



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

MAINE DENTAL SERVICE CORP

NAIC Group Code.....4763, 0 (Current Period) (Prior Period) NAIC Company Code..... 14369 Employer's ID Number..... 01-0286541

Organized under the Laws of ME State of Domicile or Port of Entry ME Country of Domicile US

Licensed as Business Type.....Dental Service Corporation Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized..... April 28, 1965 Commenced Business..... September 1, 1966

Statutory Home Office 84 MARGINAL WAY, SUITE 600..... PORTLAND ME US 04101-2480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Delta Drive..... Concord NH US 03302-2002 603-223-1000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO BOX 2002..... Concord NH US 03302-2002
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Delta Drive..... Concord NH US 03302-2002 603-223-1000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.NEDELTA.COM

Statutory Statement Contact Frank Boucher 603-223-1363
(Name) (Area Code) (Telephone Number) (Extension)
fboucher@nedelta.com 603-223-1035
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Thomas Raffio	President	2. Francis R. Boucher	Sr. Vice President
3.		4.	

OTHER

Michael Bevilacqua	Treasurer	Benjamin E. Marcus Esq.	Clerk
--------------------	-----------	-------------------------	-------

DIRECTORS OR TRUSTEES

Kyra Chadbourne DDS	Jason Lenardson	Burton Rankie DDS	Beverly Altenburg
Don E Oakes	Jeffrey Walawender DDS	Scott Normandeau #	Michael Bevilacqua
Katherin O'Grady #	Michael Goldberg DMD	Jeffrey B. Doss DDS	Demitroula Kouzounas DMD
Michael Pardue	Jayne Giles		

State of.....

County of.....

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) Thomas Raffio	_____ (Signature) Francis R. Boucher	_____ (Signature)
_____ 1. (Printed Name) President	_____ 2. (Printed Name) Sr. Vice President	_____ 3. (Printed Name)
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2018

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number	_____
2. Date filed	_____
3. Number of pages attached	_____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	31,830,364		31,830,364	25,167,362
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	17,868,956		17,868,956	16,868,055
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....5,818,587, Schedule E-Part 1), cash equivalents (\$.....623,878, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	6,442,465		6,442,465	8,617,522
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	56,141,785	0	56,141,785	50,652,939
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	41,309		41,309	61,673
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,388,413	32,705	1,355,708	1,448,250
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....	402,465		402,465	318,445
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	1,675,704		1,675,704	1,434,630
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	9,669	9,669	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	2,956	2,956	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	59,662,301	45,331	59,616,970	53,915,937
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	59,662,301	45,331	59,616,970	53,915,937

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. PREPAID EXPENSE.....	2,956	2,956	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	2,956	2,956	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....		2,428,565	2,428,565	2,489,645
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	192,500		192,500	202,500
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	1,024,603		1,024,603	1,597,095
9. General expenses due or accrued.....	606,420		606,420	540,110
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....	604,951		604,951	881,796
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	760,427		760,427	544,454
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	535,900		535,900	515,500
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	3,724,801	2,428,565	6,153,366	6,771,100
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	308,645	0
31. Unassigned funds (surplus).....	XXX	XXX	53,154,959	47,144,837
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	53,463,604	47,144,837
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	59,616,970	53,915,937

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. Estimated ACA Assessment.....	XXX	XXX	308,645	
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	308,645	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	1,859,080	1,785,865
2. Net premium income (including \$.....0 non-health premium income).....	XXX	71,040,879	66,703,680
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	100,000	100,000
8. Total revenues (Lines 2 to 7).....	XXX	71,140,879	66,803,680
Hospital and Medical:			
9. Hospital/medical benefits.....			
10. Other professional services.....		50,254,347	47,453,266
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....0		0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....0		50,254,347	47,453,266
Less:			
17. Net reinsurance recoveries.....		(6,160,868)	(5,564,053)
18. Total hospital and medical (Lines 16 minus 17).....0		56,415,215	53,017,319
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		2,126,955	1,961,516
21. General administrative expenses.....		8,997,835	9,040,741
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).....0		67,540,005	64,019,576
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	3,600,874	2,784,104
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		833,778	752,610
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....		1,618,752	(54,651)
27. Net investment gains or (losses) (Lines 25 plus 26).....0		2,452,530	697,959
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.....0		0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	6,053,404	3,482,063
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	6,053,404	3,482,063

DETAILS OF WRITE-INS

0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701. CSLLC MANAGEMENT FEE.....	XXX	100,000	100,000
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	100,000	100,000
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....		0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....		0	0
2901. GAIN ON DISPOSAL OF FIXED ASSETS.....			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....		0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....		0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	47,144,837	42,782,232
34. Net income or (loss) from Line 32.....	6,053,404	3,482,063
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....	285,034	851,058
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....	(19,671)	29,484
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.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	6,318,767	4,362,605
49. Capital and surplus end of reporting period (Line 33 plus 48).....	53,463,604	47,144,837

DETAILS OF WRITE-INS

4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	0	0

MAINE DENTAL SERVICE CORP
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	70,277,954	67,246,140
2. Net investment income.....	854,142	690,214
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	71,132,096	67,936,354
5. Benefit and loss related payments.....	56,476,295	52,713,989
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	11,070,740	11,304,741
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	67,547,035	64,018,730
11. Net cash from operations (Line 4 minus Line 10).....	3,585,061	3,917,624
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	4,956,990	3,353,768
12.2 Stocks.....	2,794,043	50,107
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,751,033	3,403,875
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	11,429,962	5,017,315
13.2 Stocks.....	2,081,189	2,700,000
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	13,511,151	7,717,315
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(5,760,118)	(4,313,440)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(2,175,057)	(395,816)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	8,617,522	9,013,338
19.2 End of year (Line 18 plus Line 19.1).....	6,442,465	8,617,522

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

20.0001		
---------------	--	--

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....				.0
2. Medicare supplement.....				.0
3. Dental only.....	64,742,389	6,298,490		71,040,879
4. Vision only.....				.0
5. Federal employees health benefits plan.....				.0
6. Title XVIII - Medicare.....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8).....	64,742,389	6,298,490	.0	71,040,879
8 10. Life.....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11).....	64,742,389	6,298,490	.0	71,040,879

