



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Veratrus Benefit Solutions, Inc.

(Name)

NAIC Group Code 4690, 4690 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

Main Administrative Office 9000 Northpark Drive, Johnston, IA, US 50131, 515-261-5500

Mail Address 9000 Northpark Drive, Johnston, IA, US 50131

Primary Location of Books and Records 9000 Northpark Drive, Johnston, IA, US 50131, 515-261-5500

Internet Web Site Address www.deltadentalia.com

Statutory Statement Contact Sherry Marie Perkins, 515-261-5554, sperkins@deltadentalia.com, 888-558-9217

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

April Elaine Schmaltz Sherry Marie Perkins Gary Lee Bridgewater

State of Iowa

ss

County of Polk

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

Subscribed and sworn to before me this 23 day of February, 2024

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

Kathi Bieghler, Notary
October 9, 2026

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	.0		.0	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			.0	.0
5. Cash (\$ .....2,440,003 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	2,440,003		2,440,003	2,034,501
6. Contract loans (including \$ ..... premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,440,003	.0	2,440,003	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 .....	43,785	.5,179	38,606	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.....	59,197		59,197	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 .....	646,868		646,868	655,335
24. Health care (\$ ..... ) and other amounts receivable.....	2,838		2,838	796
25. Aggregate write-ins for other-than-invested assets .....	81,800	81,800	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,274,491	86,979	3,187,512	2,769,839
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	3,274,491	86,979	3,187,512	2,769,839
<b>DETAILS OF WRITE-INS</b>				
1101. ....			.0	.0
1102. ....			.0	.0
1103. ....			.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepaid Expenses.....	31,571	31,571	.0	.0
2502. Inventory of Sunglasses for One and Sun.....	50,230	50,230	.0	.0
2503. ....			.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	81,800	81,800	.0	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	151,700		151,700	146,300
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	4,551		4,551	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 reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	203,657		203,657	173,083
9. General expenses due or accrued	887,640		887,640	876,335
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	112,332		112,332	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	546		546	0
16. Derivatives		0	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)	1,370,426	0	1,370,426	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	1,282,085	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	1,817,085	1,483,153
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,187,512	2,769,839
<b>DETAILS OF WRITE-INS</b>				
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
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,483,917	1,349,901
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	9,614,682	8,656,343
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	7,570	3,397
8. Total revenues (Lines 2 to 7) .....	XXX	9,622,252	8,659,740
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		5,891,142	5,268,594
10. Other professional services .....			0
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....			0
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	5,891,142	5,268,594
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	5,891,142	5,268,594
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....25,839 cost containment expenses.....		315,683	266,772
21. General administrative expenses.....		3,060,085	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	9,266,910	7,486,273
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	355,342	1,173,467
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		59,381	19,630
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	59,381	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	10,000	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	424,723	1,193,097
31. Federal and foreign income taxes incurred .....	XXX	122,332	251,579
32. Net income (loss) (Lines 30 minus 31) .....	XXX	302,391	941,518
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. Legal Services.....	XXX	7,528	3,397
0702. Life Insurance.....	XXX	37	0
0703. Disability.....	XXX	5	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	7,570	3,397
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. Other Income.....		10,000	0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	10,000	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	1,483,153	1,255,332
34. Net income or (loss) from Line 32 .....	302,391	941,518
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	32,647	4,353
39. Change in nonadmitted assets .....	(1,106)	(18,050)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		(700,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	333,932	227,821
49. Capital and surplus end of reporting year (Line 33 plus 48)	1,817,085	1,483,153
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	9,659,307	8,700,233
2. Net investment income .....	59,381	19,630
3. Miscellaneous income .....	17,570	3,397
4. Total (Lines 1 through 3) .....	9,736,258	8,723,260
5. Benefit and loss related payments .....	6,201,263	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 .....	3,048,234	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)	86,579	288,573
10. Total (Lines 5 through 9) .....	9,336,075	7,578,578
11. Net cash from operations (Line 4 minus Line 10) .....	400,182	1,144,682
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	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) .....	5,320	(123,837)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	5,320	(823,837)
<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) .....	405,502	320,845
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,034,501	1,713,656
19.2 End of year (Line 18 plus Line 19.1) .....	2,440,003	2,034,501

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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											
1. Net premium income	9,614,682	.0	.0	.0	9,614,682	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	7,570	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,570
7. Total revenues (Lines 1 to 6)	9,622,252	.0	.0	.0	9,614,682	.0	.0	.0	.0	.0	.0	.0	.0	7,570
8. Hospital/medical benefits	5,891,142				5,891,142									XXX
9. Other professional services	0													XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	0													XXX
13. Aggregate write-ins for other hospital and medical	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	5,891,142	.0	.0	.0	5,891,142	.0	.0	.0	.0	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	5,891,142	.0	.0	.0	5,891,142	.0	.0	.0	.0	.0	.0	.0	.0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ 25,839 cost containment expenses	315,683				315,683									
20. General administrative expenses	3,060,085				3,060,085									
21. Increase in reserves for accident and health contracts	0													XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	9,266,910	.0	.0	.0	9,266,910	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	355,342	0	0	0	347,772	0	0	0	0	0	0	0	0	7,570
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. Legal Services	7,528	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,528
0602. Life Insurance	37	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37
0603. Disability	5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	7,570	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,570
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Vision only .....	9,614,682			9,614,682
5. Dental only .....				.0
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....				.0
8. Title XIX – Medicaid .....				.0
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12) .....	9,614,682	.0	.0	9,614,682
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	9,614,682	0	0	9,614,682



