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ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

MAINE DENTAL SERVICE CORP

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

Organized under the Laws of Maine, State of Domicile or Port of Entry Maine

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ]
Dental Service Corporation [X]
Health Maintenance Organization [ ]
Property/Casualty [ ]
Vision Service Corporation [ ]
Is HMO Federally Qualified? Yes ( ) No ( )
Hospital, Medical and Dental Service or Indemnity [ ]
Other [ ]

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

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

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

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

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

Internet Website Address WWW.NEDELTA.COM

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

OFFICERS

Thomas Raffio (President)
Benjamin E. Marcus, Esq. (Clerk)
Charles E. Brown, DDS (Treasurer)

OTHER OFFICERS

Francis R. Boucher (Sr. Vice President)

DIRECTORS OR TRUSTEES

Kyra Chadbourne, DDS
Barry C. Saltz, DDS
Don E Oakes
Cheryl Bascomb
Charles Brown, DDS
Jeffrey B. Doss, DDS
Daniel D. Thayer, PE, CIAQP, CEM
Jayne Giles#
Gregory Johnson
Beverly Altenburg
David Bagdasarian, DDS
Michael Bevilacqua
Michael P. Goldberg, DMD
Demitroula Kouzounas, DMD
Michael Pardue

State of New Hampshire
County of Merrimack } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. . Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Thomas Raffio President	Francis R. Boucher Sr. Vice President	

Subscribed and sworn to before me this
day of

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

ASSETS

	Current Year 1 Assets	Current Year 2 Nonadmitted Assets	Current Year 3 Net Admitted Assets (Col 1 - Col 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	23,105,763		23,105,763	21,879,080
2. Stocks (Schedule D):				
2.1 Preferred stocks	6,031		6,031	50,000
2.2 Common stocks	14,107,895		14,107,895	12,894,198
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 $ ..... encumbrances)				
4.2 Properties held for the production of income (less $ ..... encumbrances)				
4.3 Properties held for sale (less $ ..... encumbrances)				
5. Cash ($ ..... 6,891,720 , Schedule E - Part 1), cash equivalents ($ ....., Schedule E - Part 2) and short-term investments ($ ..... 923,425 ,Schedule DA)	7,815,145		7,815,145	6,513,708
6. Contract loans (including $ ..... 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 (Line 1 through Line 11)	45,034,834		45,034,834	41,336,986
13. Title plants less $ ..... charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,913,770	39,371	1,874,399	1,630,997
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies	240,126		240,126	
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	1,240,164		1,240,164	1,448,224
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 ($ .....)	8,712	8,712		
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	2,956	2,956		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	48,440,562	51,039	48,389,523	44,416,207
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Line 26 and Line 27)	48,440,562	51,039	48,389,523	44,416,207
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501. PREPAID EXPENSE	2,956	2,956		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	2,956	2,956		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ ..... reinsurance ceded)		2,039,685	2,039,685	1,294,500
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	163,500		163,500	131,300
4.	Aggregate health policy reserves, including the liability of $ ..... 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	1,309,272		1,309,272	795,326
9.	General expenses due or accrued	585,798		585,798	503,789
10.1	Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	1,607,515		1,607,515	1,075,316
13.	Remittances and items not allocated				
14.	Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	614,898		614,898	482,259
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($ .....) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	410,600		410,600	252,300
23.	Aggregate write-ins for other liabilities (including $ ..... current)				
24.	Total liabilities (Line 1 to Line 23)	4,691,583	2,039,685	6,731,268	4,534,790
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	41,658,255	39,881,417
32.	Less treasury stock, at cost:				
	32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		
	32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		
33.	Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	41,658,255	39,881,417
34.	Total liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	48,389,523	44,416,207

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	1,734,838	1,669,685
2. Net premium income (including $ .....non-health premium income)	XXX	63,380,295	53,811,336
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $ .....medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX	100,000	100,000
8. Total revenues (Line 2 to Line 7)	XXX	63,480,295	53,911,336
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		47,683,386	43,322,139
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Line 9 to Line 15)		47,683,386	43,322,139
Less:			
17. Net reinsurance recoveries		(4,946,144)	
18. Total hospital and medical (Line 16 minus Line 17)		52,629,530	43,322,139
19. Non-health claims (net)			
20. Claims adjustment expenses, including $ .....cost containment expenses		2,024,218	1,757,983
21. General administrative expenses		8,325,127	8,030,609
22. Increase in reserves for life and accident and health contracts (including $ .....increase in reserves for life only)			
23. Total underwriting deductions (Line 18 through Line 22)		62,978,875	53,110,731
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	501,420	800,605
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		567,338	534,511
26. Net realized capital gains (losses) less capital gains tax of $		32,462	51,715
27. Net investment gains (losses) (Line 25 plus Line 26)		599,800	586,226
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ .....) (amount charged off $ .....)]			
29. Aggregate write-ins for other income or expenses			6,500
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	1,101,220	1,393,331
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Line 30 minus Line 31)	XXX	1,101,220	1,393,331
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	XXX		
0701. CSLLC MANAGEMENT FEE	XXX	100,000	100,000
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX	100,000	100,000
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)			
2901. GAIN ON DISPOSAL OF FIXED ASSETS			6,500
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)			6,500

