

**ANNUAL STATEMENT**

OF THE

**Veratrus Benefit Solutions, Inc.**

**2020**

of

**Johnston**

in the state of

**Iowa**

TO THE

**Insurance Department**

OF THE

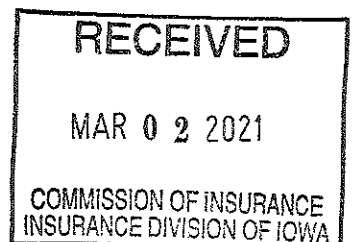
**STATE OF Iowa**

FOR THE YEAR ENDED

DECEMBER 31, 2020

HEALTH

**2020**





**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2020**  
 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  
(Current Period) (Prior Period)

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.deltadentalia.com

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

**OFFICERS**

| Name                           | Title                      | Name                        | Title            |
|--------------------------------|----------------------------|-----------------------------|------------------|
| <u>Jeffrey Stephen Russell</u> | <u>President &amp; CEO</u> | <u>Sherry Marie Perkins</u> | <u>Secretary</u> |
| <u>Sherry Marie Perkins</u>    | <u>Treasurer</u>           |                             |                  |

**OTHER OFFICERS**

\_\_\_\_\_

**DIRECTORS OR TRUSTEES**

Jeffrey Stephen Russell 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.

Jeffrey Stephen Russell  
 President & CEO

Sherry Marie Perkins  
 Secretary

Sherry Marie Perkins  
 Treasurer

Subscribed and sworn to before me this  
23rd day of February, 2021

- 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 \_\_\_\_\_

Marla Wylie  
 Marla Wylie, Notary  
 April 19, 2023



**ASSETS**

|   | Current Year |                         |   | Prior Year                  |
|---|--------------|-------------------------|---|-----------------------------|
|   | 1<br>Assets  | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) | 4<br>Net Admitted<br>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<br>\$..... encumbrances).....  |              |                         | 0   | 0                           |
| 4.2 Properties held for the production of income<br>(less \$..... encumbrances).....  |              |                         | 0   | 0                           |
| 4.3 Properties held for sale (less<br>\$..... encumbrances).....  |              |                         | 0   | 0                           |
| 5. Cash (\$.....1,669,507, Schedule E-Part 1), cash equivalents<br>(\$.....0, Schedule E-Part 2) and short-term<br>investments (\$.....0, Schedule DA)..... | 1,669,507    |                         | 1,669,507                                 | 1,255,561                   |
| 6. Contract loans (including \$..... premium notes).....  |              |                         | 0   | 0                           |
| 7. Derivatives (Schedule DB).....   | 0            |                         | 0   | 0                           |
| 8. Other invested assets (Schedule BA).....   | 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).....  | 1,669,507    | 0                       | 1,669,507                                 | 1,255,561                   |
| 13. Title plants less \$..... charged off (for Title insurers<br>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<br>collection.....  | 18,017       | 720                     | 17,297                                    | 34,752                      |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$..... earned<br>but unbilled premiums).....   |              |                         | 0   | 0                           |
| 15.3 Accrued retrospective premiums (\$.....) and<br>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   | 52,784                      |
| 18.2 Net deferred tax asset.....  | 20,951       | 374                     | 20,577                                    | 10,005                      |
| 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<br>(\$.....)   |              |                         | 0   | 0                           |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates.....   |              |                         | 0   | 0                           |
| 23. Receivables from parent, subsidiaries and affiliates.....   | 447,485      |                         | 447,485                                   | 330,592                     |
| 24. Health care (\$.....) and other amounts receivable.....   |              |                         | 0   | 0                           |
| 25. Aggregate write-ins for other-than-invested assets.....   | 62,312       | 62,312                  | 0   | 0                           |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25).....                                      | 2,218,272    | 63,406                  | 2,154,866                                 | 1,683,693                   |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts.....   |              |                         | 0   | 0                           |
| 28. Total (Lines 26 and 27).....  | 2,218,272    | 63,406                  | 2,154,866                                 | 1,683,693                   |
| <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.....   | 19,350       | 19,350                  | 0   | 0                           |
| 2502. Inventory of Sunglasses for One and Sun.....  | 42,962       | 42,962                  | 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).....   | 62,312       | 62,312                  | 0   | 0                           |

**LIABILITIES, CAPITAL AND SURPLUS**

|   | Current Year |                |            | Prior Year |
|---|--------------|----------------|------------|------------|
|   | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ ..... reinsurance ceded)  | 104,300      |                | 104,300    | 91,340     |
| 2. Accrued medical incentive pool and bonus amounts   |              |                | 0          | 0          |
| 3. Unpaid claims adjustment expenses  | 3,129        |                | 3,129      | 2,740      |
| 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   | 135,687      |                | 135,687    | 118,573    |
| 9. General expenses due or accrued  | 559,285      |                | 559,285    | 435,519    |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))                    | 18,591       |                | 18,591     | 0          |
| 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  |              |                | 0          | 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)  | 0            | 0              | 0          | 0          |
| 24. Total liabilities (Lines 1 to 23)   | 820,992      | 0              | 820,992    | 648,173    |
| 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            | 798,874    | 500,521    |
| 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            | 1,333,874  | 1,035,520  |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)  | XXX          | XXX            | 2,154,866  | 1,683,693  |
| <b>DETAILS OF WRITE-INS</b>   |              |                |            |            |
| 2301. ....  |              |                | 0          | 0          |
| 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)  | 0            | 0              | 0          | 0          |
| 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<br>Uncovered | 2<br>Total | 3<br>Total |
| 1. Member Months  | XXX            | 972,888    | 860,713    |
| 2. Net premium income (including \$ 0 non-health premium income)  | XXX            | 5,657,905  | 5,015,458  |
| 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            | 0          | 0          |
| 8. Total revenues (Lines 2 to 7)  | XXX            | 5,657,905  | 5,015,458  |
| <b>Hospital and Medical:</b>  |                |            |            |
| 9. Hospital/medical benefits  |                | 3,523,520  | 3,404,894  |
| 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              | 3,523,520  | 3,404,894  |
| <b>Less:</b>  |                |            |            |
| 17. Net reinsurance recoveries  |                |            | 0          |
| 18. Total hospital and medical (Lines 16 minus 17)  | 0              | 3,523,520  | 3,404,894  |
| 19. Non-health claims (net)   |                |            | 0          |
| 20. Claims adjustment expenses, including \$ 16,342 cost containment expenses   |                | 237,973    | 245,338    |
| 21. General administrative expenses   |                | 1,350,541  | 1,246,787  |
| 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              | 5,112,035  | 4,897,019  |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)  | XXX            | 545,870    | 118,439    |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)  |                | 5,009      | 13,794     |
| 26. Net realized capital gains (losses) less capital gains tax of \$  |                |            | 0          |
| 27. Net investment gains (losses) (Lines 25 plus 26)  | 0              | 5,009      | 13,794     |
| 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              | 0          | 0          |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX            | 550,879    | 132,233    |
| 31. Federal and foreign income taxes incurred   | XXX            | 116,375    | 26,938     |
| 32. Net income (loss) (Lines 30 minus 31)   | XXX            | 434,504    | 105,295    |
| <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.   | XXX            |            | 0          |
| 0702.   | XXX            |            | 0          |
| 0703.   | XXX            |            | 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            | 0          | 0          |
| 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.   |                |            | 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              | 0          | 0          |