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	50,360,447			50,360,447						
1.2 Reinsurance assumed.....	6,115,848			6,115,848						
1.3 Reinsurance ceded.....	0			0						
1.4 Net.....	56,476,295	0	0	56,476,295	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	2,105,100			2,105,100						
3.2 Reinsurance assumed.....	323,465			323,465						
3.3 Reinsurance ceded.....	0			0						
3.4 Net.....	2,428,565	0	0	2,428,565	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0			0						
4.2 Reinsurance assumed.....	0			0						
4.3 Reinsurance ceded.....	0			0						
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,211,200			2,211,200						
8.2 Reinsurance assumed.....	278,445			278,445						
8.3 Reinsurance ceded.....	0			0						
8.4 Net.....	2,489,645	0	0	2,489,645	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0			0						
9.2 Reinsurance assumed.....	0			0						
9.3 Reinsurance ceded.....	0			0						
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	50,254,347	0	0	50,254,347	0	0	0	0	0	0
12.2 Reinsurance assumed.....	6,160,868	0	0	6,160,868	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	56,415,215	0	0	56,415,215	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	500,000			500,000						
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	500,000	0	0	500,000	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	1,605,100			1,605,100						
2.2 Reinsurance assumed.....	323,465			323,465						
2.3 Reinsurance ceded.....	0									
2.4 Net.....	1,928,565	0	0	1,928,565	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	2,105,100	0	0	2,105,100	0	0	0	0	0	0
4.2 Reinsurance assumed.....	323,465	0	0	323,465	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	2,428,565	0	0	2,428,565	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare supplement.....					0	
3. Dental only.....	2,338,912	54,137,383		2,428,565	2,338,912	2,489,645
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,338,912	54,137,383	0	2,428,565	2,338,912	2,489,645
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	2,338,912	54,137,383	0	2,428,565	2,338,912	2,489,645

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....	43,265,739	44,707,964	44,707,964	44,707,964	44,707,964
3. 2014.....	XXX	50,442,120	52,389,802	52,389,802	52,389,802
4. 2015.....	XXX	XXX	51,407,446	53,641,997	53,641,997
5. 2016.....	XXX	XXX	XXX	50,479,438	52,818,350
6. 2017.....	XXX	XXX	XXX	XXX	54,137,383

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....	44,707,964	44,707,964	44,707,964	44,707,964	44,707,964
3. 2014.....	XXX	52,389,802	52,389,802	52,389,802	52,389,802
4. 2015.....	XXX	XXX	53,641,997	53,641,997	53,641,997
5. 2016.....	XXX	XXX	XXX	52,818,350	52,818,350
6. 2017.....	XXX	XXX	XXX	XXX	56,565,948

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....	53,811,336	44,707,964	1,757,984	3.9	46,465,948	86.3			46,465,948	86.3
2. 2014.....	63,380,295	52,389,802	2,024,218	3.9	54,414,020	85.9			54,414,020	85.9
3. 2015.....	67,484,905	53,641,997	1,994,028	3.7	55,636,025	82.4			55,636,025	82.4
4. 2016.....	66,703,680	52,818,350	1,961,517	3.7	54,779,867	82.1			54,779,867	82.1
5. 2017.....	71,040,879	54,137,383	2,126,955	3.9	56,264,338	79.2	2,429	193	56,266,959	79.2

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		.0		.0	NONE	.0			.0	.0
2. 2014.....		.0		.0		.0			.0	.0
3. 2015.....		.0		.0		.0			.0	.0
4. 2016.....		.0		.0		.0			.0	.0
5. 2017.....		.0		.0		.0			.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

12.MS

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		.0		.0	NONE	.0			.0	.0
2. 2014.....		.0		.0		.0			.0	.0
3. 2015.....		.0		.0		.0			.0	.0
4. 2016.....		.0		.0		.0			.0	.0
5. 2017.....		.0		.0		.0			.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....	43,265,739	44,707,964	44,707,964	44,707,964	44,707,964
3. 2014.....	XXX	50,442,120	52,389,802	52,389,802	52,389,802
4. 2015.....	XXX	XXX	51,407,446	53,641,997	53,641,997
5. 2016.....	XXX	XXX	XXX	50,479,438	52,818,350
6. 2017.....	XXX	XXX	XXX	XXX	54,137,383

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....	44,707,964	44,707,964	44,707,964	44,707,964	44,707,964
3. 2014.....	XXX	52,389,802	52,389,802	52,389,802	52,389,802
4. 2015.....	XXX	XXX	53,641,997	53,641,997	53,641,997
5. 2016.....	XXX	XXX	XXX	52,818,350	52,818,350
6. 2017.....	XXX	XXX	XXX	XXX	56,565,948

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....	53,811,336	44,707,964	1,757,984	3.9	46,465,948	86.3			46,465,948	86.3
2. 2014.....	63,380,295	52,389,802	2,024,218	3.9	54,414,020	85.9			54,414,020	85.9
3. 2015.....	67,484,905	53,641,997	1,994,028	3.7	55,636,025	82.4			55,636,025	82.4
4. 2016.....	66,703,680	52,818,350	1,961,517	3.7	54,779,867	82.1			54,779,867	82.1
5. 2017.....	71,040,879	54,137,383	2,126,955	3.9	56,264,338	79.2	2,429	193	56,266,959	79.2

12.D0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		XXX			
4. 2015.....		XXX	XXX		
5. 2016.....		XXX	XXX	XXX	
6. 2017.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		XXX			
4. 2015.....		XXX	XXX		
5. 2016.....		XXX	XXX	XXX	
6. 2017.....		XXX	XXX	XXX	XXX

12.VO

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		0	0	0.0	0	0.0			0	0.0
2. 2014.....		0	0	0.0	0	0.0			0	0.0
3. 2015.....		0	0	0.0	0	0.0			0	0.0
4. 2016.....		0	0	0.0	0	0.0			0	0.0
5. 2017.....		0	0	0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		.0		.0	NONE	.0			.0	.0
2. 2014.....		.0		.0		.0			.0	.0
3. 2015.....		.0		.0		.0			.0	.0
4. 2016.....		.0		.0		.0			.0	.0
5. 2017.....		.0		.0		.0			.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		.0		.0	NONE	.0			.0	.0
2. 2014.....		.0		.0		.0			.0	.0
3. 2015.....		.0		.0		.0			.0	.0
4. 2016.....		.0		.0		.0			.0	.0
5. 2017.....		.0		.0		.0			.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		XXX			
4. 2015.....		XXX	XXX		
5. 2016.....		XXX	XXX	XXX	
6. 2017.....		XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		XXX			
4. 2015.....		XXX	XXX		
5. 2016.....		XXX	XXX	XXX	
6. 2017.....		XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		0	0	0.0	0	0.0			0	0.0
2. 2014.....		0	0	0.0	0	0.0			0	0.0
3. 2015.....		0	0	0.0	0	0.0			0	0.0
4. 2016.....		0	0	0.0	0	0.0			0	0.0
5. 2017.....		0	0	0.0	0	0.0			0	0.0

12.XI

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	NONE				
2. 2013.....					
3. 2014.....		.XXX			
4. 2015.....		.XXX	.XXX		
5. 2016.....		.XXX	.XXX	.XXX	
6. 2017.....		.XXX	.XXX	.XXX	.XXX

12.01

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....		.0		.0	NONE	.0			.0	.0
2. 2014.....		.0		.0		.0			.0	.0
3. 2015.....		.0		.0		.0			.0	.0
4. 2016.....		.0		.0		.0			.0	.0
5. 2017.....		.0		.0		.0			.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income).....	.0								
5. Aggregate write-ins for other policy reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (net) (Page 3, Line 4).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	.0								
11. Aggregate write-ins for other claim reserves.....	.0	.0	NONE	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (net) (Page 3, Line 7).....	.0	.0	.0	.0	.0	.0	.0	.0	.0

