



17625202520100100

ANNUAL STATEMENT

For the Year Ended December 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Liberty Dental Plan of Arkansas, Inc

NAIC Group Code 4692 4692 NAIC Company Code 17625 Employer's ID Number 87-2048631
(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 & 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.	Scott Towers	President & CEO
2.	Steve Sohn	Vice President & Secretary
3.	Maja Karabeg	CFO & Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Steve Sohn	Vice President	Maja Karabeg	CFO & Treasurer

DIRECTORS OR TRUSTEES

Steve Sohn	Scott Towers		

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.

<u>(Signature)</u> SCOTT TOWERS (Printed Name) 1.	<u>(Signature)</u> STEVE SOHN (Printed Name) 2.	<u>(Signature)</u> MAJA KARABEG (Printed Name) 3.
PRESIDENT & CEO (Title)	VICE PRESIDENT/SECRETARY (Title)	CFO & TREASURER (Title)

Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2026, by

See Attached

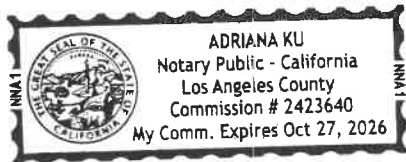
a. Is this an original filing? Yes No
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

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 21st day of January 2026 by
STEVE SOHN and MAJA KARABEG, proved to me on the basis of satisfactory evidence to be the
persons who appeared before me.



Seal



Adriana Ku, Notary Public

-----OPTIONAL-----

Description of Attached Document:
Annual Statement for the Year Ended
December 31, 2025

Document Date:

Signer's Name: Maja Karabeg

Signer's Name: Steve Sohn

Title: CFO / Treasurer

Title: Vice President & Secretary

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

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 14	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 14
1. Issuer credit obligations (Schedule D, Part 1, Section 1):						
1.01 U.S. governments obligations						
1.02 Other U.S. governments obligations						
1.03 Non-U.S. sovereign jurisdiction securities						
1.04 Municipal bonds – general obligations (direct & guaranteed)						
1.05 Municipal bonds – special revenue						
1.06 Project finance bonds issued by operating entities						
1.07 Corporate bonds						
1.08 Mandatory convertible bonds						
1.09 Single entity backed obligations						
1.10 SVO-Identified bond exchange traded funds – fair value						
1.11 SVO-Identified bond exchange traded funds – systematic value						
1.12 Bonds issued by funds representing operating entities						
1.13 Bank loans - issued						
1.14 Bank loans - acquired						
1.15 Mortgages loans that qualify as SVO-Identified credit tenant loans						
1.16 Certificates of deposit						
1.17 Other issuer credit obligations						
1.18 Total issuer credit obligations						
2. Asset-backed securities (Schedule D, Part 1, Section 2):						
2.01 Financial asset-backed securities – self-liquidating						
2.02 Financial asset-backed securities – not self-liquidating						
2.03 Non-financial asset-backed securities						
2.04 Total asset-backed securities						
3. Preferred stocks (Schedule D, Part 2, Section 1):						
3.01 Industrial and miscellaneous (Unaffiliated)						
3.02 Parent, subsidiaries and affiliates						
3.03 Total preferred stocks						
4. Common stocks (Schedule D, Part 2, Section 2):						
4.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
4.02 Industrial and miscellaneous Other (Unaffiliated)						
4.03 Parent, subsidiaries and affiliates Publicly traded						
4.04 Parent, subsidiaries and affiliates Other						
4.05 Mutual funds						
4.06 Unit investment trusts						
4.07 Closed-end funds						
4.08 Exchange traded funds						
4.09 Total common stocks						
5. Mortgage loans (Schedule B):						
5.01 Farm mortgages						
5.02 Residential mortgages						
5.03 Commercial mortgages						
5.04 Mezzanine real estate loans						
5.05 Total valuation allowance						
5.06 Total mortgage loans						
6. Real estate (Schedule A):						
6.01 Properties occupied by company						
6.02 Properties held for production of income						
6.03 Properties held for sale						
6.04 Total real estate						
7. Cash, cash equivalents and short-term investments:						
7.01 Cash (Schedule E, Part 1)	205,365	100.000	205,365		205,365	100.000
7.02 Cash equivalents (Schedule E, Part 2)						
7.03 Short-term investments (Schedule DA)						
7.04 Total cash, cash equivalents and short-term investments	205,365	100.000	205,365		205,365	100.000
8. Contract loans						
9. Derivatives (Schedule DB)						
10. Other invested assets (Schedule BA)						
11. Receivables for securities						
12. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
13. Other invested assets (Page 2, Line 11)						
14. Total invested assets	205,365	100.000	205,365		205,365	100.000

- NONE Schedule A and B Verification**
- NONE Schedule BA Verification Between Years**
- NONE Schedule D Verification**
- NONE Schedule D - Summary**
- NONE Schedule D - Part 1A (10 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 - Section 1**
- NONE Schedule D - Part 1 - Section 2**
- 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	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*	
OPEN DEPOSITORIES							
Centennial Bank Trust	SD	4.150			100,000	X X X	
City National Bank	C				105,365	X X X	
0199998	Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories						X X X
0199999	Totals - Open Depositories					205,365	X X X
SUSPENDED DEPOSITORIES							
0299998	Deposits in (0) depositories that do not exceed the allowable limit in any one depository						X X X
0299999	Totals - Suspended Depositories						X X X
0399999	Total Cash on Deposit					205,365	X X X
0499999	Cash in Company's Office						X X X
0599999	Total Cash					205,365	X X X

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

1. January	201,403	4. April	200,403	7. July	199,977	10. October	199,977
2. February	201,403	5. May	200,403	8. August	199,977	11. November	204,334
3. March	201,403	6. June	199,977	9. September	199,977	12. December	205,365

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Restricted Asset 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								

E29

860999999 Total Cash Equivalents

1.

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

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1	Type of Deposit	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		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	X X X	X X X				
59. Total		X X X	X X X	100,000	100,000		

DETAILS OF WRITE-INS							
5801.							
5802.			NONE				
5803.							
5898. Sum of remaining write-ins for Line 58 from overflow page		X X X	X X X				
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)		X X X	X X X				

OVERFLOW PAGE FOR WRITE-INS