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

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                   |                 |
| 33. Capital and surplus prior reporting year .....                                     | 1,035,520         | 1,025,530       |
| 34. Net income or (loss) from Line 32 .....  | 434,504           | 105,295         |
| 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 .....  | 10,151            | (1,325)         |
| 39. Change in nonadmitted assets .....   | (46,302)          | 3,520           |
| 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 .....  | (100,000)         | (97,500)        |
| 47. Aggregate write-ins for gains or (losses) in surplus .....                         | .0                | .0              |
| 48. Net change in capital and surplus (Lines 34 to 47) .....                           | 298,353           | 9,990           |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) .....                  | 1,333,874         | 1,035,520       |
| <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<br>Current Year | 2<br>Prior Year |
|---|-------------------|-----------------|
| <b>Cash from Operations</b>   |                   |                 |
| 1. Premiums collected net of reinsurance  | 5,692,473         | 5,003,139       |
| 2. Net investment income  | 5,009             | 13,794          |
| 3. Miscellaneous income   | 0                 | 0               |
| 4. Total (Lines 1 through 3)  | 5,697,482         | 5,016,933       |
| 5. Benefit and loss related payments  | 3,748,145         | 3,657,093       |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts                    | 0                 | 0               |
| 7. Commissions, expenses paid and aggregate write-ins for deductions                                      | 1,226,775         | 1,406,188       |
| 8. Dividends paid to policyholders  | 0                 | 0               |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)              | 45,000            | 99,749          |
| 10. Total (Lines 5 through 9)   | 5,019,920         | 5,163,030       |
| 11. Net cash from operations (Line 4 minus Line 10)   | 677,562           | (146,097)       |
| <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  | 100,000           | 97,500          |
| 16.6 Other cash provided (applied)  | (163,616)         | 12,704          |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (263,616)         | (84,796)        |
| <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)       | 413,946           | (230,893)       |
| 19. Cash, cash equivalents and short-term investments:  |                   |                 |
| 19.1 Beginning of year  | 1,255,561         | 1,486,454       |
| 19.2 End of year (Line 18 plus Line 19.1)   | 1,669,507         | 1,255,561       |

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

|  | 1         | 2   | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9            | 10                  |
|--|-----------|---|------------------------|----------------|----------------|--|----------------------------|--------------------------|--------------|---------------------|
|  | Total     | Comprehensive<br>(Hospital<br>&<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefit Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other Health | Other<br>Non-Health |
| 1. Net premium income  | 5,657,905 | 0   | 0                      | 0              | 5,657,905      | 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            | XXX                 |
| 6. Aggregate write-ins for other non-health care related revenues            | 0         | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 7. Total revenues (Lines 1 to 6)   | 5,657,905 | 0   | 0                      | 0              | 5,657,905      | 0  | 0                          | 0                        | 0            | 0                   |
| 8. Hospital/medical benefits   | 3,523,520 |   |                        |                | 3,523,520      |  |                            |                          |              | 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            | XXX                 |
| 14. Incentive pool, withhold adjustments and bonus amounts                   | 0         |   |                        |                |                |  |                            |                          |              | XXX                 |
| 15. Subtotal (Lines 8 to 14)   | 3,523,520 | 0   | 0                      | 0              | 3,523,520      | 0  | 0                          | 0                        | 0            | XXX                 |
| 16. Net reinsurance recoveries   | 0         |   |                        |                |                |  |                            |                          |              | XXX                 |
| 17. Total hospital and medical (Lines 15 minus 16)                           | 3,523,520 | 0   | 0                      | 0              | 3,523,520      | 0  | 0                          | 0                        | 0            | XXX                 |
| 18. Non-health claims (net)  | 0         | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 19. Claims adjustment expenses including \$ 16,342 cost containment expenses | 237,973   |   |                        |                | 237,973        |  |                            |                          |              |                     |
| 20. General administrative expenses  | 1,350,541 |   |                        |                | 1,350,541      |  |                            |                          |              |                     |
| 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          |                     |
| 23. Total underwriting deductions (Lines 17 to 22)                           | 5,112,035 | 0   | 0                      | 0              | 5,112,035      | 0  | 0                          | 0                        | 0            | 0                   |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23)                   | 545,870   | 0   | 0                      | 0              | 545,870        | 0  | 0                          | 0                        | 0            | 0                   |
| <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            | XXX                 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)              | 0         | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 0601.  |           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0602.  |           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0603.  |           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page           | 0         | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)              | 0         | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 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            | XXX                 |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)             | 0         | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |



**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 1 - PREMIUMS**

| Line of Business                                | 1<br>Direct<br>Business | 2<br>Reinsurance<br>Assumed | 3<br>Reinsurance<br>Ceded | 4<br>Net Premium<br>Income<br>(Cols. 1+2-3) |
|---|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) .....   |                         |                             |                           | 0   |
| 2. Medicare Supplement .....                    |                         |                             |                           | 0   |
| 3. Dental only.....                             |                         |                             |                           | 0   |
| 4. Vision only.....                             | 5,657,905               |                             |                           | 5,657,905                                   |
| 5. Federal Employees Health Benefits Plan ..... |                         |                             |                           | 0   |
| 6. Title XVIII - Medicare .....                 |                         |                             |                           | 0   |
| 7. Title XIX - Medicaid.....                    |                         |                             |                           | 0   |
| 8. Other health.....                            |                         |                             |                           | 0   |
| 9. Health subtotal (Lines 1 through 8) .....    | 5,657,905               | 0                           | 0                         | 5,657,905                                   |
| 10. Life .....                                  |                         |                             |                           | 0   |
| 11. Property/casualty.....                      |                         |                             |                           | 0   |
| 12. Totals (Lines 9 to 11)                      | 5,657,905               | 0                           | 0                         | 5,657,905                                   |

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

|  | 1         | 2  | 3                      | 4              | 5              | 6   | 7                       | 8                     | 9            | 10                   |
|--|-----------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|--------------|----------------------|
|  | Total     | Comprehensive<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other Health | Other Non-<br>Health |
| 1. Payments during the year:                                     |           |  |                        |                |                |   |                         |                       |              |                      |
| 1.1 Direct   | 3,510,560 |  |                        |                | 3,510,560      |   |                         |                       |              |                      |
| 1.2 Reinsurance assumed  | 0         |  |                        |                |                |   |                         |                       |              |                      |
| 1.3 Reinsurance ceded  | 0         |  |                        |                |                |   |                         |                       |              |                      |
| 1.4 Net  | 3,510,560 | 0  | 0                      | 0              | 3,510,560      | 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   | 104,300   | 0  | 0                      | 0              | 104,300        | 0   | 0                       | 0                     | 0            | 0                    |
| 3.2 Reinsurance assumed  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 3.3 Reinsurance ceded  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 3.4 Net  | 104,300   | 0  | 0                      | 0              | 104,300        | 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                    |
| 4.4 Net  | 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   | 91,340    | 0  | 0                      | 0              | 91,340         | 0   | 0                       | 0                     | 0            | 0                    |
| 8.2 Reinsurance assumed  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 8.3 Reinsurance ceded  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 8.4 Net  | 91,340    | 0  | 0                      | 0              | 91,340         | 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                    |
| 9.2 Reinsurance assumed  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 9.3 Reinsurance ceded  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 9.4 Net  | 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                    |
| 11. Amounts recoverable from reinsurers December 31, prior year  | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12. Incurred benefits:   |           |  |                        |                |                |   |                         |                       |              |                      |
| 12.1 Direct  | 3,523,520 | 0  | 0                      | 0              | 3,523,520      | 0   | 0                       | 0                     | 0            | 0                    |
| 12.2 Reinsurance assumed   | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12.3 Reinsurance ceded   | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12.4 Net   | 3,523,520 | 0  | 0                      | 0              | 3,523,520      | 0   | 0                       | 0                     | 0            | 0                    |
| 13. Incurred medical incentive pools and bonuses                 | 0         | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |

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

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

|  | 1       | 2  | 3                      | 4              | 5              | 6   | 7                       | 8                     | 9               | 10                  |
|--|---------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|-----------------|---------------------|
|  | Total   | Comprehensive<br>(Hospital and<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| <b>1. Reported in Process of Adjustment:</b>                 |         |  |                        |                |                |   |                         |                       |                 |                     |
| 1.1. Direct .....  | 63,392  |  |                        |                | 63,392         |   |                         |                       |                 |                     |
| 1.2. Reinsurance assumed .....                               | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 1.3. Reinsurance ceded .....                                 | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 1.4. Net .....   | 63,392  | 0  | 0                      | 0              | 63,392         | 0   | 0                       | 0                     | 0               | 0                   |
| <b>2. Incurred but Unreported:</b>                           |         |  |                        |                |                |   |                         |                       |                 |                     |
| 2.1. Direct .....  | 40,908  |  |                        |                | 40,908         |   |                         |                       |                 |                     |
| 2.2. Reinsurance assumed .....                               | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 2.3. Reinsurance ceded .....                                 | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 2.4. Net .....   | 40,908  | 0  | 0                      | 0              | 40,908         | 0   | 0                       | 0                     | 0               | 0                   |
| <b>3. Amounts Withheld from Paid Claims and Capitations:</b> |         |  |                        |                |                |   |                         |                       |                 |                     |
| 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                   |
| <b>4. TOTALS:</b>  |         |  |                        |                |                |   |                         |                       |                 |                     |
| 4.1. Direct .....  | 104,300 | 0  | 0                      | 0              | 104,300        | 0   | 0                       | 0                     | 0               | 0                   |
| 4.2. Reinsurance assumed .....                               | 0       | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0               | 0                   |
| 4.3. Reinsurance ceded .....                                 | 0       | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0               | 0                   |
| 4.4. Net .....   | 104,300 | 0  | 0                      | 0              | 104,300        | 0   | 0                       | 0                     | 0               | 0                   |

**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<br>Claims Incurred in Prior Years (Columns 1 + 3) | 6<br>Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|--|---|---|---|---|--|
|   | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year               | 4<br>On Claims Incurred During the Year |   |  |
| 1. Comprehensive (hospital and medical) .....       |  |   |   |   | 0   | 0  |
| 2. Medicare Supplement .....                        |  |   |   |   | 0   | 0  |
| 3. Dental Only .....                                |  |   |   |   | 0   | 0  |
| 4. Vision Only .....                                | 81,594   | 3,428,966                               |   | 104,300                                 | 81,594  | 91,340   |
| 5. Federal Employees Health Benefits Plan .....     |  |   |   |   | 0   | 0  |
| 6. Title XVIII - Medicare .....                     |  |   |   |   | 0   | 0  |
| 7. Title XIX - Medicaid .....                       |  |   |   |   | 0   | 0  |
| 8. Other health .....                               |  |   |   |   | 0   | 0  |
| 9. Health subtotal (Lines 1 to 8) .....             | 81,594   | 3,428,966                               | 0   | 104,300                                 | 81,594  | 91,340   |
| 10. Healthcare receivables (a) .....                |  |   |   |   | 0   | 0  |
| 11. Other non-health .....                          |  |   |   |   | 0   | 0  |
| 12. Medical incentive pools and bonus amounts ..... |  |   |   |   | 0   | 0  |
| 13. Totals (Lines 9-10+11+12) .....                 | 81,594   | 3,428,966                               | 0   | 104,300                                 | 81,594  | 91,340   |