13

DETAILS OF WRITE-INS

0501. ....	.0								
0502. ....	.0								
0503. ....	.0								
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1101. ....	.0								
1102. ....	.0								
1103. ....	.0								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....		130,615	224,781		355,396
2. Salaries, wages and other benefits.....		2,630,398	3,781,571		6,411,969
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			2,959,682		2,959,682
4. Legal fees and expenses.....			18,159		18,159
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....		59,851	184,462		244,313
7. Traveling expenses.....		15,450	92,232		107,683
8. Marketing and advertising.....		20,407	800,281		820,688
9. Postage, express and telephone.....		170,066	107,881		277,947
10. Printing and office supplies.....		195,656	152,462		348,118
11. Occupancy, depreciation and amortization.....		229,909	288,138		518,047
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....					0
15. Boards, bureaus and association fees.....		4,151	237,468		241,619
16. Insurance, except on real estate.....		27,494	50,663		78,156
17. Collection and bank service charges.....					0
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....		(1,993,547)	(1,888,828)		(3,882,375)
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....		139,885	211,126		351,011
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....				107,775	107,775
25. Aggregate write-ins for expenses.....	0	496,618	1,777,758	0	2,274,376
26. Total expenses incurred (Lines 1 to 25).....	0	2,126,955	8,997,835	107,775	(a) 11,232,564
27. Less expenses unpaid December 31, current year.....		760,427	606,420		1,366,847
28. Add expenses unpaid December 31, prior year.....		544,454	540,110		1,084,564
29. Amounts receivable relating to uninsured plans, prior year.....			1,434,630		1,434,630
30. Amounts receivable relating to uninsured plans, current year.....			1,675,704		1,675,704
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	1,910,982	9,172,599	107,775	11,191,355

DETAILS OF WRITE-INS

2501. DIRECTORS FEES.....			146,737		146,737
2502. NORTHEAST DELTA DENTAL FOUNDATION.....			379,300		379,300
2503. MEETING EXPENSE.....		4,618	7,515		12,133
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	492,001	1,244,206	0	1,736,206
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	496,618	1,777,758	0	2,274,376

(a) Includes management fees of \$.....8,842,397 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....633,496	.....626,897
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....324,929	.....310,309
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....3,491	.....4,036
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....310
10. Total gross investment income.....	.....961,917	.....941,552
11. Investment expenses.....	.....	(g).....107,775
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....107,775
17. Net investment income (Line 10 minus Line 16).....	.....	.....833,778

DETAILS OF WRITE-INS

0901. MISCELLANEOUS.....	.....	.....310
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....310
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....41,247	.....	.....41,247	.....148,783	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....1,577,506	.....	.....1,577,506	.....766,177	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....(629,927)	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....1,618,752	.....0	.....1,618,752	.....285,033	.....0

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	32,705	10,594	(22,111)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....	9,669	12,110	2,441
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	2,956	2,956	(0)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	45,331	25,660	(19,671)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	45,331	25,660	(19,671)

DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. PREPAID EXPENSES.....	2,956	2,956	(0)
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	2,956	2,956	(0)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....	152,151	153,631	154,147	155,883	157,272	1,859,080
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	152,151	153,631	154,147	155,883	157,272	1,859,080

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Maine Dental Service Corporation (the company) are presented based on accounting practices prescribed or permitted by the Maine Bureau of Insurance.

The Maine Bureau of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Maine for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Maine Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Maine. The company is unaware of any differences between NAICSAP and prescribed practices of the state.

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) MAINE DENTAL SERVICE CORP Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 6,053,404	\$ 3,482,063
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 6,053,404	\$ 3,482,063
SURPLUS					
(5) MAINE DENTAL SERVICE CORP Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 53,463,604	\$ 47,144,837
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 53,463,604	\$ 47,144,837

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

The preparation of 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 financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Dental premiums are billed on a monthly basis. The company records income on the premium billed in the month covered by the bill. Expenses incurred in connection with acquiring new insurance business, including acquisition costs, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) **Basis for Short-Term Investments**
Short-term investments are stated at amortized cost.
- (2) **Basis for Bonds and Amortization Schedule**
Bonds not backed by other loans are stated at amortized cost using the effective interest rate method. Investments in SVO approved fixed income mutual funds/ETFs are valued at market.
- (3) **Basis for Common Stocks**
Common stocks are valued at market except that investments in common stock of affiliates in which the company has an interest of 20% or more are carried on the equity basis.
- (4) **Basis for Preferred Stocks**
The company values preferred stock as stated in accordance with guidance provided in SSAP #32.
- (5) **Basis for Mortgage Loans**
The company does not have any direct mortgage loans on real estate.
- (6) **Basis for Loan-Backed Securities and Adjustment Methodology**
The company does not invest in loan-backed securities
- (7) **Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities**
The company values its one third ownership of Red Tree Holdings, Inc. (RTH) at GAAP equity, which the company values at \$2,795,078.
- (8) **Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities**
The company did not have any investments in joint ventures, partnerships or limited liability companies during the year.
- (9) **Accounting Policies for Derivatives**
The company does not invest in derivatives.
- (10) **Anticipated Investment Income Used in Premium Deficiency Calculation**
The premium deficiency calculation in accordance with SSAP #54, Individual and Group Accident and Health Contracts is not applicable to the Company.
- (11) **Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts**
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on

NOTES TO FINANCIAL STATEMENTS

past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
N/A

D. Going Concern
N/A

Note 2 – Accounting Changes and Correction of Errors

Not Applicable

Note 3 – Business Combinations and Goodwill

A. Statutory Purchase Method

N/A-None

B. Statutory Merger

N/A-None

C. Assumption Reinsurance

N/A-None

D. Impairment Loss

N/A-None

Note 4 – Discontinued Operations

Not Applicable-None

Note 5 – Investments

- a. Mortgage Loans – N/A none**
- b. Debt Restructuring – N/A none**
- c. Reverse Mortgages – N/A none**
- d. Loan/Backed Securities – N/A none**
- e. Repurchase Agreements and/or Securities Lending Transactions**

The company may invest excess cash each day in a repurchase agreement issued by its primary bank. These repurchase agreements are 100% collateralized by the fair market value of US government or agency securities owned by the banks.

- f. The company does not invest in real estate.**
- g. The company does not invest in low-income housing tax credits (LIHTC)**
- h. The company does not have any restricted assets**
- i. The company does not have working capital finance investments**
- j. The company does not have offsetting and netting of assets and liabilities**
- k. The company does not have structured notes**
- l. The company does not have 5* securities**

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 – Investment Income

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
Due and accrued income was excluded from surplus on the following bases: All investment income due and accrued with amounts that are over 90 days past due.
- B. The total amount excluded:
The total amount excluded was \$0.