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	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											
1. Payments during the year:														
1.1 Direct	5,885,742				5,885,742									
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	5,885,742	0	0	0	5,885,742	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	151,700	0	0	0	151,700	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	151,700	0	0	0	151,700	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0													
6. Net healthcare receivables (a)	0													
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	146,300	0	0	0	146,300	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	146,300	0	0	0	146,300	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	5,891,142	0	0	0	5,891,142	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	5,891,142	0	0	0	5,891,142	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and 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											
1. Reported in Process of Adjustment:														
1.1. Direct .....	77,122				77,122									
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	77,122	.0	.0	.0	77,122	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	74,578				74,578									
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	74,578	.0	.0	.0	74,578	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct .....	151,700	.0	.0	.0	151,700	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	151,700	0	0	0	151,700	0	0	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision Only .....	185,447	5,700,294		151,700	185,447	146,300
5. Dental Only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability Income .....					.0	.0
11. Long-Term Care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12) .....	185,447	5,700,294	.0	151,700	185,447	146,300
14. Healthcare receivables (a) .....					.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....					.0	.0
17. Totals (Lines 13-14+15+16)	185,447	5,700,294	0	151,700	185,447	146,300

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A – Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.92	.92	.92	.92	.92
2. 2019 .....	3,319	3,401	3,401	3,401	3,401
3. 2020 .....	XXX	3,429	3,416	3,499	3,499
4. 2021 .....	XXX	XXX	4,788	4,914	4,914
5. 2022 .....	XXX	XXX	XXX	5,145	5,330
6. 2023 .....	XXX	XXX	XXX	XXX	5,700

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.92	.92	.92	.92	.92
2. 2019 .....	3,410	3,492	3,492	3,492	3,492
3. 2020 .....	XXX	3,533	3,520	3,603	3,603
4. 2021 .....	XXX	XXX	4,937	5,063	5,063
5. 2022 .....	XXX	XXX	XXX	5,291	5,477
6. 2023 .....	XXX	XXX	XXX	XXX	5,852

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019.....	5,015	3,401	244	7.2	3,645	72.7			3,645	72.7
2. 2020.....	5,658	3,499	242	6.9	3,741	66.1			3,741	66.1
3. 2021.....	7,401	4,914	277	5.6	5,191	70.1			5,191	70.1
4. 2022.....	8,656	5,330	273	5.1	5,603	64.7			5,603	64.7
5. 2023.....	9,615	5,700	280	4.9	5,980	62.2	152	5	6,137	63.8

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.92	.92	.92	.92	.92
2. 2019 .....	3,319	3,401	3,401	3,401	3,401
3. 2020 .....	XXX	3,429	3,416	3,499	3,499
4. 2021 .....	XXX	XXX	4,788	4,914	4,914
5. 2022 .....	XXX	XXX	XXX	5,145	5,330
6. 2023 .....	XXX	XXX	XXX	XXX	5,700

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.92	.92	.92	.92	.92
2. 2019 .....	3,410	3,492	3,492	3,492	3,492
3. 2020 .....	XXX	3,533	3,520	3,603	3,603
4. 2021 .....	XXX	XXX	4,937	5,063	5,063
5. 2022 .....	XXX	XXX	XXX	5,291	5,477
6. 2023 .....	XXX	XXX	XXX	XXX	5,852

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	5,015	3,401	244	7.2	3,645	72.7	.0	.0	3,645	72.7
2. 2020 .....	5,658	3,499	242	6.9	3,741	66.1	.0	.0	3,741	66.1
3. 2021 .....	7,401	4,914	277	5.6	5,191	70.1	.0	.0	5,191	70.1
4. 2022 .....	8,656	5,330	273	5.1	5,603	64.7	.0	.0	5,603	64.7
5. 2023 .....	9,615	5,700	280	4.9	5,980	62.2	152	5	6,137	63.8

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

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Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XI  
**NONE**

Part 2C - Sn C - Claims Expense Ratio OT  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	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
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	.0												
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	.0												
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

**NONE**

(a) Includes \$ ..... premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....		4,415	81,443		85,858
2. Salaries, wages and other benefits .....		51,941	1,103,903		1,155,844
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			912,371		912,371
4. Legal fees and expenses .....			78		78
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....			204,545		204,545
7. Traveling expenses .....			26,827		26,827
8. Marketing and advertising .....			40,741		40,741
9. Postage, express and telephone .....			37,983		37,983
10. Printing and office supplies .....		779	75,956		76,736
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....	25,839	232,548	298,434		556,820
15. Boards, bureaus and association fees .....			833		833
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....			1,575		1,575
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....			96,146		96,146
23.3 Regulatory authority licenses and fees .....			17,492		17,492
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	162	161,756	0	161,918
26. Total expenses incurred (Lines 1 to 25) .....	25,839	289,844	3,060,085	0 (a)	3,375,768
27. Less expenses unpaid December 31, current year .....		4,551	887,640		892,191
28. Add expenses unpaid December 31, prior year .....	0	4,389	876,335	0	880,724
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	25,839	289,682	3,048,780	0	3,364,301
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Reimbursements.....			3,828		3,828
2502. Sundry General.....			5,553		5,553
2503. Change in Claims Adjustment Expense.....		162			162
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	152,375	0	152,375
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	162	161,756	0	161,918