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

**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<br>2016                   | 2<br>2017 | 3<br>2018 | 4<br>2019 | 5<br>2020 |
| 1. Prior                           | 4,272                       | 4,272     | 4,272     | 4,272     | 4,272     |
| 2. 2016                            | 1,438                       | 1,507     | 1,507     | 1,507     | 1,507     |
| 3. 2017                            | XXX                         | 2,280     | 2,353     | 2,353     | 2,353     |
| 4. 2018                            | XXX                         | XXX       | 2,767     | 2,859     | 2,859     |
| 5. 2019                            | XXX                         | XXX       | XXX       | 3,319     | 3,401     |
| 6. 2020                            | XXX                         | XXX       | XXX       | XXX       | 3,429     |

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

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|---|-----------|-----------|-----------|-----------|
|                                    | 1<br>2016   | 2<br>2017 | 3<br>2018 | 4<br>2019 | 5<br>2020 |
| 1. Prior                           | 4,451   | 4,451     | 4,451     | 4,451     | 4,451     |
| 2. 2016                            | 1,512   | 1,581     | 1,581     | 1,581     | 1,581     |
| 3. 2017                            | XXX   | 2,348     | 2,427     | 2,427     | 2,427     |
| 4. 2018                            | XXX   | XXX       | 2,865     | 2,950     | 2,950     |
| 5. 2019                            | XXX   | XXX       | XXX       | 3,410     | 3,492     |
| 6. 2020                            | XXX   | XXX       | XXX       | XXX       | 3,533     |

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

| Years in which<br>Premiums were Earned and Claims<br>were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment<br>Expense<br>Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims<br>Adjustment<br>Expenses | 9<br>Total Claims and<br>Claims<br>Adjustment<br>Expense Incurred<br>(Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2016  | 2,285                | 1,507                | 73   | 4.8                        | 1,580   | 69.1                       |                    |  | 1,580   | 69.1                        |
| 2. 2017  | 3,450                | 2,353                | 110  | 4.7                        | 2,463   | 71.4                       |                    |  | 2,463   | 71.4                        |
| 3. 2018  | 4,239                | 2,859                | 140  | 4.9                        | 2,999   | 70.8                       |                    |  | 2,999   | 70.8                        |
| 4. 2019  | 5,015                | 3,401                | 244  | 7.2                        | 3,645   | 72.7                       |                    |  | 3,645   | 72.7                        |
| 5. 2020  | 5,658                | 3,429                | 212  | 6.2                        | 3,641   | 64.3                       | 104                | 3  | 3,748   | 66.2                        |

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**

**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<br>2016                   | 2<br>2017 | 3<br>2018 | 4<br>2019 | 5<br>2020 |
| 1. Prior                           | 4,272                       | 4,272     | 4,272     | 4,272     | 4,272     |
| 2. 2016                            | 1,438                       | 1,507     | 1,507     | 1,507     | 1,507     |
| 3. 2017                            | XXX                         | 2,280     | 2,353     | 2,353     | 2,353     |
| 4. 2018                            | XXX                         | XXX       | 2,767     | 2,859     | 2,859     |
| 5. 2019                            | XXX                         | XXX       | XXX       | 3,319     | 3,401     |
| 6. 2020                            | XXX                         | XXX       | XXX       | XXX       | 3,429     |

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

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|---|-----------|-----------|-----------|-----------|
|                                    | 1<br>2016   | 2<br>2017 | 3<br>2018 | 4<br>2019 | 5<br>2020 |
| 1. Prior                           | 4,451   | 4,451     | 4,451     | 4,451     | 4,451     |
| 2. 2016                            | 1,512   | 1,581     | 1,581     | 1,581     | 1,581     |
| 3. 2017                            | XXX   | 2,348     | 2,427     | 2,427     | 2,427     |
| 4. 2018                            | XXX   | XXX       | 2,865     | 2,950     | 2,950     |
| 5. 2019                            | XXX   | XXX       | XXX       | 3,410     | 3,492     |
| 6. 2020                            | XXX   | XXX       | XXX       | XXX       | 3,533     |

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

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2016  | 2,285                | 1,507                | 73                                     | 4.8                        | 1,580   | 69.1                       | 0                  | 0                                      | 1,580   | 69.1                        |
| 2. 2017  | 3,450                | 2,353                | 110                                    | 4.7                        | 2,463   | 71.4                       | 0                  | 0                                      | 2,463   | 71.4                        |
| 3. 2018  | 4,239                | 2,859                | 140                                    | 4.9                        | 2,999   | 70.8                       | 0                  | 0                                      | 2,999   | 70.8                        |
| 4. 2019  | 5,015                | 3,401                | 244                                    | 7.2                        | 3,645   | 72.7                       | 0                  | 0                                      | 3,645   | 72.7                        |
| 5. 2020  | 5,658                | 3,429                | 212                                    | 6.2                        | 3,641   | 64.3                       | 104                | 3                                      | 3,748   | 66.2                        |

12-GT



Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

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**

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**

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**

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

|   | 1     | 2  | 3                      | 4           | 5           | 6  | 7                       | 8                     | 9     |
|---|-------|--|------------------------|-------------|-------------|--|-------------------------|-----------------------|-------|
|   | Total | Comprehensive<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health Benefit<br>Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| 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<br>\$ ..... for investment income)..... | 0     |  |                        |             |             |  |                         |                       |       |
| 5. Aggregate write-ins for other policy reserves.....   | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |
| 6. Totals (gross).....  | 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     |
| 9. Present value of amounts not yet due on claims.....  | 0     | <b>NONE</b>                              |                        |             |             |  |                         |                       |       |
| 10. Reserve for future contingent benefits.....   | 0     |  |                        |             |             |  |                         |                       |       |
| 11. Aggregate write-ins for other claim reserves.....   | 0     |  |                        |             |             |  |                         |                       |       |
| 12. Totals (gross).....   | 0     |  |                        |             |             |  |                         |                       |       |
| 13. Reinsurance ceded.....  | 0     |  |                        |             |             |  |                         |                       |       |
| 14. Totals (Net) (Page 3, Line 7).....  | 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     |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....  | 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     |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....                                       | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |

