



QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Veratus Benefit Solutions, Inc.

NAIC Group Code 4690 (Current Period) , 4690 (Prior Period) NAIC Company Code 13742 Employer's ID Number 27-1584394

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

Country of Domicile United States

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

Incorporated/Organized 01/01/2010 Commenced Business 01/01/2010

Statutory Home Office 9000 Northpark Drive , Johnston, IA, US 50131
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9000 Northpark Drive Johnston, IA, US 50131 515-261-5500
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9000 Northpark Drive , Johnston, IA, US 50131
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9000 Northpark Drive Johnston, IA, US 50131 515-261-5500
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.deltadentalia.com

Statutory Statement Contact Sherry Marie Perkins 515-261-5554
(Name) (Area Code) (Telephone Number) (Extension)
sperkins@deltadentalia.com 888-558-9217
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>April Elaine Schmaltz</u>	<u>President & CEO</u>	<u>Sherry Marie Perkins</u>	<u>Secretary/Treasurer</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

April Elaine Schmaltz Sherry Marie Perkins Gary Lee Bridgewater

State of Iowa

County of Polk 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.

April Elaine Schmaltz
President & CEO

Sherry Marie Perkins
Secretary/Treasurer

a. Is this an original filing? Yes [X] No []

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

Subscribed and sworn to before me this
11 day of August, 2023

Cary Douglas, Notary
July 24, 2026

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

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			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 2,042,224), cash equivalents (\$ 0) and short-term investments (\$ 0)	2,042,224		2,042,224	2,034,501
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,042,224	0	2,042,224	2,034,501
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	69,331	3,989	65,342	52,657
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	52,435		52,435	26,550
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	595,615		595,615	655,335
24. Health care (\$) and other amounts receivable	1,281		1,281	796
25. Aggregate write-ins for other-than-invested assets	81,813	81,813	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,842,698	85,802	2,756,896	2,769,839
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,842,698	85,802	2,756,896	2,769,839
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	193,000		193,000	146,300
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	5,790		5,790	4,389
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	168,263		168,263	173,083
9. General expenses due or accrued	732,225		732,225	876,335
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	74,455		74,455	76,579
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	7,851		7,851	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	10,000	0	10,000	10,000
24. Total liabilities (Lines 1 to 23).....	1,191,584	0	1,191,584	1,286,686
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	100,000	100,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	435,000	435,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,030,312	948,153
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,565,312	1,483,153
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,756,896	2,769,839
DETAILS OF WRITE-INS				
2301. Other Liabilities.....	10,000		10,000	10,000
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	10,000	0	10,000	10,000
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	723,072	656,810	1,349,901
2. Net premium income (including \$ non-health premium income).....	XXX	4,671,138	4,193,149	8,656,343
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0	0
5. Risk revenue.....	XXX		0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	4,106	1,223	3,397
8. Total revenues (Lines 2 to 7).....	XXX	4,675,244	4,194,373	8,659,740
Hospital and Medical:				
9. Hospital/medical benefits.....		3,041,037	2,534,379	5,268,594
10. Other professional services.....			0	0
11. Outside referrals.....			0	0
12. Emergency room and out-of-area.....			0	0
13. Prescription drugs.....			0	0
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15).....	0	3,041,037	2,534,379	5,268,594
Less:				
17. Net reinsurance recoveries.....			0	0
18. Total hospital and medical (Lines 16 minus 17).....	0	3,041,037	2,534,379	5,268,594
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 12,580 cost containment expenses.....		152,697	120,873	266,772
21. General administrative expenses.....		1,405,438	981,161	1,950,907
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	4,599,172	3,636,413	7,486,273
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	76,072	557,959	1,173,467
25. Net investment income earned.....		23,006	3,663	19,630
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0	23,006	3,663	19,630
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....			0	0
29. Aggregate write-ins for other income or expenses.....	0	5,000	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	104,078	561,622	1,193,097
31. Federal and foreign income taxes incurred.....	XXX	47,876	117,977	251,579
32. Net income (loss) (Lines 30 minus 31).....	XXX	56,202	443,645	941,518
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. Legal services.....	XXX	4,106	1,223	3,397
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	4,106	1,223	3,397
1401.			0	0
1402.			0	0