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year	39,881,417	36,847,936
34. Net income or (loss) from Line 32	1,101,220	1,393,331
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of $	677,352	1,657,577
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(1,735)	(17,427)
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 Tranferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	1	
48. Net change in capital and surplus (Line 34 to Line 47)	1,776,838	3,033,481
49. Capital and surplus end of reporting year (Line 33 plus Line 48)	41,658,255	39,881,417
DETAILS OF WRITE-INS		
4701. miscellaneous	1	
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	1	

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	64,042,527	54,089,682
2. Net investment income	567,338	534,511
3. Miscellaneous income		
4. Total (Line 1 through Line 3)	64,609,865	54,624,193
5. Benefit and loss related payments	51,884,345	43,265,739
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	9,732,612	9,865,263
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	61,616,957	53,131,002
11. Net cash from operations (Line 4 minus Line 10)	2,992,908	1,493,191
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,405,140	1,395,851
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 (Line 12.1 through Line 12.7)	5,405,140	1,395,851
13. Cost of investments acquired (long-term only):		
13.1 Bonds	6,491,740	1,452,768
13.2 Stocks	599,998	50,000
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	7,091,738	1,502,768
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)	(1,686,598)	(106,917)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(4,873)	2,400
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(4,873)	2,400
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	1,301,437	1,388,674
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,513,708	5,125,034
19.2 End of year (Line 18 plus Line 19.1)	7,815,145	6,513,708

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

20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	63,380,295			63,380,295						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of $ ..... medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues	100,000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100,000
7. Total revenues (Line 1 through Line 6)	63,480,295			63,380,295						100,000
8. Hospital/medical benefits										XXX
9. Other professional services	47,683,386			47,683,386						XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs										XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments, and bonus amounts										XXX
15. Subtotal (Line 8 through Line 14)	47,683,386			47,683,386						XXX
16. Net reinsurance recoveries	(4,946,144)			(4,946,144)						XXX
17. Total hospital and medical (Line 15 minus Line 16)	52,629,530			52,629,530						XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ ..... cost containment expenses	2,024,218			2,024,218						
20. General administrative expenses	8,325,127			8,325,127						
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Line 17 through Line 22)	62,978,875			62,978,875						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	501,420			401,420						100,000
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)										XXX
0601. CSLLC MANAGEMENT FEE	100,000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100,000
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	100,000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100,000
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Column 1 plus Column 2 minus Column 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only	58,655,212	4,725,082		63,380,294
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Line 1 through Line 8)	58,655,212	4,725,082		63,380,294
10. Life				
11. Property/casualty				
12. Totals (Line 9 to Line 11)	58,655,212	4,725,082		63,380,294

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	47,174,986			47,174,986						
1.2 Reinsurance assumed	4,709,359			4,709,359						
1.3 Reinsurance ceded										
1.4 Net	51,884,345			51,884,345						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,802,900			1,802,900						
3.2 Reinsurance assumed	236,785			236,785						
3.3 Reinsurance ceded										
3.4 Net	2,039,685			2,039,685						
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 health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,294,500			1,294,500						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	1,294,500			1,294,500						
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	47,683,386			47,683,386						
12.2 Reinsurance assumed	4,946,144			4,946,144						
12.3 Reinsurance ceded										
12.4 Net	52,629,530			52,629,530						
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - Claims Liability End of Current Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	500,000			500,000						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	500,000			500,000						
2. Incurred but Unreported:										
2.1 Direct	1,539,685			1,539,685						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	1,539,685			1,539,685						
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	2,039,685			2,039,685						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	2,039,685			2,039,685						

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Column 1 plus Column 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental Only	1,442,225	50,442,120		2,039,685	1,442,225	1,294,500
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 through Line 8)	1,442,225	50,442,120		2,039,685	1,442,225	1,294,500
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	1,442,225	50,442,120		2,039,685	1,442,225	1,294,500

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2010	2011	2012	2013	2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred	2010	2011	2012	2013	2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,544,028				
2. 2010	44,049,722	1,355,780			
3. 2011	XXX	41,065,619	1,469,154		
4. 2012	XXX	XXX	40,349,254	1,381,390	
5. 2013	XXX	XXX	XXX	41,884,349	1,442,225
6. 2014	XXX	XXX	XXX	XXX	50,442,120

