



17625202420100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

## Liberty Dental Plan of Arkansas, Inc

NAIC Group Code 4692 (Current Period) 4692 (Prior Period) NAIC Company Code 17625 Employer's ID Number 87-2048631

Organized under the Laws of ARKANSAS, State of Domicile or Port of Entry AR

Country of Domicile US

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

Incorporated/Organized July 29, 2021 Commenced Business February 26, 2024

Statutory Home Office 1730 FLIGHT WAY, SUITE 125, TUSTIN, CA, US 92782  
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1730 FLIGHT WAY, SUITE 125  
 (Street and Number)  
TUSTIN, CA, US 92782 (City or Town, State, Country and Zip Code)  
(888) 273-2997 (Area Code) (Telephone Number)

Mail Address 1730 FLIGHT WAY, SUITE 125, TUSTIN, CA, US 92782  
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1730 FLIGHT WAY, SUITE 125, TUSTIN, CA, US 92782 (888) 273-2997  
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.libertydentalplan.com

Statutory Statement Contact MAJA KARABEG (949) 271-3945  
 (Name) (Area Code) (Telephone Number) (Extension)  
majak@libertydentalplan.com (E-Mail Address) (949) 270-0102 (Fax Number)

### OFFICERS

	Name	Title
1.	<u>Steve Sohn</u>	<u>Vice President &amp; Secretary</u>
2.	<u>Maja Karabeg</u>	<u>CFO &amp; Treasurer</u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>Steve Sohn</u>	<u>Vice President</u>	<u>Maja Karabeg</u>	<u>CFO &amp; Treasurer</u>

### DIRECTORS OR TRUSTEES

<u>Steve Sohn</u>			

State of \_\_\_\_\_  
 County of \_\_\_\_\_ 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)	 (Signature)	 (Signature)
_____ (Printed Name)	<u>Steve Sohn</u> (Printed Name)	<u>Maja Karabeg</u> (Printed Name)
1.	2.	3.
_____ (Title)	<u>Vice President &amp; Secretary</u> (Title)	<u>CFO &amp; Treasurer</u> (Title)

Subscribed and sworn to (or affirmed) before me this on this  
 day of \_\_\_\_\_, 2025, by  
See attached  
Sworn

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

# CALIFORNIA JURAT

*A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of CALIFORNIA  
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 18<sup>th</sup> day of February 2025, by  
**MAJA KARABEG** and **STEVE SOHN**, proved to me on the basis of satisfactory evidence  
to be the persons who appeared before me.



Seal

*Susan Leigh Miller, Notary Public*

-----OPTIONAL-----

Description of Attached Document: Annual – period ending 12/31/2024

Signer's Name: Steve Sohn

Title: Vice President/Secretary

Signer is Representing: LIBERTY Dental Plan of Arkansas, Inc.

Signer's Name: Maja Karabeg

Title: Treasurer/CFO

Signer is Representing: LIBERTY Dental Plan of Arkansas, Inc.

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Unaffiliated certificates of deposit						
1.12 Total long-term bonds						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Exchange traded funds						
3.09 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total valuation allowance						
4.06 Total mortgage loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	201,403	100.00	201,403		201,403	100.00
6.02 Cash equivalents (Schedule E, Part 2)						
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	201,403	100.00	201,403		201,403	100.00
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	201,403	100.00	201,403		201,403	100.00

- NONE Schedule A and B Verification**
- NONE Schedule BA and D Verification**
- NONE Schedule D - Summary**
- NONE Schedule D - Part 1A - Sect 1 (3 pgs)**
- NONE Schedule D - Part 1A - Sect 2 (2 pgs)**
- NONE Schedule DA Verification**
- NONE Schedule DB - Part A and B Verification**
- NONE Schedule DB - Part C - Section 1**
- NONE Schedule DB - Part C - Section 2**
- NONE Schedule DB - Verification**
- NONE Schedule E Verification**
- NONE Schedule A - Part 1**
- NONE Schedule A - Part 2**
- NONE Schedule A - Part 3**
- NONE Schedule B - Part 1**
- NONE Schedule B - Part 2**
- NONE Schedule B - Part 3**
- NONE Schedule BA - Part 1**
- NONE Schedule BA - Part 2**
- NONE Schedule BA - Part 3**
- NONE Schedule D - Part 1**
- NONE Schedule D - Part 2 - Section 1**
- NONE Schedule D - Part 2 - Section 2**
- NONE Schedule D - Part 3**
- NONE Schedule D - Part 4**
- NONE Schedule D - Part 5**
- NONE Schedule D - Part 6 - Section 1 and 2**
- NONE Schedule DA - Part 1**
- NONE Schedule DB - Part A - Section 1**
- NONE Schedule DB - Part A - Section 2**
- NONE Schedule DB - Part B - Section 1**
- NONE Schedule DB - Part B - Section 2**

**NONE Schedule DB - Part D - Section 1**

**NONE Schedule DB - Part D - Section 2**

**NONE Schedule DB - Part E**

**NONE Schedule DL - Part 1**

**NONE Schedule DL - Part 2**

### SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
<b>OPEN DEPOSITORIES</b>						
Centennial Bank Trust Jonesboro, AR	SD	4.700			100,000	
City National Bank Irvine, CA	C				101,403	
0199998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	X X X	X X X				X X X
0199999 Totals - Open Depositories	X X X	X X X			201,403	X X X
<b>SUSPENDED DEPOSITORIES</b>						
0299998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	X X X	X X X				X X X
0299999 Totals - Suspended Depositories	X X X	X X X				X X X
0399999 Total Cash on Deposit	X X X	X X X			201,403	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X		X X X
0599999 Total Cash	X X X	X X X			201,403	X X X

**TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR**

1. January	100,000	4. April	200,011	7. July	200,012	10. October	202,315
2. February	200,000	5. May	200,012	8. August	202,315	11. November	202,315
3. March	200,011	6. June	200,012	9. September	202,315	12. December	201,403

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
NONE								
<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>8609999999</span> <span>Total Cash Equivalents</span> </div>								

E28

1. Book/Adjusted Carrying Value by NAIC Designation Category Footnote:					
Line Number					
1A	1A \$		1B \$		1D \$
1B	2A \$		2B \$		1E \$
1C	3A \$		3B \$		1F \$
1D	4A \$		4B \$		1G \$
1E	5A \$		5B \$		
1F	6 \$				

### SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Depo	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR	C Required state deposit	100,000	100,000		
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien and Other	OT	XXX	XXX			
59. Total	XXX	XXX	100,000	100,000		

DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX				

NONE

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**OVERFLOW PAGE FOR WRITE-INS**

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