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

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

|   | Claim Adjustment Expenses            |  | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total |
|---|--------------------------------------|--|--|-----------------------------|------------|
|   | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses |  |                             |            |
| 1. Rent (\$ ..... for occupancy of own building) .....                    |                                      | 5,731                                      | 25,315                                     |                             | 31,046     |
| 2. Salaries, wages and other benefits .....                               |                                      | 67,421                                     | 307,571                                    |                             | 374,992    |
| 3. Commissions (less \$ ..... ceded plus<br>\$ ..... assumed) .....       |                                      |  | 582,461                                    |                             | 582,461    |
| 4. Legal fees and expenses .....  |                                      |  | 14,698                                     |                             | 14,698     |
| 5. Certifications and accreditation fees .....                            |                                      |  |  |                             | 0          |
| 6. Auditing, actuarial and other consulting services .....                |                                      |  | 165,233                                    |                             | 165,233    |
| 7. Traveling expenses .....   |                                      |  | 3,122                                      |                             | 3,122      |
| 8. Marketing and advertising .....  |                                      |  | 34,571                                     |                             | 34,571     |
| 9. Postage, express and telephone .....                                   |                                      |  | 11,771                                     |                             | 11,771     |
| 10. Printing and office supplies .....                                    |                                      | 1,011                                      | 28,934                                     |                             | 29,945     |
| 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 .....   | 16,342                               | 147,079                                    | 111,841                                    |                             | 275,262    |
| 15. Boards, bureaus and association fees .....                            |                                      |  | 36   |                             | 36         |
| 16. Insurance, except on real estate .....                                |                                      |  |  |                             | 0          |
| 17. Collection and bank service charges .....                             |                                      |  | 1,063                                      |                             | 1,063      |
| 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 .....  |                                      |  | 56,580                                     |                             | 56,580     |
| 23.3 Regulatory authority licenses and fees .....                         |                                      |  | 3,145                                      |                             | 3,145      |
| 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                                    | 389  | 4,202                                      | 0                           | 4,591      |
| 26. Total expenses incurred (Lines 1 to 25) .....                         | 16,342                               | 221,631                                    | 1,350,541                                  | 0 (a)                       | 1,588,515  |
| 27. Less expenses unpaid December 31, current year .....                  |                                      | 3,129                                      | 559,285                                    |                             | 562,414    |
| 28. Add expenses unpaid December 31, prior year .....                     | 0                                    | 2,740                                      | 435,519                                    | 0                           | 438,259    |
| 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)      | 16,342                               | 221,242                                    | 1,226,775                                  | 0                           | 1,464,360  |
| <b>DETAILS OF WRITE-INS</b>   |                                      |  |  |                             |            |
| 2501. Miscellaneous Reimbursements .....                                  |                                      |  | 1,366                                      |                             | 1,366      |
| 2502. Sundry General .....  |                                      |  | 1,951                                      |                             | 1,951      |
| 2503. Change in Claims Adjustment Expense .....                           |                                      | 389  |  |                             | 389        |
| 2598. Summary of remaining write-ins for Line 25 from overflow page ..... | 0                                    | 0  | 885  | 0                           | 885        |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)           | 0                                    | 389  | 4,202                                      | 0                           | 4,591      |

(a) Includes management fees of \$ 401,773 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

|   | 1<br>Collected<br>During Year | 2<br>Earned<br>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) 5,009                     | 5,009                      |
| 7. Derivative instruments   | (f)                           |                            |
| 8. Other invested assets  |                               |                            |
| 9. Aggregate write-ins for investment income                            | 0                             | 0                          |
| 10. Total gross investment income                                       | 5,009                         | 5,009                      |
| 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)                       |                               | 5,009                      |
| <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 \$ ..... 0 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.
- (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 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<br>Realized<br>Gain (Loss)<br>On Sales or<br>Maturity | 2<br>Other<br>Realized<br>Adjustments | 3<br>Total Realized Capital<br>Gain (Loss)<br>(Columns 1 + 2) | 4<br>Change in<br>Unrealized Capital<br>Gain (Loss) | 5<br>Change in<br>Unrealized Foreign<br>Exchange Capital<br>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>NONE</b>  |   |                                       |   |   |   |
| <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   |

**EXHIBIT OF NONADMITTED ASSETS**

|  | 1  | 2                                      | 3  |
|--|--|--|--|
|  | Current Year Total<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(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<br>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<br>collection.....                                     | 720                                      | 318                                    | (402)  |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred<br>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.....   | 374                                      | 795                                    | 421  |
| 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.....  | 62,312                                   | 15,991                                 | (46,321)   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25)..... | 63,406                                   | 17,104                                 | (46,302)   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                       | 0  | 0                                      | 0  |
| 28. Total (Lines 26 and 27).....   | 63,406                                   | 17,104                                 | (46,302)   |
| <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.....  | 19,350                                   | 0                                      | (19,350)   |
| 2502. Inventory of Sunglasses for One and Sun.....   | 42,962                                   | 15,991                                 | (26,971)   |
| 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).....  | 62,312                                   | 15,991                                 | (46,321)   |