Note 8 – Derivative Instruments

Not Applicable

Note 9 – Income Taxes

The company is a non-profit, tax-exempt organization under the provisions of Section 501(c)(4) of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties****a, b, c, d, f and j, Related Party Transactions**

Delta Dental Plan of New Hampshire (DDPNH) provides premiums and claims processing, marketing, and other administrative services to the claims processing, marketing, and other administrative services to the company for an administration fee (\$8,842,397 at 12/31/2017) based on a predetermined formula. The administration fee is calculated and paid on a monthly basis. The company had a payable to DDPNH of \$267,685 at December 31, 2017 under terms of this agreement. This liability was included in amounts due to parent, subsidiaries and affiliates on page 3. In addition, the Corporation reimburses DDPNH for certain payroll costs, including employee benefits, relating to DDPNH employees working on behalf of the Corporation in Maine. DDPNH has a similar administrative arrangement with Delta Dental Plan of Vermont. Finally, the President and CEO of DDPNH also serves in the capacity of President and CEO of the company, DDPVT, RTH, and RTI; and is the sole member of csONE (see below).

In 2017, the company provided management services to csONE under the terms of a management services agreement. The December 31, 2017 revenue of \$100,000 has been included in the statement of Revenue and Expenses on line 7 aggregate write-ins for non health related revenues.

**g, h, i, k,l,m,n items do not apply
e and l – non insurance holding company**

During 2009, the Corporation, DDPNH and DDPVT formed a holding company for other investments, RTH. As of December 31, 2009, each corporation equally owned RTH's outstanding common stock and had each invested \$1,415,000 in RTH and agreed to each lend RTH up to an additional \$125,000.

RTH formed and wholly owns a subsidiary, Red Tree Insurance Company, Inc., (RTI) which operates as a licensed vision insurance company in the states of New Hampshire and Maine. On December 31, 2009, RTH purchased the sole membership interest of Combined Services LLC, DBA csONE Benefit Solutions (csONE). csONE provides employee benefit insurance brokerage services, flexible employee benefit plan administration services and COBRA administration services to its customers. csONE is also the Corporation's general agent amongst the insurance brokers that market the Corporations' dental benefit plans to employers and individuals.

On January 21, 2016, the Board of Directors of RTH authorized and approved the acquisition of all outstanding stock of PreViser Corporation (PreViser) for \$8,100,000, with additional earn out consideration up to a maximum of \$4,300,000. RTH may also loan to PreViser funding necessary to cover any working capital deficit during the 2016 and 2017, not to exceed \$1,650,000. The Corporation, DDPME and DDPVT each made capital contributions to RTH of \$2,700,000 on 2/24/16 for the acquisition of PreViser by RTH on 2/26/16, and has committed to loan RTH up to \$550,000 in 2016 and 2017.

The Corporation has recorded its investment in RTH (\$2,795,078) at December 31, 2017 on the GAAP equity method.

The company has provided a guarantee to increase RTI's shareholder's equity to a minimum of \$2,000,000 if it falls below this amount. This guarantee is required by the Maine Bureau of Insurance. Although not required by the Maine Bureau of Insurance, the Boards of DDPNH and DDPVT have voted to share in any additions to shareholder's equity needed to meet the minimum requirements should that become necessary. A similar guarantee was required by the New Hampshire Department of Insurance that the Corporation, DDPNH and DDPVT increase shareholder's equity to \$1,000,000 if it falls below this level. RTI's shareholder's equity was approximately \$3,023,000 and \$2,708,000 as of 12/31/17 and 12/31/16, respectively.

On 1/3/18 the Corporation, DDPME and DDPVT each made \$1,000,000 capital contributions to RTH. On 1/24/18 RTH purchased \$2,670,336 of newly issued common stock from PreViser. See note 22.

Note 11 – Debt

Not Applicable

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

The company does not have any employees. See Note 10 for further discussion.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

NOTES TO FINANCIAL STATEMENTS

- (1) Number of Share and Par or State Value of Each Class
The number of shares of each class of capital stock authorized does not apply because the company is a non-profit Corporation.
- (2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
The dividend rate, liquidation value, and redemption schedule do not apply because the company is a non-profit Corporation
- (3) Dividend Restrictions
Dividend restrictions do not apply because the company is a non-profit Corporation
- (4) Dates and Amounts of Dividends Paid
Dates and amounts of dividends paid do not apply because the company is a non-profit Corporation
- (5) Profits that may be Paid as Ordinary Dividends to Stockholders
The portion of the reporting entity's profits that may be paid as ordinary dividends to stockholders do not apply because the company is a non-profit Corporation
- (6) Restrictions Plans on Unassigned Funds (Surplus)
There were no restrictions placed on the company's surplus
- (7) Amount of Advances to Surplus not Repaid
There were not any advances to surplus
- (8) Amount of Stock Held for Special Purposes
The total amount of stock held by the reporting entity does not apply because the company is a non-profit Corporation
- (9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period
There were not any special surplus funds.
- (10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$6,104,447.
- (11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
The cumulative portion of unassigned funds (surplus) represented or reduced by each item below is a follows:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note*	Principal and/or Interest Paid Current Period	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
	%	\$	\$	\$	\$	\$	
Total	XXX	\$	\$	\$	\$	\$	XXX

There were not any surplus debentures issued

- (12) The impact of any restatement due to prior quasi-reorganizations is as follows
There has not been any quasi-reorganization in the last ten years.

Description (Year)	Change in Surplus	Change in Gross Paid in and Contributed Surplus
	\$	\$

- (13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
There has not been any quasi-reorganization in the last ten years.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$.
- (2) Detail of other contingent commitments
The company does not have any contingencies or assessments other than the amount discussed in Note 10. The Company has provided a guarantee to increase RTI's shareholders equity to a minimum of \$2,000,000 if it falls below this amount. This guarantee is required by the Maine Bureau of Insurance.

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted

NOTES TO FINANCIAL STATEMENTS

	Allowed Under SSAP No. 5R)		Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	
See Note 10				no current concern about this potential guarantee
	\$		\$ 2,000,000	
Total	\$	XXX	\$ 2,000,000	XXX

(3) Guarantee Obligations

a. Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of column 4 for (2) above.	\$ 2,000,000
b. Contingent liabilities recognized in F/S.	
1. Noncontingent liabilities	\$
2. Contingent liabilities	\$
c. Ultimate financial statement impact if action under the guarantee is required.	
1. Investments in SCA	\$ 2,000,000
2. Joint Venture	
3. Dividends to stockholders (capital contribution)	
4. Expense	
5. Other	
6. Total (should equal (3)a)	\$ 2,000,000

B. Assessments

(1) Assessments Where Amount is Known or Unknown

(2) Assessments

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year –end	\$
b. Decreases current period:	
c. Increases current period:	
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current period	\$

(3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

a. Discount Rate Applied

b. The undiscounted and discounted amount of the guaranty fund assessments and related assets by insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
	\$	\$	\$	\$

c. Number of jurisdictions, ranges of years used to discount and weighted average number of years of the discounting time period for payables and recoverables by insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years

C. Gain Contingencies

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Total SSAP 97 and SSAP 48 Contingent Liabilities

NOTES TO FINANCIAL STATEMENTS

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant:

(f) Per Claim [] (g) Per Claimant []

E. Joint and Several Liabilities

F. All Other Contingencies

Note 15 – Leases

A. Lessee Operating Lease

(1) Lessee's Leasing Arrangements

a. Rental Expense

The Company entered into an operating lease for office space for a seven year period on October 1, 2003. The lease was extended for an additional three years during 2009 and an additional eight years during 2014. The current monthly rent is \$3,668. The company is responsible for all utilities and cleaning for the leased space. Total rental expense for all sources for the years ended December 31, 2017 and 2016 was \$62,471 and \$61,900, respectively.

b. Basis on Which Contingent Rental Payments are Determined

c. Existence and Terms of Renewal or Purchase Options and Escalation Clauses

d. Restrictions Imposed by Lease Agreements

e. Identification of Lease Agreements that have been Terminated Early

(2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year
Future minimum lease payments for the remainder of the lease term are as follows:

a. At January 1, 2018 the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2018	\$ 44,239
2. 2019	\$ 45,123
3. 2020	\$ 46,026
4. 2021	\$ 35,034
5. 2022	\$
6. Total	\$

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases

(3) For Sale-Leaseback Transactions

a. Terms of the Sale-Leaseback Transactions

The Company was not involved in any sales-leaseback transactions.

b. Obligation of Future Minimum Lease Payments and Total of Minimum Sublease Rentals

The Company was not involved in any sales-leaseback transactions.

B. Lessor Leases

(1) Operating Leases:

a. Lessor's Leasing Arrangements

The Company does not enter into any lessor leases.

b. Cost and Carrying Amount of Property on Lease or Held for Leasing

The Company does not enter into any lessor leases.

NOTES TO FINANCIAL STATEMENTS

- c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:

Year Ending December 31	Operating Leases
1. 2018	\$
2. 2019	\$
3. 2020	\$
4. 2021	\$
5. 2022	\$
6. Total	\$

- (d) Total Contingent Rentals

- (2) Leveraged Leases:

- (a) Terms Including Pretax Income from Leveraged Leases
 (b) Pretax Income, Tax Effect and Investment Tax Credit

	2017	2016
1. Income from leveraged leases before income tax including investment tax credit	\$	\$
2. Less current income tax	\$	\$
3. Net income from leveraged leases	\$	\$

- (c) The components of the investment in leveraged leases at current quarter, 2017 and 2016 were as shown below:

	2017	2016
1. Lease contracts receivable (net of principal and interest on non-recourse financing)		
2. Estimated residual value of leased assets		
3. Unearned and deferred income		
4. Investment in leveraged leases		
5. Deferred income taxes related to leveraged leases		
6. Net investment in leveraged leases		

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The company has not entered into any transactions with off balance sheet risk or concentrations of credit risk.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

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

The loss from operations from administrative Services Only (ASO) uninsured plans was as follows during 2017:

m. Gross reimbursement for dental costs incurred	\$ 4,236,123
n. Gross administrative fees earned	\$ 940,755
o. Other income or expenses	\$ 0
p. <u>Estimated</u> gross operating expenses (claims & admin.)	\$ 1,286,221
q. Loss from operations	\$ (345,466)

The company allocated all claims and administrative expenses (excluding broker commissions which were directly allocated) evenly on a per claim basis to the uninsured business. This method does not take into account any cost efficiencies for administering a large group. Uninsured dental plans have a higher than average number of members which should result in administrative efficiencies. The company is unable to objectively determine these efficiencies.

B. ASC Plans

The loss from operations from Administrative Services Contract (ASC) uninsured plans was as follows during 2017:

NOTES TO FINANCIAL STATEMENTS

a. Gross reimbursement for dental costs incurred	\$ 42,911,755
b. Gross administrative fees earned	\$ 2,948,025
c. Other income or expenses	\$ 0
d. <u>Estimated</u> gross operating expenses (claims & admin.)	\$ 4,933,504
e. Loss from operations	\$ (1,985,479)

The company allocated all claims and administrative expenses (excluding broker commissions which were directly allocated) evenly on a per claim basis to the uninsured business. This method does not take into account any cost efficiencies for administering a large group. Uninsured dental plans have a higher than average number of members which should result in administrative efficiencies. The company is unable to objectively determine these efficiencies.

C. Medicare or Other Similarly Structured Cost based reimbursement Contract: N/A none.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Encara serves as a managing general agent but acts as a third party administrator.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Assets at Fair Value					
Fixed Income Mutual Funds/ETFs	\$ 31,830,364	\$	\$	\$ 31,830,364	\$
Equity Mutual Funds	\$ 14,998,888	\$	\$	\$ 14,998,888	\$
Common Stock	\$	\$	\$ 74,991	\$ 74,991	\$
Total	\$ 46,829,252	\$	\$ 74,991	\$ 46,904,243	\$
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

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

	Beginning Balance at 1/1/2017	Transfers Into 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 at 12/31/2017
a. Assets										
PRIVATE-HELD COMMON STOCK	\$ 122,760	\$	\$	\$ (47,769)	\$	\$	\$	\$	\$	\$ 74,991
Total	\$ 122,760	\$	\$	\$ (47,769)	\$	\$	\$	\$	\$	\$ 74,991
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Policies when Transfers Between Levels are Recognized

N/A

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Level 2- Valuations for assets and liabilities traded in less active dealer and broker markets. Valuations are obtained from third party pricing services. Level 3-There is not a market for the privately held investments. Management estimates the fair value to be the pro-rata interest in the equity of each entity.

(5) Fair Value Disclosures

N/A-No derivative assets and liabilities.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

N/A-none

C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
FIXED INCOME MUTUAL FUNDS	\$ 31,830,364	\$ 31,830,364	\$ 31,830,364	\$	\$	\$	\$
EQUITY MUTUAL FUNDS	\$ 14,998,888	\$ 14,998,888	\$ 14,998,888	\$	\$	\$	\$
COMMON STOCK	\$ 74,991	\$ 74,991	\$	\$	\$ 74,991	\$	\$

NOTES TO FINANCIAL STATEMENTS

D. Not Practicable to Estimate Fair Value

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

Note 21 – Other Items

- A. Unusual or infrequent Items-N/A-None
 B. Troubled Debt Restructuring Debtors-N/A-None
 C. Other Disclosures-

According to State of ME statutes, the company is limited to purchasing equity securities when the market value of equity securities is less than 20% of the prior quarter's admitted assets. For the year the company was limited to purchasing equity securities when the market value of equity portfolio was less than 20% of 12/31/17 admitted assets of \$59,616,970 or \$11,923,394. State of ME 24-AMRSA1156(2)(H)(1) allows for investments that do not qualify under other sections of 1156 (2) may be purchased as admitted assets. The total of these assets cannot exceed 5% of admitted assets if they are located outside of the State of Maine and are already subject to limitations within the regulations. The company has made the following purchases of common stock under 24-AMRSA1156(2)(H)(1):