(a) Includes management fees of \$ .....1,111,106 to affiliates and \$ .....to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 59,381	59,381
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	59,381	59,381
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		59,381
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

NONE

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	5,179	1,336	(3,842)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	.0	.0
25. Aggregate write-ins for other-than-invested assets .....	81,800	84,537	2,737
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	86,979	85,873	(1,106)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	86,979	85,873	(1,106)
<b>DETAILS OF WRITE-INS</b>			
1101. ....		.0	.0
1102. ....		.0	.0
1103. ....		.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	31,571	26,068	(5,503)
2502. Inventory of Sunglasses for One and Sun.....	50,230	58,469	8,240
2503. ....		.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	81,800	84,537	2,737

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	116,391	119,832	121,870	126,500	128,206	1,483,917
7. Total	116,391	119,832	121,870	126,500	128,206	1,483,917
<b>DETAILS OF WRITE-INS</b>						
0601. Limited Services Organization providing Vision Care Services.....	116,391	119,832	121,870	126,500	128,206	1,483,917
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	116,391	119,832	121,870	126,500	128,206	1,483,917



# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2023	2022
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 302,391	\$ 941,518
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 302,391	\$ 941,518
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,817,085	\$ 1,483,153
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,817,085	\$ 1,483,153

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported assets and liabilities as well as contingent assets and liabilities at the date of the financial statements and the revenue and expenses reported during the period. Actual results could differ from the estimates.

#### C. Accounting Policy

(11) Unpaid claims and claims adjustment expense liabilities represent the estimated ultimate net cost of all reported and unreported claims incurred through December 31, 2023. The Company does not discount claims and claim adjustment expense liabilities. The liabilities for unpaid claims and claims adjustment expenses are estimated using past experiences and statistical analysis. Those estimates are subject to the effects of trends in utilization of vision services, the amount of charges and other factors. Although considerable variability is inherent in such estimates, management believes the liabilities for claims and unpaid claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

(12) The Company capitalizes assets which are interrelated and interdependent of each other, have an acquisition cost that exceeds \$5,000, and when the asset is expected to benefit the company more than one year.

#### D. Going Concern

### 2. Accounting Changes and Corrections of Errors

A. The Company made no corrections of accounting errors for the year ended December 31, 2023.

B. There were no material changes in Accounting Principles.

### 3. Business Combinations and Goodwill

Not Applicable

#### A. Statutory Purchase Method

Not Applicable

#### B. Statutory Merger

Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (5) Not Applicable

#### C. Assumption Reinsurance

Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

#### D. Impairment Loss

Not Applicable

- (1) Not Applicable
- (2) Not Applicable

#### E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

Not Applicable

### 4. Discontinued Operations

Not Applicable

#### A. Discontinued Operation Disposed of or Classified as Held for Sale

Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
  - a. Not Applicable
  - b. Not Applicable

#### B. Change in Plan of Sale of Discontinued Operation

Not Applicable

#### C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal

Not Applicable

#### D. Equity Interest Retained in the Discontinued Operation After Disposal

Not Applicable

### 5. Investments

Not Applicable

#### A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (5) Not Applicable
- (6) Not Applicable
- (7) Not Applicable
- (8) Not Applicable
- (9) Not Applicable

#### B. Debt Restructuring

Not Applicable

- (1)-(3) Not Applicable
- (4) Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

- C. Reverse Mortgages
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3)-(4) Not Applicable
- D. Loan-Backed Securities
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - Not Applicable
  - (1)-(2) Not Applicable
  - (3) Not Applicable
    - c. Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
    - b. Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
  - (8) Not Applicable
  - (9) Not Applicable
  - (10) Not Applicable
  - (11) Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
  - (8) Not Applicable
  - (9) Not Applicable
  - (10) Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
  - (8) Not Applicable
  - (9) Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
  - (8) Not Applicable
- J. Real Estate
  - Not Applicable
  - (1) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
  - (2) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
    - d. Not Applicable
    - e. Not Applicable
  - (5) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
  - (6) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
  - (7) Not Applicable
- L. Restricted Assets

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (4)k. Not Applicable

M. Working Capital Finance Investments

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable

N. Offsetting and Netting of Assets and Liabilities

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable

O. 5GI Securities

- Not Applicable

P. Short Sales

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable

Q. Prepayment Penalty and Acceleration Fees

- Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset type.