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

| Source of Enrollment  | Total Members at End of |                    |                     |                    |                   | 6<br>Current Year<br>Member Months |
|---|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
|   | 1<br>Prior Year         | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>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.....                 | 73,792                  | 79,434             | 81,412              | 82,293             | 83,088            | 972,888                            |
| 7. Total  | 73,792                  | 79,434             | 81,412              | 82,293             | 83,088            | 972,888                            |
| <b>DETAILS OF WRITE-INS</b>   |                         |                    |                     |                    |                   |                                    |
| 0601. Limited Services Organization providing Vision Care Services..... | 73,792                  | 79,434             | 81,412              | 82,293             | 83,088            | 972,888                            |
| 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)         | 73,792                  | 79,434             | 81,412              | 82,293             | 83,088            | 972,888                            |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals   |                  |                   |                   |                   |                  |               |
| Group subscribers:  |                  |                   |                   |                   |                  |               |
| STATE OF IA EMPLOYEE VOLUNTARY  | 7,253            |                   |                   |                   |                  | 7,253         |
| DES MOINES AREA COMM COLLEGE  | 4,081            | 98                |                   |                   |                  | 4,179         |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
| 0299997 Group subscriber subtotal                                     | 11,334           | 98                | 0                 | 0                 | 0                | 11,432        |
| 0299998 Premiums due and unpaid not individually listed               | 5,490            | 318               | 57                | 720               | 720              | 5,865         |
| 0299999 Total group   | 16,824           | 416               | 57                | 720               | 720              | 17,297        |
| 0399999 Premiums due and unpaid from Medicare entities                |                  |                   |                   |                   |                  |               |
| 0499999 Premiums due and unpaid from Medicaid entities                |                  |                   |                   |                   |                  |               |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 16,824           | 416               | 57                | 720               | 720              | 17,297        |

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported)                                     |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
|  |                  |                   |                   |                    |                    |            |
| 0199999 Individually listed claims unpaid                    | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0299999 Aggregate accounts not individually listed-uncovered |                  |                   |                   |                    |                    |            |
| 0399999 Aggregate accounts not individually listed-covered   | 63,392           |                   |                   |                    |                    | 63,392     |
| 0499999 Subtotals  | 63,392           | 0                 | 0                 | 0                  | 0                  | 63,392     |
| 0599999 Unreported claims and other claim reserves           |                  |                   |                   |                    |                    | 40,908     |
| 0699999 Total amounts withheld                               |                  |                   |                   |                    |                    |            |
| 0799999 Total claims unpaid                                  |                  |                   |                   |                    |                    | 104,300    |
| 0899999 Accrued medical incentive pool and bonus amounts     |                  |                   |                   |                    |                    | 0          |

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

| 1<br>Name of Affiliate                           | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | Admitted     |                  |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
|  |                  |                   |                   |                   |                  | 7<br>Current | 8<br>Non-Current |
| Delta Dental of Iowa.....                        | 548,876          |                   |                   |                   |                  | 548,876      |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
| 0199999 Individually listed receivables.....     | 548,876          | 0                 | 0                 | 0                 | 0                | 548,876      | 0                |
| 0299999 Receivables not individually listed..... |                  |                   |                   |                   |                  |              |                  |
| 0399999 Total gross amounts receivable.....      | 548,876          | 0                 | 0                 | 0                 | 0                | 548,876      | 0                |



**EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

| Payment Method  | 1<br>Direct Medical<br>Expense<br>Payment | 2<br>Column 1<br>as a % of<br>Total Payments | 3<br>Total<br>Members<br>Covered | 4<br>Column 3<br>as a % of<br>Total Members | 5<br>Column 1<br>Expenses Paid to<br>Affiliated Providers | 6<br>Column 1<br>Expenses Paid to<br>Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|---|
| Capitation Payments:                                      |   |  |                                  |   |   |   |
| 1. Medical groups   | 0   | 0.0  |                                  | 0.0   |   |   |
| 2. Intermediaries   | 0   | 0.0  |                                  | 0.0   |   |   |
| 3. All other providers                                    | 0   | 0.0  |                                  | 0.0   |   |   |
| 4. Total capitation payments                              | 0   | 0.0  | 0                                | 0.0   | 0   | 0   |
| Other Payments:   |   |  |                                  |   |   |   |
| 5. Fee-for-service  | 0   | 0.0  | XXX                              | XXX   |   |   |
| 6. Contractual fee payments                               | 3,510,560                                 | 100.0  | XXX                              | XXX   | 3,510,560   |   |
| 7. Bonus/withhold arrangements - fee-for-service          | 0   | 0.0  | XXX                              | XXX   |   |   |
| 8. Bonus/withhold arrangements - contractual fee payments | 0   | 0.0  | XXX                              | XXX   |   |   |
| 9. Non-contingent salaries                                | 0   | 0.0  | XXX                              | XXX   |   |   |
| 10. Aggregate cost arrangements                           | 0   | 0.0  | XXX                              | XXX   |   |   |
| 11. All other payments                                    | 0   | 0.0  | XXX                              | XXX   |   |   |
| 12. Total other payments                                  | 3,510,560                                 | 100.0  | XXX                              | XXX   | 3,510,560   | 0   |
| 13. Total (Line 4 plus Line 12)                           | 3,510,560                                 | 100 %  | XXX                              | XXX   | 3,510,560   | 0   |

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average<br>Monthly<br>Capitation | 5<br>Intermediary's<br>Total Adjusted Capital | 6<br>Intermediary's<br>Authorized<br>Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------------|---|--|
| <b>NONE</b>    |                           |                      |                                       |   |  |
| 9999999 Totals |                           |                      | XXX                                   | XXX   | XXX  |

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

| Description  | 1<br>Cost   | 2<br>Improvements | 3<br>Accumulated<br>Depreciation | 4<br>Book Value Less<br>Encumbrances | 5<br>Assets Not<br>Admitted | 6<br>Net Admitted Assets |
|--|-------------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment .....    | <b>NONE</b> |                   |                                  |                                      |                             |                          |
| 2. Medical furniture, equipment and fixtures ..... |             |                   |                                  |                                      |                             |                          |
| 3. Pharmaceuticals and surgical supplies .....     |             |                   |                                  |                                      |                             |                          |
| 4. Durable medical equipment .....                 |             |                   |                                  |                                      |                             |                          |
| 5. Other property and equipment .....              |             |                   |                                  |                                      |                             |                          |
| 6. Total   | 0           | 0                 | 0                                | 0                                    | 0                           | 0                        |