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,544,028				
2. 2010	45,593,750	1,355,780			
3. 2011	XXX	42,421,399	1,469,154		
4. 2012	XXX	XXX	41,818,408	1,381,390	
5. 2013	XXX	XXX	XXX	43,265,739	1,442,225
6. 2014	XXX	XXX	XXX	XXX	51,884,345

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010	55,009,968	45,593,750	1,926,870	4.226	47,520,620	86.385			47,520,620	86.385
2. 2011	52,545,400	42,421,399	1,861,192	4.387	44,282,591	84.275			44,282,591	84.275
3. 2012	52,164,198	41,818,408	1,882,222	4.501	43,700,630	83.775			43,700,630	83.775
4. 2013	53,811,336	43,265,739	1,757,984	4.063	45,023,723	83.670			45,023,723	83.670
5. 2014	63,380,295	51,884,345	2,024,218	3.901	53,908,563	85.056	2,040	164	53,910,767	85.059

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,544,028				
2. 2010	44,049,722	1,355,780			
3. 2011	XXX	41,065,619	1,469,154		
4. 2012	XXX	XXX	40,349,254	1,381,390	
5. 2013	XXX	XXX	XXX	41,884,349	1,442,225
6. 2014	XXX	XXX	XXX	XXX	50,442,120

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,544,028				
2. 2010	45,593,750	1,355,780			
3. 2011	XXX	42,421,399	1,469,154		
4. 2012	XXX	XXX	41,818,408	1,381,390	
5. 2013	XXX	XXX	XXX	43,265,739	1,442,225
6. 2014	XXX	XXX	XXX	XXX	51,884,345

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010	55,009,968	45,593,750	1,926,870	4.226	47,520,620	86.385			47,520,620	86.385
2. 2011	52,545,400	42,421,399	1,861,192	4.387	44,282,591	84.275			44,282,591	84.275
3. 2012	52,164,198	41,818,408	1,882,222	4.501	43,700,630	83.775			43,700,630	83.775
4. 2013	53,811,336	43,265,739	1,757,984	4.063	45,023,723	83.670			45,023,723	83.670
5. 2014	63,380,295	51,884,345	2,024,218	3.901	53,908,563	85.056	2,040	164	53,910,767	85.059

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Underwriting and Investment Exhibit, Part 2D

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)		120,773	212,914		333,687
2. Salaries, wages and other benefits		2,169,520	3,141,715		5,311,235
3. Commissions (less $..... ceded plus $..... assumed)			2,711,080		2,711,080
4. Legal fees and expenses			35,353		35,353
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services		49,003	163,226		212,229
7. Traveling expenses		11,279	86,892		98,171
8. Marketing and advertising		13,502	552,729		566,231
9. Postage, express, and telephone		362,345	129,747		492,092
10. Printing and office supplies		254,190	226,580		480,770
11. Occupancy, depreciation and amortization		153,512	200,852		354,364
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees		6,403	158,323		164,726
16. Insurance, except on real estate		22,243	43,352		65,595
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured accident and health plans		(1,556,300)	(1,470,530)		(3,026,830)
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					
23.3 Regulator authority licenses and fees					
23.4 Payroll taxes		116,603	177,493		294,096
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere				104,185	104,185
25. Aggregate write-ins for expenses		301,145	1,955,401		2,256,546
26. Total expenses incurred (Line 1 to Line 25)		2,024,218	8,325,127	104,185	(a) 10,453,530
27. Less expenses unpaid December 31, current year		614,898	585,798		1,200,696
28. Add expenses unpaid December 31, prior year		482,259	503,789		986,048
29. Amounts receivable relating to uninsured plans, prior year			1,448,225		1,448,225
30. Amounts receivable relating to uninsured plans, current year			1,240,164		1,240,164
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)		1,891,579	8,035,057	104,185	10,030,821
DETAILS OF WRITE-INS					
2501. TRUSTEE FEES		1,028	127,088		128,116
2502. NORTHEAST DELTA DENTAL FOUNDATION			81,900		81,900
2503. MEETING EXPENSE		4,511	49,888		54,399
2598. Summary of remaining write-ins for Line 25 from overflow page		295,606	1,696,525		1,992,131
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)		301,145	1,955,401		2,256,546

(a) Includes management fees of $..... 8,165,181 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 410,461	410,461
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	260,019	260,019
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) 228	228
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	815	815
10.	Total gross investment income	671,523	671,523
11.	Investment expenses		(g) 104,185
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 (Line 11 through Line 15)		104,185
17.	Net investment income (Line 10 minus Line 16)		567,338
	DETAILS OF WRITE-INS		
0901.	MISC SETTLEMENTS	815	815
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	815	815
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		

