



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2019

### OF THE CONDITION AND AFFAIRS OF THE

# Dominion National Insurance Company

NAIC Group Code 1230 , 1230 NAIC Company Code 16003 Employer's ID Number 81-3569969  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry NJ

Country of Domicile United States of America

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

Incorporated/Organized 09/29/2016 Commenced Business 09/29/2016

Statutory Home Office 820 Bear Tavern Road, Suite 305 , West Trenton, NJ, 08628  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 251 18th Street South, Suite 900  
(Street and Number)  
Arlington, VA, 22202 (703)518-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 251 18th Street South, Suite 900 , Arlington, VA, 22202  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 251 18th Street South, Suite 900  
(Street and Number)  
Arlington, VA, 22202 (703)518-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.dominionnational.com

Statutory Statement Contact Brenona Brooks (703)212-3502  
(Name) (Area Code)(Telephone Number)(Extension)  
bbrooks@dominionnational.com (703)859-7702  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Aji Matthew Abraham	CEO
Michael John Davis Jr	President/COO
Harvey Floyd Littman	Treasurer
Todd Aaron Shamash	Secretary

### OTHERS

### DIRECTORS OR TRUSTEES

Gary Dean St. Hilaire	Christopher Taylor Davis
Aji Matthew Abraham	Harvey Floyd Littman
Michael John Davis Jr	

State of Virginia  
 County of Alexandria ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)  
 Todd Aaron Shamash  
(Printed Name)  
 1.  
 Secretary  
(Title)

\_\_\_\_\_  
(Signature)  
 Michael John Davis, Jr  
(Printed Name)  
 2.  
 President/COO  
(Title)

\_\_\_\_\_  
(Signature)  
 Harvey Floyd Littman  
(Printed Name)  
 3.  
 Treasurer  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020

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

Yes[] No[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

## 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) .....				104,980
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common Stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....3,342,800, Schedule E Part 1), cash equivalents (\$.....211,036, Schedule E Part 2) and short-term investments (\$.....104,721, Schedule DA) .....	3,658,557		3,658,557	3,612,146
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	3,658,557		3,658,557	3,717,126
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	853		853	467
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,921		2,921	3,597
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,662,331		3,662,331	3,721,189
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	3,662,331		3,662,331	3,721,189
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Other Receivable .....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	48,647		48,647	58,797
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	1,380		1,380	1,764
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	11,372		11,372	38,723
9. General expenses due or accrued .....	7,791		7,791	14,200
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	22,487		22,487	381
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	57,004		57,004	18,614
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	148,681		148,681	132,479
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	14,738	
26. Common capital stock .....	X X X	X X X	700,000	700,000
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	2,950,000	2,950,000
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	(151,088)	(61,290)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	3,513,650	3,588,710
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	3,662,331	3,721,189
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. Section 9010 Fee for data year 2019 .....	X X X	X X X	14,738	
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X	14,738	
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	X X X	42,717	23,114
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	688,762	468,725
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. TOTAL Revenues (Lines 2 to 7) .....	X X X	688,762	468,725
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		355,832	224,253
10. Other professional services .....			
11. Outside referrals .....		132,197	117,275
12. Emergency room and out-of-area .....			
13. Prescription drugs .....			
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Lines 9 to 15) .....		488,029	341,528
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		488,029	341,528
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....11,243 cost containment expenses .....	15,955	15,955	11,727
21. General administrative expenses .....	135,438	135,438	108,295
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) .....	151,393	639,422	461,550
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	49,340	7,175
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	5,648	5,648	5,017
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....	5,648	5,648	5,017
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 .....	(119,700)	(119,700)	
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	(64,712)	12,192
31. Federal and foreign income taxes incurred .....	X X X	10,348	6,847
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(75,060)	5,346
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. 0 .....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. New Jersey Department of Banking and Insurance Administrative Fine .....	(119,700)	(119,700)	
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....	(119,700)	(119,700)	

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

		1	2
		Current Year	Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33.	Capital and surplus prior reporting year .....	3,588,710	3,583,364
34.	Net income or (loss) from Line 32 .....	(75,060)	5,346
35.	Change in valuation basis of aggregate policy and claim reserves .....		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....		
37.	Change in net unrealized foreign exchange capital gain or (loss) .....		
38.	Change in net deferred income tax .....		
39.	Change in nonadmitted assets .....		
40.	Change in unauthorized and certified reinsurance .....		
41.	Change in treasury stock .....		
42.	Change in surplus notes .....		
43.	Cumulative effect of changes in accounting principles .....		
44.	Capital Changes:		
44.1	Paid in .....		
44.2	Transferred from surplus (Stock Dividend) .....		
44.3	Transferred to surplus .....		
45.	Surplus adjustments:		
45.1	Paid in .....		
45.2	Transferred to capital (Stock Dividend) .....		
45.3	Transferred from capital .....		
46.	Dividends to stockholders .....		
47.	Aggregate write-ins for gains or (losses) in surplus .....		
48.	Net change in capital and surplus (Lines 34 to 47) .....	(75,060)	5,346
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	3,513,650	3,588,710
<b>DETAILS OF WRITE-INS</b>			
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page .....		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

**CASH FLOW**

		1	2
		Current Year	Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	662,087	502,691
2.	Net investment income .....	5,242	5,151
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	667,329	507,842
5.	Benefit and loss related payments .....	498,179	282,731
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	277,886	106,635
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(11,758)	5,509
10.	TOTAL (Lines 5 through 9) .....	764,307	394,875
11.	Net cash from operations (Line 4 minus Line 10) .....	(96,978)	112,967
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	105,000	100,000
12.2	Stocks .....		
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) .....	105,000	100,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....		
13.2	Stocks .....		
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) .....		
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	105,000	100,000
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....	38,389	18,636
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	38,389	18,636
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	46,411	231,603
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	3,612,146	3,380,543
19.2	End of year (Line 18 plus Line 19.1) .....	3,658,557	3,612,146