Date	Security	Shares	Amount
3/6/14	C3 JIAN INC.	319,148	\$599,998
1/24/17	VANGUARD FTSE DEVELOPED MARKETS EFT	25,117	\$947,336
1/24/17	VANGUARD FTSE DEVELOPED MARKETS EFT	30,040	\$1,133,853
Total			\$2,681,187

Effective 1/1/14 the Company, Delta Dental Plan of New Hampshire, Inc. (DDPNH) and Maine Dental Service Corp. dba Delta Dental Plan of Maine (DDPME) and Delta Dental Plan of Vermont (DDPVT) have entered into reinsurance agreements with Delta Dental of California (DDCA) whereby they assume a portion of the risk for specific dental benefit contracts of DDCA. Premiums are recognized as revenue over the policy term, and claims, including an estimate of claims incurred but not reported, are recognized as they occur.

The Corporation, Delta Dental Plan of New Hampshire, Inc. (DDPNH) and Delta Dental Plan of Vermont (DDPVT) have each entered into reinsurance agreements whereby they assumed a portion of the risk for various dental benefit contracts. The Corporation has an agreement with Delta Dental of California to reinsure approximately 1.01% of the risk and expenses of a specific dental benefit contract. The Corporation has two additional reinsurance agreements with Delta Dental of California to reinsure approximately 0.84% of the risk and expenses associated with two specific dental benefit contracts. Premiums are recognized as revenue over the policy term, and claims, including an estimate of claims incurred but not reported, are recognized as they are incurred. Claims incurred but not reported related to reinsurance agreements at December 31, 2017 are reported in subscribers' claims payable and related accrued expenses.

- D. Business Interruption Insurance Recoveries-N/A-None
 E. State Transferable and Non-transferable Tax Credits-N/A
 F. Sublime-Mortgage Related Risk Exposure-N/A
 G. Retained Earnings-N/A
 H. Insurance-Linked Securities (ILS) Contracts-N/A

Note 22 – Events Subsequent

Type I-Recognized Subsequent Events-There have not been any Type I subsequent events that would have had a material effect on the financial condition of the company as of December 31, 2017 or as of the filing of this Annual Statement. Type II-Nonrecognized Subsequent Events-Subsequent events have been considered through 2/20/17 for the statutory statement issued on 12/31/17.

On 1/3/18 the Corporation, DDPME and DDPVT each made \$1,000,000 capital contributions to RTH. On 1/24/18 RTH purchased \$2,670,336 of newly issued common stock from PreViser.

On January 1, 2016, the Company was subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA). This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The ACA assessment has been waived for 2017 fees based on 2016 premiums.

- 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 [X] No []

B.	ACA fee assessment payable for the upcoming year	\$	308,645	\$	
C.	ACA fee assessment paid	\$		\$	267,879

NOTES TO FINANCIAL STATEMENTS

D.	Premium written subject to ACA 9010 assessment	\$	64,742,388	\$		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	\$	53,463,604			
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$	53,154,959			
G.	Authorized control level (Five-Year Historical Line 15)	\$	3,607,047			
H.	Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level (YES/NO)?				Yes []	No [X]

Note 23 – Reinsurance

- A. Ceded Reinsurance Report-N/A-None**
- B. Uncollectible Reinsurance-N/A-None**
- C. Commutation of Ceded Reinsurance-N/A-None**
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation-N/A-None**

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The expected runout of dental claims incurred prior to 12/31/17 is \$2,338,912 which was lower than the claims reserve of \$2,428,565 recorded as of 12/31/17. Dental claims are paid within one year of the date they are incurred. So, all claims incurred and unpaid during 2016 will be paid by the end of 2017.

Note 26 – Intercompany Pooling Arrangements

Not Applicable

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

Not Applicable

Note 29 – Participating Policies

Not Applicable

Note 30 – Premium Deficiency Reserves

Not Applicable

Note 31 – Anticipated Salvage and Subrogation

Not Applicable

Note 32. Organization and Operation

Maine Dental Service Corporation is a nonprofit, tax-exempt organization which was established to provide programs of dental care, offered by licensed dentists, to various corporations, associations, unions, partnerships and similar organizations located in the State of Maine that become subscribers to the programs. During 2001 the company received underwriting authority to offer a dental program to individuals which it began offering on January 1, 2002. Dental services are provided under written contracts and benefits are paid up to a maximum amount per covered individual, as defined by the various programs.

The company offers its dental programs on an insured and a self-insured basis. The statements of revenue and expense include only the revenues and claims from risk contracts. Administrative fees received from self-insured contracts are reflected as a reduction of claims processing and general and administrative expenses (see Part 3, Line 19).

See Note 10 for a description of the marketing, claims processing and administrative services contract provided by Delta Dental Plan of New Hampshire, Inc.

Note 33. Minimum Net Worth

On October 16, 1997, the Maine Bureau of Insurance required the company to maintain a minimum surplus of 150% of the HORBC Company Action Level surplus. As of December 31, 2017, the company's 150% HORBC Company Action Level surplus was \$5,410,571 and the company's total surplus was \$53,463,604.

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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 No
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State regulating? Maine
- 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
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 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. 12/31/2014
- 3.3 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). 08/03/2016
- 3.4 By what department or departments?
MAINE
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.11 sales of new business? Yes No
 - 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.21 sales of new business? Yes No
 - 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 5.2 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

- 6.1 Has the 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
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
 - 7.21 State the percentage of foreign control _____ %
 - 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes No
- 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
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BAKER NEWMAN NOYES LLC 650 ELM STREET SUITE 302 MANCHESTER NH 03101
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes No N/A
- 10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
COURTNEY MORIN FSA EMPLOYEE OF DELTA DENTAL PLAN OF NH ONE DELTA DRIVE PO BOX 2002 CONCORD NH 03302-2002
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 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? Yes [X] No []
- (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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto:
ALL STOCKS AND BONDS ARE HELD IN THE CORPORATIONS NAME BY HM PAYSON & CO OF PORTLAND MAINE
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).
THE COMPANY DOES NOT HAVE A SECURITY LENDING PROGRAM
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 24.103 Total payable for securities lending reported on the liability page: \$ 0
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [] No [X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
- 25.22 Subject to reverse repurchase agreements \$ 0
- 25.23 Subject to dollar repurchase agreements \$ 0
- 25.24 Subject to reverse dollar repurchase agreements \$ 0
- 25.25 Placed under option agreements \$ 0
- 25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0
- 25.27 FHLB Capital Stock \$ 0
- 25.28 On deposit with states \$ 0
- 25.29 On deposit with other regulatory bodies \$ 0
- 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0
- 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0
- 25.32 Other \$ 0
- 25.3 For category (25.26) provide the following:
- | 1
Nature of Restriction | 2
Description | 3
Amount |
|----------------------------|------------------|-------------|
| | | \$ |
- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
 If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 27.2 If yes, state the amount thereof at December 31 of the current year: \$ 0
28. 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 []
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:
- | 1
Name of Custodian(s) | 2
Custodian's Address |
|---------------------------|------------------------------------|
| HM PAYSON & CO | ONE PORTLAND SQUARE PORTLAND MAINE |
- 28.02 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) |
|--------------|------------------|------------------------------|
| | | |
- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
- 28.04 If yes, give full and complete information relating thereto:
- | 1
Old Custodian | 2
New Custodian | 3
Date of Change | 4
Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
- 28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment 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 |
|---------------------------------|------------------|
| HM PAYSON & CO | |
- 28.0597 For those firms/individuals listed in the table for Question 28.05, 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]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)]?)