(a) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued dividends on purchases.
(c) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.
(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.
(g) Includes $ ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.
(i) Includes $ ..... depreciation on real estate and $ ..... 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) (Col. 1 + Col. 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)	32,462		32,462	107,621	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)				(43,969)	
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				625,460	
2.21	Common stocks of affiliates				(11,760)	
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)	32,462		32,462	677,352	
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col.2 - Col.1)
1. Bonds (Schedule D)			
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 (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	39,371	38,986	(385)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums			
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	8,712	7,362	(1,350)
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	2,956	2,956	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	51,039	49,304	(1,735)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	51,039	49,304	(1,735)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
2501. PREPAID EXPENSES	2,956	2,956	
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	2,956	2,956	

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only	137,522	143,056	144,594	145,131	146,698	1,734,838
6. Aggregate write-ins for other lines of business						
7. Total	137,522	143,056	144,594	145,131	146,698	1,734,838
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

Maine Dental Service Corporation
Notes To Financial Statements
December 31, 2014

1. Summary of Significant Accounting Policies

a. Accounting Practices

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

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

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

c. Accounting Policy

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

In addition, the company uses the following accounting policies:

- Short-term investments are stated at amortized cost.
- Bonds not backed by other loans are stated at amortized cost using the straight-line method. In the company's opinion, any differences between the straight-line method and the effective interest rate method are immaterial. Investments in fixed income mutual funds are valued at market.
- Common stocks are valued at market except that investments in common stock of affiliates in which the company has an interest of 20% or more are carried on the equity basis.

NOTES TO FINANCIAL STATEMENTS

- The company values preferred stock as stated in accordance with guidance provided in SSAP #32.
- The company does not have any direct mortgage loans on real estate.
- The company does not invest in loan-backed securities.
- The company values its one third ownership of Red Tree Holdings, Inc. (RTH) at GAAP equity, which the company values at $1,327,013.
- The company did not have any investments in joint ventures, partnerships or limited liability companies during the year.
- The company does not invest in derivatives.
- The premium deficiency calculation in accordance with SSAP #54, Individual and Group Accident and Health Contracts is not applicable to the Company.
- Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- The company has not modified its capitalization policy from the prior period.

2. Accounting Changes and Corrections of Errors – N/A none

3. Business Combinations and Goodwill – A,B, C, D none

4. Discontinued Operations – N/A none

5. Investments

a. Mortgage Loans – N/A none
b. Debt Restructuring – N/A none
c. Reverse Mortgages – N/A none
d. Loan/Backed Securities – N/A none
e. Repurchase Agreements

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

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

NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies – NA - None

7. Investment Income

a. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

b. The total amount excluded was $0.

8. Derivative Instruments-N/A-None

9. Income Taxes

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

10. Related Party Transactions

a, b, c, d, f and j, Related Party Transactions

Delta Dental Plan of New Hampshire (DDPNH) provides premiums and claims processing, marketing, and other administrative services to the claims processing, marketing, and other administrative services to the company for an administration fee ($8,165,181 at 12/31/14) based on a predetermined formula. The administration fee is calculated and paid on a monthly basis. The company had a payable to DDPNH of $407,658 at December 31, 2014 under terms of this agreement. This liability was included in amounts due to parent, subsidiaries and affiliates on page 3. In addition, the Corporation reimburses DDPNH for certain payroll costs, including employee benefits, relating to DDPNH employees working on behalf of the Corporation in Maine. DDPNH has a similar administrative arrangement with Delta Dental Plan of Vermont. Finally, the President and CEO of DDPNH also serves in the capacity of President and CEO of the company, DDPVT, RTH, and RTI; and is the sole member of CSLLC (see below).

In 2014, the company provided management services to CSLLC under the terms of a management services agreement. The December 31, 2014 revenue of $100,000 has been included in the statement of Revenue and Expenses on line 7 aggregate write-ins for non health related revenues.

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

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

NOTES TO FINANCIAL STATEMENTS

During 2010, the company and DDPNH agreed to purchase up to $840,000 of DDPVT's common stock in RTH through September 2015 if DDPVT chooses to sell the common stock.

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

The Corporation has recorded its investment in RTH ($1,327,013) at December 31, 2014 on the GAAP equity method.

The company has provided a guarantee to increase RTI's shareholder's equity to a minimum of $2,000,000 if it falls below this amount. This guarantee is required by the Maine Bureau of Insurance. Although not required by the Maine Bureau of Insurance, the Boards of DDPNH and DDPVT have voted to share in any additions to shareholder's equity needed to meet the minimum requirements should that become necessary. A similar guarantee was required by the New Hampshire Department of Insurance that the Corporation, DDPNH and DDPVT increase shareholder's equity to $1,000,000 if it falls below this level. RTI's shareholder's equity was approximately $2,319,000 and $2,245,000 as of 12/31/14 and 12/31/13, respectively.

11. Debt – N/A none

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

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

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

1, 2, 3, 4, 5, and 8 items.

The company is a non-profit Corporation. These items do not apply.

