

**QUARTERLY STATEMENT**

**OF THE**

**DELTA DENTAL PLAN**

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**OF**

---

**ARKANSAS, INC.**

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**of SHERWOOD**

---

**in the state of ARKANSAS**

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**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**State of Arkansas**

**FOR THE QUARTER ENDED**

**March 31, 2026**

**HEALTH**

**2026**



47155202620100101

# QUARTERLY STATEMENT

AS OF MARCH 31, 2026  
OF THE CONDITION AND AFFAIRS OF THE  
**Delta Dental Plan of Arkansas, Inc.**

NAIC Group Code 0477 , 0477 NAIC Company Code 47155 Employer's ID Number 71-0561140  
(Current Period) (Prior Period)

Organized under the Laws of Arkansas , State of Domicile or Port of Entry AR  
Country of Domicile US

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

Incorporated/Organized March 15, 1982 Commenced Business August 1, 1982  
Statutory Home Office 1513 Country Club Road , Sherwood, AR US 72120  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1513 Country Club Road Sherwood, AR US 72120  
(Street and Number) (City or Town, State, Country and Zip Code)  
501-835-3400  
(Area Code) (Telephone Number)

Mail Address 1513 Country Club Road , Sherwood, AR US 72120  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1513 Country Club Road Sherwood, AR US 72120 501-835-3400  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address deltadentalar.com

Statutory Statement Contact Deborah Ann Lowtharp 501-992-1634  
(Name) (Area Code) (Telephone Number) (Extension)  
dlowtharp@deltadentalar.com 501-992-1635  
(E-Mail Address) (Fax Number)

## OFFICERS

	Name	Title
1.	<u>Kristin Nielsen Merlo</u>	<u>President and CEO</u>
2.	<u>Kathleen Lestage Mehdizadegan</u>	<u>Secretary</u>
3.	<u>Deborah Ann Lowtharp</u>	<u>Treasurer</u>

## VICE-PRESIDENTS

Name	Title	Name	Title
<u>Thomas Burton Redd</u>	<u>Vice President of Professional Relations</u>	<u>Deborah Ann Lowtharp</u>	<u>VP, Finance &amp; CFO</u>
<u>Jennifer Renee Morales</u>	<u>VP, Human Resources</u>	<u>Kathleen Lestage Mehdizadegan</u>	<u>VP, General Counsel</u>
_____	_____	_____	_____
_____	_____	_____	_____

## DIRECTORS OR TRUSTEES

<u>Phillip Wayne Cox</u>	<u>Arnoud Derk Krijt</u>	<u>Cindy Hovis Boyle</u>	<u>Tamika Silverman Edwards</u>
<u>Joseph Wood Thompson</u>	<u>Sarah Jean Clark</u>	<u>Nader Elias Alley</u>	<u>Paul Eugene Beahm, Jr.</u>
<u>Desiree Claire Melo</u>	<u>David Keith Jones</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of Arkansas

County of Pulaski ss

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

_____ (Signature) Kristin Nielsen Merlo _____ (Printed Name) 1. President and CEO _____ (Title)	_____ (Signature) _____ (Printed Name) 2. _____ (Title)	_____ (Signature) Deborah Ann Lowtharp _____ (Printed Name) 3. Treasurer _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026

a. Is this an original filing?  Yes  No

b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	27,793,717		27,793,717	28,149,450
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	87,945,689	52,924,822	35,020,867	36,508,555
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	19,158,144		19,158,144	19,298,879
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 27,641,235), cash equivalents (\$ 0), and short-term investments (\$ 998,106)	28,639,341		28,639,341	26,560,818
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	238,383		238,383	238,383
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	163,775,274	52,924,822	110,850,452	110,756,085
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	275,139		275,139	301,336
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	936,994		936,994	1,221,788
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	5,904,786		5,904,786	8,168,256
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	404,035	152,477	251,558	276,600
21. Furniture and equipment, including health care delivery assets (\$ 0)	485,917	485,917		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	483,161		483,161	406,201
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	6,573,840	2,536,947	4,036,893	4,460,347
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	178,839,146	56,100,163	122,738,983	125,590,613
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	178,839,146	56,100,163	122,738,983	125,590,613

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Deferred Compensation - 457	4,036,893		4,036,893	4,460,347
2502. Prepaid Expenses & Deposits	2,312,237	2,312,237		
2503. Miscellaneous Receivable	224,399	224,399		
2598. Summary of remaining write-ins for Line 25 from overflow page	311	311		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,573,840	2,536,947	4,036,893	4,460,347

NONE

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	5,003,805		5,003,805	5,304,830
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	253,704		253,704	248,749
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	348,685		348,685	316,258
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	471,698		471,698	1,630,180
9. General expenses due or accrued	9,539,742		9,539,742	12,869,270
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	61,744		61,744	546,082
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	2,967,422		2,967,422	2,927,421
23. Aggregate write-ins for other liabilities (including \$ 0 current)	1,376,437		1,376,437	1,224,609
24. Total liabilities (Lines 1 to 23)	20,023,237		20,023,237	25,067,399
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X	50,000	50,000
31. Unassigned funds (surplus)	X X X	X X X	102,665,746	100,473,214
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	102,715,746	100,523,214
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	122,738,983	125,590,613

DETAILS OF WRITE-IN LINES				
2301. Escheat	1,376,437		1,376,437	1,224,609
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,376,437		1,376,437	1,224,609
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X	50,000	50,000

