

**QUARTERLY STATEMENT**

**OF THE**

**ALTUS DENTAL**

**INSURANCE COMPANY, INC.**

**of PROVIDENCE**

**in the state of RHODE ISLAND**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**RHODE ISLAND**

**FOR THE QUARTER ENDED**

**June 30, 2019**

**HEALTH**

**2019**



52632201920100102

# QUARTERLY STATEMENT

AS OF JUNE 30, 2019  
OF THE CONDITION AND AFFAIRS OF THE

## ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code 1571, 1571 NAIC Company Code 52632 Employer's ID Number 05-0513223  
(Current Period) (Prior Period)

Organized under the Laws of RHODE ISLAND State of Domicile or Port of Entry RI

Country of Domicile US

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

Incorporated/Organized August 1, 2000 Commenced Business September 1, 2001

Statutory Home Office 10 CHARLES STREET, PROVIDENCE, RI US 02904  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 10 CHARLES STREET  
(Street and Number)  
PROVIDENCE, RI US 02904 877-223-0577  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 10 CHARLES STREET, PROVIDENCE, RI US 02904  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 CHARLES STREET, PROVIDENCE, RI US 02904 877-223-0577  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.altusdental.com

Statutory Statement Contact GEORGE J. BEDARD 877-223-0577  
(Name) (Area Code) (Telephone Number) (Extension)  
gbedard@altusdental.com 401-457-7260  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
1. JOSEPH R PERRONI #	PRESIDENT
2. MELISSA GENNARI	ASSISTANT SECRETARY
3. RICHARD A. FRITZ	TREASURER

### VICE-PRESIDENTS

Name	Title	Name	Title
RICHARD A. FRITZ	VP & CFO	THOMAS CHASE	VP - CHIEF OPERATING OFFICER
BLAINE CARROLL	VP - STRATEGIC INITIATIVES	WENDY DUNCAN	VP - CHIEF MARKETING OFFICER

### DIRECTORS OR TRUSTEES

JULIE G. DUFFY	THOMAS P. ENRIGHT	FRANCIS J. FLYNN	JONATHAN W. HALL
EDWARD O. HANDY	PETER C. HAYES	JUNIOR JABBIE #	COLIN P. KANE
LINDA R. McGOLDRICK	MARK A. PAULHUS	HEATHER A. PROVINO	JAMES V. ROSATI
JOHN T. RUGGEIRI	EDWIN J. SANTOS	MARK A. SHAW	

State of RHODE ISLAND

County of PROVIDENCE 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) JOSEPH R PERRONI	(Signature) MELISSA GENNARI	(Signature) RICHARD A. FRITZ
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
PRESIDENT	ASSISTANT SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 9th day of AUGUST, 2019

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

KRISTEN MEIZOSO  
My commission expires 8/1/20

## 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	34,833,838		34,833,838	32,841,545
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
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)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 5,103,050), cash equivalents (\$ 38,636), and short-term investments (\$ 0)	5,141,686		5,141,686	5,149,907
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	1,028,976		1,028,976	1,583,980
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)	41,004,500		41,004,500	39,575,432
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	319,525		319,525	308,139
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	514,495	48,735	465,760	472,364
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	622,206	33,372	588,834	630,324
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	69,674		69,674	69,674
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	42,530,400	82,107	42,448,293	41,055,933
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	42,530,400	82,107	42,448,293	41,055,933

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.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	1,911,510		1,911,510	1,851,290
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	98,147		98,147	96,762
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	577,222		577,222	697,993
9. General expenses due or accrued	1,533,879		1,533,879	2,158,442
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	2,592,684		2,592,684	2,525,535
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				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	433,900		433,900	426,100
24. Total liabilities (Lines 1 to 23)	7,147,342		7,147,342	7,756,122
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	3,000,000	3,000,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	3,319,861	3,319,861
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		
31. Unassigned funds (surplus)	X X X	X X X	28,981,090	26,979,950
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	35,300,951	33,299,811
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	42,448,293	41,055,933

DETAILS OF WRITE-IN LINES				
2301. ADVANCE DEPOSITS	433,900		433,900	426,100
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)	433,900		433,900	426,100
2501. RESTRICTED RESERVES ACA ASSESSMENT	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001. ....	X X X	X X X		
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		

## 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	953,164	882,436	1,807,539
2. Net premium income (including \$ 0 non-health premium income)	X X X	35,200,042	32,714,049	66,710,722
3. Change in unearned premium reserves and reserve for rate credits	X X X			
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	35,200,042	32,714,049	66,710,722
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits				
10. Other professional services		27,443,876	24,651,604	49,114,593
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		27,443,876	24,651,604	49,114,593
<b>Less:</b>				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		27,443,876	24,651,604	49,114,593
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 171,912 cost containment expenses		1,409,113	1,314,365	2,649,371
21. General administrative expenses		4,282,453	5,051,022	8,897,908
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)		33,135,442	31,016,991	60,661,872
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,064,600	1,697,058	6,048,850
25. Net investment income earned		467,141	410,912	851,016
26. Net realized capital gains (losses) less capital gains tax of \$ 0		(3,679)	19,232	3,607
27. Net investment gains (losses) (Lines 25 plus 26)		463,462	430,144	854,623
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				121,680
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	2,528,062	2,127,202	7,025,153
31. Federal and foreign income taxes incurred	X X X	544,376	725,510	1,798,347
32. Net income (loss) (Lines 30 minus 31)	X X X	1,983,686	1,401,692	5,226,806

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. GAIN ON PURCHASE OF MASSACHUSETTS TAX CREDITS				121,680
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)				121,680

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	33,299,811	28,097,977	28,097,977
34. Net income or (loss) from Line 32	1,983,686	1,401,692	5,226,806
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	17,454	(7,701)	(12,656)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			(24,458)
39. Change in nonadmitted assets	(17,524)	(56,337)	(12,642)
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	17,524	68,479	24,784
48. Net change in capital and surplus (Lines 34 to 47)	2,001,140	1,406,133	5,201,834
49. Capital and surplus end of reporting period (Line 33 plus 48)	35,300,951	29,504,110	33,299,811

<b>DETAILS OF WRITE-IN LINES</b>			
4701. INCLUSION OF BAD DEBT RESERVE IN THE NON ADMITTED ASSET	17,524	68,479	24,784
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)	17,524	68,479	24,784

## CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	35,127,365	32,566,219	66,353,061
2. Net investment income	452,076	393,825	826,385
3. Miscellaneous income			
4. Total (Lines 1 to 3)	35,579,441	32,960,044	67,179,446
5. Benefit and loss related payments	27,383,656	24,688,154	49,059,233
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	6,314,744	7,161,258	11,630,338
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	544,376	725,510	1,798,347
10. Total (Lines 5 through 9)	34,242,776	32,574,922	62,487,918
11. Net cash from operations (Line 4 minus Line 10)	1,336,665	385,122	4,691,528
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,411,666	1,965,790	3,911,983
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets	1,521,004	1,393,784	1,393,784
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,932,670	3,359,574	5,305,767
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,530,429	4,474,941	6,947,939
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets	966,000		1,104,000
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,496,429	4,474,941	8,051,939
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)	(1,563,759)	(1,115,367)	(2,746,172)
<b>Cash from Financing and Miscellaneous Sources</b>			
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)	218,873	2,068,189	1,179,408
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	218,873	2,068,189	1,179,408
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(8,221)	1,337,944	3,124,764
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,149,907	2,025,143	2,025,143
19.2 End of period (Line 18 plus Line 19.1)	5,141,686	3,363,087	5,149,907

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

20.0001			
20.0002			
20.0003			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	155,506					155,506				
2. First Quarter	158,272					158,272				
3. Second Quarter	160,255					160,255				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	953,164					953,164				
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)	35,127,365					35,127,365				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	35,200,042					35,200,042				
17. Amount Paid for Provision of Health Care Services	27,383,656					27,383,656				
18. Amount Incurred for Provision of Health Care Services	27,443,876					27,443,876				

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





**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	1,508,621	25,875,035	88,760	1,822,750	1,597,381	1,851,290
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,508,621	25,875,035	88,760	1,822,750	1,597,381	1,851,290
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,508,621	25,875,035	88,760	1,822,750	1,597,381	1,851,290

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

## NOTES TO FINANCIAL STATEMENTS

### NOTE 1 - - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### (A) Basis of Presentation

The Quarterly Statement of Altus Dental Insurance Company, Inc. for the two quarters ended June 30, 2019 has been completed in accordance with the NAIC *Annual Statement Instructions* and the *Accounting Practices and Procedures Manual* and are presented on the basis of accounting practices prescribed or permitted by the Rhode Island Department of Business Regulations. Note management is not aware of any deviations from this NAIC guidance, as interpreted by the Rhode Island Department of Business Regulation, as it relates to the financial information contained in this statement.