- Not Applicable

**6. Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of its admitted assets

- Not Applicable

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies in the year of the Impairment Write-Down

- Not Applicable

**7. Investment Income**

Not Applicable

A. Due and Accrued Income that was Excluded from Surplus on the following basis

- Not Applicable

B. Total Amount Excluded

- Not Applicable

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

- Not Applicable

D. Aggregate deferred interest.

- Not Applicable

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

- Not Applicable

**8. Derivative Instruments**

Not Applicable

**9. Income Taxes**

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

		12/31/2023		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 59,221	\$	\$ 59,221
(b)	Statutory Valuation Allowance Adjustments	\$	\$	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 59,221	\$ 0	\$ 59,221
(d)	Deferred Tax Assets Nonadmitted	\$	\$	\$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ 59,221	\$ 0	\$ 59,221
(f)	Deferred Tax Liabilities	\$ (24)	\$	\$ (24)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 59,197	\$ 0	\$ 59,197

		12/31/2022		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Gross Deferred Tax Assets	\$ 26,585	\$ 0	\$ 26,585
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 26,585	\$ 0	\$ 26,585
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ 26,585	\$ 0	\$ 26,585
(f)	Deferred Tax Liabilities	\$ (35)	\$ 0	\$ (35)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 26,550	\$ 0	\$ 26,550

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ 32,636	\$ 0	\$ 32,636
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 32,636	\$ 0	\$ 32,636
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ 32,636	\$ 0	\$ 32,636
(f)	Deferred Tax Liabilities	\$ 11	\$ 0	\$ 11
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 32,647	\$ 0	\$ 32,647

2.

		12/31/2023		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.**

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	59,221	\$		\$	59,221
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$		\$		\$	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$		\$		\$	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		XXX		XXX	\$	263,683
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$		\$		\$	0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	59,221	\$	0	\$	59,221
Total (2(a) + 2(b) + 2(c))						

12/31/2022		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	26,585	\$	0	\$	26,585
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	0	\$	0	\$	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	0	\$	0	\$	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		XXX		XXX	\$	218,490
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$	0	\$	0	\$	0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	26,585	\$	0	\$	26,585
Total (2(a) + 2(b) + 2(c))						

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	32,636	\$	0	\$	32,636
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	0	\$	0	\$	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	0	\$	0	\$	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		XXX		XXX	\$	45,193
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$	0	\$	0	\$	0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	32,636	\$	0	\$	32,636
Total (2(a) + 2(b) + 2(c))						

3.

2023	2022
------	------

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.		652.000		520.000
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$	1,757,888.000	\$	1,456,603.000

4.

12/31/2023	
(1)	(2)
Ordinary	Capital

Impact of Tax-Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			
1. Adjusted Gross DTAs Amount From Note 9A1(c)		59,221	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)		59,221	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		0.0	0.0

12/31/2022	
(3)	(4)
Ordinary	Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			
1. Adjusted Gross DTAs Amount From Note 9A1(c)		26,585	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)		26,585	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		0.0	0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.			
1. Adjusted Gross DTAs Amount From Note 9A1(c)		32,636	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)		32,636	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		0.0	0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes	No	X
--	-----	----	---

B. Deferred Tax Liabilities Not Recognized

There were no deferred tax liabilities not recognized in the current period.

C. Current income taxes incurred consist of the following major components

(1)	(2)	(3)
12/31/2023	12/31/2022	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$	122,332	\$	251,579	\$	(129,247)
(b) Foreign	\$		\$	0	\$	0
(c) Subtotal (1a+1b)	\$	122,332	\$	251,579	\$	(129,247)
(d) Federal income tax on net capital gains	\$		\$	0	\$	0
(e) Utilization of capital loss carry-forwards	\$		\$	0	\$	0

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

(f) Other	\$		\$	0	\$	0
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$	122,332	\$	251,579	\$	(129,247)
2. Deferred Tax Assets:						
(a) Ordinary						
(1) Discounting of unpaid losses	\$	469	\$	417	\$	52
(2) Unearned premium reserve	\$	8,554	\$	7,270	\$	1,284
(3) Policyholder reserves	\$		\$	0	\$	0
(4) Investments	\$		\$	0	\$	0
(5) Deferred acquisition costs	\$		\$	0	\$	0
(6) Policyholder dividends accrual	\$		\$	0	\$	0
(7) Fixed assets	\$		\$	0	\$	0
(8) Compensation and benefits accrual	\$		\$	0	\$	0
(9) Pension accrual	\$		\$	0	\$	0
(10) Receivables - nonadmitted	\$	18,266	\$	18,033	\$	233
(11) Net operating loss carry-forward	\$		\$	0	\$	0
(12) Tax credit carry-forward	\$		\$	0	\$	0
(13) Other	\$	31,932	\$	865	\$	31,067
(99) Subtotal (sum of 2a1 through 2a13)	\$	59,221	\$	26,585	\$	32,636
(b) Statutory valuation allowance adjustment	\$		\$	0	\$	0
(c) Nonadmitted	\$		\$	0	\$	0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	59,221	\$	26,585	\$	32,636
(e) Capital:						
(1) Investments	\$		\$	0	\$	0
(2) Net capital loss carry-forward	\$		\$	0	\$	0
(3) Real estate	\$		\$	0	\$	0
(4) Other	\$		\$	0	\$	0
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	0	\$	0	\$	0
(f) Statutory valuation allowance adjustment	\$		\$	0	\$	0
(g) Nonadmitted	\$		\$	0	\$	0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$	0	\$	0	\$	0
(i) Admitted deferred tax assets (2d + 2h)	\$	59,221	\$	26,585	\$	32,636
3. Deferred Tax Liabilities:						
(a) Ordinary						
(1) Investments	\$		\$	0	\$	0
(2) Fixed assets	\$		\$	0	\$	0
(3) Deferred and uncollected premium	\$		\$	0	\$	0
(4) Policyholder reserves	\$		\$	0	\$	0
(5) Other	\$	24	\$	35	\$	(11)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	24	\$	35	\$	(11)
(b) Capital:						
(1) Investments	\$		\$	0	\$	0
(2) Real estate	\$		\$	0	\$	0
(3) Other	\$		\$	0	\$	0
(99) Subtotal (3b1+3b2+3b3)	\$	0	\$	0	\$	0
(c) Deferred tax liabilities (3a99 + 3b99)	\$	24	\$	35	\$	(11)
4. Net deferred tax assets/liabilities (2i - 3c)	\$	59,197	\$	26,550	\$	32,647