Yes [X] No []

29.2 If yes, complete the following schedule:

1	2	3
CUSIP	Name of Mutual Fund	Book/Adjusted Carrying Value
464287 65 5	ISHARES RUSSELL 2000 ETF	\$ 1,709,534
78462F 10 3	SPDR S&P 500 ETF	\$ 8,009,269
921943 85 8	VANGUARD FTSE DEVELOPED MARKETS ETF	\$ 2,284,944
922042 85 8	VANGUARD FTSE EMERGING MARKETS ETF	\$ 2,357,938
922908 55 3	VANGUARD REIT ETF	\$ 637,203
29.2999	TOTAL	\$ 14,998,888

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
ISHARES RUSSELL 2000 ETF	NEKTAR THERAPEUTICS INC 0.42%	\$ 7,180	12/31/2017
SPDR S&P 500 ETF	APPLE INC 3.79%	\$ 303,551	12/31/2017
VANGUARD FTSE DEVELOPED MARKETS ETF	NESTLE SA 1.32%	\$ 30,161	12/31/2017
VANGUARD FTSE EMERGING MARKETS ETF	TENCENT HOLDINGS LTD 5.22%	\$ 123,084	12/31/2017
VANGUARD REIT ETF	VANGUARD REIT II INDEX 9.90%	\$ 63,083	12/31/2017

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 31,830,364	\$ 31,830,364
30.2	Preferred Stocks	\$ 0	\$ 0
30.3	Totals	\$ 31,830,364	\$ 31,830,364

30.4 Describe the sources or methods utilized in determining the fair values:

BONDS FAIR MARKET VALUE WAS DETERMINED FROM CURRENT MARKET PRICES FOR EACH SECURITY

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5*GI securities?

Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 9,059,617

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
DELTA DENTAL PLANS ASSOCIATION	\$ 217,220
DELTA DENTAL PLAN OF NH	\$ 8,842,397

35.1 Amount of payments for legal expenses, if any?

\$ 18,159

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
DRUMMOND WOODSUM	\$ 18,159

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 24,000

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
CHRISTOPHER P O'NEIL	\$ 24,000

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?			Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.		\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$		0
1.31	Reason for excluding:				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		\$		0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.		\$		0
1.6	Individual policies:				
	Most current three years:				
1.61	Total premium earned		\$		0
1.62	Total incurred claims		\$		0
1.63	Number of covered lives				0
	All years prior to most current three years:				
1.64	Total premium earned		\$		0
1.65	Total incurred claims		\$		0
1.66	Number of covered lives				0
1.7	Group policies:				
	Most current three years:				
1.71	Total premium earned		\$		0
1.72	Total incurred claims		\$		0
1.73	Number of covered lives				0
	All years prior to most current three years:				
1.74	Total premium earned		\$		0
1.75	Total incurred claims		\$		0
1.76	Number of covered lives				0
2.	Health Test:				
		1		2	
		Current Year		Prior Year	
2.1	Premium Numerator	\$	71,040,879	\$	66,703,680
2.2	Premium Denominator	\$	71,040,879	\$	66,703,680
2.3	Premium Ratio (2.1/2.2)		100.0%		100.0%
2.4	Reserve Numerator	\$	2,428,565	\$	2,489,645
2.5	Reserve Denominator	\$	2,428,565	\$	2,489,645
2.6	Reserve Ratio (2.4/2.5)		100.0%		100.0%
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?			Yes []	No [X]
3.2	If yes, give particulars:				
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?			Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes [X]	No []
5.1	Does the reporting entity have stop-loss reinsurance?			Yes []	No [X]
5.2	If no, explain:				
5.3	Maximum retained risk (see instructions)				
5.31	Comprehensive Medical		\$		0
5.32	Medical Only		\$		0
5.33	Medicare Supplement		\$		0
5.34	Dental and Vision		\$		2,000
5.35	Other Limited Benefit Plan		\$		0
5.36	Other		\$		0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:				

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 542
- 8.2 Number of providers at end of reporting year 549
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0
- 9.22 Business with rate guarantees over 36 months \$ 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses 0
- 10.22 Amount actually paid for year bonuses 0
- 10.23 Maximum amount payable withholds 0
- 10.24 Amount actually paid for year withholds 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No [X]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Maine
- 11.4 If yes, show the amount required. \$ 5,410,571
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
150% of RBC

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- 15.1 Direct Premium Written \$ 0
- 15.2 Total Incurred Claims \$ 0
- 15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

**MAINE DENTAL SERVICE CORP
FIVE-YEAR HISTORICAL DATA**

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	59,616,970	53,915,937	49,280,841	48,389,523	44,416,207
2. Total liabilities (Page 3, Line 24).....	6,153,366	6,771,100	6,498,609	6,731,268	4,534,790
3. Statutory minimum capital and surplus requirement.....	5,410,571	5,101,857	4,594,581	4,599,275	4,009,652
4. Total capital and surplus (Page 3, Line 33).....	53,463,604	47,144,837	42,782,232	41,658,255	39,881,417
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	71,140,879	66,803,680	67,584,905	63,480,295	53,911,336
6. Total medical and hospital expenses (Line 18).....	56,415,215	53,017,319	53,501,759	52,629,530	43,322,139
7. Claims adjustment expenses (Line 20).....	2,126,955	1,961,516	1,994,028	2,024,218	1,757,983
8. Total administrative expenses (Line 21).....	8,997,835	9,040,741	10,745,956	8,325,127	8,030,609
9. Net underwriting gain (loss) (Line 24).....	3,600,874	2,784,104	1,343,162	501,420	800,605
10. Net investment gain (loss) (Line 27).....	2,452,530	697,959	573,439	599,800	586,226
11. Total other income (Lines 28 plus 29).....					6,500
12. Net income or (loss) (Line 32).....	6,053,404	3,482,063	1,916,601	1,101,220	1,393,331
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	3,585,060	3,917,624	1,743,877	2,992,908	1,493,191
Risk-Based Capital Analysis					
14. Total adjusted capital.....	53,463,604	47,144,837	42,782,232	41,658,255	39,881,418
15. Authorized control level risk-based capital.....	3,607,047	3,400,667	3,063,054	3,071,917	2,702,044
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	157,272	152,151	154,436	146,698	137,522
17. Total member months (Column 6, Line 7).....	1,859,080	1,785,865	1,815,876	1,734,838	1,669,685
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	79.4	79.5	79.3	83.0	80.5
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	3.0	2.9	3.0	3.2	3.3
22. Total underwriting deductions (Line 23).....	95.1	96.0	98.2	99.4	98.7
23. Total underwriting gain (loss) (Line 24).....	5.1	4.2	2.0	0.8	1.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	2,338,912	2,234,551	1,947,682	1,442,225	1,381,390
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	2,489,645	2,186,316	2,039,685	1,294,500	1,238,100
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....	2,795,078	3,425,005	1,317,698	1,327,013	1,338,773
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	2,795,078	3,425,005	1,317,698	1,327,013	1,338,773
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