### NOTES TO FINANCIAL STATEMENTS

#### 1. Summary of Significant Accounting Policies and Going Concern

- A. Reconciliation of the Company's net inc. and capital & surplus between NAIC SAP and the state of Rhode Island is shown below.

##### NET INCOME

	SSAP #	F/S Page	F/S Line #	2019	2018
01. ALTUS DENTAL INSURANCE CO., INC. state basis (Page	X X X	X X X	X X X	1,983,686	5,226,806
02. State Prescribed Practices that increase/(decrease) NAIC SAP:					
e.g. Depreciation of Fixed Assets	SSAP #	F/S Page	F/S Line #	Net Income 2019	Net Income 2018
Totals (Lines 01A0200 thru 01A0200)					
03. State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g. Depreciation of Home Office Property	SSAP #	F/S Page	F/S Line #	Net Income 2019	Net Income 2018
Totals (Lines 01A0300 thru 01A0300)					
04. NAIC SAP (1 - 2 - 3 =	X X X	X X X	X X X	1,983,686	5,226,806

##### SURPLUS

	SSAP #	F/S Page	F/S Line #	2019	2018
05. Company state basis (Page 3, Line 33, Columns 3 & 4)	X X X	X X X	X X X	35,300,951	33,299,811
06. State Prescribed Practices that increase/(decrease) NAIC SAP:					
e.g., Goodwill, net, Fixed Assets, net	SSAP #	F/S Page	F/S Line #	Surplus 2019	Surplus 2018
Totals (Lines 01A0600 thru 01A0600)					
07. State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g., Home Office Property	SSAP #	F/S Page	F/S Line #	Surplus 2019	Surplus 2018
Totals (Lines 01A0700 thru 01A0700)					
08. NAIC SAP (5 - 6 - 7 =	X X X	X X X	X X X	35,300,951	33,299,811

#### (B) Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Therefore there is no effect on the reported net income, statutory surplus and risk based capital from utilizing an accounting practice that differs from the NAIC statutory accounting practices and procedures.

#### (C) Accounting Policy

##### Investment Income and Declines in Fair Value

The Company periodically reviews its bonds to determine whether a decline in fair value below the amortized cost basis is other than temporary. The process for identifying declines in the fair value of investments that are other than temporary involves consideration of several factors.

## NOTES TO FINANCIAL STATEMENTS

These factors include (1) the period in which there has been a significant decline in value; (2) an analysis of the liquidity, business prospects, and overall financial condition of the issuer; (3) the significance of the decline; and (4) our intent and ability to hold the investment for a sufficient period for the value to recover. When our analysis of the above factors results in the conclusion that declines in fair values are other than temporary, the cost of the securities is written down to fair value and is reflected as a realized loss.

### **Bonds**

Bond investments are stated at amortized cost and consist of United States Treasury and government agency securities as well as “Investment Grade” corporate notes with fixed rates and maturities. Interest income is accrued as earned. The Company has both the intent and ability to hold all securities until maturity and, accordingly, has categorized all investments as “held-to-maturity” securities. As a result, unrealized gains and losses are excluded from net income.

### **Claims and Claims Adjudication Expenses**

The estimated liability for claims incurred but unpaid is actuarially determined based on an analysis of historical claims experience, modified for changes in enrollment, inflation and benefit coverage. The estimated liability for accrued claims adjudication expense represents the anticipated cost of processing claims incurred but unpaid at the balance sheet date. The estimates for claims and claims adjudication expenses may be more or less than the amount ultimately paid when claims are settled. Such changes in estimates are reflected in current period operations.

Additionally, in accordance with NAIC guidelines, the following accounting policies are either utilized or are not applicable to the company.

1. Short term investments are stated at amortized cost.
2. Bonds are stated at amortized value using the constant yield / scientific method.
3. The company does not own common stocks; however, in accordance with NAIC guidelines, money market funds are now reported as Cash on Schedule E and the Balance Sheet, per the NAIC guidance for June 30, 2019.
4. The company does not own preferred stocks; hence this accounting policy is not applicable.
5. The company does not have mortgage loans; hence this accounting policy is not applicable.
6. Loan-backed securities are stated at amortized value using the constant yield / scientific method.
7. Investments in subsidiaries, controlled and affiliated entities would be reported using the equity method.
8. The company does not have investments in joint ventures, partnerships and limited liability companies; hence this accounting policy is not applicable.
9. The company does not own derivatives; hence this accounting policy is not applicable.
10. The company does utilize anticipated investment income as a factor in the premium deficiency calculation.
11. The company methodologies for estimating the liabilities for losses and loss/claim adjustment expenses are actuarially derived as described above.
12. The capitalization policy and the predefined thresholds did not change from the prior period.
13. The company does not use pharmaceutical rebate receivables; hence this accounting policy is not applicable.

### **(D) Going Concerns**

There are no conditions or events that raise substantial doubt about the Company’s ability to continue as a going concern.

### NOTE 2 - - ACCOUNTING CHANGES AND CORRECTION OF ERRORS

## NOTES TO FINANCIAL STATEMENTS

As part of this current year's quarterly statement preparation, the Company's financial statements contain no items that resulted from corrections of errors or changes in accounting principles. Additionally, as required the Company's financial statements are prepared in accordance with the Codification of the NAIC Accounting Practices and Procedures Manual. This had no material impact on the 2019 and 2018 accounting practices or resulting statutory income and surplus as reported by the Company.

### NOTE 3 - - BUSINESS COMBINATIONS AND GOODWILL

During 2019, the Company had no business combinations, direct purchases or mergers with other companies. The related disclosures, specifically including 3A, are all not applicable.

### NOTE 4 - - DISCONTINUED OPERATIONS

During 2019, the Company's financial results include no gains or losses from discontinued operations. The related note disclosures, specifically including 4A(1), 4A(3) and 4A(4), are all not applicable.

### NOTE 5 - - INVESTMENTS

The Company's bond investments described in Note 1 represent all of the Company's statutory recorded investments at June 30, 2019 and December 31, 2018.

Additionally, in accordance with NAIC guidelines, the following accounting policies are either utilized or are not applicable to the company. The related note disclosures, specifically including 5A(3) through 5A(8), 5B(1) through 5B(3), 5D(2) through 5D(4), 5E(3)a, 5E(3)b, 5E(5)a, 5E(7), 5F, 5G, 5H, 5I, 5L(1) through 5L(4), 5M(1), 5M(2), 5N, 5O, 5P, 5Q and 5R, are all not applicable.