6. There were no restrictions placed on the company's surplus.
7. There were not any advances to surplus.
9. There were not any special surplus funds.
10. The cumulative portion of unassigned funds (surplus) represented or reduced by each item below is an follows:

♦ Unrealized gains and (losses):	$ 5,756,873
♦ Nonadmitted asset values:	$ -51,039
♦ Separate account business	$ 0

NOTES TO FINANCIAL STATEMENTS

- Asset valuation reserves $ 0
- Provision for reinsurance: $ 0

11. There were not any surplus debentures issued.
12 &13. There has not been any quasi-reorganization in the last ten years.

14. Contingencies

The company does not have any contingencies or assessments other than the amount discussed in Note 10.

15. Leases

A. Lessee Operating Lease

(1) a. The Company entered into an operating lease for office space for a seven year period on October 1, 2003. The lease was extended for an additional three years during 2009 and an additional eight years during 2014. The current monthly rent is $3,596. The company is responsible for all utilities and cleaning for the leased space. Total rental expense from all sources for the years ended December 31, 2014 and 2013 was $61,533 and $60,993, respectively.

(2)a. Future minimum lease payments for the remainder of the lease term are as follows:

2015	$43,155
2016	$43,155
2017	$43,371
2018	$44,239
2019	$45,123
Thereafter	$81,060
Total	$300,103

(3)a. The Company was not involved in any sales-leaseback transactions.

B. Lessor Leases

The company does not enter into any lessor leases.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

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

17. Sales, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – N/A none

18. Gain or Loss from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

NOTES TO FINANCIAL STATEMENTS

A. ASO Plans

The loss from operations from administrative Services Only (ASO) uninsured plans was as follows during 2014:

a.	Gross reimbursement for dental costs incurred	$ 2,256,925
b.	Gross administrative fees earned	$ 586,619
c.	Other income or expenses	$ 0
d.	Estimated gross operating expenses (claims & admin.)	$ 916,074
e.	Loss from operations	$ (329,455)

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

B. ASC Plans

The loss from operations from Administrative Services Contract (ASC) uninsured plans was as follows during 2014:

a.	Gross reimbursement for dental costs incurred	$ 34,746,776
b.	Gross administrative fees earned	$ 2,440,211
c.	Other income or expenses	$ 0
d.	Estimated gross operating expenses (claims & admin.)	$ 4,114,059
e.	Loss from operations	$ (1,673,848)

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

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

19. Direct Premium Written /Produced by Managing General Agents/Third Part Administrators – N/A none

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurement

A. (1). Assets Measured at Fair Value on a Recurring Basis

Description	Level 1	Level 2	Level 3	Total
a.) Assets at fair value				
Fixed income mutual funds	$23,105,763	-0-	-0-	$23,105,763
Preferred Stock	$ 12,035,834	-0-	$6,031	$ 6,031
Equity mutual funds				$12,035,834
Total assets at fair value	$35,892,677	0		$35,892,677
b.) Liabilities at fair value	-0-	-0-	-0-	-0-

B. Assets Measured at Fair Value on a Nonrecurring Basis – N/A none

21. Other Items

According to State of ME statutes, the company is limited to purchasing equity securities when the market value of equity securities is less than 20% of the prior quarter's admitted assets. For the year the company was limited to purchasing equity securities when the market value of equity portfolio was less than 20% of 12/31/13 admitted assets of $44,416,207 or $8,883,241. State of ME 24-AMRSA1156(2)(H)(1) allows for investments that do not qualify under other sections of 1156 (2) may be purchased as admitted assets. The total of these assets cannot exceed 10% of admitted assets if they are located outside of the State of Maine. The company has made the following purchases of common stock of a non publically held company under 24-AMRSA1156(2)(H)(1):

Date	Security	Shares	Amount
3/6/14	C3 JIAN INC.	319,148	$599,998

22. Events Subsequent

Type I-Recognized Subsequent Events

There have not been any Type I subsequent events that would have had a material effect on the financial condition of the company as of December 31, 2014 or as of 2/19/15.

Type II-Nonrecognized Subsequent Events:

Subsequent events have been considered through 2/19/15 for the statutory statement issued on 12/31/14.

NOTES TO FINANCIAL STATEMENTS

On January 1, 2015, 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 entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be $220,000. This assessment is expected to impact risk based capital (RBC) by $0. Reporting the ACA assessment as of December 31, 2014, would not have triggered an RBC action level.

	Current Year	Prior Year
A. Est. ACA fee assessment payable for the upcoming year	$220,000	$225,000
B. ACA fee assessment paid during year	$120,048	$0
C. Premium written subject to ACA 9010 assessment	$58,655,212	$53,811,336
D. Total Adjusted Capital before surplus adjustment	$41,658,255	
E. Authorized Control Level before surplus adjustment	$3,071,917	
F. Total Adjusted Capital after surplus adjustment	$41,438,255	
G. Authorized Control Level after surplus adjustment	$3,071,917	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (YES/NO)?	NO	

23. Reinsurance

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

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – N/A none

25. Change in Incurred Claims and Claims Adjustment Expenses

The actual runout of dental claims incurred prior to 12/31/13 was $1,442,225 which was higher than the claims reserve of $1,294,500 recorded as of 12/31/13. Dental claims are paid within one year of the date they are incurred. So, all claims incurred and unpaid during 2013 would have been paid by the end of 2014.

