

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 Pregs, 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 0000 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 & 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 (City or Town, State, Country and Zip Code)
501-835-3400 (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 Web Site 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>Sarah Jean Clark</u>	<u>Secretary</u>
3. <u>Phillip Wayne Cox</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Ina Lynn Harbert</u>	<u>Senior Vice President and COO</u>	<u>John Garrett Norman</u>	<u>VP, Information Technology</u>
<u>James Wayne Couch</u>	<u>Senior Vice President and General Counsel</u>	<u>Ashley Lynne Riddle</u>	<u>VP of Sales & Account Management</u>
<u>Robert Allen Mason</u>	<u>Vice President of Professional Relations</u>	<u>Kelly Terese Carney</u>	<u>Vice President of Human Resources</u>
<u>Ebb Weldon Johnson</u>	<u>VP, Exec Director, DDAR Foundation</u>	<u>David Edward Hawsey</u>	<u>VP, Marketing</u>
<u>Jimmy Sam Anthony #</u>	<u>Director, Medicaid Operations</u>	<u>Deborah Ann Lowtharp #</u>	<u>VP, Finance & CFO</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 Krijt</u>	<u>Cindy Hovis Boyle</u>	<u>Tamika Silverman Edwards</u>	<u>Joseph Wood Thompson</u>
<u>Sarah Jean Clark</u>	<u>James Talbert Johnston</u>	<u>Granville Wayne Callahan, Sr.</u>	<u>Doug Robert Anderson</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> (Printed Name) 1.	<u>(Signature)</u> <u>Sarah Jean Clark</u> (Printed Name) 2.	<u>(Signature)</u> <u>Phillip Wayne Cox</u> (Printed Name) 3.
<u>President and CEO</u> (Title)	<u>Secretary</u> (Title)	<u>Treasurer</u> (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



47155201843004105

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2018

NAIC Company Code 47155

30 AR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	275,868				55,852	220,016				
2. First Quarter	591,069				64,851	227,217			299,001	
3. Second Quarter	588,952				67,192	217,792			303,968	
4. Third Quarter	583,950				69,328	217,129			297,493	
5. Current Year	591,286				73,772	222,883			294,631	
6. Current Year Member Months	7,062,727				814,863	2,667,958			3,579,906	
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	207,751,439				9,881,638	127,601,619			70,268,182	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	207,751,439				9,881,638	127,601,619			70,268,182	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	162,806,230				5,756,144	97,405,424			59,644,662	
18. Amount Incurred for Provision of Health Care Services	164,831,741				5,729,066	97,266,654			61,836,021	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

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



47155201843059105

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2018

NAIC Company Code 47155

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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