NONE

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	1,835,086	1,761,413	7,192,565
2. Net premium income (including \$ 0 non-health premium income)	X X X	38,830,429	38,475,163	153,239,004
3. Change in unearned premium reserves and reserve for rate credits	X X X	32,427	(45,763)	42,816
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X	2,169,794	2,296,582	9,017,815
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	41,032,650	40,725,982	162,299,635
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		28,282,257	28,394,154	114,585,459
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		28,282,257	28,394,154	114,585,459
<b>Less:</b>				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		28,282,257	28,394,154	114,585,459
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		5,503,709	7,780,899	20,113,029
21. General administrative expenses		4,155,396	5,118,945	29,074,453
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		37,941,362	41,293,998	163,772,941
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	3,091,288	(568,016)	(1,473,306)
25. Net investment income earned		400,799	414,353	1,974,475
26. Net realized capital gains (losses) less capital gains tax of \$ 0		(3,604)	3,525,413	7,086,729
27. Net investment gains (losses) (Lines 25 plus 26)		397,195	3,939,766	9,061,204
28. Net gain or (loss) from agents' or premium balances charged off [ (amount recovered \$ 0) (amount charged off \$ 0) ]				
29. Aggregate write-ins for other income or expenses		151,289	128,372	522,109
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	3,639,772	3,500,122	8,110,007
31. Federal and foreign income taxes incurred	X X X	112,191	87,005	409,083
32. Net income (loss) (Lines 30 minus 31)	X X X	3,527,581	3,413,117	7,700,924

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Net Gain Loss from Fixed Assets	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Miscellaneous Income		151,289	128,372	522,109
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		151,289	128,372	522,109

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	100,523,214	126,044,043	126,044,043
34. Net income or (loss) from Line 32	3,527,581	3,413,117	7,700,924
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	(1,657,513)	(5,902,005)	(3,737,509)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	322,464	(9,244,853)	(29,484,244)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	2,192,532	(11,733,741)	(25,520,829)
49. Capital and surplus end of reporting period (Line 33 plus 48)	102,715,746	114,310,302	100,523,214

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

NONE

## CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	40,191,390	44,398,979	163,659,750
2. Net investment income	561,038	521,271	2,526,942
3. Miscellaneous income			
4. Total (Lines 1 to 3)	40,752,428	44,920,250	166,186,692
5. Benefit and loss related payments	28,583,282	28,829,100	115,440,655
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	10,512,972	29,252,107	49,733,152
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	39,096,254	58,081,207	165,173,807
11. Net cash from operations (Line 4 minus Line 10)	1,656,174	(13,160,957)	1,012,885
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	663,756	4,193,810	19,187,104
12.2 Stocks	28,321	8,555,933	17,199,746
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			10,244
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	692,077	12,749,743	36,397,094
13. Cost of investments acquired (long-term only):			
13.1 Bonds	310,623	1,808,954	8,227,039
13.2 Stocks		10,000,000	30,962,046
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	310,623	11,808,954	39,189,085
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	381,454	940,789	(2,791,991)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	40,895	(518,319)	(2,428,721)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	40,895	(518,319)	(2,428,721)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,078,523	(12,738,487)	(4,207,827)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	26,560,818	30,768,645	30,768,645
19.2 End of period (Line 18 plus Line 19.1)	28,639,341	18,030,158	26,560,818

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

20.0001			
20.0002			
20.0003			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	610,285				184,948	425,337								
2. First quarter	610,972				189,791	421,181								
3. Second quarter														
4. Third quarter														
5. Current year														
6. Current year member months	1,835,086				569,228	1,265,858								
Total Member Ambulatory Encounters for Period:														
7. Physician														
8. Non-physician														
9. Totals														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (a)	38,862,856				4,341,821	34,521,035								
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	38,514,171				4,341,821	34,172,350								
16. Property/casualty premiums earned														
17. Amount paid for provision of health care ser	28,583,282				2,377,095	26,206,187								
18. Amount incurred for provision of health care	28,282,257				2,404,742	25,877,515								

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



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only	236,298	2,140,797		146,395	236,298	118,748
5. Dental only	3,806,261	22,399,926	577,197	4,280,213	4,383,458	5,186,082
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare						
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	4,042,559	24,540,723	577,197	4,426,608	4,619,756	5,304,830
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)	4,042,559	24,540,723	577,197	4,426,608	4,619,756	5,304,830

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

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## NOTES TO FINANCIAL STATEMENTS

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### Note 1: Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements Delta Dental Plan of Arkansas, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department. The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Code.

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 Arkansas. The State has adopted certain prescribed accounting principles that differ from those found in NAIC SAP. A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Arkansas is shown below:

Net Income	SSAP#	F/S Page	F/S Line #	03/31/26	12/31/2025
(1) Delta Dental Plan of Arkansas, Inc state basis	XXX	XXX	XXX	\$3,527,581	\$7,700,924
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(4) NAIC SAP	XXX	XXX	XXX	<u>\$3,527,581</u>	<u>\$7,700,924</u>
Surplus	SSAP#	F/S Page	F/S Line #	03/31/2026	12/31/2025
(5) Delta Dental Plan of Arkansas, Inc				\$102,715,746	\$100,523,214
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
a. 23-63-801 provides limitations on admitted common stock	A-001	2	2.2	\$52,924,822	\$53,088,984
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
None	None	None	None	\$0	\$0
(8) NAIC SAP	XXX	XXX	XXX	<u>\$155,640,568</u>	<u>\$153,612,198</u>

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

No Change.

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## NOTES TO FINANCIAL STATEMENTS

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### **C. Accounting Policy**

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) Asset-backed securities are stated at amortized cost. The prospective adjustment method is used to value all securities.
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

### **D. Going Concern**

Management has evaluated the Company and determined there is no doubt in its ability to continue as a going concern.

### **Note 2: Accounting Changes and Corrections of Errors**

- A. No Change

### **Note 3: Business Combinations and Goodwill**

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change

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## NOTES TO FINANCIAL STATEMENTS

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### Note 4: Discontinued Operations

No Change

### Note 5: Investments

A. No Change

B. No Change

C. No Change

D. Asset-Backed Securities

1) Prepayment assumptions for asset-backed and structured securities were obtained from investment managers.