- A. Mortgage Loans, including Mezzanine Real Estate Loans – This is not applicable.
- B. Debt Restructuring – This is not applicable.
- C. Reverse Mortgages – This is not applicable.
- D. Loan Backed Securities – This is not applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – This is not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – This is not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – This is not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale – This is not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – This is not applicable.
- J. Real Estate – The Company's parent through one of its subsidiaries, Altus Realty, owns the building that functions as corporate headquarters for the parent and all subsidiaries. In December 2018, the Company's parent purchased an adjacent building to its existing corporate headquarters. This new entity, First Circle Realty, was incorporated as a subsidiary of the The Altus Group.
- K. Low-Income Housing Tax Credits (LIHTC) – The Company does utilize state tax credits, which may include low-income housing tax credits. See footnote number 21, where accounting for tax credits is addressed.
- L. Restricted Assets – This is not applicable, so no table is needed.
- M. Working Capital Finance Investments – This is not applicable.
- N. Offsetting and Netting of Assets and Liabilities – This is not applicable.
- O. Structured Notes – This is not applicable.
- P. 5GI\* Securities – This is not applicable.
- Q. Short Sales – This is not applicable.

## NOTES TO FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees – This is not applicable.

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

During 2019 and 2018, the Company did not participate in any joint ventures, partnerships or LLCs. The related disclosures are all not applicable.

### NOTE 7 - - INVESTMENT INCOME

Interest income is accrued as earned. At June 30, 2019 and December 31, 2018, the Company had no income due or accrued that it considered a nonadmitted asset, as collection on accrued interest is reasonably assured for all Company investments. There was no income excluded. There was a statutory temporarily impaired adjustment in the amount of \$3,500 in 2019 and \$20,954 in 2018, which reduced investments and reserves in 2019 and 2018.

### NOTE 8 - - DERIVATIVE INSTRUMENTS

As disclosed in Note 1 above, investments consist of United States government and government agency securities, and “investment grade” corporate notes with fixed rates and maturities. During the periods ended June 30, 2019 and December 31, 2018, the Company had not utilized any derivative financial instruments. The related disclosures, specifically 8H, are all not applicable.

### NOTE 9 - - FEDERAL INCOME TAXES

The Company adopted SSAP No. 101, a replacement of SSAP No. 10R, effective January 1, 2012. The June 30, 2019 and December 31, 2018 balances and related disclosures are calculated and presented pursuant to SSAP No. 101.

## NOTES TO FINANCIAL STATEMENTS

### 9. Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30 are as follows:

	06/30/2019			12/31/2018		
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total
a. Gross Deferred Tax Assets	\$ 69,674		69,674	69,674		69,674
b. Statutory Valuation Allowance Adjustment	\$					
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 69,674		69,674	69,674		69,674
d. Deferred Tax Assets Nonadmitted	\$					
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 69,674		69,674	69,674		69,674
f. Deferred Tax Liabilities	\$					
g. Net Admitted Deferred Tax Asset / (Net Admitted Deferred Tax Liability) (1e - 1f)	\$ 69,674		69,674	69,674		69,674

	Change		
	(7)	(8)	(9)
	(Col 1 - 4) Ordinary	(Col 2- 5) Capital	(Col 7 + 8) Total
a. Gross Deferred Tax Assets	\$		
b. Statutory Valuation Allowance Adjustment	\$		
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	\$		
d. Deferred Tax Assets Nonadmitted	\$		
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$		
f. Deferred Tax Liabilities	\$		
g. Net Admitted Deferred Tax Asset / (Net Admitted Deferred Tax Liability) (1e - 1f)	\$		

## NOTES TO FINANCIAL STATEMENTS

	06/30/2019			12/31/2018			
	(1)	(2)	(3)	(4)	(5)	(6)	
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	
2.							
Admission Calculation Components SSAP No. 101							
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$						
b. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	69,674	69,674	69,674		69,674	
1. Adjusted Gross Deferred Tax Assets to be Realized Following the Balance Sheet Date.	\$						
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$	X X X	X X X	X X X	X X X		
c. Adjusted Gross Deferred Tax Assets (Excluding the Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$						
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total ( 2(a) + 2(b) + 2(c) )	\$	69,674	69,674	69,674		69,674	
2.							
		Change					
		(7)	(8)	(9)			
		(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total			
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$						
b. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$						
1. Adjusted Gross Deferred Tax Assets to be Realized Following the Balance Sheet Date.	\$						
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$	X X X	X X X				
c. Adjusted Gross Deferred Tax Assets (Excluding the Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$						
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total ( 2(a) + 2(b) + 2(c) )	\$						
3.							
a. Ratio Percentage Used to Determine Recover Period And Threshold Limitation Amount.		2019	2018				
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$						
4.							
Impact of Tax Planning Strategies		06/30/2019		12/31/2018		Change	
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		(1)	(2)	(3)	(4)	(5)	(6)
		Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Capital	(Col 2 - 4) Total
1. Adjusted Gross DTAs Amount From Note 9A1(c)		69,674		69,674			
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies							
3. Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)		69,674		69,674			
4. Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Attributable To The Impact of Tax Planning Strategies							
b. Does the Company's Tax-planning Strategies include the use of reinsurance?							
* As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 101.							
C. Current income taxes incurred consist of the following major components:							
		(1)	(2)	(3)			
		06/30/2019	12/31/2018	(Col 1 - 2) Change			
1. Current Income Tax							
a. Federal	\$	544,376	1,798,347	(1,253,971)			
b. Foreign	\$						
c. Subtotal	\$	544,376	1,798,347	(1,253,971)			
d. Federal Income Tax on net capital gains	\$						
e. Utilization of capital loss carry-forwards	\$						
f. Other	\$						
g. Federal and foreign income taxes incurred	\$	544,376	1,798,347	(1,253,971)			
2. Deferred Tax Assets:							
a. Ordinary							
(1) Discounting of unpaid losses	\$	8,060	8,060				
(2) Unearned premium reserve	\$	47,212	47,212				
(3) Policyholder reserves	\$						
(4) Investments	\$						
(5) Deferred acquisition costs	\$						
(6) Policyholder dividends accrual	\$						
(7) Fixed assets	\$						
(8) Compensation and benefits accrual	\$						
(9) Pension accrual	\$						
(10) Receivables - nonadmitted	\$	13,562	13,562				
(11) Net operating loss carry-forward	\$						
(12) Tax credit carry-forward	\$						
(13) Other (including items <5% of total ordinary tax assets)	\$	840	840				
(99) Subtotal	\$	69,674	69,674				
b. Statutory valuation allowance adjustment	\$						
c. Nonadmitted	\$						
d. Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	69,674	69,674				
e. Capital:							
(1) Investments	\$						
(2) Net capital loss carry-forward	\$						
(3) Real estate	\$						
(4) Other (including items <5% of total capital tax assets)	\$						
(99) Subtotal	\$						
f. Statutory valuation allowance adjustment	\$						
g. Nonadmitted	\$						
h. Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$						
i. Admitted deferred tax assets (2d + 2h)	\$	69,674	69,674				

## NOTES TO FINANCIAL STATEMENTS

3.	Deferred Tax Liabilities:			
a.	Ordinary			
	(1) Investments	\$		
	(2) Fixed assets	\$		
	(3) Deferred and uncollected premium	\$		
	(4) Policyholder reserves	\$		
	(5) Other (including items <5% of total ordinary tax liabilities)	\$		
	(99) Subtotal	\$		
b.	Capital:			
	(1) Investments	\$		
	(2) Real Estate	\$		
	(3) Other (including items <5% of total capital tax liabilities)	\$		
	(99) Subtotal	\$		
c.	Deferred tax liabilities (3a99 + 3b99)	\$		
4.	Net deferred tax assets/liabilities (2i - 3c)	\$	69,674	69,674

The Company is not utilizing tax planning strategies.

There are no temporary differences for which deferred tax liabilities are not recognized.

There was no valuation allowance adjustment to gross deferred tax assets as of June 30, 2019 and no net change in the total valuation allowance adjustments for the periods ended June 30, 2019 and December 31, 2018, respectively.

The realization of the deferred tax asset is dependent upon the Company's ability to generate sufficient taxable income in future periods. Based on historical results and the prospects for future current operations, management anticipates that it is more likely than not that future taxable income will be sufficient for the realization of the remaining deferred tax assets.

