,205	\$27,493,483	\$52,395,279			

D. No Change

NOTES TO FINANCIAL STATEMENTS

Note 21: Other Items

- 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. 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 June 30, 2020 that are subject to retrospective rating features is \$36,435,017 that represented 34% of the total net premiums written. The Company has net premiums payable of \$9,694,669 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

NOTES TO FINANCIAL STATEMENTS

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

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 [X]

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]

If yes, complete and file the merger history data file with the NAIC.

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. _____ 12/31/2016

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). _____ 05/16/2018

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 []

GENERAL INTERROGATORIES

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

.....

.....

.....

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: \$ 516,470

GENERAL INTERROGATORIES

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: \$ 2,766,380

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

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

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ _____	\$ _____
14.22 Preferred Stock	\$ _____	\$ _____
14.23 Common Stock	\$ <u>12,877,043</u>	\$ <u>20,250,104</u>
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)	\$ <u>12,877,043</u>	\$ <u>20,250,104</u>
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ _____	\$ _____

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

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

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

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

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

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

1 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
First Security Bank	314 N Spring Street, Searcy, AR 72143

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)
.....
.....

GENERAL INTERROGATORIES

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Stephens Capital Management	U
Luther King	U
FCI	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 [X] 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 [X] 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
106398	FCI Advisors	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 [X] No []

18.2 If no, list exceptions:

.....

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

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

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

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

GENERAL INTERROGATORIES

- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent %
- 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 [X] No []
- 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

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
				NONE					

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
		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	L	71,964,320		26,740,348			98,704,668	
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	71,964,320		26,740,348			98,704,668	
60. Reporting entity contributions for Employee Benefit Plans		XXX							
61. Totals (Direct Business)		XXX	71,964,320		26,740,348			98,704,668	
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58		XXX							
58999. Totals (Lines 58001 through 58003 plus 58998) (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

1

PART 1 - ORGANIZATIONAL CHART

ORGANIZATIONAL CHART

June 30, 2020

RENAISSANCE HOLDING COMPANY
Michigan profit corporation
TIN 41-2177193

Ow

Renaissance Life & Health Insurance Company of America
IN profit insurance company
NAIC No. 61700
TIN 47-0397286

Cont

RGL Agency, LLC
IN LLC

Renaissance Life & Health Insurance Company of New York
NY profit insurance company
NAIC No. 15638

DNS Holding Company, LLC
MI LLC
TIN 46-4534401

Dansk Tandforsikring Administration, ApS
CVR. 32669999

Ow

Norsk
Norway
TPA
#913453
425T991
3-453A

Ow

Svensk
Sweden
TPA
#516411-6
245

Ow

Global Dental Insurance A/S
CVR. 35804161

Renaissance Family Foundation, Inc.
IN non-profit corporation

RENAISSANCE HEALTH SERVICE CORPORATION
Michigan non-profit corporation
TIN 38-1675667

58
Delta Dental Plan of Michigan, Inc.
MI non-profit corporation
NAIC No. 54305
TIN 38-1791480

75

Cont
Delta Dental Plan of Ohio, Inc.
OH non-profit corporation
NAIC No. 54402

25

Delta Dental Plan of Indiana, Inc.
IN non-profit corporation
NAIC No. 52634

5.8

Delta Dental Fund dba Delta Dental Foundation
MI non-profit corporation
TIN 38-2337000

Roosevelt Solutions, LLC
MI LLC

The 4100 Group, Inc.
MI profit corporation
TIN 47-2557772

Ow

Dewpoint, Inc.
MI profit corporation
TIN 38-3300595

Cont

Red Cedar Investment Management, LLC
MI LLC
TIN 46-2667997

Delta Dental of Tennessee
TN non-profit corporation
NAIC No. 54526
TIN 62-0812197