2) None

3) None

4) The aggregate amount of unrealized losses:

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

The aggregate related fair value of securities with unrealized losses

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Collateral Received - None

F. No Change

G. No Change

H. No Change

I. No Change

J. No Change

K. No Change

L. No Change

M. No Change

N. No Change

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## NOTES TO FINANCIAL STATEMENTS

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O. No Change

P. No Change

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	0
(2) Aggregate Amount of Investment Income	\$0

R. No Change

### **Note 6: Joint Ventures, Partnerships and Limited Liability Companies**

No Change

### **Note 7: Investment Income**

A. No Change

B. No Change

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

	<u>Amount</u>
Interest Income Due and Accrued	
1. Gross	<u>\$275,139</u>
2. Nonadmitted	<u>\$ 0</u>
3. Admitted	<u>\$275,139</u>

D. The aggregate deferred interest.

Aggregate Deferred Interest	<u>\$ 0</u>
-----------------------------	-------------

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	<u>\$ 0</u>
--	-------------

### **Note 8: Derivative Instruments**

No Change

### **Note 9: Income Taxes**

A. No Change

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## NOTES TO FINANCIAL STATEMENTS

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- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change

### **Note 10: Information Concerning Parent, Subsidiaries and Affiliates**

- A. No Change
- B. No Change
- C. No Change
- D. At March 31, 2026, the Company reported \$40,235 due from subsidiary, Omega Administrators, Inc. (OAI), \$109,567 from subsidiary, Delta Dental of Arkansas Foundation, Inc., \$149,347 from subsidiary, Bravere LLC., \$107,024 from affiliate, Delta Dental of Tennessee, \$76,820 due from the affiliate, Delta Dental of Michigan (DDMI), \$37,500 due to the subsidiary, Omega Administrators, Inc. (OAI) and \$19,200 due to subsidiary, Bravere LLC, respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change
- M. No Change
- N. No Change
- O. No Change

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## NOTES TO FINANCIAL STATEMENTS

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**Note 11: Debt**

B. FHLB (Federal Home Loan Bank) Agreements

None

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

A Nonqualified 457(b) Retirement Plan was established by the Company on April 1, 2003, "as an inducement and motivation to its key managerial and highly compensated employees and its Board of Directors." Participation in the plan is determined at the sole discretion of the Company's Board of Directors. At March 31, 2026, plan assets totaled \$4,036,893 and plan liabilities totaled \$4,036,893 resulting in gains (losses) reported in the statutory statements of activities of \$0.

A Nonqualified 457(f) Retirement Plan was established by the Company on January 1, 2016, to retain senior officers. The plan requires a five year vesting period. Participation in the plan is determined at the sole discretion of the Company's Board of Directors. The Board of Directors approves the funding of the plan in the fourth quarter of each year.

Effective January 1, 2013, The Company sponsors a 401(k) plan (the "Plan") covering substantially all employees greater than 18 years old on first day of service. The Company will match 100 percent of the first 3 percent of deferred wages and 50 percent of the next 2 percent of deferred wages. A participant is immediately 100 percent vested in employee salary, rollover, and Company matching contributions and any income or loss thereon.

The Company also sponsors a profit-sharing plan covering all full-time employees who have completed one year of service. Contributions to the plan are discretionary and limited by the Internal Revenue Code. A participant is fully vested after a three-year period. Contributions to the profit-sharing plan totaled approximately \$151,000, and \$277,000 for the years ended March 31, 2026 and 2025, respectively.

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change

**Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- A. No Change

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## NOTES TO FINANCIAL STATEMENTS

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- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is (\$8,247,750) as of March 31, 2026.
- K. No Change
- L. No Change
- M. No Change

### **Note 14: Contingencies**

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. Beginning on October 11, 2019, multiple putative class action antitrust lawsuits were filed against Delta Dental Plans Association ("DDPA"), DeltaUSA, and the thirty-nine Delta Dental Member Companies, including Delta Dental of Arkansas (collectively, the "Delta Dental Defendants"). These lawsuits were consolidated in the U.S. District Court for the Northern District of Illinois. The plaintiffs in these lawsuits, a collection of different dental providers, allege that numerous DDPA rules and practices violate the Sherman Antitrust Act, and seek damages on behalf of a putative class of dental providers that provided dental goods or services within the United States to Delta Dental subscribers from 2014 through the present. The Delta Dental Defendants have denied all substantive allegations in the complaint. Briefing on issues pertaining to class certification, standard of review, and qualifications of experts has been completed but no rulings have been issued. Depositions of merit experts are underway and additional motions for summary judgement are anticipated. The parties first attempt at mediation was unsuccessful. No trial date has been set. At this point it is too early in the proceedings to determine the outcome of the matter or the range or amount of any potential loss.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 15: Leases**

No Change

**Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No Change

**Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

- A. No Change
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

**Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans**

- A. No Change
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended March 31, 2026 and 2025:

	2026	2025
Gross reimbursement for medical costs incurred	\$ 84,410,538	\$ 77,577,693
Gross administrative fees accrued	4,716,553	4,568,668
Gross expenses incurred (claims and administrative)	(89,127,091)	(83,146,361)
Total net gain or loss from operations	\$ 0	\$ 0

- C. No Change

**Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators**

No Change

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**NOTES TO FINANCIAL STATEMENTS**


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**Note 20: Fair Value Measurements**

## A. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Perpetual Preferred Stock					
Industrial and Misc Parent, Subs and Affiliates					
Total Perpetual Preferred Stock					
Bonds					
Issuer Credit Obligations		26,587,110			26,587,110
Asset-Backed Securities		1,206,608			1,206,608
Total Bonds		27,793,717			27,793,717
Common Stock					
Industrial and Misc Parent, Subs and Affiliates	28,887,760	59,057,930			28,887,760 59,057,930
Total Common Stock	28,887,760	59,057,930			87,945,689
Derivative Assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value	28,887,760	86,851,647			115,739,407
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

## B. Other Fair Value Measurements

No Change

## C. Fair Value Measurements Aggregate

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**NOTES TO FINANCIAL STATEMENTS**


