



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 (Name) (949) 271-3945 (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 & Secretary</u>
2.	<u>Maja Karabeg</u>	<u>CFO & Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Steve Sohn</u>	<u>Vice President</u>	<u>Maja Karabeg</u>	<u>CFO & 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)
<u>1.</u>	<u>2.</u>	<u>3.</u>
_____ (Title)	<u>Vice President & Secretary</u> (Title)	<u>CFO & 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 18th 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's Name: Maja Karabeg

Title: Treasurer/CFO

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

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

NONE Exhibit 2 - Accident and Health Premiums Due and Unpaid

NONE Exhibit 3 - Health Care Receivables

**NONE Exhibit 3A - Analysis of Health Care Receivables Collected and
Accrued**

NONE Exhibit 4 - Claims Unpaid (Reported and Unreported)

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999	Total gross payables			

NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned



17625202443059000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 4692

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2024

NAIC Company Code 17625

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits 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														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters For Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

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

NONE Schedule S - Part 1 - Section 2

NONE Schedule S - Part 2

NONE Schedule S - Part 3 - Section 2

NONE Schedule S - Part 4

NONE Schedule S - Part 5

NONE Schedule S - Part 6

NONE Schedule S - Part 7

SCHEDULE T - PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
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	OT						
59. Totals							

NONE

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		0	88-1211970				Project Freedom Holdings, LLC	DE	UIP	Various Shareholders	Ownership	100.000	Various shareholders	NO	
0		0	88-1214069				Project Freedom Holdings, Inc	DE	UIP	Project Freedom Holdings, LLC	Ownership	100.000	Project Freedom Holdings, LLC	NO	
0		0	88-1240551				Project Freedom Parent, Inc.	DE	UIP	Project Freedom Holdings, Inc	Ownership	100.000	Project Freedom Holdings, Inc	NO	
4692	Liberty Dental Plan Group		26-4074848				Liberty Dental Plan Corporation	DE	UDP	Project Freedom Parent, Inc.	Ownership	1.000	Project Freedom Parent, Inc.	NO	
4692	Liberty Dental Plan Group		33-0979956				Liberty Dental Plan of California, Inc.	CA	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	13566	26-0424586				Liberty Dental Plan of Nevada, Inc.	NV	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	14057	27-3347197				Liberty Dental Plan of Missouri, Inc.	MO	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	13761	27-0963551				Liberty Dental Plan of Florida, Inc.	FL	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	11159	22-3845652				Liberty Dental Plan of New Jersey, Inc.	NJ	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	16939	83-3926291				Liberty Dental Plan of Oklahoma, Inc.	OK	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	26-2217354				Liberty Dental Plan of Texas, Inc.	NV	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	26-1177283				Liberty Dental Plan of the Southeast, Inc.	NV	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	86-1593967				Liberty Dental Plan East, LLC	NJ	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	26-3928535				Liberty Dental Plan New York IPA, LLC	NJ	DS	Liberty Dental Plan East, LLC	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	27-1620707				Liberty Dental Plan of New York, Inc.	NY	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan of East, Inc.	NO	
4692	Liberty Dental Plan Group	0	41-2061176				Liberty Benefit Administrators, Inc.	CA	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	45-3213840				Liberty Dental and Vision, Inc.	NV	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	98-1015520				Liberty Dental Plan Reinsurance Company, Ltd	TCA	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	16372	82-4708820				Liberty Dental Plan Organization of New Jersey, Inc.	NJ	IA	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	87-470893				LIBERTY Dental Plan of Maryland, Inc	MD	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	87-2048631				LIBERTY Dental Plan of Arkansas, Inc	AR	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	
4692	Liberty Dental Plan Group	0	26-3161827				Liberty Dental P.A.	TX	DS	Liberty Dental Plan of Texas, Inc.	Attorney-in-Fact		Dr. Oscar Wood	NO	
4692	Liberty Dental Plan Group	17472	88-2817054				Liberty Dental Plan of Virginia, Inc.	VA	DS	Liberty Dental Plan Corporation	Ownership	1.000	Liberty Dental Plan Corporation	NO	

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Asterik	Explanation
	NONE

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
0 17625	27-4074848 87-2048631	Liberty Dental Plan Corporation (parent) Liberty Dental Plan of Arkansas, Inc.		(200,000) 200,000			868 (868)				(199,132) 199,132	
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	See Explanation
JUNE FILING	
8. Will an audited financial report be filed by June 1?	WAIVED
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	WAIVED

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2) be files with the state of domicile and the NAIC by April 1?	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	See Explanation

Explanation 7: No business to report.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 10: Dental business only.
.....
.....
- Explanation 11: Dental business only.
.....
.....
- Explanation 12: Below threshold
.....
.....
- Explanation 13: No business yet
.....
.....
- Explanation 14: Company does not offer this coverage.
.....
.....
- Explanation 15: Company does not offer this coverage.
.....
.....
- Explanation 16: Not requested from the state
.....
.....
- Explanation 17: Not requested from the state
.....
.....
- Explanation 18: Not requested from the state
.....
.....
- Explanation 19: N/A
.....
.....
- Explanation 20: Company does not offer this coverage.
.....
.....
- Explanation 21: Company does not offer this coverage.
.....
.....
- Explanation 22: No business yet
.....
.....
- Explanation 23: Non-participant
.....
.....
- Explanation 24: Waived by state of AR. The Company does not have any underwriting business
.....
.....

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



17625202422400000



17625202422500000



17625202422600000



17625202430600000



17625202421100000



17625202421300000



17625202421600000



17625202422300000

OVERFLOW PAGE FOR WRITE-INS

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR
 For The Year Ended December 31, 2024
 (To Be Filed by March 1)
 FOR THE STATE OF ARKANSAS

NAIC Group Code 4692

NAIC Company Code 17625

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO