AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation
Jurat	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Analysis of Operations by Lines of Business	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Underwriting and Investment Exhibit - Part 1	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Underwriting and Investment Exhibit - Part 2	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Underwriting and Investment Exhibit - Part 2A	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Underwriting and Investment Exhibit - Part 2B	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Underwriting and Investment Exhibit - Part 2C	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Exhibit 2 - Accident and Health Premiums Due and	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Exhibit of Prems, Enrollment and Utilization (by Stat	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.
Schedule T	Arkansas Insurance Department requested to split out the Medicaid business from the risk business.

47155201820100105

ANNUAL STATEMENT

For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) **NAIC Company Code** 47155 **Employer's ID Number** 71-0561140

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

Country of Domicile US

Licensed as business type:

Life, Accident & 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 (Street and Number), Sherwood, AR, US 72120 (City or Town, State, Country and Zip Code)

Main Administrative Office 1513 Country Club Road (Street and Number)
Sherwood, AR, US 72120 (City or Town, State, Country and Zip Code) 501-835-3400 (Area Code) (Telephone Number)

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

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

Internet Web Site Address www.deltadentalar.com

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

OFFICERS

	Name	Title
1.	Eddie Allen Choate	President and CEO
2.	Sarah Jean Clark	Secretary
3.	Phillip Wayne Cox	Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Ina Lynn Harbert	Senior Vice President and COO	John Garrett Norman	VP, Information Technology
James Wayne Couch	Senior Vice President and General Counsel	Ashley Lynne Riddle	VP of Sales & Account Management
Robert Allen Mason	Vice President of Professional Relations	Kelly Terese Carney	Vice President of Human Resources
Ebb Weldon Johnson	VP, Exec Director, DDAR Foundation	David Edward Hawsey	VP, Marketing
Jimmy Sam Anthony #	Director, Medicaid Operations	Deborah Ann Lowtharp #	VP, Finance & CFO

DIRECTORS OR TRUSTEES

Mel Taylor Collazo	Phillip Wayne Cox	Robbins Mark Bailey	Troy John Dryden Bartels
Arnoud Krijt	Cindy Hovis Boyle	Tamika Silverman Edwards	Joseph Wood Thompson
Sarah Jean Clark	James Talbert Johnston	Granville Wayne Callahan, Sr.	Doug Robert Anderson

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.

(Signature)	(Signature)	(Signature)
Eddie Allen Choate	Sarah Jean Clark	Phillip Wayne Cox
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me this on this
_____ day of _____, 2019, by

a. Is this an original filing? [ ] Yes [X] No
b. If no: 1. State the amendment number 1
2. Date filed 05/03/2019
3. Number of pages attached 10

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	256,722,563			176,572,743	9,881,638			70,268,182		
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of $ 0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues	395,155	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	395,155
7. Total revenues (Lines 1 to 6)	257,117,718			176,572,743	9,881,638			70,268,182		395,155
8. Hospital/medical benefits	164,317,614			96,993,467	5,729,066			61,595,081		XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs										XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts	514,127			273,187				240,940		XXX
15. Subtotal (Lines 8 to 14)	164,831,741			97,266,654	5,729,066			61,836,021		XXX
16. Net reinsurance recoveries	(40,309,154)			(40,309,154)						XXX
17. Total hospital and medical (Lines 15 minus 16)	205,140,895			137,575,808	5,729,066			61,836,021		XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 2,159,007 cost containment expenses	18,893,999			14,935,973	563,804			3,394,222		
20. General administrative expenses	27,624,653			20,697,467	2,257,984			4,669,202		
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	251,659,547			173,209,248	8,550,854			69,899,445		
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	5,458,171			3,363,495	1,330,784			368,737		395,155

DETAILS OF WRITE-IN LINES										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 05 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)										XXX
0601. Miscellaneous Income	395,155	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	395,155
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	395,155	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	395,155
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

NONE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only	127,601,619	48,971,124		176,572,743
4. Vision only	9,881,638			9,881,638
5. Federal Employees Health Benefits Plan				
6. Title XVIII – Medicare				
7. Title XIX – Medicaid	70,268,182			70,268,182
8. Other health				
9. Health subtotal (Lines 1 through 8)	207,751,439	48,971,124		256,722,563
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	207,751,439	48,971,124		256,722,563

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	162,806,231			97,405,424	5,756,145			59,644,662		
1.2 Reinsurance assumed	40,234,116			40,234,116						
1.3 Reinsurance ceded										
1.4 Net	203,040,347			137,639,540	5,756,145			59,644,662		
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	6,106,873			3,989,832	166,622			1,950,419		
3.2 Reinsurance assumed	2,348,876			2,348,876						
3.3 Reinsurance ceded										
3.4 Net	8,455,749			6,338,708	166,622			1,950,419		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	514,127			273,187				240,940		
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	4,595,491			4,401,790	193,701					
8.2 Reinsurance assumed	2,273,838			2,273,838						
8.3 Reinsurance ceded										
8.4 Net	6,869,329			6,675,628	193,701					
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	164,317,613			96,993,466	5,729,066			61,595,081		
12.2 Reinsurance assumed	40,309,154			40,309,154						
12.3 Reinsurance ceded										
12.4 Net	204,626,767			137,302,620	5,729,066			61,595,081		
13. Incurred medical incentive pools and bonuses	514,127			273,187				240,940		