26. Intercompany Pooling Arrangements – N/A none

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements – N/A

28. Healthcare Receivables – N/A none

29. Participating Policies – N/A none

30. Premium Deficiency Reserves – N/A none

31. Anticipated Salvage and Subrogation – N/A doesn't apply

32. Organization and Operation

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

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

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

33. Minimum Net Worth

On October 16, 1997, the Maine Bureau of Insurance required the company to maintain a minimum surplus of 150% of the HORBC Company Action Level surplus. As of December 31, 2014, the company's 150% HORBC Company Action Level surplus was $4,607,876 and the company's total surplus was $41,658,253.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No ( ) N/A ( )

1.3 State Regulating? Maine

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ( ) No (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. 12/31/2009

3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2009

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). 05/24/2011

3.4 By what department or departments?
MAINE

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ( ) No ( ) N/A (X)

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ( ) No (X) N/A ( )

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes ( ) No (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? Yes ( ) No (X)

5.2 If yes, provide the name of entity, the 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,

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BAKER NEWMAN NOYES LLC 650 ELM STREET SUITE 302 MANCHESTER NH 03101

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ( ) No (X)

10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes ( ) No (X)

10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....

10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes (X) No ( ) N/A ( )

10.6 If the response to 10.5 is no or n/a, please explain:
.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
COURTNEY MORIN FSA EMPLOYEE OF DELTA DENTAL PLAN OF NH ONE DELTA DRIVE PO BOX 2002 CONCORD NH 03302-2002

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ( ) No (X)

12.11 Name of real estate holding company
.....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value $ .....

12.2 If yes, provide explanation
.....

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ( ) No ( )

13.3 Have there been any changes made to any of the trust indentures during the year? Yes ( ) No ( )

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ( ) No ( ) N/A (X)

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ( )
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:
.....

14.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ( ) No (X)

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ( )

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ( )

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ( )

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ( ) No (X)

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers $.....
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) $.....

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? Yes ( ) No (X)

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 $.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ( ) No (X)

22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment $.....
22.22 Amount paid as expenses $.....
22.23 Other amounts paid $.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ( ) No (X)

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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) Yes ( ) No (X)

24.02 If no, give full and complete information relating thereto:
ALL STOCKS AND BONDS ARE HELD IN THE CORPORATION NAME BY HM PAYSON & CO OF PORTLAND MAINE

24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
THE COMPANY DOES NOT HAVE A SECURITY LENDING PROGRAM

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)

24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. $.....

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? Yes ( ) No ( ) N/A (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ( ) No ( ) N/A (X)

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2 $.....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....

24.103 Total payable for securities lending reported on the liability page $.....

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 ( ) No (X)

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$.....
25.22	Subject to reverse repurchase agreements	$.....
25.23	Subject to dollar repurchase agreements	$.....
25.24	Subject to reverse dollar repurchase agreements	$.....
25.25	Placed under option agreements	$.....
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	$.....
25.27	FHLB Capital Stock	$.....
25.28	On deposit with states	$.....
25.29	On deposit with other regulatory bodies	$.....
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	$.....
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	$.....
25.32	Other	$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No (X)

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ( ) No ( ) N/A (X)
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ( ) No (X)

27.2 If yes, state the amount thereof at December 31 of the current year. $ .....

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ( )

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
HM PAYSON & CO	ONE PORTLAND SQUARE PORTLAND MAINE

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ( ) No (X)

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
	HM PAYSON & CO	ONE PORTLAND SQUARE PORTLAND MAINE

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes (X) No ( )

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
921943-85-8	VANGUARD FTSE DEVELOPED	977,986
922042-85-8	VANGUARD EMERGING MARKETS	853,226
464287-65-5	ISHARES RUSSELL 2000 INDEX FUND ETF	1,346,084
922908-55-3	VANGUARD REIT VIPERS ETF	851,634
78462F-10-3	SPDR TRUST SERIES 1 ETF	8,486,130
29.2999 - Total		12,515,060

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

1 Name of Mutual Fund (from question 29.2)	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
VANGUARD FTSE DEVELOPED	NESTLE SA 1.71%	16,724	12/30/2014
VANGUARD EMERGING MARKETS	TENCENT HOLDINGS LTD 1.98%	16,894	12/30/2014
ISHARES RUSSELL 2000 INDEX FUND ETF	ISIS PHARMACEUTICALS .41%	5,519	12/30/2014
VANGUARD REIT VIPERS ETF	SIMON PROPERTY GROUP INC 8.3%	70,686	12/30/2014
SPDR TRUST SERIES 1 ETF	APPLE INC 3.54%	300,409	12/30/2014