Ow

Fore Holding Corporation
TN profit corporation
TIN 20-4116122

8.9

Premier Insurance Services, LLC
TN LLC
TIN 11-3662057

Ow

Liquid Corn, LLC
TN LLC
TIN 20-3349680

79%

Chesme, LLC
MI LLC
TIN 20-0661957

Controls

Gries Financial, LLC
TIN 34-1891243

4.0
Delta Dental Plan of New Mexico, Inc.
NM non-profit corporation
NAIC No. 47287
TIN 85-0224562

5.9
Delta Dental of Kentucky, Inc.
KY non-profit corporation
NAIC No. 54674
TIN 61-0659432

Ow

Dental Choice Agency, Inc.
KY profit corporation
TIN 61-1336003

Dental Choice Inc.
KY profit corporation
NAIC No. 48127
TIN 61-1105118

Ow

Dental Choice Holdings, LLC
EIN 83-0862670
KY LLC

Delta Dental of North Carolina
NC non-profit corporation
NAIC No. 54658
TIN 56-1018068

12
Delta Dental Plan of Arkansas, Inc.
AR non-profit corporation
NAIC No. 47155
TIN 71-0561140

Ow

Cont

Omega Administrators, Inc.
AR profit corporation
TIN 04-3740469

Delta Dental of Arkansas Foundation, Inc.
AR non-profit corporation
TIN 26-1569324

PAC of Delta Dental Plan of Arkansas, Inc.
Non-profit
AR corporation
TIN 27-3207545

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? (Y/N)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	NIA					N	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.000	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.200	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.800	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.900	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.900	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.000	Renaissance Health Service Corpor	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.200	Renaissance Health Service Corpor	Y	
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	N	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of	Ownership	100.000	Renaissance Health Service Corpor	N	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New	NY	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	03-2669999				Dansk Tandforsikring Administration ApS	DNK	NIA	DNS Holding Company, LLC	Ownership	82.800	Renaissance Health Service Corpor	N	
		0	03-5804161				Global Dental Company A/S	DNK	NIA	DNS Holding Company, LLC	Ownership	100.000	Renaissance Health Service Corpor	N	
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	N	
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	N	
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	N	
		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	N	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corpor	N	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.000	Renaissance Health Service Corpor	N	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.000	Renaissance Health Service Corpor	N	
		0	20-0661957				Chesme, LLC	MI	NIA	The 4100 Group, Inc	Ownership	79.000	Renaissance Health Service Corpor	N	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	34-1891243				Greis Financial, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Service Corpor	N	
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	N	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	N	
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	N	
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	N	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	48127				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	83-0862670				Dental Choice Holdings, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	N	
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	N	
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	N	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	100.000	Renaissance Health Service Corpor	N	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corpor	N	
		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	N	
		0	91-3453425				Norsk	DNK	NIA	Dansk Tandforsikring Administrations ApS	Ownership		Renaissance Health Service Corpor	N	
		0	51-64116245				Svensk	SWE	NIA	Dansk Tandforsikring Administrations ApS	Ownership		Renaissance Health Service Corpor	N	

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

Explanation:

Question 1: Not Applicable

Bar Code:



47155202036500102

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation

ASSETS

	Current Year			Prior Year
	1	2	3	4
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR OTHER THAN INVESTED ASSETS	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504. Vehicles	43,483	43,483		
2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598)	43,483	43,483		

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	18,476,915	8,144,568
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		4,623,287
2.2 Additional investment made after acquisition	637,612	6,108,127
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		(148,494)
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	261,501	250,573
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	18,853,026	18,476,915
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	18,853,026	18,476,915

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	3,306,548	3,306,548
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)	(540,168)	
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)	2,766,380	3,306,548
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	2,766,380	3,306,548

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	77,969,988	75,155,165
2. Cost of bonds and stocks acquired	7,059,841	29,311,826
3. Accrual of discount	11,428	33,680
4. Unrealized valuation increase (decrease)	6,935,194	5,199,541
5. Total gain (loss) on disposals	(1,395,736)	(50,257)
6. Deduct consideration for bonds and stocks disposed of	10,662,619	31,611,054
7. Deduct amortization of premium	37,830	70,729
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	8,496	1,816
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	79,888,762	77,969,988
12. Deduct total nonadmitted amounts	13,052,557	6,332,538
13. Statement value at end of current period (Line 11 minus Line 12)	66,836,205	71,637,450

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

S102

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)	26,755,095	6,352,969	5,182,873	(13,342)	26,755,095	27,911,849		28,173,127
2. NAIC 2 (a)	6,165,928	567,703		(1,934)	6,165,928	6,731,697		6,241,323
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	32,921,023	6,920,672	5,182,873	(15,276)	32,921,023	34,643,546		34,414,450
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	32,921,023	6,920,672	5,182,873	(15,276)	32,921,023	34,643,546		34,414,450