D. Among the more significant book to tax adjustments were the following:

Among the more significant book to tax adjustments were the following:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal Income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2023	Tax rate
Provision at statutory rate	88,906	19.5%
Tax exempt deduction	-	0.0%
Dividends received deduction	-	0.0%
Proration of tax exempt investment income	-	0.0%
Nondeductible expenses	512	0.1%
Change in deferred tax on non-admitted assets	(233)	-0.1%
Change in deferred tax on pension plan	-	0.0%
Change in statutory valuation allowance	-	0.0%
Impact of rate change	-	0.0%
Prior year over/under accrual	500	0.1%
Other - due to effective rate for current liability	-	0.0%
Totals	89,685	19.7%
Federal income taxes incurred	122,332	
Change in net deferred income taxes	(32,647)	
Total statutory income taxes	89,685	

E. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2023, the Company does not have a net operating loss carryforward.

(2) The following is income tax expense for 2023 and 2022 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2022	251,579	-	251,579
2023	122,332	-	122,332
	373,911	-	373,911

(3) Deposits admitted under IRC § 6603

F. Consolidated Federal Income Tax Return

(1) The Company is included in a consolidated federal income tax return with its parent company, Veratrus Health, Inc. ("Holding Company").

(2) The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is party to the consolidation. The intent of the agreement is to have the Holding Company pay all federal income taxes liabilities of the consolidation and receive all the income tax refunds of the consolidation. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes.

G. Federal or Foreign Income Tax Loss Contingencies

Not Applicable

H. Repatriation Transition Tax (RTT)

Not Applicable

I. Alternative Minimum Tax Credit

Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

## 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

### A. Nature of the Relationship Involved

Prior to February 27, 2017, Delta Dental of Iowa (DDIA) owned all shares of stock of Veratrus Benefit Solutions, Inc. (VBS). On February 27, 2017, DDIA set up a for-profit holding company, Veratrus Health, Inc. (VHI), and purchased 10,000 shares of common stock of VHI for consideration of \$1,050,000 and all common stock of Veratrus Benefit Solutions, Inc. (VBS). VHI is incorporated in the State of Iowa.

### B. Detail of Transactions

VBS recorded a receivable from DDIA of \$646,868 as of December 31, 2023 and \$655,335 as of December 31, 2022. There were no receivables between VBS and VHI as of December 31, 2023 and 2022. There was a payable between VBS and VHI of \$546 as of December 31, 2023. There were no payables between VBS and VHI in 2022.

VBS has a management agreement with DDIA. Management fee expense for the year ending December 31, 2023 was \$1,111,106 and for the year ending December 31, 2022 was \$478,503.

### C. Transactions with related party who are not reported on Schedule Y

#### (3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

### D. Amounts Due From or To Related Parties

### E. Material Management or Service Contracts and Cost-Sharing Arrangements

Not Applicable

### F. Guarantees or Undertakings

Not Applicable

### G. Nature of the Control Relationship

Not Applicable

### H. Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

### I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

### J. Investments in Impaired SCAs

Not Applicable

### K. Investment in Foreign Insurance Subsidiary

Not Applicable

### L. Investment in Downstream Noninsurance Holding Company

Not Applicable

### M. All SCA Investments

Not Applicable

#### (1) Not Applicable

#### (2) Not Applicable

### N. Investment in Insurance SCAs

Not Applicable

#### (1) Not Applicable

#### (2) Not Applicable

#### (3) Not Applicable

### O. SCA or SSAP No. 48 Entity Loss Tracking

Not Applicable

## 11. Debt

Not Applicable

### A. All Other Debt

Not Applicable

### B. FHLB (Federal Home Loan Bank) Agreements

Not Applicable

#### (1) Not Applicable

#### (2) FHLB Capital Stock

Not Applicable

a. Not Applicable

b. Not Applicable

#### (3) Collateral Pledged to FHLB

Not Applicable

a. Not Applicable

b. Not Applicable

#### (4) Borrowing from FHLB

Not Applicable

a. Not Applicable

b. Not Applicable

c. Not Applicable

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement

Benefit Plans

Not Applicable

## 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

### A. Number of Shares of Each Class of Capital Stock, Authorized, Issued and Outstanding and the Par or Stated Value of Each Class

Not Applicable

### B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not Applicable

### C. Dividend Restrictions

There are no laws with the Company's state of incorporation, Iowa, that restrict the amount of dividends paid.

### D. Dates and Amounts of Dividends Paid

There were no dividends paid on December 15, 2023. An ordinary dividend in the amount of \$700,000 was paid on December 14, 2022, by the Company.