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	1,483,153	1,255,332	1,255,332
34. Net income or (loss) from Line 32	56,202	443,645	.941,518
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	25,885	4,015	4,353
39. Change in nonadmitted assets	72	(19,313)	(18,050)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	(700,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	82,159	428,347	227,821
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,565,312	1,683,679	1,483,153
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	4,653,634	4,225,859	8,700,233
2. Net investment income	23,006	3,663	19,630
3. Miscellaneous income	9,106	1,223	3,397
4. Total (Lines 1 to 3)	4,685,746	4,230,745	8,723,260
5. Benefit and loss related payments	3,145,633	2,630,429	5,537,735
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,541,697	1,066,543	1,752,270
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	50,000	30,000	288,573
10. Total (Lines 5 through 9)	4,737,330	3,726,972	7,578,578
11. Net cash from operations (Line 4 minus Line 10)	(51,584)	503,773	1,144,682
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0		700,000
16.6 Other cash provided (applied)	59,307	(44,497)	(123,837)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	59,307	(44,497)	(823,837)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7,723	459,276	320,845
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,034,501	1,713,656	1,713,656
19.2 End of period (Line 18 plus Line 19.1)	2,042,224	2,172,931	2,034,501

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	Dis Inc
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	116,391	0	0	0	116,391	0	0	0	0	0	
2. First Quarter	119,832	0	0	0	119,832	0	0	0	0	0	
3. Second Quarter	121,870	0	0	0	121,870	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Period:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (a)	4,671,138				4,671,138						
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	4,671,138				4,671,138						
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	2,994,337				2,994,337						
18. Amount Incurred for Provision of Health Care Services	3,041,037				3,041,037						

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
 Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days
Claims unpaid (Reported)				
0199999 Individually listed claims unpaid				
0299999 Aggregate accounts not individually listed-uncovered				
0399999 Aggregate accounts not individually listed-covered				
0499999 Subtotals	0	0	0	0
0599999 Unreported claims and other claim reserves	117,647			
0699999 Total amounts withheld	117,647			
0799999 Total claims unpaid	XXX	XXX	XXX	XXX
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX

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
	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	
1. Comprehensive (hospital and medical) individual				
2. Comprehensive (hospital and medical) group				
3. Medicare Supplement				
4. Dental only				
5. Vision only	181,459	2,812,878	27,708	
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)	181,459	2,812,878	27,708	
14. Health care receivables (a)				
15. Other non-health				
16. Medical incentive pools and bonus amounts				
17. Totals (Lines 13-14+15+16)	181,459	2,812,878	27,708	

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

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

NOTES TO FINANCIAL STATEMENTS

Item 1. Summary of Significant Accounting Policies and Going Concerns

A. The accompanying financial statements of the Company have been prepared in conformity with the accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the State of Iowa.

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2023</u>	<u>2022</u>
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	..... XXX.....	..... XXX.....	..... XXX.....	\$ 56,202	\$ 941,518
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(4) NAIC SAP (1-2-3=4)	..... XXX.....	..... XXX.....	..... XXX.....	<u>\$ 56,202</u>	<u>\$ 941,518</u>
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	..... XXX.....	..... XXX.....	..... XXX.....	\$ 1,565,312	\$ 1,483,153
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....	\$
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 1,565,312</u>	<u>\$ 1,483,153</u>

B. Use of Estimates in the Preparation of the Financial Statements-No Change

C. Accounting Policy-No Change

D. Going Concern-Not Applicable

Item 2. Accounting Changes and Corrections of Errors – No Change

Item 3. Business Combinations and Goodwill - Not Applicable

Item 4. Discontinued Operations - Not Applicable

Item 5. Investments-Not Applicable

Item 6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

Item 7. Investment Income – No Change

Item 8. Derivative Instruments - Not Applicable

Item 9. Income Taxes – No Change

Item 10. Information Concerning Parent, Subsidiaries and Affiliates-No Change

Item 11. Debt – No Change

Item 12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and other Post-retirement Benefit Plans-Not Applicable