(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 \$ 2,498,370; 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
9199999	2,498,370	X X X	2,498,348		

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	2,498,348	3,174,860
3. Accrual of discount		25,140
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		3,200,000
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)	2,498,348	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,498,348	

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		
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															
999999999	Totals					XXX	XXX	XXX			XXX	XXX	XXX		

505

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 5
- 5. Part D, Section 1, Column 6
- 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 8
- 11. Part D, Section 1, Column 9
- 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 11
- 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. Cost of cash equivalents acquired		2,594,405
3. Accrual of discount		5,595
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		2,600,000
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE A - PART 2

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

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
NONE								
0399999 Totals								

EO1

SCHEDULE A - PART 3

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

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvement and Changes Encumbranc	8 Book/Adjuste Carrying Valu Less Encumbranc Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjuste Carrying Valu Less Encumbranc on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbranc	20 Taxes, Repairs and Expenses Incurred
	2 City	3 Stat						9 Current Year' Depreciation	10 Current Year' Other Than Temporary Impairment Recognized	11 Current Year' Change in Encumbranc	12 Total Change in B./A.C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B./A.C.V.							
NONE																			
0399999 Totals																			

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 and 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 and Administrative Symbol
00724P-AB-5	ADOBE INC		06/19/2020	MARKETAXESS CORPORATION		264,490	250,000.00	1,847	1FE
22160K-AL-9	COSTCO WHOLESALE CORP		06/19/2020	MERRILL LYNCH PROF CLRING CORP		271,533	250,000.00	668	1FE
58013M-FL-3	MCDONALD'S CORP		06/23/2020	MERRILL LYNCH PROF CLRING CORP		206,058	200,000.00	886	2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	742,081	700,000.00	3,401	X X X
8399997	Subtotal - Bonds - Part 3				X X X	742,081	700,000	3,401	X X X
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X
8399999	Total - Bonds				X X X	742,081	700,000.00	3,401	X X X
464287-57-2	ISHARES:GLBL 100		06/23/2020	Not Provided	1,000.000	53,715			L
464288-68-7	ISHARES:PREF AND INC SEC		06/23/2020	Not Provided	1,000.000	34,918			L
464287-48-1	ISHARES:RUSS MC GR		06/22/2020	Not Provided	1,000.000	159,970			L
9499999	Subtotal - Common Stock - Mutual Funds				X X X	248,603	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	248,603	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks				X X X	X X X	X X X	X X X	X X X
9799999	Total - Common Stock				X X X	248,603	X X X		X X X
9899999	Total - Preferred and Common Stock				X X X	248,603	X X X		X X X
9999999	Totals				X X X	990,684	X X X	3,401	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	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	For eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractua Maturity Date	NAIC Designation and Administrative Symbol	
3135G0-D7-5	FEDERAL NATIONAL MORTGAGE ASSOCI		06/22/2020	Maturity @ 100.00		450,000	450,000.00	446,316	449,635		365		365		450,000				3,375	06/22/2020	1	
3128P8-HG-9	FH C92031 - RMBS		06/01/2020	Paydown		26,359	26,358.66	27,259	27,184		(28)		(28)		27,156		(797)	(797)	527	01/01/2039	1	
3128MJ-T6-7	FH G08572 - RMBS		06/01/2020	Paydown		14,992	14,991.74	14,762	14,767		2		2		14,769		223	223	262	02/01/2044	1	
3128MJ-4A-5	FH G08816 - RMBS		06/01/2020	Paydown		45,926	45,926.13	46,323	46,309		(5)		(5)		46,304		(378)	(378)	804	06/01/2048	1	
3132VM-DZ-5	FH Q61019 - RMBS		06/01/2020	Paydown		41,365	41,365.18	42,445	42,371		(29)		(29)		42,342		(977)	(977)	827	01/01/2049	1	