As of June 30, 2019 and December 31, 2018, there are no operating losses or tax credit carryforwards available for federal tax purposes.

The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future losses:

			Ordinary	Capital	Total
Year:					
	2019	\$	544,376	—	544,376
	2018	\$	1,822,805	—	1,822,805
	2017	\$	2,431,284	—	2,431,284
	2016	\$	1,920,841	—	1,920,841
	2015	\$	1,816,458	—	1,816,458

There are no deposits held under Section 6603 of the Internal Revenue Code.

Altus Dental Insurance Company, Inc. is incorporated in the State of Rhode Island as a for-profit company. The Company pays premium taxes to the State of Massachusetts as opposed to state income tax.

Additionally, for federal tax purposes the Company's taxable operations are included within the consolidated group tax filings of its parent, The Altus Group, Inc. The other subsidiaries of The Altus Group, Inc. are Altus Systems, Inc., Altus Dental, Inc., Altus Ventures, Inc., First Circle, Inc. (as of January 1, 2017) and First Circle Realty, Inc. (as of December 6, 2018), which are included in the consolidated returns for both federal and state tax reporting.

The Company's income tax returns that remain open to examination are for the years 2015 and subsequent.

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

A. In December of 2018, a new entity within the Altus Group, First Circle Realty, Inc. was formed to purchase the land and building at 10 Orms Street in Providence. The purchase was



## NOTES TO FINANCIAL STATEMENTS

capitalized with \$6,500,000 and recorded as an intercompany transfer from the ultimate parent Company, Delta Dental of Rhode Island.

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

B. See section A above.

C. See section A above.

D. At June 30, 2019 and December 31, 2018 the Company has payables with/to the Altus Group, Inc. and other affiliates. Some of these balances resulted from the fact that Altus Dental Insurance Company maintained a sweep banking arrangement for the Altus Group and its subsidiaries. The remainder of these balances are related to allocated expenses.

Management's cash flow projections for The Altus Group, Inc. and its subsidiaries are made based on a number of factors, which affect the changes in the intercompany balances over the period of time being analyzed. The most significant factors include: the relative and absolute growth in enrollment levels for Altus Dental Insurance Company, Inc.; the amount and rate of increase in operating and administrative expenses; the level of success Altus Dental, Inc. experiences in developing and maintaining its dental network; and the level of resources required by Altus Dental, Inc. for recruitment and marketing functions. Management's current cash flow projections for the dental operations of The Altus Group, Inc. and its subsidiaries projects profitability going forward and that the intercompany advances will be reduced gradually over time.

See Schedule Y of the 2018 Annual Statement – Part 2 – Summary of Insurers Transactions with any Affiliates.

**ALTUS DENTAL INSURANCE CO., INC.**  
**INTERCOMPANY BALANCES JUNE 30, 2019**

**Assets (Page 2)**

Line #	Account #	Description	Amount
23			<u>                    </u>
		<b>Total</b>	<u><u>                    </u></u> <b>\$0</b>

**Liabilities (Page 3)**

Line #	Account #	Description	Amount
15	2166-0000-000	A/P to Delta Dental of RI	344,747
	2166-0000-001	A/P to The Altus Group, Inc.	1,452,723
	2166-0000-002	A/P to Altus Dental, Inc.	501,529
	2166-0000-003	A/P to Altus Systems, Inc.	<u>293,685</u>
		<b>Total</b>	<u><u>2,592,684</u></u>

E. The company maintains no guarantees or undertakings in accordance with SSAP #5 - - not applicable

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## NOTES TO FINANCIAL STATEMENTS

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F. Altus Dental Insurance Company and Delta Dental of RI (DDRI) are allocated expenses from Altus Systems, Inc., a subsidiary within the Altus Group. Altus Systems (AS) is the company that employs the operations staff necessary to administer the dental business of both DDRI and Altus Dental Insurance Company. As a for-profit company, AS “sells” its dental related services to its sister and ultimate parent company at a 2% markup over its costs (to satisfy IRS requirements); therefore AS generates net income on its dental operations. The allocations from Altus Systems are based on the Company’s member enrollment levels as a percentage of total consolidated dental member enrollment.

The Parent Company’s one dental insurance subsidiary, Altus Dental Insurance Company, is allocated expenses from three affiliated Companies, the ultimate Parent, Delta Dental of RI and two sister companies (Altus Systems, Inc. and Altus Dental, Inc.) within the Altus Group. The allocations from Delta and Altus Systems are based on the Company’s member enrollment levels as a percentage of total consolidated dental member enrollment. Expenses from Altus Dental are based on the number of subscribers under contract by the Company. The main allocated expenses from each source are as follows:

- Expenses are allocated from Delta Dental (DDRI), for costs associated with a portion of consolidated expenses incurred by DDRI that should be spread between the two insurance companies. The main costs in this category would be rent, depreciation and payroll and fringe benefit costs for the various departments that service both insurance Companies, such as Underwriting and Finance.
- Altus Systems (AS) is the company that employs the operations staff necessary to administer the dental business of both DDRI and this Company, such as claims processing and customer service.
- Altus Dental incurs costs related to: (1) advertising, (2) recruiting and servicing the provider network, and (3) sales and marketing activities. These costs are then allocated to the Company based on the volume of subscriber dental contracts.

For the periods ended June 30, 2019 and December 31, 2018, after elimination of intercompany transactions, The Altus Group, Inc. generated income of \$1,368,290 and \$3,614,000, respectively.

Altus Dental Insurance Company, Inc. is allocated expenses from affiliated entities based on allocation methods, which are analyzed and updated by management on an annual basis. The resulting total expense allocations are disclosed on Schedule Y of the 2018 Annual Statement filing. Total expenses, including these allocated expenses, are disclosed in more descriptive detail in the year end Underwriting and Investment Exhibit Part 3 – Analysis of Expenses.

G. Altus Dental Insurance Company, Inc. is a wholly owned subsidiary of The Altus Group, Inc. which itself is a wholly owned subsidiary of Delta Dental of Rhode Island. This group of affiliated for-profit entities was established in 1999 for the purpose of expanding the ultimate parent company’s offering of prepaid dental care products to organizations based outside the State of Rhode Island.

H. The consolidated holding company maintains no upstream intermediate entities. This type of structured entity is not applicable to the corporate structure of Delta Dental of Rhode Island and all subsidiaries.

I. The Company has no ownership of SCA entities - - not applicable.

J. SCA impairment is not applicable to the Delta Dental of Rhode Island and Altus Dental Insurance Company as all subsidiaries are healthy and profitable.

K. Foreign Insurance Subsidiaries are not applicable to the operations of the Company.

L. Investments in a downstream noninsurance holding Company are not applicable to the operations of the Company.

M. The Company maintains no SCA investments, so the Balance Sheet valuation tables are not applicable.

## NOTES TO FINANCIAL STATEMENTS

N. The NAIC guidance per this section relates to disclosing Insurance SCA investments where the statutory equity reflects a departure from the NAIC permitted or prescribed statutory accounting practices and procedures. This departure from NAIC entity valuation methodology is not applicable to the corporate structure of the Company, therefore the table disclosing an NAIC departure is not applicable.

O. The company maintains no SCA investments, so there are no losses that would exceed its investment. No disclosure is needed.

### NOTE 11 - - DEBT

During the periods ended June 30, 2019 and December 31, 2018 the Company had no outstanding capital notes or any debt arrangements. The related note disclosures, specifically including 11B(2) through 11B(4), are all not applicable.

### NOTE 12 - - EMPLOYEE RETIREMENT PLANS AND OTHER POSTRETIREMENT BENEFIT PLANS

The Company maintains no retirement or other post retirement benefit plans. The related note disclosures, specifically including 12A(1) through 12A(8), 12A(11), 12A(12) and 12C(1), are all not applicable.