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001	.....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	688,762			684,085	4,677					
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....										X X X
4. Risk revenue .....										X X X
5. Aggregate write-ins for other health care related revenues .....										X X X
6. Aggregate write-ins for other non-health care related revenues .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6) .....	688,762			684,085	4,677					
8. Hospital/medical benefits .....	355,832			353,936	1,896					X X X
9. Other professional services .....										X X X
10. Outside referrals .....	132,197			132,197						X X X
11. Emergency room and out-of-area .....										X X X
12. Prescription drugs .....										X X X
13. Aggregate write-ins for other hospital and medical .....										X X X
14. Incentive pool, withhold adjustments and bonus amounts .....										X X X
15. Subtotal (Lines 8 to 14) .....	488,029			486,133	1,896					X X X
16. Net reinsurance recoveries .....										X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	488,029			486,133	1,896					X X X
18. Non-health claims (net) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....11,243 cost containment expenses .....	15,955			15,955						
20. General administrative expenses .....	135,438			135,438						
21. Increase in reserves for accident and health contracts .....										X X X
22. Increase in reserves for life contracts .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	639,422			637,526	1,896					
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	49,340			46,559	2,781					
<b>DETAILS OF WRITE-INS</b>										
0501. ....										X X X
0502. ....										X X X
0503. ....										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page .....										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X
0601. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. ....										X X X
1302. ....										X X X
1303. ....										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page .....										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										X X X

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				
2. Medicare Supplement .....				
3. Dental only .....	684,085			684,085
4. Vision only .....	4,677			4,677
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII - Medicare .....				
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Lines 1 through 8) .....	688,762			688,762
10. Life .....				
11. Property/casualty .....				
12. TOTALS (Lines 9 to 11) .....	688,762			688,762



## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & 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 .....	498,179			493,502	4,677					
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....	498,179			493,502	4,677					
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	48,647			48,647						
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....	48,647			48,647						
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net healthcare receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year .....										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	58,797			58,797						
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....										
8.4 Net .....	58,797			58,797						
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....	488,029			483,352	4,677					
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....										
12.4 Net .....	488,029			483,352	4,677					
13. Incurred medical incentive pools and bonuses .....										

(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	Compre- hensive (Hospital & Medical)	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 .....										
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....										
2. Incurred but Unreported:										
2.1 Direct .....	48,647			48,647						
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	48,647			48,647						
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	48,647			48,647						
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	48,647			48,647						

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	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) .....						
2. Medicare Supplement .....						
3. Dental only .....	27,243	466,259	145	48,502	27,388	58,797
4. Vision only .....		4,677				
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	27,243	470,936	145	48,502	27,388	58,797
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pool and bonus amounts .....						
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	27,243	470,936	145	48,502	27,388	58,797

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

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

**Grand Total**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X	282	309
6. 2019 .....	X X X	X X X	X X X	X X X	471

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X	341	309
6. 2019 .....	X X X	X X X	X X X	X X X	520

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2015 .....										
2. 2016 .....										
3. 2017 .....			(6)		(6)				(6)	
4. 2018 .....	469	309	(46)	(14.896)	263	56.070			263	56.070
5. 2019 .....	689	471	51	10.813	522	75.752	49	1	572	83.009

12 Grand Total

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE

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

**Dental Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X	282	309
6. 2019 .....	X X X	X X X	X X X	X X X	466

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X	341	309
6. 2019 .....	X X X	X X X	X X X	X X X	515

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2015 .....										
2. 2016 .....										
3. 2017 .....			(6)		(6)				(6)	
4. 2018 .....	466	309	(46)	(14.896)	263	56.431			263	56.431
5. 2019 .....	684	466	51	10.929	517	75.574	49	1	567	82.884

12 Dental Only

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

**Vision Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X		
6. 2019 .....	X X X	X X X	X X X	X X X	5

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....					
2. 2015 .....					
3. 2016 .....	X X X				
4. 2017 .....	X X X	X X X			
5. 2018 .....	X X X	X X X	X X X		
6. 2019 .....	X X X	X X X	X X X	X X X	5

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2015 .....										
2. 2016 .....										
3. 2017 .....										
4. 2018 .....	3									
5. 2019 .....	5	5			5	100.000			5	100.000

12 Vision Only

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other ..... NONE
  
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other ..... NONE
  
- 13 Underwriting Invest Exh Pt 2D - A & H Reserve ..... NONE



## 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) .....		415	5,613		6,028
2. Salaries, wages and other benefits .....		3,480	48,386		51,866
3. Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			21,417		21,417
4. Legal fees and expenses .....			230		230
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....	11,243	31	1,036		12,310
7. Traveling expenses .....			452		452
8. Marketing and advertising .....			1,025		1,025
9. Postage, express and telephone .....		331	4,475		4,806
10. Printing and office supplies .....		120	1,627		1,747
11. Occupancy, depreciation and amortization .....					
12. Equipment .....		27	357		384
13. Cost or depreciation of EDP equipment and software .....					
14. Outsourced services including EDP, claims, and other services .....		11	193		204
15. Boards, bureaus and association fees .....			148		148
16. Insurance, except on real estate .....					
17. Collection and bank service charges .....			1,976		1,976
18. Group service and administration fees .....					
19. Reimbursements by uninsured plans .....					
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					
23.2 State premium taxes .....			13,789		13,789
23.3 Regulatory authority licenses and fees .....			23,543		23,543
23.4 Payroll taxes .....		220	2,974		3,194
23.5 Other (excluding federal income and real estate taxes) .....					
24. Investment expenses not included elsewhere .....					
25. Aggregate write-ins for expenses .....		77	8,197		8,274
26. TOTAL Expenses Incurred (Lines 1 to 25) .....	11,243	4,712	135,438		(a) 151,393
27. Less expenses unpaid December 31, current year .....		1,380	7,791		9,171
28. Add expenses unpaid December 31, prior year .....		1,764	14,200		15,964
29. Amounts receivable relating to uninsured plans, prior year .....					
30. Amounts receivable relating to uninsured plans, current year .....					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	11,243	5,096	141,847		158,186
<b>DETAILS OF WRITE-INS</b>					
2501. Systems Maintenance .....		19	259		278
2502. Office Expenses .....		58	5,965		6,023
2503. Business Expenses .....			1,973		1,973
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....		77	8,197		8,274