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	$ 23,105,763	$ 23,105,763	$
30.2 Preferred stocks	$ 6,031	$ 6,031	$
30.3 Totals	$ 23,111,794	$ 23,111,794	$

30.4 Describe the sources or methods utilized in determining the fair values:
BONDS FAIR MARKET VALUE WAS DETERMINED FROM CURRENT MARKET PRICES FOR EACH SECURITY. PREFERRED STOCK WAS VALUED AT LOWER OF

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ( )

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ( )

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

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ( )

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 8,306,037

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

1 Name	2 Amount Paid
DELTA DENTAL PLANS ASSOCIATION	$ 140,856
DELTA DENTAL PLAN OF NH	$ 8,165,181
	$
	$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

34.1 Amount of payments for legal expenses, if any? $ 29,135

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

1 Name	2 Amount Paid
DRUMMOND WOODSUM	$ 29,135
	$
	$
	$

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes ( ) No (X)

1.2 If yes, indicate premium earned on U.S. business only. $.....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $.....

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 $.....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $.....

1.6 Individual policies:

	Most current three years:	
1.61	Total premium earned	$.....
1.62	Total incurred claims	$.....
1.63	Number of covered lives	.....
	All years prior to most current three years:	
1.64	Total premium earned	$.....
1.65	Total incurred claims	$.....
1.66	Number of covered lives	.....

1.7 Group polices:

	Most current three years:	
1.71	Total premium earned	$.....
1.72	Total incurred claims	$.....
1.73	Number of covered lives	.....
	All years prior to most current three years:	
1.74	Total premium earned	$.....
1.75	Total incurred claims	$.....
1.76	Number of covered lives	.....

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 63,380,295	$ 53,811,336
2.2	Premium Denominator	$ 63,380,295	$ 53,811,336
2.3	Premium Ratio (2.1 / 2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	$ 2,039,685	$ 1,294,500
2.5	Reserve Denominator	$ 2,039,685	$ 1,294,500
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 (X) No ( )

5.1 Does the reporting entity have stop-loss reinsurance? Yes ( ) No (X)

5.2 If no, explain:

STOP LOSS REINSURANCE IS NOT REQUIRED
.....

5.3 Maximum retained risk (see instructions)

5.31	Comprehensive Medical	$.....
5.32	Medical Only	$.....
5.33	Medicare Supplement	$.....
5.34	Dental & Vision	$ 2,000
5.35	Other Limited Benefit Plan	$.....
5.36	Other	$.....

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:

.....
.....

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	 533
8.2	Number of providers at end of reporting year	 516

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	.....
9.22	Business with rate guarantees over 36 months	.....

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	$.....
10.22	Amount actually paid for year bonuses	$.....
10.23	Maximum amount payable withholds	$.....
10.24	Amount actually paid for year withholds	$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12	A Medical Group / Staff Model,	Yes ( ) No (X)
11.13	An Individual Practice Association (IPA), or	Yes ( ) No (X)
11.14	A Mixed Model (combination of above)?	Yes ( ) No (X)

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes (X) No ( )

11.3 If yes, show the name of the state requiring such net worth. MAINE

11.4 If yes, show the amount required. $ 4,607,876

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes ( ) No (X)

11.6 If the amount is calculated, show the calculation

150% OF RBC

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

1 Name of Service Area
MAINE

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. $.....

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. $.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes ( ) No (X) N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	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 Premiums Written	$ .....
15.2 Total Incurred Claims	$ .....
15.3 Number of Covered Lives	.....

*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)