### NOTE 13 - - CAPITAL AND SURPLUS

Altus Dental Insurance Company, Inc. is a subsidiary of The Altus Group, Inc. and is a for-profit corporation. The Company's capital stock consists of 30 shares issued and outstanding. Each share has \$100,000 par value amounting to the \$3,000,000 total reflected on the balance sheet. All of the Company's outstanding shares of stock are owned by The Altus Group, Inc. The Company has no dividend restrictions, and has not been involved in any quasi-reorganization.

The contributed surplus of \$3,319,861 results from the additional capitalization of the Company when bond and fixed income notes (the investment portfolio) were transferred from its parent to the Company. The initial and subsequent additional capitalizations (from these investment portfolio transfers) were to fulfill capitalization requirements of the Rhode Island Department of Business Regulation and the Massachusetts Division of Insurance.

Note the following disclosures related to the company's capital and surplus. The related note disclosures, specifically including 13(11) and 13(12), are all not applicable.

1. 30 shares at \$100,000 per share.
2. Dividend rate – Not applicable
3. Dividend restrictions – Not applicable
4. Dividends paid – Not applicable
5. Profits that may be paid as dividends – Not applicable
6. Restrictions placed on unassigned funds – No reserves were restricted for the twelve months of the 2019 ACA assessment in the December 31, 2018 filing, due to the one year moratorium. This legislation imposes a second moratorium on the 2018 Annual ACA Assessment, which would have been payable in calendar year 2019. For 2017, \$1,055,531 of reserves were restricted for the estimated twelve months of the 2018 ACA assessment, based on the actual 2017 premiums in the December 31, 2017 filing, which were expensed in the first quarter of 2018. The final actual amount from the IRS was paid in September 2018 in the amount of \$936,301.
7. Total amount of advances to surplus – Not applicable
8. Amount of stock held by reporting entity for special purposes – Not applicable
9. Changes in the balances of special surplus funds from the prior year – Not applicable

## NOTES TO FINANCIAL STATEMENTS

10. Portion of unassigned funds represented or reduced by unrealized gains and losses is \$3,500 in 2019 and \$20,954 in 2018 as discussed in note 7.
11. Surplus notes – Not applicable
12. Impact of the restatement in a quasi-reorganization – Not applicable
13. Effective date of quasi-reorganization – Not applicable

### NOTE 14 - - CONTINGENT LIABILITIES

There are no contingent liabilities arising from litigation which would be considered material in relation to the Company's financial position. Accordingly, the Company has no reserves committed to cover any contingent liabilities. The related note disclosures, specifically including 14A(2), 14A(3), 14B(2), 14B(3) and 14D, are all not applicable.

The following are not applicable to the company.

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

### NOTE 15 - - LEASES

The Company has no lease obligations for office space or other such commitments. The related note disclosures, specifically including 15A(2)a, 15B(1)c, 15B(2)b and 15B(2)c, are all not applicable.

### NOTE 16 - - INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK

The Company maintains no financial instruments with off-balance sheet risk or any financial instruments with concentrations of credit risk. The related note disclosures, specifically including 16(1), are all not applicable.

### NOTE 17 - - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS

The Company has no transactions relating to transfers of receivables reported as sales, transfer and servicing of financial assets or wash sales. The related note disclosures, specifically including 17C(2), are all not applicable.

### NOTE 18 - - GAIN OR LOSS FROM UNINSURED ACCIDENT & HEALTH PLANS

The Company's policy regarding underwriting and pricing for uninsured or partially insured accident and health plans has been to determine that the administrative premium charged to each account covers all incremental costs (directly associated with servicing the specific account) plus a share of fixed and variable operating expenses to be incurred by the Company during the contract period.

As discussed in Note 1 and 2, for the 2019 quarterly and 2018 annual filings, the Company's financial statements are prepared in accordance with the Codification of the NAIC Accounting Practices and Procedures Manual. This included the implementation of Statement on Statutory Accounting Principles (SSAP) # 47 "Uninsured Plans". The Company's June 30, 2019 and December 31, 2018 financial operations respectively exclude approximately \$3,222,122 and

## NOTES TO FINANCIAL STATEMENTS

\$5,737,000 of revenues from such plans and there are no significant gains or losses related to such transactions.

The company does not have any ASO plans and Medicare or similarly structured cost based reimbursement contracts. The company does have ASC plan information, which is included in the following illustration.

### NOTES TO FINANCIAL STATEMENTS

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

A. ASO Plans		ASO	Uninsured	Partially Insured	Total
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2019: (years as seen in Notes text)		Uninsured	Plans	Plans	ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$				
b. Total net other income or expenses (including interest paid to or received from plans)	\$				
c. Net gain or (loss) from operations (a + b)	\$				
d. Total claim payment volume	\$				
B. ASC Plans		ASC	Uninsured	Partially Insured	Total
The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2019: (years as seen in Notes text)		Uninsured	Plans	Plans	ASC
a. Gross reimbursement for medical cost incurred	\$	2,983,985			2,983,985
b. Gross administrative fees accrued	\$	238,138			238,138
c. Other income or expenses (including interest paid to or received from plans)	\$				
d. Gross expenses incurred (claims and administrative)	\$	3,222,123			3,222,123
e. Total net gain or loss from operations (a + b + c - d)	\$				

#### NOTE 19 - - DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS

The Company maintains no relationships with managing general agents or third party administrators. The Company does utilize in-house sales efforts, as well as independent brokers to market its products. Premiums earned are reported gross of broker's commissions of approximately \$1,569,554 and \$2,973,000 for the periods ended June 30, 2019 and December 31, 2018. The related note disclosures are all not applicable.

#### NOTE 20 - - FAIR VALUE MEASUREMENTS

The use of different assumptions or valuation methodologies may have a material impact on the estimated fair value amounts.

The Company's valuation techniques are based on observable and unobservable pricing inputs. Observable inputs reflect market data obtained from independent sources based on trades of securities while unobservable inputs reflect the Company's market assumptions. These inputs comprise of the following fair value hierarchy:

Level 1 – Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be derived from observable market data for substantially the full term of the assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

## NOTES TO FINANCIAL STATEMENTS

The Company does not currently have any financial assets that are measured at Level 3 fair value on a recurring basis.

The following table provides information about the Company’s financial assets and liabilities measured at fair value on a recurring basis:

	Level 1	Level 2	Level 3	Total
<b>June 30, 2019</b>				
Assets at fair value:				
Cash Equivalents - Money Market	\$ 38,636			38,636
Investments - Bonds		35,360,967		35,360,967
<b>December 31, 2018</b>				
Assets at fair value:				
Cash Equivalents - Money Market	\$ 1,939,639			1,939,639
Investments - Bonds		32,377,057		32,377,057

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

	June 2019		December 2018	
	Book value	Estimated fair value	Book value	Estimated fair value
<b>Assets:</b>				
Cash	\$ 5,103,050	5,103,050	\$ 3,210,268	3,210,268
Cash Equivalents - Money Market	38,636	38,636	1,939,639	1,939,639
Investments - Bonds	34,833,838	35,360,967	32,841,545	32,377,057

Cash and Cash Equivalents – The carrying value of cash and cash equivalents are presented at cost, which approximates fair value.

Investments – Investment securities are reported at amortized cost. The Company obtains fair value measurements from independent pricing sources, which base their fair value measurements upon observable inputs such as reported trades of comparable securities, broker quotes, the U.S. Treasury yield curve, benchmark interest rates, credit information, and the securities’ terms and conditions. These prices are deemed to be Level 2.