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Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable ( Carrying Value)
Issuer Credit Obligations	\$26,587,110	\$26,587,110	\$ 0	\$26,587,110			
Asset-Backed Securities	1,206,608	1,206,608	0	1,206,608			
Common Stock	87,945,689	35,020,868	28,887,760	59,057,930			
Perpetual Preferred Stock	0	0	0	0			
Mortgage Loans	0	0	0	0			
<b>Total</b>	<b>\$115,739,407</b>	<b>\$62,814,585</b>	<b>\$28,887,760</b>	<b>\$86,851,647</b>			

D. No Change

E. No Change

**Note 21: Other Items**

A. No Change

B. No Change

C. No Change

D. No Change

E. No Change

F. No Change

G. No Change

H. No Change

I. No Change

J. No Change

**Note 22: Events Subsequent**

No Change

**Note 23: Reinsurance**

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## NOTES TO FINANCIAL STATEMENTS

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- A. No Change
- B. No Change
- C. No Change
- D. No Change

### **Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination**

- A. None
- B. None
- C. None
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.  
No Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)  
No Change

### **Note 25: Change in Incurred Claims and Claims Adjustment Expenses**

No Change

### **Note 26: Intercompany Pooling Arrangements**

No Change

### **Note 27: Structured Settlements**

No Change

### **Note 28: Health Care Receivables**

No Change

### **Note 29: Participating Policies**

No Change

### **Note 30: Premium Deficiency Reserves**

No Change

### **Note 31: Anticipated Salvage and Subrogation**

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## NOTES TO FINANCIAL STATEMENTS

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No Change

# GENERAL INTERROGATORIES

## PART 1 – COMMON INTERROGATORIES

### GENERAL

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

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

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

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

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

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

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

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

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

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

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

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_ 12/31/2022

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_ 12/31/2022

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_ 06/19/2024

6.4 By what department or departments?  
 Arkansas Insurance Department  
 .....  
 .....

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ X ] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]

7.2 If yes, give full information  
 .....  
 .....  
 .....

## GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 .....  
 .....  
 .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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

9.11 If the response to 9.1 is No, please explain:  
 .....  
 .....  
 .....

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....  
 .....  
 .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....  
 .....  
 .....

### FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 483,161

### INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ X ]

11.2 If yes, give full and complete information relating thereto:  
 .....  
 .....  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ \_\_\_\_\_

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ X ] No [ ]

## GENERAL INTERROGATORIES

13.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
13.21 Bonds .....	\$ _____	\$ _____
13.22 Preferred Stock .....	\$ _____	\$ _____
13.23 Common Stock .....	\$ 59,181,169	\$ 59,057,930
13.24 Short-Term Investments .....	\$ _____	\$ _____
13.25 Mortgage Loans on Real Estate .....	\$ _____	\$ _____
13.26 All Other .....	\$ _____	\$ _____
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26) .....	\$ 59,181,169	\$ 59,057,930
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above .....	\$ _____	\$ _____

14.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

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

15. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

15.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
15.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ _____
15.3 Total payable for securities lending reported on the liability page	\$ _____

16. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Stephens Capital Management .....	111 Center Street, Little Rock, AR 72201 .....
Regions .....	400 West Capitol, Little Rock, AR 72201 .....

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [X]

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

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

## GENERAL INTERROGATORIES

16.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. [".that have access

1 Name of Firm or Individual	2 Affiliation
Stephens Capital Management	U
Luther King	U

16.5097 For those firms/individuals listed in the table for Question 16.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes  No

16.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 16.5, the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes  No

16.6 For those firms or individuals listed in the table for 16.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed
123570	Stephens Capital Management	SEC	DS
110093	Regions - Luther King	SEC	DS

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes  No

17.2 If no, list exceptions:

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

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

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

Has the reporting entity self-designated 5GI securities? Yes  No

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

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

Has the reporting entity self-designated PLGI securities? Yes  No

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes  No

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent ..... %
- 1.2 A&H cost containment percent ..... %
- 1.3 A&H expense percent excluding cost containment expenses ..... %
- 2.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ \_\_\_\_\_
3. Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states? Yes [ ] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of the reporting entity? Yes [ ] No [X]