### E. Profits that may be Paid as Ordinary Dividends to Stockholders

Not Applicable

### F. Restrictions on Unassigned Funds (Surplus)

Not Applicable

### G. Mutual Reciprocal Amounts of Advances to Surplus not Repaid

Not Applicable

### H. Amount of Stock Held for Special Purposes

Not Applicable

### I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

Not Applicable

### J. Changes in Unassigned Funds

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.

- Not Applicable
- K. Surplus Notes
  - Not Applicable
- L. The Impact of any Restatement Due to Prior Quasi-Reorganizations
  - Not Applicable
- M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
  - Not Applicable
- 14. Liabilities, Contingencies and Assessments**
  - Not Applicable
  - A. Contingent Commitments
    - Not Applicable
    - (1) Not Applicable
    - (2) Not Applicable
    - (3) Not Applicable
  - B. Assessments
    - Not Applicable
    - (1) Not Applicable
    - (2) Not Applicable
    - (3) Not Applicable
      - b. Not Applicable
      - c. Not Applicable
  - C. Gain Contingencies
    - Not Applicable
  - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
    - Not Applicable
  - E. Joint and Several Liabilities
    - Not Applicable
  - F. All Other Contingencies
    - Not Applicable
- 15. Leases**
  - Not Applicable
  - A. Lessee Operating Lease
    - Not Applicable
    - (1) Not Applicable
      - a. Not Applicable
      - b. Not Applicable
      - c. Not Applicable
      - d. Not Applicable
      - e. Not Applicable
    - (2) a. Not Applicable
      - b. Not Applicable
    - (3) Not Applicable
      - a. Not Applicable
      - b. Not Applicable
  - B. Lessor Leases
    - Not Applicable
    - (1) Not Applicable
      - a. Not Applicable
      - b. Not Applicable
      - c. Not Applicable
      - d. Not Applicable
    - (2) Not Applicable
      - a. Not Applicable
      - b. Not Applicable
      - c. Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**
  - Not Applicable
  - A. Transfers of Receivables Reported as Sales
    - Not Applicable
    - (1) Not Applicable
    - (2) Not Applicable
  - B. Transfer and Servicing of Financial Assets
    - Not Applicable
    - (1) Not Applicable
    - (2) Not Applicable
      - a. Not Applicable
      - b. Not Applicable
      - c. Not Applicable
    - (3) Not Applicable
    - (4) Not Applicable
      - a. Not Applicable
        - 1. Not Applicable
          - (a) Not Applicable
          - (b) Not Applicable
        - 2. Not Applicable
      - b. Not Applicable
        - 1. Not Applicable
          - (a) Not Applicable
          - (b) Not Applicable
          - (c) Not Applicable
          - (d) Not Applicable
        - 2. Not Applicable
        - 3. Not Applicable
        - 4. Not Applicable
        - 5. Not Applicable
    - (5) Not Applicable
    - (6) Not Applicable
    - (7) Not Applicable
  - C. Wash Sales
    - Not Applicable
    - (1) Not Applicable
    - (2) Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

Not Applicable

A. ASO Plans

Not Applicable

B. ASC Plans

Not Applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

19. **Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators**

Not Applicable

20. **Fair Value Measurements**

Not Applicable

A. Assets and Liabilities Measured at Fair Value

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

B. Other Fair Value Disclosures

Not Applicable

C. Fair Value of Financial Instruments

Not Applicable

D. Not Practicable to Estimate Fair Value

Not Applicable

E. Investments Measured using the NAV as Practical Expedient

Not Applicable

21. **Other Items**

Not Applicable

A. Unusual or Infrequent Items

Not Applicable

B. Troubled Debt Restructuring: Debtors

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

C. Other Disclosures

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

G. Retained Assets

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

H. Insurance-Linked Securities (ILS) Contracts

Not Applicable

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not Applicable

22. **Events Subsequent**

Not Applicable

23. **Reinsurance**

Not Applicable

A. Ceded Reinsurance Report

Not Applicable

Section 1 - General Interrogatories

Not Applicable

(1) Not Applicable

(2) Not Applicable

Section 2 - Ceded Reinsurance Report - Part A

Not Applicable

(1) Not Applicable

a. Not Applicable

b. Not Applicable

(2) Not Applicable

Section 3 - Ceded Reinsurance Report - Part B

Not Applicable

(1) Not Applicable

(2) Not Applicable

B. Uncollectible Reinsurance

Not Applicable

C. Commutation of Reinsurance Reflected in Income and Expenses

Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

(1) Not Applicable

b. Not Applicable



# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratrus Benefit Solutions, Inc.

- (2) Not Applicable
- b. Not Applicable
- E. Reinsurance Credit

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (5) Not Applicable
- (6) Not Applicable

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not Applicable

- A. Method Used to Estimate Accrued Retrospective Premium Adjustments  
Not Applicable
- B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium  
Not Applicable
- C. Amount of Net Premiums Written Subject to Retrospective Rating Features  
Not Applicable
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act  
Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)  
Not Applicable

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [ ] No [ X ]

- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (5) Not Applicable

**25. Changes 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,	\$ 150,689	\$ 153,058
Add provision for claims occurring in:		
Current year	\$ 6,167,515	\$ 5,557,932
Prior years	39,309	(22,566)
Total Incurred	\$ 6,206,825	\$ 5,535,366
Deduct payments for claims occurring in:		
Current year	\$ 6,005,874	\$ 5,405,248
Prior years	195,389	132,487
Total Paid	\$ 6,201,263	\$ 5,537,735
Balance at the end of the reporting period	\$ 156,251	\$ 150,689

- A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

As a result of changes in estimates of insured events in prior years, the provision for claims and claim adjustment expenses increased by \$39,309 and decreased by \$22,566 in 2023 and 2022, respectively, because of differences in actual and assumed utilization and costs of vision services.