(a) Includes management fees of \$.....89,539 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) 591	1,008
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
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) 5,440	4,640
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL gross investment income	6,031	5,648
11. Investment expenses		(g)
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)
15. Aggregate write-ins for deductions from investment income		
16. TOTAL Deductions (Lines 11 through 15)		
17. Net Investment income (Line 10 minus Line 16)		5,648

**DETAILS OF WRITE-INS**

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

- (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 \$.....4,640 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					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)					

NONE

**DETAILS OF WRITE-INS**

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

## EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts surplus .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	<b>NONE</b>		
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. TOTAL (Lines 26 and 27) .....			
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			

## 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 .....	209	401	375	355	270	4,607
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	1,204	3,239	2,834	2,684	2,288	37,326
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....	34	57	69	70	67	784
7. TOTAL .....	1,447	3,697	3,278	3,109	2,625	42,717
<b>DETAILS OF WRITE-INS</b>						
0601. Vision .....	34	57	69	70	67	784
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	34	57	69	70	67	784

# Notes to Financial Statements

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

The financial statements of Dominion National Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the State of New Jersey, Department of Banking and Insurance (DOBI).

The DOBI recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the New Jersey Insurance Law. The Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of New Jersey (the State). The State has adopted certain prescribed accounting practices, none of which impact the Company, that differ from those found in NAIC SAP. In addition, the Commissioner of Banking and Insurance has the right to permit other specific practices that deviate from prescribed practices. The Company had no such prescribed or permitted practices as of December 31, 2019.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey DOBI is shown below:

<u>NET INCOME</u>	SSAP #	F/S Page	F/S Line #	2019	2018
(1) Dominion National Insurance Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (75,060)	\$ 5,346
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property				0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (75,060)	\$ 5,346
<u>SURPLUS</u>	SSAP #	F/S Page	F/S Line #	2019	2018
(5) Dominion National Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,513,650	\$ 3,588,710
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property				0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,513,650	\$ 3,588,710

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

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

### C. Accounting Policy

Premiums are generally billed one month in advance. Premiums are recognized as revenue during the period in which the Company is obligated to provide services to its subscribers. Premiums received prior to the month of coverage are recorded as unearned revenue.

Risk revenue represents the revenue charges for dental services provided to the members of another insurer and paid to the Company on a capitated basis. Risk revenue is recognized as revenue during the period in which the Company is obligated to provide services to the members.

In addition, the Company uses the following accounting policies:

1) Short-term Investments

Short-term investments consist of liquid investments and include money market funds and commercial paper with maturity dates of one year or less at the date of acquisition. Short-term investments are recorded at amortized cost, which approximates fair value, with maturities of one year or less at the time of acquisition.

2) Bonds

Bonds and other long-term investments are recorded at amortized cost, which approximates fair value, with maturities greater than one year at the time of acquisition.

3) Common Stocks – None

4) Preferred Stocks – None

5) Mortgage Loans – None

## Notes to Financial Statements

- 6) Loan-backed Securities – None
- 7) Investments in Subsidiaries, Controlled and Affiliated Companies – None
- 8) Investments in Joint Ventures, Partnerships, or Limited Liability Companies – None
- 9) Derivatives – None
- 10) Premium Deficiency Calculation – None
- 11) Claims Unpaid and Claim Adjustment Expenses Unpaid

The Company provides for the liability arising from services rendered to members but unpaid at each year-end, including the future costs of settling these claims, based on historical experience, current enrollment, and other available information. Although considerable variability is inherent in such estimates, management believes that the liability is adequate. Any required revisions to these estimates are reflected in operations of the period in which such revisions are determined.

- 12) Capitalization Policy

The Company did not change its capitalization policy in 2019.

## 2. Accounting Changes and Corrections of Errors - None

## 3. Business Combinations and Goodwill

- A) Statutory Purchase Method – None
- B) Statutory Merger - None
- C) Assumption Reinsurance – None
- D) Impairment Loss – None

## 4. Discontinued Operations – A-D) None

## 5. Investments

- A) Mortgage Loans, including Mezzanine Real Estate Loans – None
- B) Debt Restructuring – None
- C) Reverse Mortgages – None
- D) Loan-Backed Securities – None
- E) Repurchase Agreements and/or Securities Lending Transactions – None
- F) Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G) Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H) Repurchase Agreements Transactions Accounted for as a Sale – None
- I) Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J) Real Estate – None
- K) Investments in Low-Income Housing Tax Credits – None
- L) Restricted Assets -

- 1) Restricted Assets (Including Pledged) - At December 31, 2019, the Company had U.S. Treasury securities on deposit with state insurance departments to satisfy regulatory requirements with maturities of one year or less at the time of acquisition. The amortized cost and fair value in the aggregate was \$312,528 and \$312,905, respectively.

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted From Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase / (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							

## Notes to Financial Statements

j. On deposit with states	312,528	310,525	2,003	0	312,528	8.53%	8.53%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$312,528	\$310,525	\$2,003	0	\$312,528	8.53%	8.53%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

3) Detail of Other Restricted Assets – None

4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - None

M) Working Capital Finance Investments – NoneN) Offsetting and Netting of Assets and Liabilities – NoneO) 5GI Securities – NoneP) Short Sales – NoneQ) Prepayment Penalty and Acceleration Fees - None**6. Joint Ventures, Partnerships and Limited Liability Companies – A-B) None****7. Investment Income**

A-B) All investment income due and accrued with amounts that are over 90 days past due are excluded from surplus. The Company did not exclude any investment income due or accrued at December 31, 2019.

**8. Derivative Instruments – A-B) None****9. Income Taxes**

The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount to such valuation allowance. In evaluating the need for a valuation allowance, the Company considers many factors, including (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of their reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be utilized; (6) unique tax rules that would impact the utilization of the deferred tax assets; and (7) any tax planning strategies that the Company would employ to avoid a tax benefit from expiring unused. Although the realization is not assured, management believes it is more likely than not that the deferred tax assets, net of valuation allowances, will be realized. As of December 31, 2019 and 2018, the Company recorded a valuation allowance of \$622 and \$1,821, respectively.