## NOTES TO FINANCIAL STATEMENTS

**20. Fair Value Measurements**

A

**1. Fair Value Measurements at Reporting Date**

(1)	(2)	(3)	(4)	(6)	(7)
Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value	Total
<b>a. Assets at fair Value</b>					
01. Cash	\$ 5,103,050				5,103,050
02. Cash Equivalents - Money Market	\$ 38,636				38,636
03. Investments - Bonds	\$	35,360,967			35,360,967
Total assets at fair value	\$ 5,141,686	35,360,967			40,502,653
<b>b. Liabilities at fair value</b>					
Total liabilities at fair value	\$				

**NOTES TO FINANCIAL STATEMENTS**

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description		Beginning Balance at 01/01/2019	Transfers in Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
a. Assets											
	Total	\$									

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description		Beginning Balance at 01/01/2019	Transfers in Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
b. Liability											
	Total	\$									

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Total	\$					

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Total	\$			

**NOTE 21 - - OTHER ITEMS**

The Company has no extraordinary items, subprime mortgage related risk exposure, troubled debt restructuring or other required disclosures of unusual items. Additionally, the Company has no additional disclosure requirements regarding Retirement Plans, Deferred Compensation and Postretirement Benefits.

The Company has entered into a signed and funded agreement to purchase state tax credits that will be utilized in 2019. There are carryforward balances available for 2019 from the filed 2018 return. Accordingly, the Company maintains tax credits as net assets at June 30, 2019 and December 31, 2018. Before purchasing the tax credits the Company estimates the utilization of 2019 and 2018 tax credits by projecting future premium levels taking into account policy growth and applicable rate changes.

Other than the purchase of MA state tax credits, the remaining areas below are not applicable to the company, specifically 21H.

- A. Unusual or infrequent items – Not applicable
- B. Troubled debt restructuring debtors – Not applicable
- C. Other disclosures and unusual items – Not applicable
- D. Business interruption insurance recoveries – Not applicable
- E. State transferable and non-transferable tax credits – One state tax credit purchase has been made in 2019 to be utilized in 2019 along with a 2018 carryforward. One state tax credit purchase had been made in 2018 to be utilized in 2018 along with a 2017 carryforward. The carrying value in the amount of \$1,028,976 is listed on the June 30, 2019 Balance Sheet. The carrying value in the amount of \$1,583,980 was listed on the December 31, 2018 Balance Sheet.
- F. Subprime-mortgage-related risk exposure – Not applicable
- G. Retained assets – Not applicable
- H. Insurance-Linked securities (ILS) Contracts – Not applicable

## NOTES TO FINANCIAL STATEMENTS

### NOTES TO FINANCIAL STATEMENTS

21.

**Other Items**

State Transferable Tax Credits		State	Carrying Value	Unused Amount
Description of State Transferable Tax Credits				
01.	2018 Massachusetts Tax Credit	MA	62,976	5,542
02.	2019 Massachusetts Tax Credit	MA	966,000	84,000
Total		X X X	1,028,976	89,542

State Tax Credits Admitted and Nonadmitted		Total Admitted	Total Non-Admitted
a.	Transferable		
b.	Non-transferable		

F. Subprime Mortgage Related Risk Exposure

2. Direct exposure through investments in subprime mortgage loans.

	1	2	3	4	5
	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other Than Temporary Impairment Losses Recognized	Default Rate
a.	Mortgages in the process of foreclosure				
b.	Mortgages in good standing				
c.	Mortgages with restructure terms				
d.	Total				

3. Direct exposure through other investments.

	1	2	3	4
	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other Than Temporary Impairment Losses Recognized
a.	Residential mortgage-backed securities			
b.	Commercial mortgage-backed securities			
c.	Collateralized debt obligations			
d.	Structured securities			
e.	Equity investment in SCAs *			
f.	Other assets			
g.	Total			

\*ABC Company's subsidiary XYZ Company has investments in subprime mortgages. These investments comprise \_\_\_\_\_% of the companies invested assets.

4. Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	1	2	3	4
	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
a.	Mortgage Guaranty Coverage			
b.	Financial Guaranty Coverage			
c.	Other Lines (specify):			
d.	Total			

G. Retained Assets

	In Force			
	As of End of Current Year		As of End of Prior Year	
	Number	Balance	Number	Balance
a.	Up to and including 12 Months			
b.	13 to 24 Months			
c.	25 to 37 Months			
d.	37 to 48 Months			
e.	49 to 60 Months			
f.	Over 60 Months			
g.	Total			



## NOTES TO FINANCIAL STATEMENTS

03.

	Individual		Group	
	Number	Balance/ Amount	Number	Balance/ Amount
a. Number/Balance of Retained Asset Accounts at the Beginning of the Year				
b. Number/Balance of Retained Asset Accounts Issued/Added During the Year				
c. Investment Earnings Credited to Retained Asset Accounts During the Year	X X X		X X X	
d. Fees and Other Charges Assessed to Retained Asset Accounts During the Year	X X X		X X X	
e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds During the Year				
f. Number/Amount of Retained Asset Accounts Closed/Withdrawn During the Year				
g. Number/Balance of Retained Asset Accounts at the End of the Year				

### NOTE 22 - - EVENTS SUBSEQUENT

The Company has no events subsequent to June 30, 2019 that would warrant disclosure in these statutory 2019 financial statements.

In accordance with SSAP 35R, the twelve month estimated 2018 ACA assessment in the amount of \$1,055,531 had been expensed in the first quarter of 2018. The final revised amount of \$936,301 was paid on September 30, 2018. The company recorded \$1,055,531 as restricted reserves in the December 31, 2017 filing, based on actual 2017 premiums. Additionally, no amount has been recorded as restricted reserves at December 31, 2018 due to another one year moratorium, which will result in no payment for the 2018 statutory premiums, which would have been utilized in the 2019 ACA assessment, which would have been due September 30, 2019.

## NOTES TO FINANCIAL STATEMENTS

22.

### Events Subsequent

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	YES	
B. ACA fee assessment payable for the upcoming year	\$	
C. ACA fee assessment paid	\$	936,301
D. Premium written subject to ACA 9010 assessment	\$ 35,200,042	66,710,722
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 1)	\$ 33,299,811	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 33,299,811	
G. Authorized Control Level after surplus adjustment (Five-Year Historical Line 15)	\$ 2,309,169	
H. Would reporting the ACA assessment as of Dec. 31, 2019 have triggered an RBC action level (YES/NO)?	NO	

### NOTE 23 - - REINSURANCE

The Company utilizes no reinsurance arrangements in its underwriting of dental premiums. The related note disclosures, specifically including 23B, 23C, 23D(1)a, and 23D(2)a, are all not applicable.

### NOTE 24 - - RETROSPECTIVELY RATED CONTRACTS

The Company presently does not underwrite premiums that are subject to retrospective rating or are contingent premiums (based on actual claims incurred) for the periods ended June 30, 2019 and December 31, 2018. The related note disclosures, specifically including 24D and 24E, are all not applicable.

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**NOTES TO FINANCIAL STATEMENTS**

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

Reserves as of December 31, 2018 were \$1,851,290. As of June 30, 2019 \$1,508,621 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$88,760 as a result of re-estimation of unpaid claims and claim adjustment expenses on the dental line of insurance. Therefore, there has been a \$253,909 favorable prior-year development since December 31, 2018 to June 30, 2019. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced no unfavorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

**NOTE 26 - - INTERCOMPANY POOLING ARRANGEMENTS**

The Company utilizes no intercompany pooling arrangements in its dental premium underwriting.

**NOTE 27 - - STRUCTURED SETTLEMENTS**

As documented in the NAIC Annual Statement filing instructions for 2019 and 2018, this footnote is not applicable to health insurance insurers.

**NOTE 28 - - HEALTH CARE RECEIVABLES**

The Company has no receivables that would be considered Health Care Receivables under SSAP #84. Accordingly, pharmacy rebates and risk sharing receivables are not currently applicable to the Company's operations.

The company does not have any risk sharing receivables. The related note disclosures are all not applicable.

**NOTE 29 - - PARTICIPATING POLICIES**

The Company does not underwrite any business that would result in group accident or health participating policies. Accordingly, policy dividends are not applicable to the Company's operations.