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	48,389,523	44,416,207	41,187,264	38,710,293	37,422,147
2. Total liabilities (Page 3, Line 24)	6,731,268	4,534,790	4,339,328	5,817,832	6,692,018
3. Statutory surplus	4,599,275	4,009,652	3,525,944	3,397,245	3,480,030
4. Total capital and surplus (Page 3, Line 33)	41,658,255	39,881,417	36,847,936	32,892,461	30,730,129
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	63,480,295	53,911,336	52,370,162	52,887,609	55,315,168
6. Total medical and hospital expenses (Line 18)	52,629,530	43,322,139	41,240,808	42,436,599	45,597,150
7. Claims adjustment expenses (Line 20)	2,024,218	1,757,983	1,882,222	1,861,192	1,926,870
8. Total administrative expenses (Line 21)	8,325,127	8,030,609	7,397,194	6,928,085	6,508,249
9. Net underwriting gain (loss) (Line 24)	501,420	800,605	1,849,938	1,661,733	1,282,899
10. Net investment gain (loss) (Line 27)	599,800	586,226	882,966	757,529	845,882
11. Total other income (Line 28 plus Line 29)		6,500		(101)	(245)
12. Net income or (loss) (Line 32)	1,101,220	1,393,331	2,732,904	2,419,161	2,128,536
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	2,992,908	1,493,191	1,441,415	882,754	1,610,185
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	41,658,255	39,881,418	36,847,936	32,892,461	30,730,129
15. Authorized control level risk-based capital	3,071,917	2,702,044	2,350,623	2,264,830	2,320,020
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	146,698	137,522	137,379	138,950	75,441
17. Total members months (Column 6, Line 7)	1,734,838	1,669,685	1,649,308	1,657,660	904,048
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	83.0	80.5	78.9	80.4	82.6
20. Cost containment expenses					
21. Other claims adjustment expenses	3.2	3.3	3.6	3.5	3.5
22. Total underwriting deductions (Line 23)	99.4	98.7	96.7	97.0	97.9
23. Total underwriting gain (loss) (Line 24)	0.8	1.5	3.5	3.1	2.3
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	1,442,225	1,381,390	1,469,154	1,355,780	1,544,028
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	1,294,500	1,238,100	1,815,700	1,800,500	1,797,100
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)	1,327,013	1,338,773	1,378,313	1,392,668	1,352,030
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31	1,327,013	1,338,773	1,378,313	1,392,668	1,352,030
33. Total investment in parent included in Line 26 to Line 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.		1 Active Status	Direct Business Only Year to Date 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 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	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	L	58,655,212						58,655,212	
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	XXX								
59. Subtotal		XXX	58,655,212						58,655,212	
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)		(a) 1	58,655,212						58,655,212	
DETAILS OF WRITE-INS										
58001.										
58002.										
58003.										
58998. Summary of remaining write-ins for Line 58 from overflow page										
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)										

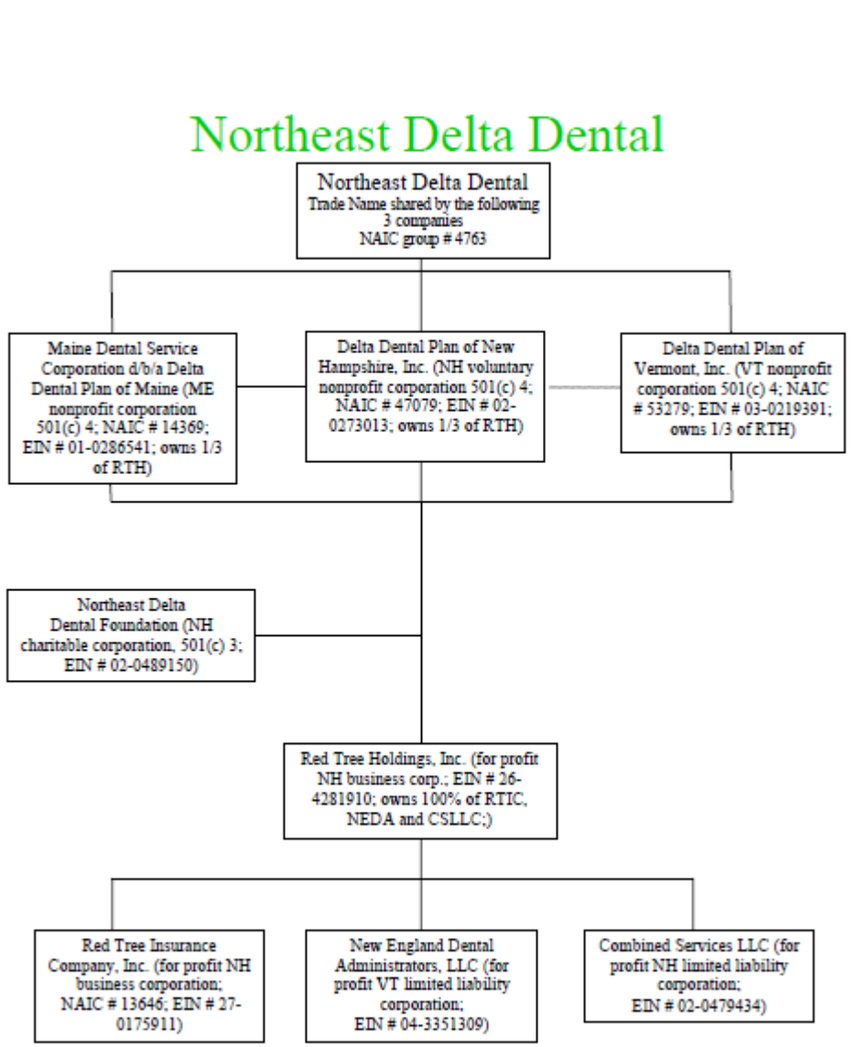
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer;
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation by states, premiums by state, etc.

ALL PREMIUMS ARE WRITTEN IN THE STATE OF MAINE.

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

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



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