3138LT-JV-1	FN AO2975 - RMBS		06/01/2020	Paydown		15,673	15,672.58	15,428	15,433		2		2		15,435		238	238	274	05/01/2042	1	
3140FT-N8-0	FN BE7614 - RMBS		06/01/2020	Paydown		618	617.59	658	654						654		(36)	(36)	14	03/01/2037	1	
3140J5-JW-0	FN BM1176 - RMBS		06/01/2020	Paydown		15,711	15,711.17	16,479	16,455		(8)		(8)		16,447		(736)	(736)	353	08/01/2044	1	
3140J9-EM-9	FN BM4639 - RMBS		06/01/2020	Paydown		16,606	16,606.25	16,900	16,895		(3)		(3)		16,891		(285)	(285)	291	02/01/2045	1	
31418C-XM-1	FN MA3383 - RMBS		06/01/2020	Paydown		43,794	43,794.06	44,110	44,096		(5)		(5)		44,091		(297)	(297)	766	06/01/2048	1	
31418C-ZG-2	FN MA3442 - RMBS		06/01/2020	Paydown		21,777	21,776.94	21,924	21,917		(3)		(3)		21,915		(138)	(138)	381	08/01/2048	1	
3199999	Subtotal - Bonds - U.S. Special Revenue and Special Assessment Non-Guaranteed Obligati				X X X	692,821	692,820.30	692,604	695,716		288		288		696,004		(3,183)	(3,183)	7,874	X X X	X X X	
8099999	Subtotal - Bonds - SVO Identified Funds				X X X															X X X	X X X	
8299999	Subtotal - Bonds - Unaffiliated Bank Loans				X X X															X X X	X X X	
8399997	Subtotal - Bonds - Part 4				X X X	692,821	692,820	692,604	695,716		288		288		696,004		(3,183)	(3,183)	7,874	X X X	X X X	
8399998	Summary Item from Part 5 for Bonds				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	X X X
8399999	Total - Bonds				X X X	692,821	692,820.30	692,604	695,716		288		288		696,004		(3,183)	(3,183)	7,874	X X X	X X X	
28176E-10-8	EDWARDS LIFESCIENCES ORD		06/01/2020	Not Provided					(55,990)	26,839			26,839								L	
698813-10-2	PAPA JOHNS INTERNATIONAL ORD		06/10/2020	COWEN AND COMPANY,	230.00	18,691		11,726	14,525	(2,798)			(2,798)	11,726		6,965	6,965	104			L	
70450Y-10-3	PAYPAL HOLDINGS ORD		06/22/2020	INSTINET	100.00	16,881		3,447	10,817	(7,370)			(7,370)	3,447		13,434	13,434				L	
75513E-10-1	RAYTHEON TECHNOLOGIES ORD		05/18/2020	COWEN AND COMPANY,																	L	
902494-10-3	TYSON FOODS CL A ORD		06/26/2020	Not Provided	800.00	46,647		46,942						46,942		(295)	(295)	336			L	
9099999	Subtotal - Common Stock - Industrial and Miscellaneous (Unaffiliated) Publicly Traded				X X X	82,219		62,115	(30,648)	16,671			16,671		62,115		20,104	20,104	440	X X X	X X X	
9799997	Subtotal - Common Stock - Part 4				X X X	82,219	X X X	62,115	(30,648)	16,671			16,671		62,115		20,104	20,104	440	X X X	X X X	
9799998	Summary Item from Part 5 for Common Stocks				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	X X X
9799999	Total - Common Stocks				X X X	82,219	X X X	62,115	(30,648)	16,671			16,671		62,115		20,104	20,104	440	X X X	X X X	

ENS

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 and 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.							
9899999	Total - Preferred and Common Stocks				X X X	82,219	X X X	62,115	(30,648)	16,671			16,671		62,115		20,104	20,104	440	X X X	X X X
9999999	Totals					775,040	X X X	754,719	665,068	16,671	288		16,959		758,119		16,921	16,921	8,314	X X X	X X X

E05.1

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 Contracts	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																															
175999999 Total						X X X	X X X	X X X	X X X					X X X								X X X	X X X								

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: 3em; font-weight: bold;">NONE</div>			
Total Net Cash Deposits			

E07

(a)

Code	Description of Hedged Risk(s)
<div style="font-size: 3em; 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: 3em; 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)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
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 and Administrative Symbol	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
999999 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 CUSIP Identification	2 Description	3 Code	4 NAIC Designation and Administrative Symbol	5 Fair Value	6 Book / Adjusted Carrying Value	7 Maturity Dates
NONE						
999999 Totals						XXX

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
NONE								
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 8899999 Total Cash Equivalents </div>								

E14