- B. Information about Significant Changes in Methodologies and Assumptions

Not Applicable

**26. Intercompany Pooling Arrangements**

Not Applicable

- A. Lead Entity and Affiliated Entities Participating in the Intercompany Pool  
Not Applicable
- B. Lines and Types of Business Subject to the Pooling Agreement  
Not Applicable
- C. Cessions to Non-Affiliated Reinsurance Business Subject to the Pooling Agreement  
Not Applicable
- D. Identification of all Pool Members that are Parties to the Reinsurance Agreements with Non-Affiliated Reinsurers  
Not Applicable
- E. Discrepancies Between Entries Regarding Pooled Business  
Not Applicable
- F. Intercompany Sharing of the Provision for Reinsurance  
Not Applicable
- G. Amounts due to/from the Lead Entity and Affiliated Entities Participating in the Intercompany Pool  
Not Applicable

**27. Structured Settlements**

Health Entities should not complete this Note.

**28. Health Care Receivables**

Not Applicable

- A. Pharmaceutical Rebate Receivables  
Not Applicable
- B. Risk Sharing Receivables  
Not Applicable

**29. Participating Policies**

Not Applicable

**30. Premium Deficiency Reserves**

Not Applicable

**31. Anticipated Salvage and Subrogation**

Not Applicable

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 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, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Regulating? Iowa.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2021
- 3.2 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. ....12/31/2021
- 3.3 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). ....10/26/2023
- 3.4 By what department or departments? Iowa Department of Commerce-Insurance Division.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes  No
- 4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes  No
- 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the 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
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1 Has the 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
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes, .....0.0 %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes  No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes  No  N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Plante & Moran, PLLC, 1111 Michigan Avenue, Ste 100, East Lansing, MI 48823.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes  No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes  No

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
The full Board of Directors serves as an audit committee.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Anne L. Treankler, FSA, MAAA, Chief Analytics & Strategy Officer, Delta Dental of Wisconsin, 3100 Business Park Drive Road, P.O. Box 86, Stevens Point, WI 54481.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....  
12.12 Number of parcels involved .....0  
12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
20.11 To directors or other officers \$.....  
20.12 To stockholders not officers \$.....  
20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  
20.21 To directors or other officers \$.....  
20.22 To stockholders not officers \$.....  
20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:  
21.21 Rented from others \$.....  
21.22 Borrowed from others \$.....  
21.23 Leased from others \$.....  
21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:  
22.21 Amount paid as losses or risk adjustment \$.....  
22.22 Amount paid as expenses \$.....  
22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....646,868
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
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**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ X ] No [ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [ ] No [ X ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ X ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....
29. 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 ]

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

1 Name of Custodian(s)	2 Custodian's Address

29.02 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.....		

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]
- 29.04 If yes, give full and complete information relating thereto:

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

29.05 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
The Company holds no investments other than cash.....	

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	0		0
31.2 Preferred Stocks.....	0		0
31.3 Totals	0	0	0

31.4 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 [ X ]

35. 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 an 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 [ X ]

36. 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.  
Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Veratus Benefit Solutions, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
  - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [ ] NA [ X ]

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$ .....
	\$ .....
	\$ .....

41.1 Amount of payments for legal expenses, if any? \$ .....78

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Nyemaster Law Firm.....	\$ .....78

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ .....
	\$ .....
	\$ .....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ .....0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....
- 1.31 Reason for excluding .....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....0
- 1.62 Total incurred claims \$ .....0
- 1.63 Number of covered lives .....0
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....0
- 1.65 Total incurred claims \$ .....0
- 1.66 Number of covered lives .....0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ .....0
- 1.72 Total incurred claims \$ .....0
- 1.73 Number of covered lives .....0
- All years prior to most current three years:
- 1.74 Total premium earned \$ .....0
- 1.75 Total incurred claims \$ .....0
- 1.76 Number of covered lives .....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....9,614,682	\$	.....8,656,343
2.2	Premium Denominator	\$ .....9,614,682	\$	.....8,656,343
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....151,700	\$	.....146,300
2.5	Reserve Denominator	\$ .....151,700	\$	.....146,300
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ X ]
- 5.2 If no, explain:  
Vision payments are restricted by annual maximums which eliminates the need for stop loss reinsurance on the part of the carrier.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....
- 5.32 Medical Only \$ .....
- 5.33 Medicare Supplement \$ .....
- 5.34 Dental and Vision \$ .....
- 5.35 Other Limited Benefit Plan \$ .....
- 5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....40,586
- 8.2 Number of providers at end of reporting year .....41,690
- 9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ X ] No [ ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months .....1,505,081
- 9.22 Business with rate guarantees over 36 months .....539,369

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses \$.....

10.22 Amount actually paid for year bonuses \$.....

10.23 Maximum amount payable withholds \$.....

10.24 Amount actually paid for year withholds \$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ? Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa.....