A. The components of the net deferred tax asset/(liability) ("DTA"/"DTL") recognized in the Company's statements of admitted assets, liabilities, capital and surplus are as follows:

1.

		12/31/2019		
		Ordinary	Capital	Total
a.	Gross Deferred Tax Assets	\$622	\$0	\$622
b.	Statutory Valuation Allowance Adjustments	(622)	0	(622)
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	0	0	0
d.	Deferred Tax Assets Non-admitted	0	0	0
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	0	0	0
f.	Deferred Tax Liabilities	0	0	0
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$0	0	\$0
		<hr/>		
		12/31/2018		
		Ordinary	Capital	Total
a.	Gross Deferred Tax Assets	\$1,821	\$0	\$1,821
b.	Statutory Valuation Allowance Adjustments	(1,821)	0	(1,821)
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	0	0	0
d.	Deferred Tax Assets Non-admitted	0	0	0
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	0	0	0
f.	Deferred Tax Liabilities	0	0	0
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$0	\$0	\$0
		<hr/>		
		Change During 2019		
		Ordinary	Capital	Total
a.	Gross Deferred Tax Assets	\$(1,199)	\$0	\$(1,199)

## Notes to Financial Statements

b.	Statutory Valuation Allowance Adjustments	1,199	0	1,199
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	0	0	0
d.	Deferred Tax Assets Non-admitted	0	0	0
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	0	0	0
f.	Deferred Tax Liabilities	0	0	0
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$0	\$0	\$0

## 2. Admission Calculation Components SSAP No. 101

		12/31/2019		
		Ordinary	Capital	Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carry backs	\$0	\$0	\$0
b.	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) Above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	0	0	0
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	0	0	0
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b + 2c)	\$0	\$0	\$0

		12/31/2018		
		Ordinary	Capital	Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carry backs	\$0	\$0	\$0
b.	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) Above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	0	0	0
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	0	0	0
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b + 2c)	\$0	\$0	\$0

		Change During 2019		
		Ordinary	Capital	Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carry backs	\$0	\$0	\$0
b.	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) Above) After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	0	0	0
c.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities	0	0	0
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b + 2c)	\$0	\$0	\$0

## 3.

		2019	2018
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	12,022.343%	10,994.149%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in	3,513,650	3,588,710

## 4. Impact of Tax-Planning Strategies

		12/31/2019		
		(1) Ordinary	(2) Capital	(3) Col (1 + 2)
a.	Determination of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			



## Notes to Financial Statements

1	Adjusted Gross DTAs Amount From Note 9A1 (c) Percentage of Adjusted Gross DTA's By Tax Character	\$0	\$0	\$0
2	Attributable To The Impact Of Tax Planning Strategies	0%	0%	0%
3	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	\$0	\$0	\$0
4	Percentage of Net Admitted Adjusted Gross DTA's By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%

		12/31/2018		
		(1)	(2)	(3)
		Ordinary	Capital	Col (1 + 2)
a.	Determination of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			
1	Adjusted Gross DTAs Amount From Note 9A1 (c) Percentage of Adjusted Gross DTA's By Tax Character	\$0	\$0	\$0
2	Attributable To The Impact Of Tax Planning Strategies	0%	0%	0%
3	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	\$0	\$0	\$0
4	Percentage of Net Admitted Adjusted Gross DTA's By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%

		Change During 2019		
		(1)	(2)	(3)
		Ordinary	Capital	Col (1 + 2)
a.	Determination of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			
1	Adjusted Gross DTAs Amount From Note 9A1 (c) Percentage of Adjusted Gross DTA's By Tax Character	\$0	\$0	\$0
2	Attributable To The Impact Of Tax Planning Strategies	0%	0%	0%
3	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	\$0	\$0	\$0
4	Percentage of Net Admitted Adjusted Gross DTA's By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%

b. Does the Company's tax-planning strategies include the use of reinsurance? No

B. The Company does not have any deferred tax liabilities as set forth in paragraph 31 of FAS 109.

C. Current income taxes incurred consist of the following major components:

		12/31/2019	12/31/2018	Change
1.	Current Income Tax			
a.	Federal	\$10,348	\$6,847	\$3,501
b.	Foreign	0	0	0
c.	Subtotal	10,348	6,847	3,501
d.	Federal income tax on net capital gains	0	0	0
e.	Utilization of capital loss carry-forwards	0	0	0
f.	Other	0	0	0
g.	Federal and foreign income taxes incurred	\$10,348	\$6,847	\$3,501
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses	\$144	\$195	\$(51)
2.	Unearned premium reserve	478	1,626	(1,148)
3.	Policyholder reserves	0	0	0
4.	Investments	0	0	0
5.	Deferred acquisition costs	0	0	0
6.	Policyholder dividends accrual	0	0	0
7.	Fixed assets	0	0	0
8.	Compensation and benefits accrual	0	0	0
9.	Pension accrual	0	0	0
10.	Receivables – nonadmitted	0	0	0
11.	Net operating loss carry-forward	0	0	0
12.	Tax credit carry-forward	0	0	0
13.	Other (including items < 5% of total ordinary tax assets)	0	0	0
99.	Subtotal	622	1,821	(1,199)
b.	Statutory valuation allowance adjustment	(622)	(1,821)	1,199
c.	Nonadmitted	0	0	0
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	0	0	0
e.	Capital:			
1.	Investments	0	0	0
2.	Net capital loss carry-forward	0	0	0
3.	Real estate	0	0	0
4.	Other (including items < 5% of total capital tax assets)	0	0	0
99.	Subtotal	0	0	0
f.	Statutory valuation allowance adjustment	0	0	0
g.	Nonadmitted	0	0	0