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	312,849			307,121	5,728					
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	312,849			307,121	5,728					
2. Incurred but Unreported:										
2.1 Direct	5,794,024			3,682,711	160,894			1,950,419		
2.2 Reinsurance assumed	2,348,876			2,348,876						
2.3 Reinsurance ceded										
2.4 Net	8,142,900			6,031,587	160,894			1,950,419		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	6,106,873			3,989,832	166,622			1,950,419		
4.2 Reinsurance assumed	2,348,876			2,348,876						
4.3 Reinsurance ceded										
4.4 Net	8,455,749			6,338,708	166,622			1,950,419		

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	5,994,566	131,644,975	505	6,338,202	5,995,071	6,675,627
4. Vision only	143,834	5,612,310		166,622	143,834	193,701
5. Federal Employees Health Benefits Plan						
6. Title XVIII – Medicare						
7. Title XIX – Medicaid		59,644,662		1,950,419		
8. Other health						
9. Health subtotal (Lines 1 to 8)	6,138,400	196,901,947	505	8,455,243	6,138,905	6,869,328
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts				514,127		
13. Totals (Lines 9 - 10 + 11 + 12)	6,138,400	196,901,947	505	8,969,370	6,138,905	6,869,328

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Hospital & Medical

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Medicare Supplement

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Dental Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	94,436	94,436	94,436	94,436	94,436
2. 2014	103,402	108,329	108,329	108,329	108,329
3. 2015	XXX	109,903	115,748	115,748	115,748
4. 2016	XXX	XXX	109,903	115,748	115,748
5. 2017	XXX	XXX	XXX	127,598	133,593
6. 2018	XXX	XXX	XXX	XXX	131,645

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	94,436	94,436	94,436	94,436	94,436
2. 2014	103,402	108,329	108,329	108,329	108,329
3. 2015	XXX	121,753	127,598	127,598	127,598
4. 2016	XXX	XXX	127,598	133,593	133,593
5. 2017	XXX	XXX	XXX	127,598	132,921
6. 2018	XXX	XXX	XXX	XXX	137,983

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014	136,319	107,645	7,056	6.555	114,701	84.142			114,701	84.142
2. 2015	149,436	114,830	8,505	7.407	123,335	82.534			123,335	82.534
3. 2016	157,882	126,044	10,126	8.034	136,170	86.248			136,170	86.248
4. 2017	161,845	126,651	13,463	10.630	140,114	86.573			140,114	86.573
5. 2018	176,573	137,640	14,936	10.851	152,576	86.410	6,853	253	159,682	90.434

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Vision Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,626	1,626	1,626	1,626	1,626
2. 2014	1,554	1,635	1,635	1,626	1,626
3. 2015	XXX	1,645	1,749	1,749	1,749
4. 2016	XXX	XXX	3,886	3,990	3,990
5. 2017	XXX	XXX	XXX	3,886	4,030
6. 2018	XXX	XXX	XXX	XXX	5,612

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,643	1,643	1,643	1,643	1,643
2. 2014	1,554	1,635	1,635	1,635	1,635
3. 2015	XXX	3,886	3,989	3,989	3,989
4. 2016	XXX	XXX	3,886	3,990	3,990
5. 2017	XXX	XXX	XXX	3,886	4,030
6. 2018	XXX	XXX	XXX	XXX	5,779

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014	3,229	1,653	343	20.750	1,996	61.815			1,996	61.815
2. 2015	3,515	1,726	1,054	61.066	2,780	79.090			2,780	79.090
3. 2016	3,696	1,808	1,104	61.062	2,912	78.788			2,912	78.788
4. 2017	7,539	3,990	508	12.732	4,498	59.663			4,498	59.663
5. 2018	9,882	5,756	564	9.798	6,320	63.955	166	22	6,508	65.857

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Fed Emp Health Benefits Plan

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Title XVIII - Medicare

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Title XIX - Medicaid

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	59,645

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	61,595

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018	70,268	59,645	3,394	5.690	63,039	89.712	1,950		64,989	92.487

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Other

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Grand Total

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	96,062	96,062	96,062	96,062	96,062
2. 2014	104,956	109,964	109,964	109,955	109,955
3. 2015	XXX	111,548	117,497	117,497	117,497
4. 2016	XXX	XXX	113,789	119,738	119,738
5. 2017	XXX	XXX	XXX	131,484	137,623
6. 2018	XXX	XXX	XXX	XXX	196,902

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	96,079	96,079	96,079	96,079	96,079
2. 2014	104,956	109,964	109,964	109,964	109,964
3. 2015	XXX	125,639	131,587	131,587	131,587
4. 2016	XXX	XXX	131,484	137,583	137,583
5. 2017	XXX	XXX	XXX	131,484	136,951
6. 2018	XXX	XXX	XXX	XXX	205,357

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2014	139,548	109,298	7,399	6.770	116,697	83.625			116,697	83.625
2. 2015	152,951	116,556	9,559	8.201	126,115	82.455			126,115	82.455
3. 2016	161,578	127,852	11,230	8.784	139,082	86.077			139,082	86.077
4. 2017	169,384	130,641	13,971	10.694	144,612	85.375			144,612	85.375
5. 2018	256,723	203,041	18,894	9.306	221,935	86.449	8,969	275	231,179	90.050

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Ttle XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	L	137,483,257		70,268,182				207,751,439	
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	X X X								
59. Subtotal		X X X	137,483,257		70,268,182				207,751,439	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Totals (Direct Business)		X X X	137,483,257		70,268,182				207,751,439	

DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

NONE

(a) Active Status Counts

L – Licensed or Chartered - Licensed i	1
E – Eligible - Reporting entities eligble	
R - Registered - Non-domiciled RRGs	
Q - Qualified - Qualified or accredited r	
N – None of the above - Not allowed t	56

(b) **Explanation of basis of allocation of premiums by states, etc.**

Situs of Contract