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
				<b>NONE</b>					

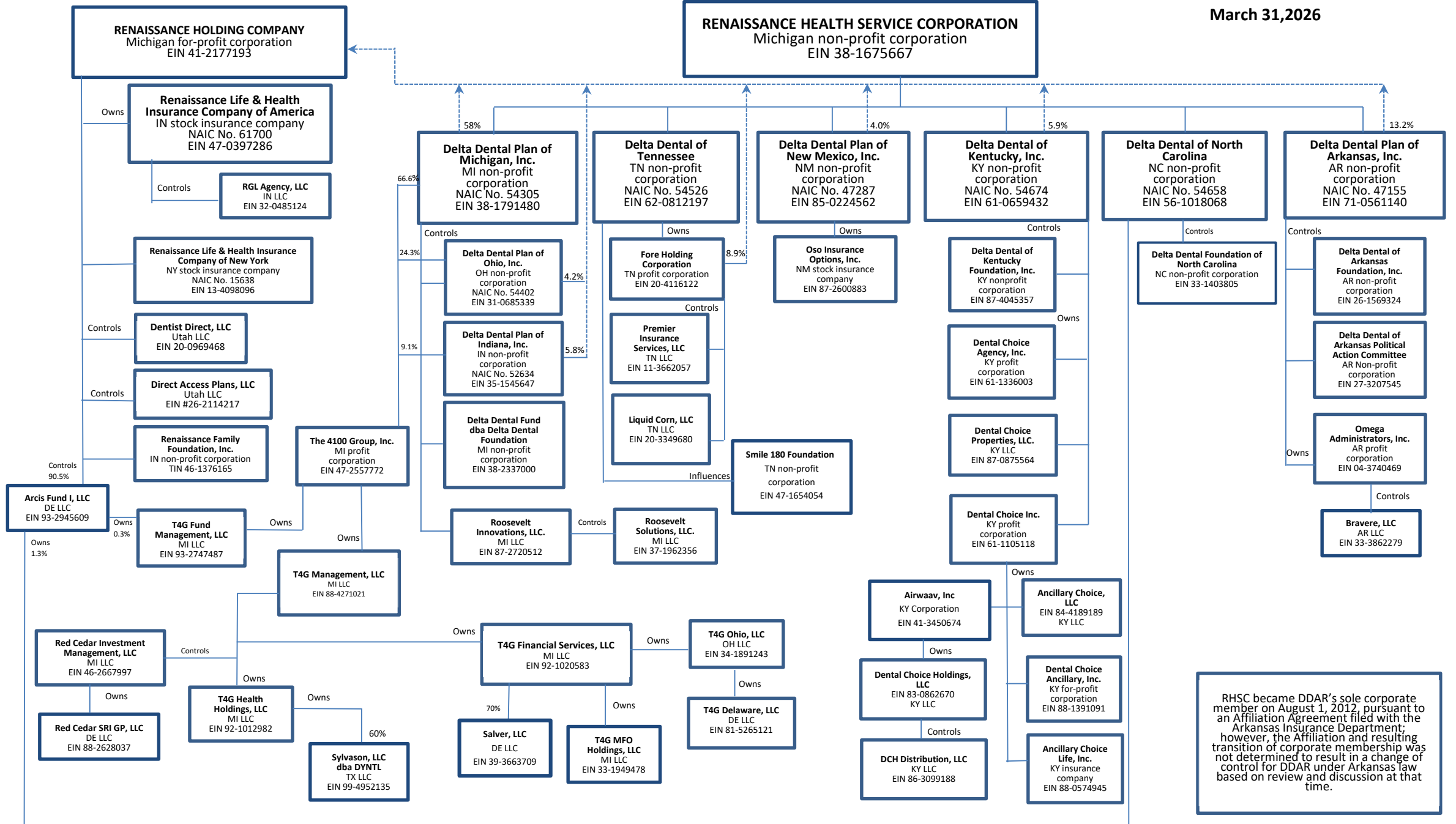


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

## ORGANIZATIONAL CHART

March 31, 2026



RHSC became DDAR's sole corporate member on August 1, 2012, pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					No	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.000	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.200	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.800	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.900	Renaissance Health Service Corpor	No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.900	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.000	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.200	Renaissance Health Service Corpor	Yes	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of Ameri	IN	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	No	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of A	Ownership	100.000	Renaissance Health Service Corpor	No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.000	Renaissance Health Service Corpor	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.200	Renaissance Health Service Corpor	Yes	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New Y	NY	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	No	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corpor	No	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	T4G Management, LLC	Board of Directors		Renaissance Health Service Corpor	No	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	66.600	Renaissance Health Service Corpor	Yes	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	24.300	Renaissance Health Service Corpor	Yes	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	No	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	Yes	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	No	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	No	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	Yes	
		0	48127	61-1105118			Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corpor	No	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	RE					No	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	100.000	Renaissance Health Service Corpor	No	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corpor	No	
		00000	83-0862670				Dental Choice Holdings, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	27-3207545				The Incorporated PAC of Delta Dental Plan of Arkansas,	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Services Corpor	No	
		00000	37-1962356				Roosevelt Solutions, LLC	MI	IA	Roosevelt Innovations, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	34-1891243				Gries Financial, LLC	OH	NIA	T4G Financial Services, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	84-4189189				Ancillary Choice, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	81-5265121				Logix Investments, LLC	DE	NIA	Gries Financial, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-0875564				Dental Choice Properties LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-2720512				Roosevelt Innovations, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-2600883				Oso Insurance Options, Inc.	NM	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	20-0969468				Dentist Direct, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	26-2114217				Direct Access Plans, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	87-4045357				Delta Dental of Kentucky Foundation, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	86-3099188				DCH Distribution, LLC	KY	NIA	Dental Choice Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-1391091				Dental Choice Ancillary, Inc.	KY	NIA	Dental Choice, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-0574945				Ancillary Choice Life, Inc.	KY	NIA	Dental Choice, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-4271021				T4G Management, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	92-1020583				T4G Financial Services, LLC	MI	NIA	T4G Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	92-1012982				T4G Health Holdings, LLC	MI	NIA	T4G Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	47-1654054				Smile 180 Foundation	TN	NIA	Delta Dental of Tennessee	Influence		Renaissance Health Services Corpor	No	
		00000	93-2747487				T4G Fund Management, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	93-4527543	000000000	0000000000		Dyntl, Inc	DE	NIA	T4G Health Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-2628037				Red Cedar SRI GP, LLC	DE	NIA	Red Cedar Investment Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	93-2945609	000000000			Arcis Fund I, LLC	DE	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	99-4952135				Sylvason, LLC dba Dent-Well	TX	NIA	T4G Health Holdings, LLC	Ownership	60.000	Renaissance Health Services Corpor	No	
		00000	33-3862279				Bravere, LLC	AR	NIA	Omega Administrators, Inc.	Board of Directors		Renaissance Health Services Corpor	No	
		00000	33-1948478				T4G MFO Holdings, LLC	MI	NIA	T4G Financial Services, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	33-1403805				Delta Dental Foundation of North Carolina	NC	NIA	Delta Dental of North Carolina	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Indiana, Inc	Ownership	9.100	Renaissance Health Services Corpor	YES	
		00000	39-3663709				Salver, LLC	DE	NIA	TG4 Financial Services, LLC	Ownership	70.000	Renaissance Health Services Corpor	NO	
		00000	93-2945609				Arcis Fund I, LLC	DE	NIA	T4G Fund Management, LLC	Ownership	0.300	Renaissance Health Services Corpor	No	
		00000	93-2945609				Arcis Fund I, LLC	DE	NIA	Delta Dental of North Carolina	Ownership	1.300	Renaissance Health Services Corpor	No	
		00000	41-3450674				Airwaav, Inc	KY	NIA	Dental Choice, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	