MAINE DENTAL SERVICE CORP SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....AL	.N								.0	
2. Alaska.....AK	.N								.0	
3. Arizona.....AZ	.N								.0	
4. Arkansas.....AR	.N								.0	
5. California.....CA	.N								.0	
6. Colorado.....CO	.N								.0	
7. Connecticut.....CT	.N								.0	
8. Delaware.....DE	.N								.0	
9. District of Columbia.....DC	.N								.0	
10. Florida.....FL	.N								.0	
11. Georgia.....GA	.N								.0	
12. Hawaii.....HI	.N								.0	
13. Idaho.....ID	.N								.0	
14. Illinois.....IL	.N								.0	
15. Indiana.....IN	.N								.0	
16. Iowa.....IA	.N								.0	
17. Kansas.....KS	.N								.0	
18. Kentucky.....KY	.N								.0	
19. Louisiana.....LA	.N								.0	
20. Maine.....ME	.L	64,742,389							64,742,389	
21. Maryland.....MD	.N								.0	
22. Massachusetts.....MA	.N								.0	
23. Michigan.....MI	.N								.0	
24. Minnesota.....MN	.N								.0	
25. Mississippi.....MS	.N								.0	
26. Missouri.....MO	.N								.0	
27. Montana.....MT	.N								.0	
28. Nebraska.....NE	.N								.0	
29. Nevada.....NV	.N								.0	
30. New Hampshire.....NH	.N								.0	
31. New Jersey.....NJ	.N								.0	
32. New Mexico.....NM	.N								.0	
33. New York.....NY	.N								.0	
34. North Carolina.....NC	.N								.0	
35. North Dakota.....ND	.N								.0	
36. Ohio.....OH	.N								.0	
37. Oklahoma.....OK	.N								.0	
38. Oregon.....OR	.N								.0	
39. Pennsylvania.....PA	.N								.0	
40. Rhode Island.....RI	.N								.0	
41. South Carolina.....SC	.N								.0	
42. South Dakota.....SD	.N								.0	
43. Tennessee.....TN	.N								.0	
44. Texas.....TX	.N								.0	
45. Utah.....UT	.N								.0	
46. Vermont.....VT	.N								.0	
47. Virginia.....VA	.N								.0	
48. Washington.....WA	.N								.0	
49. West Virginia.....WV	.N								.0	
50. Wisconsin.....WI	.N								.0	
51. Wyoming.....WY	.N								.0	
52. American Samoa.....AS	.N								.0	
53. Guam.....GU	.N								.0	
54. Puerto Rico.....PR	.N								.0	
55. U.S. Virgin Islands.....VI	.N								.0	
56. Northern Mariana Islands.....MP	.N								.0	
57. Canada.....CAN	.N								.0	
58. Aggregate Other alien.....OT	.XXX	0	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		64,742,389	0	0	0	0	0	0	64,742,389	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX									0	
61. Total (Direct Business).....(a)	1	64,742,389	0	0	0	0	0	0	64,742,389	0

DETAILS OF WRITE-INS

58001.....									.0	
58002.....									.0	
58003.....									.0	
58998. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998).....		0	0	0	0	0	0	0	0	0

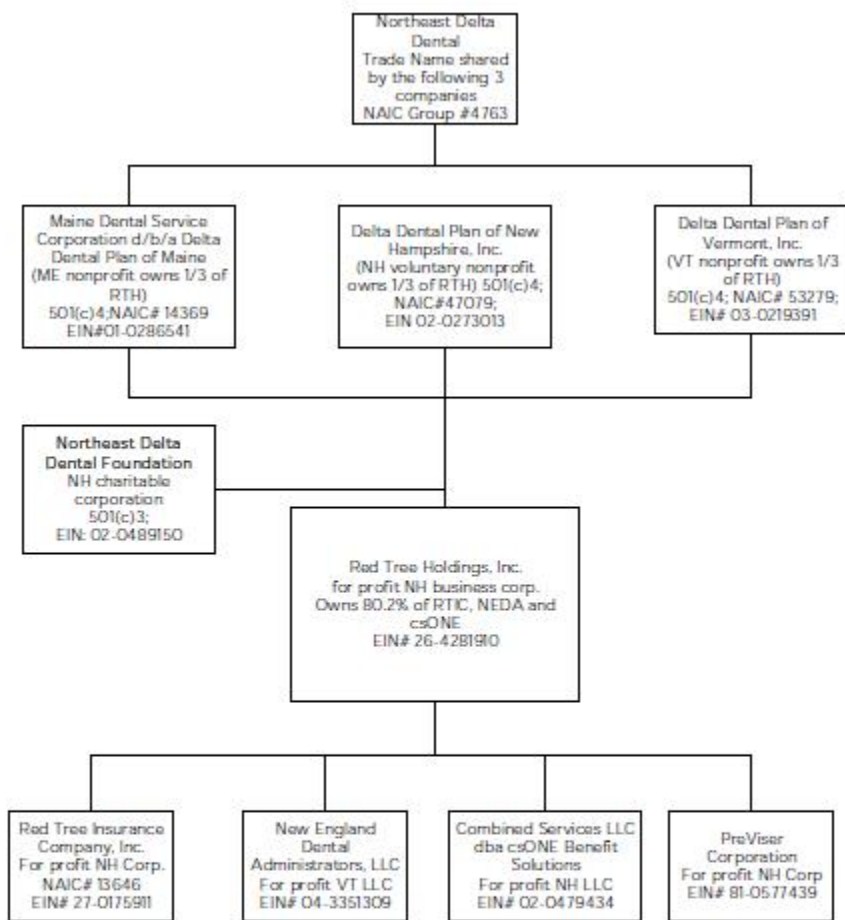
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.
ALL PREMIUMS ARE WRITTEN IN THE STATE OF MAINE.

(a) Insert the number of L responses except for Canada and Other Alien.

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

PART 1 – ORGANIZATIONAL CHART



**2017 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E28
Notes To Financial Statements	26	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	39
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	38
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14