## Notes to Financial Statements

h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	0	0	0
i.	Admitted deferred tax assets (2d + 2h)	\$0	\$0	0
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments	0	0	0
2.	Fixed assets	0	0	0
3.	Deferred and uncollected premium	0	0	0
4.	Policyholder reserves	0	0	0
5.	Other (including items < 5% of total ordinary tax liabilities)	0	0	0
99.	Subtotal	0	0	0
b.	Capital:			
1.	Investments	0	0	0
2.	Real estate	0	0	0
3.	Other (including items < 5% of total capital tax liabilities)	0	0	0
99.	Subtotal	0	0	0
c.	Deferred tax liabilities (3a99 + 3b99)	0	0	0
4.	Net deferred tax assets/liabilities (2i – 3c)	\$0	\$0	\$0

- D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing the differences are as follows:

	12/31/19	12/31/18	Change
Provision computed at statutory rate	\$(13,589)	\$2,561	\$(16,150)
Rate Change	0	0	0
Prior year true up	0	470	(470)
Non-Deductible ACA Health Insurer Fee	0	2,044	(2,044)
Other (A)	25,136	0	25,136
Valuation Allowance	(1,199)	1,772	(2,971)
Total statutory income taxes	\$10,348	\$6,847	\$3,501
Federal and foreign income taxes incurred	\$10,348	\$6,847	\$3,501
Change in net deferred income taxes	0	0	0
Total statutory income taxes	\$10,348	\$6,847	\$3,501
Variance	\$0	\$0	\$0

- E. For the years ended December 31, 2019 and 2018, the Company has no net operating loss carry forwards available to offset future taxable income. For the years ended December 31, 2019 and 2018, the Company has incurred federal income tax expense (recoverable) of \$10,359 and \$6,377, respectively, which are available for recoupment in the event of future net losses. For the years ended December 31, 2019 and 2018, the Company has no capital loss carry forwards available to offset future capital gains. The Company is a member of a consolidated group and the tax sharing agreement provides that the Parent is responsible to pay estimated tax deposits to the US Treasury as provided under Section 6603 of the Internal Revenue Code. The Company then reimburses the Parent for its share of the estimated tax deposits as provided by the tax sharing agreement. As of December 31, 2019 and 2018, the Company has made (received) estimated tax deposits (refunds) to the Parent of \$(11,758) and \$5,509, respectively.

- F. The Company's federal income tax return is consolidated with the following entities:

Accenda Health Company, Inc.	47-5534901
Avalon Insurance Company, Inc.	76-0801682
Capital Administrative Services, Inc.	25-1578904
Capital Advantage Assurance Company, Inc.	45-5492167
Capital Advantage Insurance Company, Inc.	23-2195219
Capital Blue Cross, Inc.	23-0455154
Consolidated Benefits, Inc.	23-2398941
Dominion Dental USA, Inc.	54-1922626
Dominion Dental Services, Inc.	54-1808292
Dominion Dental Services USA, Inc.	54-1991050
Dominion Dental Services of New Jersey, Inc.	54-1980569
Dominion National Insurance Company, Inc.	81-3569969
Keystone Health Plan Central, Inc.	23-2399845
Geneia Holdings, LLC	45-5497527
Geneia, LLC	90-0860445
Vibra Health Plan Holdings, LLC	47-4113873
Vibra Health Plan, Inc.	47-2749865
VHP Insurance Solutions, LLC	47-4727412

Dominion National Insurance Company, Inc. is included in a consolidated federal income tax return with the parent corporation, Capital BlueCross. Dominion National Insurance Company, Inc. has a written agreement approved by the Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity that is a party to the consolidation. Pursuant to this agreement, Dominion National Insurance Company, Inc. has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes.

- G. The Company does not have any federal or foreign tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

- H. The Company is not subject to the Repatriation Transition Tax (RTT).

# Notes to Financial Statements

- I. The Company does not have Alternative Minimum Tax (AMT) credits.

## 10. Information Concerning Parent, Subsidiaries and Affiliates

- A) The outstanding shares of the Company are owned by the Parent, Dominion Dental USA, Inc., a non-insurer incorporated in the State of Delaware.
- B) The Company entered into a Management Services Agreement with the Parent effective December 1, 2016, whereby the Parent provides certain general management services to the Company including senior management, actuarial, advertising and public relations, marketing, purchasing, corporate and legal, regulatory compliance and governmental affairs, accounting, tax compliance, facilities management, risk management, information systems, payroll and human resources. In consideration of the performance of these services, the Parent charges the Company a monthly management fee based on a percentage of the Company's premium and risk revenue. Management fees recorded by the Company during the years ended December 31, 2019 and 2018 were \$89,539 and \$60,934, respectively.
- C) The Company did not have any material related party transactions during the reporting period other than described in 10 A), 10 D), and 13 (4).
- D) At December 31, 2019 and December 31, 2018, the Company reported as due to Parent \$57,004 and \$18,614, respectively.
- E) Under a Consent Order, with the State of Georgia (GA), Dominion Dental Services, Inc., a licensed insurer and affiliate, has provided a 3 year guaranty (the term starts after the date the Company first receives revenues from operations of its business) for the Company's GA Certificate of Authority for Life, Accident and Sickness.
- F) Refer to B) above for a detailed description of material management services agreements.
- G) Not applicable to the Company
- H) Not applicable to the Company.
- I) Not applicable to the Company.
- J) Not applicable to the Company.
- K) Not applicable to the Company.
- L) Not applicable to the Company.
- M) Not applicable to the Company.
- N) Not applicable to the Company.
- O) Not applicable to the Company.