**NOTE 30 - - PREMIUM DEFICIENCY RESERVES**

The Company performed an analysis for premium deficiency reserves as of June 30, 2019 and December 31, 2018. This resulted in no additional liability for the current 2019 period as well as 2018. The related note disclosures are all not applicable.

**NOTE 31 - - ANTICIPATED SALVAGE AND SUBROGATION**

The Company's liability for unpaid claims is actuarially determined based on an analysis of historical claims experience, modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

# GENERAL INTERROGATORIES

## PART 1 – COMMON INTERROGATORIES

### GENERAL

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

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

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

2.2 If yes, date of change: \_\_\_\_\_

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

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

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

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

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

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

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

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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 [ ] N/A [X]  
 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. \_\_\_\_\_ 12/31/2017 \_\_\_\_\_

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. \_\_\_\_\_ 12/31/2017 \_\_\_\_\_

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). \_\_\_\_\_ 11/13/2018 \_\_\_\_\_

6.4 By what department or departments?  
 INSURANCE DIVISION, DEPARTMENT OF BUSINESS REGULATION, STATE OF RHODE ISLAND  
 .....  
 .....

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 [ ] No [ X ]

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

# 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: \$ \_\_\_\_\_

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 [ ] No [ X ]

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 .....	\$ _____	\$ _____
14.24 Short-Term Investments .....	\$ _____	\$ _____
14.25 Mortgage Loans on Real Estate .....	\$ _____	\$ _____
14.26 All Other .....	\$ _____	\$ _____
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ _____	\$ _____
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ _____	\$ _____

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 [ ]  
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as 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
CITIZENS BANK .....	ONE CITIZENS PLAZA, PROVIDENCE, RI 02903 .....
.....	.....

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
RICHARD A. FRITZ	I
GEORGE J. BEDARD	I

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 assets? Yes [ ] No [ X ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ X ]

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

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

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

18.2 If no, list exceptions:

.....  
 .....  
 .....

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 ]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

- |     |   |   |
|-----|---|---|
| 1.  | Operating Percentages:  |   |
| 1.1 | A&H loss percent .....  | <u>78.45</u> %  |
| 1.2 | A&H cost containment percent .....  | <u>0.49</u> %   |
| 1.3 | A&H expense percent excluding cost containment expenses .....   | <u>16.68</u> %  |
| 2.1 | Do you act as a custodian for health savings accounts?  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] |
| 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] |
| 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] |
| 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] |

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 48px; font-weight: bold; opacity: 0.5;">NONE</div>								



## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

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

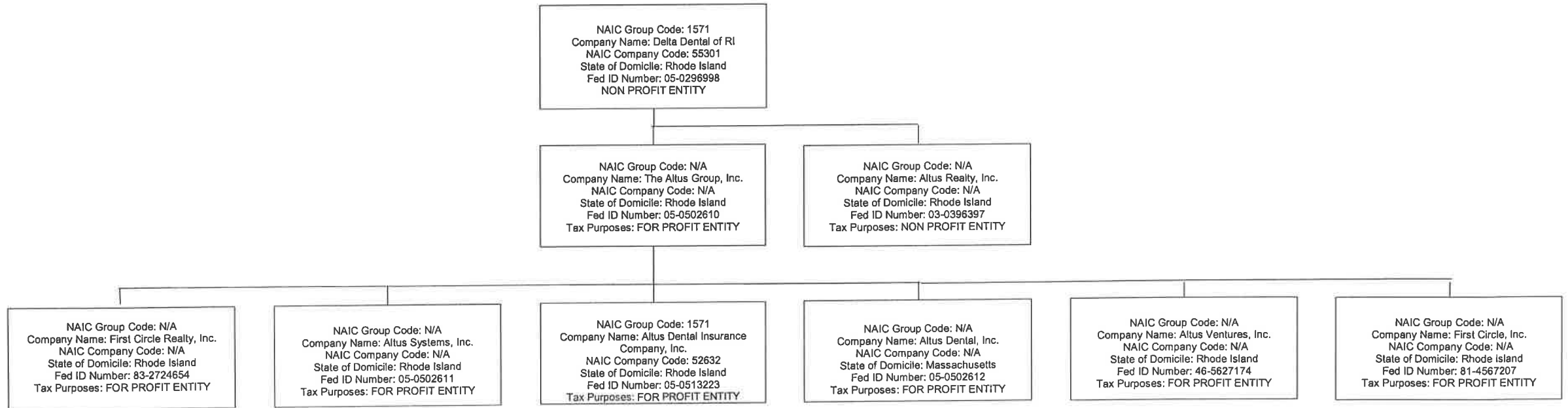
States, Etc.	1 Active Status (a)	Direct Business Only							
		2	3	4	5	6	7	8	9
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
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	L	35,200,042					35,200,042	
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	35,200,042					35,200,042	
60. Reporting entity contributions for Employee Benefit Plans		X X X							
61. Totals (Direct Business)		X X X	35,200,042					35,200,042	
<b>DETAILS OF WRITE-INS</b>									
58001.		X X X							
58002.		X X X							
58003.		X X X							
58998. Summary of remaining write-ins for Line 58		X X X							
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		X X X							

(a) Active Status Counts

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

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



## 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)	*
		00000	05-0502610				THE ALTUS GROUP, INC.	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	05-0502611				ALTUS SYSTEMS, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	05-0502612				ALTUS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	46-5627174				ALTUS VENTURES, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
1571	DELTA DENTAL OF RHODE ISLAND	55301	05-0296998				DELTA DENTAL OF RHODE ISLAND	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223				ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	03-0396397				ALTUS REALTY, INC.	RI	NIA	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	81-4567207				FIRST CIRCLE, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	
		00000	83-2724654				FIRST CIRCLE REALTY, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAND	N	

16

Asterik	Explanation
	<b>NONE</b>

## 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: THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS.

**Bar Code:**



52632201936500102

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**OVERFLOW PAGE FOR WRITE-INS**

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**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		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. 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		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE****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 commitment 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	1,583,980	1,752,084
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	966,000	
2.2 Additional investment made after acquisition		1,104,000
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		121,680
7. Deduct amounts received on disposals	1,521,004	1,393,784
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,028,976	1,583,980
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	1,028,976	1,583,980

**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	32,841,545	30,196,770
2. Cost of bonds and stocks acquired	4,530,426	6,947,938
3. Accrual of discount	19,359	23,191
4. Unrealized valuation increase (decrease)	17,454	(12,656)
5. Total gain (loss) on disposals	(3,679)	3,608
6. Deduct consideration for bonds and stocks disposed of	2,416,240	3,918,566
7. Deduct amortization of premium	163,280	401,716
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	8,253	2,976
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	34,833,838	32,841,545
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	34,833,838	32,841,545

## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a)	28,995,414	2,551,138	2,211,666	(47,000)	28,995,414	29,287,886		27,071,453
2. NAIC 2 (a)	5,268,973		200,000	(20,279)	5,268,973	5,048,694		5,289,882
3. NAIC 3 (a)	496,225			1,035	496,225	497,260		480,210
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	34,760,612	2,551,138	2,411,666	(66,244)	34,760,612	34,833,840		32,841,545
<b>PREFERRED STOCK</b>								
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	34,760,612	2,551,138	2,411,666	(66,244)	34,760,612	34,833,840		32,841,545

2019

(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 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

### SCHEDULE DA - PART 1

#### Short-Term Investments

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

NONE

### 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		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

NONE



## SCHEDULE DB - PART A - VERIFICATION

### Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)		
2.	Cost Paid/(Consideration Received) on additions		
3.	Unrealized Valuation increase/(decrease)		
4.	Total gain (loss) on termination recognized	<b>NONE</b>	
5.	Considerations received/(paid) on terminations		
6.	Amortization		
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item		
8.	Total foreign exchange change in Book/Adjusted Carrying Value		
9.	Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)		
10.	Deduct nonadmitted assets		
11.	Statement value at end of current period (Line 9 minus Line 10)		