**ANNUAL STATEMENT FOR THE YEAR 2020 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 # | 2020         | 2019         |
|---|--------|----------|------------|--------------|--------------|
| <b>NET INCOME</b>   |        |          |            |              |              |
| (1) Company state basis (Page 4, Line 32, Columns 2 & 3)                      | XXX    | XXX      | XXX        | \$ 434,504   | \$ 105,295   |
| (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        | \$ 434,504   | \$ 105,295   |
| <b>SURPLUS</b>  |        |          |            |              |              |
| (5) Company state basis (Page 3, Line 33, Columns 3 & 4)                      | XXX    | XXX      | XXX        | \$ 1,333,874 | \$ 1,035,520 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: |        |          |            | \$           | \$           |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP:              |        |          |            | \$           | \$           |
| (8) NAIC SAP (5-6-7=8)  | XXX    | XXX      | XXX        | \$ 1,333,874 | \$ 1,035,520 |

**B. 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. The Company uses the following policies:**

1. The Company owns no short-term investments as of December 31, 2020.
2. The Company owns no Bonds as of December 31, 2020.
3. The Company owns no unaffiliated common stock as of December 31, 2020.
4. The Company owns no preferred stock as of December 31, 2020.
5. The Company owns no mortgage loans as of December 31, 2020.
6. The Company owns no loan-backed securities as of December 31, 2020.
7. The Company owns no investments in subsidiaries, controlled and affiliated companies.
8. The Company owns no investments in joint ventures, partnerships or limited liability companies.
9. The Company owns no derivative instruments.
10. The Company does not calculate a premium deficiency.
11. Unpaid claims and claims adjustment expense liabilities represent the estimated ultimate net cost of all reported and unreported claims incurred through December 31, 2020. 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 have an acquisition cost greater than or equal to \$2,000 and when the asset is expected to benefit the company more than one year.

**Item 2. Accounting Changes and Corrections of Errors**

- A. The Company made no corrections of accounting errors for the year ended December 31, 2020.
- B. There were no material changes in Accounting Principles.

**Item 3. Business Combinations and Goodwill - Not Applicable**

**Item 4. Discontinued Operations - Not Applicable**

**Item 5. Investments**

- A. Mortgage Loans – Not Applicable

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratus Benefit Solutions, Inc.**

- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Loan Backed Securities -Not Applicable
- E. Dollar Repurchase Agreements - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing-Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing-Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale-Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale-Not Applicable
- J. Real Estate – Not Applicable
- K. Investments in low-income housing tax credits – Not Applicable
- L. Restricted Assets-Not Applicable
- M. Working Capital Finance Investments-Not Applicable
- N. Offsetting and Netting of Assets and Liabilities-Not Applicable
- O. 5GI Securities-Not Applicable
- P. Short Sales-Not Applicable
- Q. Prepayment Penalty and Acceleration Fees-Not Applicable

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

Item 7. Investment Income

A. The Company had no amount due and accrued excluded from investment income.

Item 8. Derivative Instruments - Not Applicable

Item 9. Income Taxes

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

1.

|   | 12/31/2020 |         |                    |
|---|------------|---------|--------------------|
|   | (1)        | (2)     | (3)                |
|   | Ordinary   | Capital | (Col 1+2)<br>Total |
| (a) Gross Deferred Tax Assets   | \$ 21,009  | \$      | \$ 21,009          |
| (b) Statutory Valuation Allowance Adjustments                                 | \$         | \$      | \$                 |
| (c) Adjusted Gross Deferred Tax Assets<br>(1a - 1b)                           | \$ 21,009  | \$ 0.00 | \$ 21,009          |
| (d) Deferred Tax Assets Nonadmitted   | \$ (374)   | \$      | \$ (374)           |
| (e) Subtotal Net Admitted Deferred Tax Asset<br>(1c - 1d)                     | \$ 20,635  | \$ 0.00 | \$ 20,635          |
| (f) Deferred Tax Liabilities  | \$ (58)    | \$      | \$ (58)            |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)<br>(1e - 1f) | \$ 20,577  | \$ 0.00 | \$ 20,577          |

|   | 12/31/2019 |         |                    |
|---|------------|---------|--------------------|
|   | (4)        | (5)     | (6)                |
|   | Ordinary   | Capital | (Col 4+5)<br>Total |
| (a) Gross Deferred Tax Assets   | \$ 10,870  | \$      | \$ 10,870          |
| (b) Statutory Valuation Allowance Adjustments                                 | \$         | \$      | \$                 |
| (c) Adjusted Gross Deferred Tax Assets<br>(1a - 1b)                           | \$ 10,870  | \$ 0.00 | \$ 10,870          |
| (d) Deferred Tax Assets Nonadmitted   | \$ (795)   | \$      | \$ (795)           |
| (e) Subtotal Net Admitted Deferred Tax Asset<br>(1c - 1d)                     | \$ 10,075  | \$ 0.00 | \$ 10,075          |
| (f) Deferred Tax Liabilities  | \$ (70)    | \$      | \$ (70)            |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)<br>(1e - 1f) | \$ 10,005  | \$ 0.00 | \$ 10,005          |

|   | Change                |                      |                    |
|---|-----------------------|----------------------|--------------------|
|   | (7)                   | (8)                  | (9)                |
|   | (Col 1-4)<br>Ordinary | (Col 2-5)<br>Capital | (Col 7+8)<br>Total |
| (a) Gross Deferred Tax Assets   | \$ 10,139             | \$ 0.00              | \$ 10,139          |
| (b) Statutory Valuation Allowance Adjustments                                 | \$                    | \$ 0.00              | \$                 |
| (c) Adjusted Gross Deferred Tax Assets<br>(1a - 1b)                           | \$ 10,139             | \$ 0.00              | \$ 10,139          |
| (d) Deferred Tax Assets Nonadmitted   | \$ 421                | \$ 0.00              | \$ 421             |
| (e) Subtotal Net Admitted Deferred Tax Asset<br>(1c - 1d)                     | \$ 10,560             | \$ 0.00              | \$ 10,560          |
| (f) Deferred Tax Liabilities  | \$ 12                 | \$ 0.00              | \$ 12              |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)<br>(1e - 1f) | \$ 10,572             | \$ 0.00              | \$ 10,572          |

2.

| 12/31/2020 |  |  |
|------------|--|--|
|------------|--|--|

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratus Benefit Solutions, Inc.**