## 11. Debt

- A) Debt - None
- B) FHLB Agreements - None

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefits

- A-D) Defined Benefit Plan - None
- E) Defined Contribution Plan - None
- F) Multi-Employer Plans - None
- G) Consolidated/Holding Company Plans - None
- H) Postemployment Benefits and Compensated Absences - None
- I) Impact of Medicare Modernization Act on Postretirement Benefits - None

## 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1) The Company has 140,000 shares of \$5.00 par value Common Stock authorized, issued and outstanding. All shares are owned by the Parent.
- 2) The Company has no preferred stock outstanding.
- 3) There are no dividend restrictions.
- 4) No dividends were paid in 2019.
- 5) There are no profits for 2019.
- 6) The Company was in compliance with the minimum capital and surplus requirements under the insurance regulations of New Jersey and Georgia. Under the laws of New Jersey, The Company's minimum capital is \$700,000 and minimum surplus requirement is \$2,800,000. The Company's surplus balance as of December 31, 2019 was \$2,813,650.
- 7) Not applicable to the Company.
- 8) Not applicable to the Company.
- 9) The Company is subject to an annual Health Insurance Providers Fee under section 9010 of the Federal Affordable Care Act. The year to date estimated fee for 2020 was reclassified from unassigned surplus to special surplus funds in accordance with applicable statutory guidance.
- 10) Not applicable to the Company.
- 11) Not applicable to the Company.
- 12) Not applicable to the Company.
- 13) Not applicable to the Company.

## Notes to Financial Statements

**14. Liabilities, Contingencies and Assessments – A-F) None****15. Leases – A-B) None****16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk - None****17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – A-C) None****18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and Uninsured Portion of Partially Insured Plans – A-C) None****19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None****20. Fair Value Measurements**

- A) Included in various investment-related line items in the financial statements are certain financial instruments carried at fair value, including cash and short-term investments and equity securities. Other financial instruments are periodically measured at fair value, such as for certain bonds when carried at the lower of cost or market. NAIC guidance defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value measurements.

The fair value hierarchy is as follows:

- Level 1 – Quoted (unadjusted) prices for identical assets and liabilities in active markets.
- Level 2 – Other observable inputs, either directly or indirectly, including:
  - Quoted prices for similar assets/liabilities in active markets;
  - Quoted prices for identical or similar assets in non-active markets (few transactions, limited information, non-current prices, high variability over time);
  - Inputs other than quoted prices that are observable for the asset/liability (e.g., interest rates, yield curves, volatilities, or default prices); and
  - Inputs that are derived principally from or corroborated by other observable market data.
- Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset. Management is responsible for the determination of fair value.

- 1) The Company had Level 1 fair value investments as of December 31, 2019. There were no transfers between Level 1 and Level 2.
- 2) The Company had no Level 3 investments as of December 31, 2019.
- 3) The Company had no transfers between levels during 2019.
- 4) The Company had no Level 2 or 3 investments.
- 5) The Company had no derivative assets and liabilities at December 31, 2019.

- B) Not applicable.

- C) The following table provides information about the aggregate fair value measurement disclosure of the Company's financial assets:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$0	\$0	\$0			
Cash, Cash Equivalents and Short-Term Investments	3,658,934	3,658,557	3,658,934			

The Company's Level 1 securities primarily consist of U.S. Treasury securities and money market funds. The Company determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets.

- D) Not applicable. See table in C).

- E) The Company does not measure investments using the NAV practical expedient pursuant to SSAP No. 100R – Fair Value.

**21. Other Items – A-I) None****22. Events Subsequent**Type I – Recognized Subsequent Events:

Subsequent events have been considered through 3/1/2020 for the statutory statement issued on 3/1/2020.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 3/1/2020 for the statutory statement issued on 3/1/2020.

On January 1, 2020, the Company will be subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entities 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. As of December 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020 to be \$14,738. This amount is reflected in special surplus. This assessment is expected to impact risk-based capital (RBC) by 0.42%. Reporting the ACA assessment as of December 31, 2019, would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	YES	
B. ACA fee assessment payable for the upcoming year	\$14,738	\$0
C. ACA fee assessment paid	\$0	\$9,664
D. Premium written subject to ACA 9010 assessment	\$688,762	\$0

# Notes to Financial Statements

E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$3,513,650
F. Authorized Control Level after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$3,573,972
G. Authorized Control Level (Five-Year Historical Line 15)	\$29,226
H. Would reporting the ACA assessment as of December 31, 2019, have triggered an RBC action level (Yes/No)?	No

**23. Reinsurance – A-D) None**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – A-E) None**

**25. Change in Incurred Claims and Claim Adjustment Expenses**

- A. Reserves as of December 31, 2019 were \$48,647. As of December 31, 2019, \$27,243 has been paid for incurred claims expenses attributable to insured events of prior years. Original estimates are increased or decreased, as additional information becomes known regarding actual claims experience.
- B. There were no significant changes in methodological assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

**26. Intercompany Pooling Arrangements – A-G) None**

**27. Structured Settlements - None**

**28. Health Care Receivables – A-B) None**

**29. Participating Policies - None**

**30. Premium Deficiency Reserves - None**

**31. Anticipated Salvage and Subrogation - None**

# 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?  
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[ ]
- 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[X] No[ ] N/A[ ]
- 1.3 State Regulating? New Jersey
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....
- 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. .....
- 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). .....
- 3.4 By what department or departments? .....
- 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[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
- 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[X]
- 4.12 renewals? Yes[ ] No[X]
- 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[X]
- 4.22 renewals? Yes[ ] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC. Yes[ ] No[X]
- 5.2 If yes, provide the name of the 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[X]
- 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[X]
- 7.2 If yes, ..... 0.000%
- 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 by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide 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
.....	.....	No	No	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
The Company is exempt from the 2018 Audit Requirement pursuant to NJAC 11:2-26.17. .....
- 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[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the 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[X]
- 10.4 If 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[X] No[ ] N/A[ ]
- 10.6 If the response to 10.5 is no or n/a please explain: .....
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?  
Mark C. Spittler, FSA, MAAA, Senior Director Actuarial Services, employee of Capital BlueCross .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]

## GENERAL INTERROGATORIES (Continued)

- 12.11 Name of real estate holding company  
 12.12 Number of parcels involved  
 12.13 Total book/adjusted carrying value  
 12.2 If yes, provide explanation
- 0  
0  
0
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?  
 13.3 Have there been any changes made to any of the trust indentures during the year?  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]  
 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?  
 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?  
 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?  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- Yes[X] No[ ]  
 Yes[ ] No[X]  
 Yes[ ] No[X]
- 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?  
 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.
- Yes[ ] No[X]