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Asterik	Explanation
1 0	RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

N/A

1. Explanation

N/A

2. Explanation

N/A

Question 1 Explanation: N/A

Bar Code:



47155202636500101

**OVERFLOW PAGE FOR WRITE-INS**

**Page 2 - Continuation**

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
		Nonadmitted	Net Admitted	Net Admitted
	Assets	Assets	Assets	Assets
			(Cols. 1 - 2)	
<b>REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR OTHER THAN INVESTED ASSETS</b>				
2504. Vehicles	311	311		
2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598)	311	311		

## SCHEDULE A - VERIFICATION

### Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	19,298,881	19,861,820
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation	140,735	562,939
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	19,158,146	19,298,881
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	19,158,146	19,298,881

## SCHEDULE B - VERIFICATION

### Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

## SCHEDULE BA - VERIFICATION

### Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	238,383	501,770
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		(7,518)
6. Total gain (loss) on disposals		(245,625)
7. Deduct amounts received on disposals		10,244
8. Deduct amortization of premium, depreciation, and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	238,383	238,383
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	238,383	238,383

## SCHEDULE D - VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	117,746,988	112,131,156
2. Cost of bonds and stocks acquired	310,623	39,189,085
3. Accrual of discount	7,256	40,382
4. Unrealized valuation increase (decrease)	(1,615,634)	(4,675,484)
5. Total gain (loss) on disposals	(3,604)	7,332,343
6. Deduct consideration for bonds and stocks disposed of	692,077	36,168,601
7. Deduct amortization of premium	14,146	101,893
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	115,739,406	117,746,988
12. Deduct total nonadmitted amounts	52,924,822	53,088,984
13. Statement value at end of current period (Line 11 minus Line 12)	62,814,584	64,658,004

## SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a)	23,313,126	20,687,176	12,122,799	101,756	31,979,259			23,313,126
2. NAIC 2 (a)	5,079,446			(217)	5,079,229			5,079,446
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	28,392,572	20,687,176	12,122,799	101,539	37,058,488			28,392,572
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1	1,241,402		34,658	(136)	1,206,608			1,241,402
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS	1,241,402		34,658	(136)	1,206,608			1,241,402
<b>PREFERRED STOCK</b>								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	29,633,974	20,687,176	12,157,457	101,403	38,265,096			29,633,974

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 10,471,377; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

## SCHEDULE DA - PART 1

### Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	998,106	X X X	981,589		

## SCHEDULE DA - VERIFICATION

### Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,484,524	986,423
2. Cost of short-term investments acquired		2,702,332
3. Accrual of discount	13,583	45,608
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		11
6. Deduct consideration received on disposals	500,000	2,249,850
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	998,107	1,484,524
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	998,107	1,484,524

## SCHEDULE DB - PART A - VERIFICATION

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

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)		
2.	Cost Paid/(Consideration Received) on additions		
3.	Unrealized Valuation increase/(decrease)		
4.	SSAP No. 108 adjustments		
5.	Total gain (loss) on termination recognized		
6.	Considerations received/(paid) on terminations		
7.	Amortization		
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item	<b>NONE</b>	
9.	Total foreign exchange change in Book/Adjusted Carrying Value		
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 + 5 - 6 + 7 + 8 + 9)		
11.	Deduct nonadmitted assets		
12.	Statement value at end of current period (Line 10 minus Line 11)		

## SCHEDULE DB - PART B - VERIFICATION

### Future Contracts

1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)		
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)		
3.1	Add:		
	Change in variation margin on open contracts - Highly Effective Hedges		
3.11	Section 1, Column 15, current year to date minus		
3.12	Section 1, Column 15, prior year		
	Change in variation margin on open contracts - All Other		
3.13	Section 1, Column 18, current year to date minus		
3.14	Section 1, Column 18, prior year		
3.2	Add:		
	Change in adjustment to basis of hedged item		
3.21	Section 1, Column 17, current year to date minus		
3.22	Section 1, Column 17, prior year		
	Change in amount recognized		
3.23	Section 1, Column 19, current year to date minus		
3.24	Section 1, Column 19, prior year plus		
3.25	SSAP No. 108 adjustments		
3.3	Subtotal (Line 3.1 minus Line 3.2)	<b>NONE</b>	
4.1	Cumulative variation margin on terminated contracts during the year		
4.2	Less:		
4.21	Amount used to adjust basis of hedged item		
4.22	Amount recognized		
4.23	SSAP No. 108 adjustments		
4.3	Subtotal (Line 4.1 minus Line 4.2)		
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Total gain (loss) recognized for terminations in prior year		
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year		
6.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)		
7.	Deduct total nonadmitted amounts		
8.	Statement value at end of current period (Line 6 minus Line 7)		

### SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

Replicated (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
<b>NONE</b>															

505



## SCHEDULE DB VERIFICATION

### Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

- 1. Part A, Section 1, Column 14 .....
- 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance .....
- 3. Total (Line 1 plus Line 2) .....
- 4. Part D, Section 1, Column 6 .....
- 5. Part D, Section 1, Column 7 .....
- 6. Total (Line 3 minus Line 4 minus Line 5) .....

**NONE**

Fair Value Check

- 7. Part A, Section 1, Column 16 .....
- 8. Part B, Section 1, Column 13 .....
- 9. Total (Line 7 plus Line 8) .....
- 10. Part D, Section 1, Column 9 .....
- 11. Part D, Section 1, Column 10 .....
- 12. Total (Line 9 minus Line 10 minus Line 11) .....

Potential Exposure Check

- 13. Part A, Section 1, Column 21 .....
- 14. Part B, Section 1, Column 20 .....
- 15. Part D, Section 1, Column 12 .....
- 16. Total (Line 13 plus Line 14 minus Line 15) .....

## SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	<b>NONE</b>	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

### SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
<b>NONE</b>								
0399999 Totals								

EO1

### SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B./A.C.V.							
<b>NONE</b>																			
0399999 Totals																			





### SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
539830-BW-8	LOCKHEED MARTIN CORP	03/26/2026	Susquehanna Financial Group, LLLP	X X X	310,623	300,000.00	3,150	1.G FE
0089999999	Issuer Credit Obligations - Corporate Bonds (Unaffiliated)			X X X	310,623	300,000.00	3,150	X X X
0489999999	Subtotal - Issuer Credit Obligations (Unaffiliated)			X X X	310,623	300,000.00	3,150	X X X
0509999997	Subtotals - Issuer Credit Obligations - Part 3			X X X	310,623	300,000.00	3,150	X X X
0509999999	Subtotals - Issuer Credit Obligations			X X X	310,623	300,000.00	3,150	X X X
2009999999	Subtotals - Issuer Credit Obligations and Asset-Backed Securities			X X X	310,623	300,000.00	3,150	X X X
6009999999	Totals			X X X	310,623	X X X	3,150	X X X

E04

## SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Contractual Maturity Date	21 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amort- ization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recognized	13 Total Change in B./A.C.V. (10+11-12)	14 Total Foreign Exchange Change in B./A.C.V.								
91282C-GR-6	UNITED STATES TREASURY	03/15/2026	Maturity @ 100.00	X X X	500,000	500,000	514,824	501,065		(1,065)		(1,065)		500,000				11,563	03/15/2026	1.A	
001999999	Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					500,000	500,000	514,824	501,065	(1,065)		(1,065)		500,000				11,563	X X X	X X X	
438516-CQ-7	HONEYWELL INTERNATIONAL INC	03/16/2026	Call @ 103.67	X X X	129,589	125,000	124,711	124,797		10		10		124,808		4,781	4,781	3,301	09/01/2029	1.F FE	
008999999	Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					129,589	125,000	124,711	124,797		10		10		124,808		4,781	4,781	3,301	X X X	X X X
048999999	Subtotal - Issuer Credit Obligations (Unaffiliated)					629,589	625,000	639,535	625,862		(1,055)		(1,055)		624,808		4,781	4,781	14,864	X X X	X X X
050999997	Subtotals - Issuer Credit Obligations - Part 4					629,589	625,000	639,535	625,862		(1,055)		(1,055)		624,808		4,781	4,781	14,864	X X X	X X X
050999999	Subtotals - Issuer Credit Obligations					629,589	625,000	639,535	625,862		(1,055)		(1,055)		624,808		4,781	4,781	14,864	X X X	X X X
3128MJ-4A-5	FH G08816 - RMBS	03/01/2026	Paydown	X X X	2,600	2,600	2,622	2,619						2,619		(19)	(19)	15	06/01/2048	1.A	
3128MJ-T6-7	FH G08572 - RMBS	03/01/2026	Paydown	X X X	1,854	1,854	1,825	1,829						1,829		24	24	11	02/01/2044	1.A	
3128P8-HG-9	FH C92031 - RMBS	03/01/2026	Paydown	X X X	1,198	1,198	1,239	1,228						1,228		(30)	(30)	8	01/01/2039	1.A	
3132VM-DZ-5	FH Q61019 - RMBS	03/01/2026	Paydown	X X X	2,704	2,704	2,774	2,762						2,762		(58)	(58)	13	01/01/2049	1.A	
3138LT-JV-1	FN AC2975 - RMBS	03/01/2026	Paydown	X X X	7,711	7,711	7,591	7,611						7,611		100	100	46	05/01/2042	1.A	
3140FT-N8-0	FN BE7614 - RMBS	03/01/2026	Paydown	X X X	4,350	4,350	4,638	4,559						4,559		(208)	(208)	20	03/01/2037	1.A	
3140J5-JW-0	FN BM1176 - RMBS	03/01/2026	Paydown	X X X	5,387	5,387	5,650	5,596		(1)		(1)		5,595		(209)	(209)	35	08/01/2044	1.A	
3140J9-EM-9	FN BM4639 - RMBS	03/01/2026	Paydown	X X X	5,403	5,403	5,499	5,478						5,478		(75)	(75)	32	02/01/2045	1.A	
31418C-XM-1	FN MA3383 - RMBS	03/01/2026	Paydown	X X X	1,861	1,861	1,874	1,872						1,872		(11)	(11)	11	06/01/2048	1.A	
31418C-ZG-2	FN MA3442 - RMBS	03/01/2026	Paydown	X X X	1,100	1,100	1,107	1,106						1,106		(6)	(6)	6	08/01/2048	1.A	
103999999	Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					34,168	34,168	34,819	34,660		(1)		(1)		34,659		(492)	(492)	197	X X X	X X X
188999999	Subtotal - Asset-Backed Securities (Unaffiliated)					34,168	34,168	34,819	34,660		(1)		(1)		34,659		(492)	(492)	197	X X X	X X X
190999997	Subtotals - Asset-Backed Securities - Part 4					34,168	34,168	34,819	34,660		(1)		(1)		34,659		(492)	(492)	197	X X X	X X X
190999999	Subtotals - Asset-Backed Securities					34,168	34,168	34,819	34,660		(1)		(1)		34,659		(492)	(492)	197	X X X	X X X
200999999	Subtotals - Issuer Credit Obligations and Asset-Backed Securities					663,757	659,168	674,354	660,522		(1,056)		(1,056)		659,467		4,289	4,289	15,061	X X X	X X X
278865-10-0	ECOLAB ORD	12/19/2025	INSTINET					X X X										219	X X X	X X X	
58933Y-10-5	MERCK & CO ORD	12/19/2025	INSTINET					X X X										595	X X X	X X X	