Item 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations-No Change

Item 14. Contingencies-No Change

Item 15. Leases –Not Applicable

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

A. ASO Plans - Not applicable

B. ASC Plans –Not applicable

Item 19. Direct Premium Written/Produced by Managing General Agents/TPA's - Not Applicable

Item 20. Fair Value Measurements

A. The Company does not hold any investments other than cash as of June 30, 2023.

Item 21. Other Items –Not Applicable

Item 22. Events Subsequent-No Change

Item 23. Reinsurance-Not Applicable

Item 24. Retrospective Rated Contracts - Not Applicable

Item 25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in the liability for unpaid claims and adjustment expenses is summarized as follows:

	<u>2023</u>	<u>2022</u>
Balance as of January 1,	\$ 146,300	\$ 153,058
Add provision for claims occurring in:		
Current year	\$ 3,005,878	\$ 5,557,932
Prior years	35,159	(22,566)
Total Incurred	\$ 3,041,037	\$ 5,535,366
Deduct payments for claims occurring in:		
Current year	\$ 2,812,878	\$ 5,405,248
Prior years	181,459	132,487
Total Paid	\$ 2,994,337	\$ 5,537,735
Balance at the end of the reporting period	\$ 193,000	\$ 150,689

The forgoing reconciliation reflects a increase of \$35,159 as of June 30, 2023 and a decrease of \$22,566 as of December 31, 2022. The changes in the reserves are primarily the result of differences in actual and assumed utilization and costs of vision services.

Item 26. Intercompany Pooling Arrangements - Not Applicable

Item 27. Structured Settlements – Not Applicable

Item 28. Health Care Receivables – No Change

Item 29. Participating Policies – Not Applicable

Item 30. Premium Deficiency Reserves – Not Applicable

Item 31. Anticipated Salvage & Subrogation - Not Applicable

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

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
- 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
- 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 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
- 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
- 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
- 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	2	3
Name of Entity	NAIC Company Code	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 NA
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.12/31/2021
- 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.12/31/2016
- 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).06/07/2018
- 6.4 By what department or departments?
.....
- 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 No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 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
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 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
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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? Yes No
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

GENERAL INTERROGATORIES

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: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

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

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

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.3 Total payable for securities lending reported on the liability page	\$ 0

17. 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 [] No [X]

17.1 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

17.2 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)
The Company does not have any agreements		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

17.6 For those firms or individuals listed in the table for 17.5 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 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

GENERAL INTERROGATORIES

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

- 21. 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 [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent 65.4 %
 - 1.2 A&H cost containment percent 0.3 %
 - 1.3 A&H expense percent excluding cost containment expenses..... 33.1 %
- 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 domicile of the reporting entity?..... Yes [] No [X]

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

Delta Dental of Iowa-----	Delta Dental of Iowa Foundation	26-0762771
	NAIC 55786-IA	
	42-0959302	
	1	
	1	
	1	
	1	
	1	
	1	
	100%	
	Veratrus Health, Inc	
	81-5414506	
	1	
	1	
	1	
	1	
	1	
Veratrus Benefit Solutions, Inc-----	Veratrus Investments, LLC	
NAIC 13742-IA	38-4028167	
27-1584394		

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.

.....NO.....

Explanation:

2.

Bar Code:

1. 
1 3 7 4 2 2 0 2 3 3 6 5 0 0 0 0 2

2. 
1 3 7 4 2 2 0 2 2 2 2 2 0 0 1 0 0

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

Schedule D - Verification

NONE

Schedule D - Part 1B

NONE

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

STATEMENT AS OF JUNE 30, 2023 OF THE Veratrus Benefit Solutions, Inc.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

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

NONE