## 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	<b>NONE</b>	
3.24	Section 1, Column 19, prior year		
3.3	Subtotal (Line 3.1 minus Line 3.2)		
4.1	Cumulative variation margin on terminated contracts during the year		
4.2	Less:		
4.21	Amount used to adjust basis of hedged item		
4.22	Amount recognized		
4.3	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 Number	2 Description	3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	Derivative Instrument(s) Open			Cash Instrument(s) Held							
								9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Designation or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value			
<b>NONE</b>																		
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	1,939,639	903,414
2. Cost of cash equivalents acquired	3,966,044	8,006,415
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	5,867,047	6,970,190
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)	38,636	1,939,639
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	38,636	1,939,639

### 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						
<b>NONE</b>								
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 Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances 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 Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B./A.C.V.							
<b>NONE</b>																			
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/Market Indicator	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									
<b>NONE</b>												
4699999 Totals												XXX

E03



### 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.						
	MASSACHUSETTS TAX CREDIT	BOSTON	MA	ROBERTS, CAROLL, FELDST	11/10/2016	04/12/2019								389,525					
3899999	Non-Guaranteed State Low Income Housing Tax Credit - Affiliated																		
	MASSACHUSETTS TAX CREDIT	BOSTON	MA	TAX INCENTIVE FINANCE, LL	08/01/2018	04/12/2019								1,131,479					
4299999	Any Other Class of Admitted Assets - Unaffiliated																		
4499999	Total Unaffiliated																		
4599999	Total Affiliated																		
4699999	Totals																		

E03.1

### 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/ Market Indicator (a)
001055-AM-4	AFLAC INC		05/24/2019	CITIZENS		260,495	250,000.00	352	1FE
06051G-FF-1	BANK OF AMERICA CORP		04/12/2019	CITIZENS		261,180	250,000.00	417	1FE
06051G-HL-6	BANK OF AMERICA CORP		06/07/2019	CITIZENS		260,635	250,000.00	3,703	1FE
06367W-HH-9	BANK OF MONTREAL	C	05/24/2019	CITIZENS		254,650	250,000.00	2,613	1FE
05531F-BB-8	BB&T CORP		04/12/2019	CITIZENS		248,788	250,000.00	3,365	1FE
05565Q-CS-5	BP CAPITAL MARKETS PLC	C	05/24/2019	CITIZENS		258,658	250,000.00	614	1FE
57629W-BV-1	MASSMUTUAL GLOBAL FUNDING II		04/12/2019	CITIZENS		256,191	250,000.00	175	1FE
857477-AN-3	STATE STREET CORP		05/24/2019	CITIZENS		255,908	250,000.00	3,735	1FE
254687-CS-3	WALT DISNEY CO		06/14/2019	CITIZENS		237,695	195,000.00	3,694	1FE
94974B-GA-2	WELLS FARGO & CO		06/14/2019	CITIZENS		256,938	250,000.00	2,269	1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	2,551,138	2,445,000.00	20,937	X X X
8399997	Subtotal - Bonds - Part 3				X X X	2,551,138	2,445,000	20,937	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	2,551,138	2,445,000.00	20,937	X X X
9999999	Totals				X X X	2,551,138	X X X	20,937	X X X

E04

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

### SCHEDULE D - PART 4

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

1 CUSIP Identification	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/Mark Indicator (a)	
										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.								
02364W-AV-7	AMERICA MOVIL SAB DE CV	C	05/15/2019	CITIZENS		153,132	150,000.00	163,635	152,768		(807)		(807)		151,960		1,172	1,172	4,313	03/30/2020	1FE	
02364W-AX-3	AMERICA MOVIL SAB DE CV	C	05/15/2019	CITIZENS		1,009,710	1,000,000.00	1,099,060	1,013,848		(6,415)		(6,415)		1,007,433		(2,578)	(2,578)	33,616	10/16/2019	1FE	
44841P-AA-3	HUTCHISON WHAMPOA INTERNATIONAL	C	04/09/2019	CITIZENS		800,000	800,000.00	966,000	808,763		(8,763)		(8,763)		800,000				30,500	04/09/2019	1FE	
73755L-AF-4	POTASH CORP OF SASKATCHEWAN INC	C	05/15/2019	CITIZENS		200,000	200,000.00	237,600	202,678		(2,678)		(2,678)		200,000				6,500	05/15/2019	2FE	
879403-AV-5	TELEFONOS DE MEXICO SA DE CV	C	05/15/2019	CITIZENS		253,398	250,000.00	276,075	253,926		(1,653)		(1,653)		252,273		(2,273)	(2,273)	10,273	11/15/2019	1FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	2,416,240	2,400,000.00	2,742,370	2,431,983		(20,316)		(20,316)		2,411,666		(3,679)	(3,679)	85,202	X X X	X X X	
8199999	Subtotal - Bonds - SVO Identified Funds				X X X															X X X	X X X	
8299999	Subtotal - Bonds - Bank Loans				X X X															X X X	X X X	
8399997	Subtotal - Bonds - Part 4				X X X	2,416,240	2,400,000	2,742,370	2,431,983		(20,316)		(20,316)		2,411,666		(3,679)	(3,679)	85,202	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	2,416,240	2,400,000.00	2,742,370	2,431,983		(20,316)		(20,316)		2,411,666		(3,679)	(3,679)	85,202	X X X	X X X	
9999999	Totals					2,416,240	X X X	2,742,370	2,431,983		(20,316)		(20,316)		2,411,666		(3,679)	(3,679)	85,202	X X X	X X X	

EIS

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

## 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)								
<b>NONE</b>																														
144999999 Total							XXX	XXX	XXX	XXX				XXX								XXX	XXX							

E06

(a)

Code	Description of Hedged Risk(s)
<b>NONE</b>	

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
<b>NONE</b>	

### SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Used for Income Generation or Replicated	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/ Adjusted Carrying Value	Highly Effective Hedges			18 Cumulative Variation Margin for All Other Hedges	19 Change in Variation Margin Gain (Loss) Recognized in Current Year	20 Potential Exposure	21 Hedge Effectiveness at Inception and at Quarter-end (b)	22 Value of One (1) Point
														15 Cumulative Variation Margin	16 Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item					
1449999999 Total						XXX	XXX	XXX			XXX									XXX	XXX

NONE

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

E07

(a)

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

(b)

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

## SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	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)	
			<b>NONE</b>						
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)
			<b>NONE</b>					
029999999 Total Collateral Pledged to Reporting Entity						X X X	X X X	X X X

## 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/Market Indicator	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/ Market Indicator	5  Fair Value	6  Book / Adjusted Carrying Value	7  Maturity Dates
NONE						
999999 Totals						XXX

General Interrogatories:

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

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
CITIZENS BANK 18615368 CONTROL PROVIDENCE RI 02903					7,186,271	7,253,528	7,877,908	
CITIZENS BANK 19425988 OPERATIVE PROVIDENCE RI 02903					(29,610)	(6,144)	(4,821)	
CITIZENS BANK 99000695 CLAIMS PROVIDENCE RI 02903					(2,922,193)	(3,049,080)	(2,770,037)	
0199998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	X X X	X X X						X X X
0199999 Total - Open Depositories	X X X	X X X			4,234,468	4,198,304	5,103,050	X X X
Suspended Depositories								
0299998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	X X X	X X X						X X X
0299999 Total Suspended Depositories	X X X	X X X						X X X
0399999 Total Cash on Deposit	X X X	X X X			4,234,468	4,198,304	5,103,050	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X				X X X
0599999 Total	X X X	X X X			4,234,468	4,198,304	5,103,050	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
990220-47-7	RBS CITIZENS NA CASH SWEEP		06/30/2019	2.350		38,636		6,653
8699999	All Other Money Market Mutual Funds					38,636		6,653
8899999	Total Cash Equivalents					38,636		6,653