EIS

### SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Contractual Maturity Date	21 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amort- ization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recognized	13 Total Change in B./A.C.V. (10+11-12)	14 Total Foreign Exchange Change in B./A.C.V.							
713448-10-8	PEPSICO ORD	12/19/2025	INSTINET			X X X												569	X X X	X X X
750940-10-8	RALLIANT ORD	02/05/2026	INSTINET	750.000	28,321	X X X	36,216	38,183	(1,967)			(1,967)	36,216		(7,895)	(7,895)			X X X	X X X
79466L-30-2	SALESFORCE ORD	12/19/2025	INSTINET			X X X												83	X X X	X X X
883556-10-2	THERMO FISHER SCIENTIFIC ORD	12/19/2025	INSTINET			X X X												54	X X X	X X X
931142-10-3	WALMART ORD	12/19/2025	INSTINET			X X X												71	X X X	X X X
5019999999	Common Stock - Industrial and Miscellaneous (Unaffiliated) - Publicly Traded				28,321		36,216	38,183	(1,967)			(1,967)	36,216		(7,895)	(7,895)		1,591	X X X	X X X
5989999997	Subtotal - Common Stock - Part 4				28,321	X X X	36,216	38,183	(1,967)			(1,967)	36,216		(7,895)	(7,895)		1,591	X X X	X X X
5989999999	Total - Common Stocks				28,321	X X X	36,216	38,183	(1,967)			(1,967)	36,216		(7,895)	(7,895)		1,591	X X X	X X X
5999999999	Total - Preferred and Common Stocks				28,321	X X X	36,216	38,183	(1,967)			(1,967)	36,216		(7,895)	(7,895)		1,591	X X X	X X X
6009999999	Totals				692,078	X X X	710,570	698,705	(1,967)	(1,056)		(3,023)	695,683		(3,606)	(3,606)		16,652	X X X	X X X

E05.1

### SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contract	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (b)	
<b>NONE</b>																							
1759999999 Total							XXX	XXX	XXX	XXX				XXX								XXX	XXX

E06

(a)

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

(b)

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

### SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Used for Income Generation or Replicated	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/ Adjusted Carrying Value	Highly Effective			18 Cumulative Variation Margin for All Other Hedges	19 Change in Variation Margin Gain (Loss) Recognized in Current Year	20 Potential Exposure	21 Hedge Effectiveness at Inception and at Quarter-end (b)	22 Value of One (1) Point
														15 Cumulative Variation Margin	16 Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item					
1759999999 Total						XXX	XXX	XXX			XXX									XXX	XXX

NONE

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
<div style="font-size: 48pt; font-weight: bold;">NONE</div>			
Total Net Cash Deposits			

E07

(a)

Code	Description of Hedged Risk(s)
<div style="font-size: 48pt; font-weight: bold;">NONE</div>	

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
<div style="font-size: 48pt; font-weight: bold;">NONE</div>	

## SCHEDULE DB - PART D - SECTION 1

### Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	Counterparty Offset		Book/Adjusted Carry			Fair Value			12 Potential Exposure	13 Off-Balance Sheet Exposure
			4 Fair Value of Acceptable Collateral	5 Present Value of Financing Premium	6 Contracts With Book/ Adjusted Carrying Value >0	7 Contracts With Book/ Adjusted Carrying Value <0	8 Exposure net of Collateral	9 Contracts With Fair Value >0	10 Contracts With Fair Value <0	11 Exposure Net of Collateral		
NONE												
099999999 Gross Totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

E08

## SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book / Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
<b>NONE</b>								
019999999 Total Collateral Pledged by Reporting Entity							X X X	X X X

E09

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book / Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
<b>NONE</b>								
029999999 Total Collateral Pledged to Reporting Entity						X X X	X X X	X X X

## SCHEDULE DB - PART E

Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date  
 This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

CDHS		Hedged Item								Hedging Instruments								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Identifier	Description	Prior Fair Value in Full Contract Cash Flows Attributed to Interest Rate	Ending Fair Value in Full Contract Cash Flows Attributed to Interest Rates	Fair Value Gains (Loss) in Full Contract Cash Flows Attributed to Interest Rates (4-3)	Fair Value Gain (Loss) in Hedged Item Attributed to Hedged Risk	Current Year Increase (Decrease) in VM-21 Liability	Current Year Increase (Decrease) in VM-21 Liability Attributed to Interest Rates	Change in the Hedged Item Attributed to Hedged Risk Percentage (6/5)	Current Year Increase (Decrease) in VM-21 Liability Attributed to Hedged Risk (8*9)	Prior Deferred Balance	Current Year Fair Value Fluctuation of the Hedge Instruments	Current Year Natural Offset to VM-21 Liability	Hedging Instruments' Current Fair Value Fluctuation Not Attributed to Hedged Risk	Hedge Gain (Loss) in Current Year Deferred Adjustment [12-(13+14)]	Current Year Prescribed Deferred Amortization	Current Year Additional Deferred Amortization	Current Year Total Deferred Amortization (16+17)	Ending Deferred Balance (11+15+18)
<b>NONE</b>																		
<b>Total</b>									XXX									

E10

## SCHEDULE DL - PART 1

### SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date  
 (Securities lending collateral assets reported in aggregate on Line 10 of the Assets page  
 and not included on Schedules A, B, BA, D DB and E)

1	2	3	4	5	6	7
CUSIP Identification	Description	Restricted Asset Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
NONE						
999999999	Totals					X X X

General Interrogatories:

1. Total activity for the year to date                      Fair Value \$                      0                      Book/Adjusted Carrying Value \$                      0

2. Average balance for the year to date                      Fair Value \$                      0                      Book/Adjusted Carrying Value \$                      0

3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

NAIC 1 \$                      0; NAIC 2 \$                      0; NAIC 3 \$                      0; NAIC 4 \$                      0; NAIC 5 \$                      0; NAIC 6 \$                      0.

## SCHEDULE DL - PART 2

### SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedule A, B, BA, D, DB and E  
and not reported in aggregate on Line 10 of the Assets page)

1  CUSIP Identification	2  Description	3  Restricted Asset Code	4  NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	5  Fair Value	6  Book / Adjusted Carrying Value	7  Maturity Dates
NONE						
999999999	Totals					X X X

General Interrogatories:

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



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>NONE</b>								
8609999999	Total Cash Equivalents							

E14