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 subordinate committee thereof?  
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?  
 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[ ]  
 Yes[X] No[ ]  
 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  
 20.12 To stockholders not officers  
 20.13 Trustees, supreme or grand (Fraternal only)  
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.21 To directors or other officers  
 20.22 To stockholders not officers  
 20.23 Trustees, supreme or grand (Fraternal only)
- \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 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 reported in the statement?  
 21.2 If yes, state the amount thereof at December 31 of the current year:  
 21.21 Rented from others  
 21.22 Borrowed from others  
 21.23 Leased from others  
 21.24 Other
- Yes[ ] No[X]  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 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?  
 22.2 If answer is yes:  
 22.21 Amount paid as losses or risk adjustment  
 22.22 Amount paid as expenses  
 22.23 Other amounts paid
- Yes[ ] No[X]  
 \$ ..... 0  
 \$ ..... 0  
 \$ ..... 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- Yes[ ] No[X]  
 \$ ..... 0

### INVESTMENT

- 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)  
 24.02 If no, give full and complete information, relating thereto  
 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)  
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?  
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.  
 24.06 If answer to 24.04 is no, report amount of collateral for other programs.  
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?  
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?  
 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?  
 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.
- Yes[X] No[ ]  
 Yes[ ] No[ ] N/A[X]  
 \$ ..... 0  
 \$ ..... 0  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]  
 \$ ..... 0

## GENERAL INTERROGATORIES (Continued)

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 currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[X] No[ ]

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 to sale - excluding FHLB Capital Stock \$ ..... 0  
 25.27 FHLB Capital Stock \$ ..... 0  
 25.28 On deposit with states \$ ..... 312,528  
 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.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[ ] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108 Yes[ ] No[X]  
 26.42 Permitted Accounting Practice Yes[ ] No[X]  
 26.43 Other Accounting Guidance Yes[ ] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following? Yes[ ] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

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 I, 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
TD Bank NA (NJ DOBI custodian) .....	1006 Astoria Blvd, Cherry Hill, NJ 08034 .....
US Bank NA (GA DOI custodian) .....	St Louis Plaza, 505 N. 7th Street, St Louis, MO 63101. SL-MO-T15C .....
Wells Fargo Institutional Retirement and Trust .....	MAC R3529-062, 1021 E. Cary Street, Richmond, VA 23219 .....

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

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 invested assets? Yes[ ] No[X]

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 invested assets? Yes[ ] No[X]



## GENERAL INTERROGATORIES (Continued)

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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  No

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			
30.2 Preferred stocks			
30.3 Totals			

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

Fair values were obtained from SVO office

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  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  No  N/A

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  No

32.2 If no, list exceptions:

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

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

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

Yes  No

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

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

Has the reporting entity self-designated PLGI securities?

Yes  No

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes  No

### OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ ..... 0

36.2 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.

## GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid

- 37.1 Amount of payments for legal expenses, if any? \$ ..... 230
- 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Bressler, Amery & Ross .....	230

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ ..... 0
- 38.2 List the name of 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

# GENERAL INTERROGATORIES (Continued)

## 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 Current Year	2 Prior Year
2.1 Premium Numerator .....	688,762	468,725
2.2 Premium Denominator .....	688,762	468,725
2.3 Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	48,647	58,797
2.5 Reserve Denominator .....	48,647	58,797
2.6 Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

- 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 [ ] No [ ] N/A[X]
- 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 & Vision \$ ..... 0
  - 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:  
 The Dental HMO is a capitated plan with diminimus risk of defaulting on claim payments. Capitated providers are paid in full a fixed amount of every premium dollar within 30 days. All DHMO and PPO provider agreements contain a hold harmless clause that prohibits the provider from seeking compensation, other than copayments and deductibles, from subscribers or persons other than the Plan for services provided. Additionally, participating providers must provide 90 days' notice of termination and must complete all work started prior to the termination. Pursuant to the terms of a licensing Consent Order with the GA Dept. of Insurance, The company's affiliate, Dominion Dental Services, Inc., has provided a 3-year financial guaranty to the company. Providers, upon termination from the network, must complete all treatment in progress.
  - 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 ..... 103,587
  - 8.2 Number of providers at end of reporting year ..... 100,243
- 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 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[X] No [ ]
  - 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[X] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.  
 New Jersey
  - 11.4 If yes, show the amount required. \$ ..... 3,500,000
  - 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.
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
State of Georgia .....
State of New Jersey - Dental PPO .....
Camden County, NJ - DHMO .....
Cumberland, NJ - DHMO .....
Gloucester County, NJ - DHMO .....

- 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

# GENERAL INTERROGATORIES (Continued)

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, as authorized reinsurers?

Yes [ ] No [ ] N/A [X]

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

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

15.2 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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No [ ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [X]

## FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	3,662,331	3,721,189	3,587,101	3,676,708	
2. TOTAL Liabilities (Page 3, Line 24) .....	148,681	132,479	3,737	80,242	
3. Statutory minimum capital and surplus requirement .....	3,500,000	3,500,000	3,500,000	3,500,000	
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	3,513,650	3,588,710	3,583,364	3,596,466	
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	688,762	468,725			
6. TOTAL Medical and Hospital Expenses (Line 18) .....	488,029	341,528			
7. Claims adjustment expenses (Line 20) .....	15,955	11,727			
8. TOTAL Administrative Expenses (Line 21) .....	135,438	108,295	21,273	82,933	
9. Net underwriting gain (loss) (Line 24) .....	49,340	7,175	(21,273)	(82,933)	
10. Net investment gain (loss) (Line 27) .....	5,648	5,017	2,891	190	
11. TOTAL Other Income (Lines 28 plus 29) .....	(119,700)				
12. Net income or (loss) (Line 32) .....	(75,060)	5,346	(13,104)	(53,534)	
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(96,978)	112,967	10,236	(74,863)	
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	3,513,650	3,588,710	3,583,364	3,596,466	
15. Authorized control level risk-based capital .....	29,226	32,642	6,601	5,972	
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	2,625	1,447			
17. TOTAL Members Months (Column 6, Line 7) .....	42,717	23,114			
<b>OPERATING PERCENTAGE (Page 4)</b>					
(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 (Lines 18 plus Line 19) .....	70.9	72.9			
20. Cost containment expenses .....	1.6	0.2			
21. Other claims adjustment expenses .....	0.7	2.3			
22. TOTAL Underwriting Deductions (Line 23) .....	92.8	98.5			
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	7.2	1.5			
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	27,388				
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	58,797				
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
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[ ] N/A[X]