11.4 If yes, show the amount required. \$.....200,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Iowa.....

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$.....

15.2 Total Incurred Claims \$.....

15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ]

16.1 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 ]



**FIVE - YEAR HISTORICAL DATA**

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	3,187,512	2,769,839	2,348,548	2,154,866	1,683,693
2. Total liabilities (Page 3, Line 24)	1,370,426	1,286,686	1,093,216	820,992	648,173
3. Statutory minimum capital and surplus requirement	200,000	200,000	200,000	200,000	200,000
4. Total capital and surplus (Page 3, Line 33)	1,817,085	1,483,153	1,255,332	1,333,874	1,035,520
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	9,622,252	8,659,740	7,401,376	5,657,905	5,015,458
6. Total medical and hospital expenses (Line 18)	5,891,142	5,268,594	4,929,009	3,523,520	3,404,894
7. Claims adjustment expenses (Line 20)	315,683	266,772	278,942	237,973	245,338
8. Total administrative expenses (Line 21)	3,060,085	1,950,907	1,656,930	1,350,541	1,246,787
9. Net underwriting gain (loss) (Line 24)	355,342	1,173,467	536,495	545,870	118,439
10. Net investment gain (loss) (Line 27)	59,381	19,630	1,708	5,009	13,794
11. Total other income (Lines 28 plus 29)	10,000	0	0	0	0
12. Net income or (loss) (Line 32)	302,391	941,518	424,630	434,504	105,295
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	400,182	1,144,682	641,800	677,562	(146,097)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	1,817,085	1,483,153	1,255,332	1,333,874	1,035,520
15. Authorized control level risk-based capital	269,559	280,348	234,337	165,607	174,143
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	128,206	116,391	102,235	83,088	73,792
17. Total members months (Column 6, Line 7)	1,483,917	1,349,901	1,179,574	972,888	860,713
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	61.3	60.9	66.6	62.3	67.9
20. Cost containment expenses	0.3	0.3	0.3	0.3	0.3
21. Other claims adjustment expenses	3.0	2.8	3.5	3.9	4.6
22. Total underwriting deductions (Line 23)	96.4	86.5	92.8	90.4	97.6
23. Total underwriting gain (loss) (Line 24)	3.7	13.6	7.2	9.6	2.4
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	185,447	126,103	96,542	81,594	92,470
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	146,300	148,600	104,300	91,340	98,000
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	.N								0	.0
2. Alaska	AK	.N								0	.0
3. Arizona	AZ	.N								0	.0
4. Arkansas	AR	.N								0	.0
5. California	CA	.N								0	.0
6. Colorado	CO	.N								0	.0
7. Connecticut	CT	.N								0	.0
8. Delaware	DE	.N								0	.0
9. District of Columbia	DC	.N								0	.0
10. Florida	FL	.N								0	.0
11. Georgia	GA	.N								0	.0
12. Hawaii	HI	.N								0	.0
13. Idaho	ID	.N								0	.0
14. Illinois	IL	.N								0	.0
15. Indiana	IN	.N								0	.0
16. Iowa	IA	L	9,614,682							9,614,682	.0
17. Kansas	KS	.N								0	.0
18. Kentucky	KY	.N								0	.0
19. Louisiana	LA	.N								0	.0
20. Maine	ME	.N								0	.0
21. Maryland	MD	.N								0	.0
22. Massachusetts	MA	.N								0	.0
23. Michigan	MI	.N								0	.0
24. Minnesota	MN	.N								0	.0
25. Mississippi	MS	.N								0	.0
26. Missouri	MO	.N								0	.0
27. Montana	MT	.N								0	.0
28. Nebraska	NE	.N								0	.0
29. Nevada	NV	.N								0	.0
30. New Hampshire	NH	.N								0	.0
31. New Jersey	NJ	.N								0	.0
32. New Mexico	NM	.N								0	.0
33. New York	NY	.N								0	.0
34. North Carolina	NC	.N								0	.0
35. North Dakota	ND	.N								0	.0
36. Ohio	OH	.N								0	.0
37. Oklahoma	OK	.N								0	.0
38. Oregon	OR	.N								0	.0
39. Pennsylvania	PA	.N								0	.0
40. Rhode Island	RI	.N								0	.0
41. South Carolina	SC	.N								0	.0
42. South Dakota	SD	.N								0	.0
43. Tennessee	TN	.N								0	.0
44. Texas	TX	.N								0	.0
45. Utah	UT	.N								0	.0
46. Vermont	VT	.N								0	.0
47. Virginia	VA	.N								0	.0
48. Washington	WA	.N								0	.0
49. West Virginia	WV	.N								0	.0
50. Wisconsin	WI	.N								0	.0
51. Wyoming	WY	.N								0	.0
52. American Samoa	AS	.N								0	.0
53. Guam	GU	.N								0	.0
54. Puerto Rico	PR	.N								0	.0
55. U.S. Virgin Islands	VI	.N								0	.0
56. Northern Mariana Islands	MP	.N								0	.0
57. Canada	CAN	.N								0	.0
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	0	.0
59. Subtotal	.XXX	9,614,682	.0	.0	.0	.0	.0	.0	9,614,682	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	9,614,682	0	0	0	0	0	0	9,614,682	0	0
<b>DETAILS OF WRITE-INS</b>											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.

All business is written in Iowa.

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