If no, please explain:

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	L	320,024						320,024	
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	L	368,738						368,738	
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	688,762						688,762	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	X X X	688,762						688,762	
<b>DETAILS OF WRITE-INS</b>									
58001	X X X								
58002	X X X								
58003	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 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

2

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

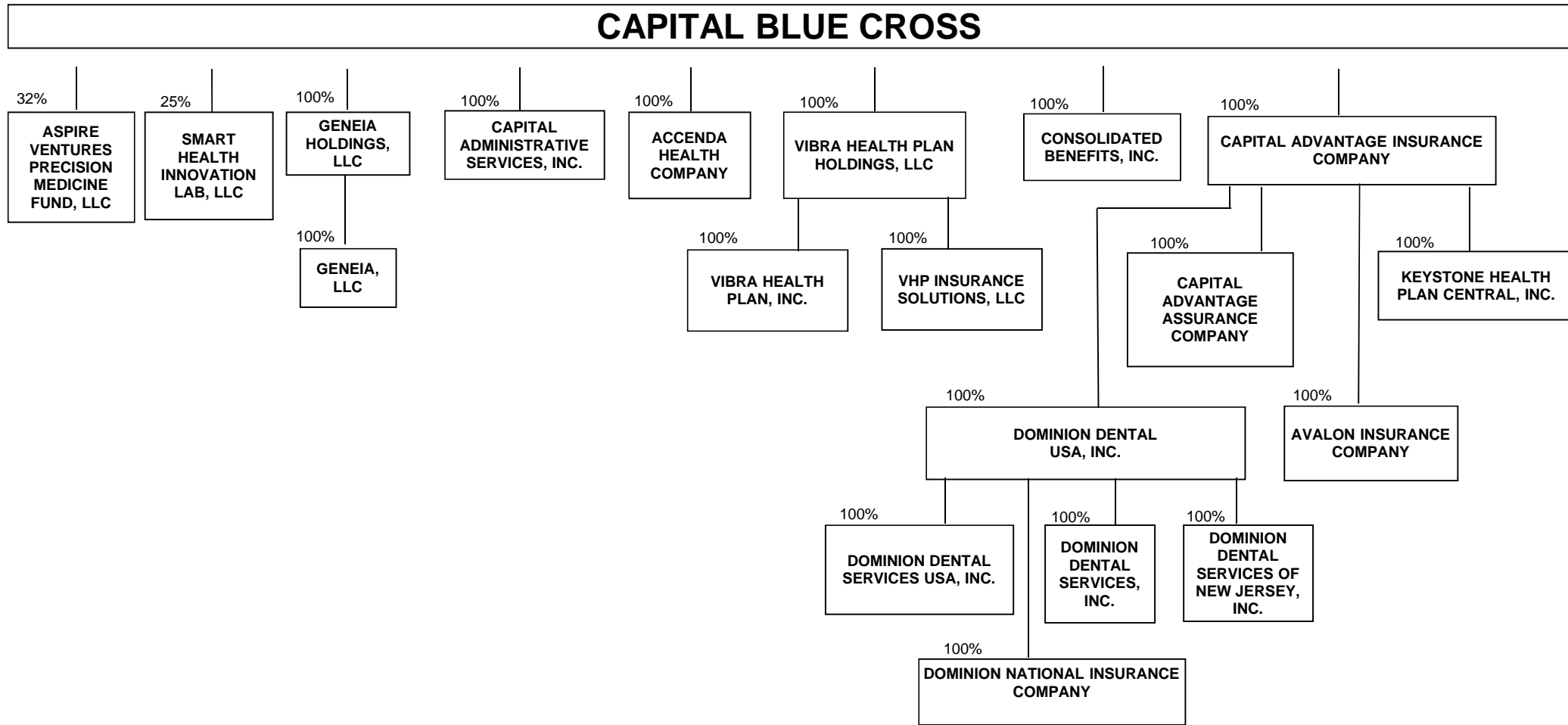
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(b) Explanation of basis of allocation by state, premiums by state, etc.: Premium is allocated to the state where the group or individual contracted unless a different alloca

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

	<u>FEDERAL EMPLOYERS IDENTIFICATION NUMBER</u>	<u>NAIC COMPANY CODES</u>	<u>STATE OF DOMICILE</u>
Accenda Health Company, Inc.	47-5534901	N/A	PA
Aspire Ventures Precision Medicine Fund, LLC	46-3453523	N/A	PA
Avalon Insurance Company, Inc.	76-0801682	12358	PA
Capital Blue Cross, Inc.	23-0455154	54720	PA
Consolidated Benefits, Inc.	23-2398941	N/A	PA
Capital Administrative Services, Inc.	25-1578904	N/A	PA
Capital Advantage Assurance Company, Inc.	45-5492167	14411	PA
Capital Advantage Insurance Company, Inc.	23-2195219	41203	PA
Keystone Health Plan Central, Inc.	23-2399845	95199	PA
Dominion Dental USA, Inc.	54-1922626	N/A	DE
Dominion Dental Services USA, Inc.	54-1991050	N/A	VA
Dominion Dental Services, Inc.	54-1808292	95657	VA
Dominion Dental Services of New Jersey, Inc.	54-1980569	N/A	NJ
Dominion National Insurance Company	81-3569969	16003	NJ
Geneia Holdings, LLC	45-5497527	N/A	DE
Geneia, LLC	90-0860445	N/A	DE
Smart Health Innovation Lab, LLC	82-0612631	N/A	DE
Vibra Health Plan Holdings, LLC	47-4113873	N/A	DE
Vibra Health Plan, Inc.	47-2749865	15793	PA
VHP Insurance Solutions, LLC	47-4727412	N/A	DE



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