Admission Calculation Components SSAP No. 101

|   | (1)<br>Ordinary | (2)<br>Capital | (3)<br>(Col 1+2)<br>Total |
|---|-----------------|----------------|---------------------------|
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.   | \$ 866          | \$             | \$ 866                    |
| (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) | \$ 19,711       | \$             | \$ 19,711                 |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.   | \$ 19,711       | \$             | \$ 19,711                 |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.   | XXX             | XXX            | \$ 196,995                |
| (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.   | \$ 58           | \$             | \$ 58                     |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  | \$ 20,635       | \$ 0.00        | \$ 20,635                 |
| Total (2(a) + 2(b) + 2(c))  |                 |                |                           |

| 12/31/2019      |                |                           |
|-----------------|----------------|---------------------------|
| (4)<br>Ordinary | (5)<br>Capital | (6)<br>(Col 4+5)<br>Total |

|   |           |         |            |
|---|-----------|---------|------------|
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.   | \$ 9,572  | \$      | \$ 9,572   |
| (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) | \$ 433    | \$      | \$ 433     |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.   | \$ 433    | \$      | \$ 433     |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.   | XXX       | XXX     | \$ 156,829 |
| (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.   | \$ 70     | \$      | \$ 70      |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  | \$ 10,075 | \$ 0.00 | \$ 10,075  |
| Total (2(a) + 2(b) + 2(c))  |           |         |            |

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

|   |            |         |            |
|---|------------|---------|------------|
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.   | \$ (8,706) | \$ 0.00 | \$ (8,706) |
| (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) | \$ 19,278  | \$ 0.00 | \$ 19,278  |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.   | \$ 19,278  | \$ 0.00 | \$ 19,278  |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.   | XXX        | XXX     | \$ 40,166  |
| (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.   | \$ (12)    | \$ 0.00 | \$ (12)    |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  | \$ 10,560  | \$ 0.00 | \$ 10,560  |
| Total (2(a) + 2(b) + 2(c))  |            |         |            |

3.

| 2020 | 2019 |
|------|------|
|------|------|

|   |              |              |
|---|--------------|--------------|
| (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.                               | 793          | 600          |
| (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. | \$ 1,313,297 | \$ 1,045,525 |

4.

| 12/31/2020                 |                           |                                      |
|----------------------------|---------------------------|--------------------------------------|
| (1)<br>Ordinary<br>Percent | (2)<br>Capital<br>Percent | (3)<br>(Col 1+2)<br>Total<br>Percent |

Impact of Tax Planning Strategies

|   |  |     |
|---|--|-----|
| (a) Adjusted Gross DTAs<br>(% of Total Adjusted Gross DTAs)                           |  | 0.0 |
| (b) Net Admitted Adjusted Gross DTAs<br>(% of Total Net Admitted Adjusted Gross DTAs) |  | 0.0 |

| 12/31/2019                 |                           |                                      |
|----------------------------|---------------------------|--------------------------------------|
| (4)<br>Ordinary<br>Percent | (5)<br>Capital<br>Percent | (6)<br>(Col 4+5)<br>Total<br>Percent |

|   |     |     |     |
|---|-----|-----|-----|
| (a) Adjusted Gross DTAs<br>(% of Total Adjusted Gross DTAs)                           | 0.0 | 0.0 | 0.0 |
| (b) Net Admitted Adjusted Gross DTAs<br>(% of Total Net Admitted Adjusted Gross DTAs) | 0.0 | 0.0 | 0.0 |

| Change                                  |  |                                      |
|---|--|--------------------------------------|
| (7)<br>(Col 1-4)<br>Ordinary<br>Percent | (8)<br>(Col 2-5)<br>Capital<br>Percent | (9)<br>(Col 7+8)<br>Total<br>Percent |

|   |     |     |     |
|---|-----|-----|-----|
| (a) Adjusted Gross DTAs<br>(% of Total Adjusted Gross DTAs)                           | 0.0 | 0.0 | 0.0 |
| (b) Net Admitted Adjusted Gross DTAs<br>(% of Total Net Admitted Adjusted Gross DTAs) | 0.0 | 0.0 | 0.0 |

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

B. Unrecognized DTLs

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

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

| (1)<br>12/31/2020 | (2)<br>12/31/2019 | (3)<br>(Col 1-2)<br>Change |
|-------------------|-------------------|----------------------------|
|-------------------|-------------------|----------------------------|

1. Current Income Tax

|  |            |           |           |
|--|------------|-----------|-----------|
| (a) Federal                                    | \$ 116,375 | \$ 26,938 | \$ 89,437 |
| (b) Foreign                                    | \$         | \$        | \$        |
| (c) Subtotal                                   | \$ 116,375 | \$ 26,938 | \$ 89,437 |
| (d) Federal income tax on net capital gains    | \$         | \$        | \$        |
| (e) Utilization of capital loss carry-forwards | \$         | \$        | \$        |
| (f) Other                                      | \$         | \$        | \$        |
| (g) Federal and foreign income taxes incurred  | \$ 116,375 | \$ 26,938 | \$ 89,437 |

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratus Benefit Solutions, Inc.

|    |   |           |           |           |
|----|---|-----------|-----------|-----------|
| 2. | Deferred Tax Assets:  |           |           |           |
|    | (a) Ordinary  |           |           |           |
|    | (1) Discounting of unpaid losses                                  | \$ 342    | \$ 301    | \$ 41     |
|    | (2) Unearned premium reserve                                      | \$ 5,699  | \$ 4,980  | \$ 719    |
|    | (3) Policyholder reserves   | \$        | \$        | \$        |
|    | (4) Investments   | \$        | \$        | \$        |
|    | (5) Deferred acquisition costs                                    | \$        | \$        | \$        |
|    | (6) Policyholder dividends accrual                                | \$        | \$        | \$        |
|    | (7) Fixed assets  | \$        | \$        | \$        |
|    | (8) Compensation and benefits accrual                             | \$        | \$        | \$        |
|    | (9) Pension accrual   | \$        | \$        | \$        |
|    | (10) Receivables - nonadmitted                                    | \$ 13,237 | \$ 3,425  | \$ 9,812  |
|    | (11) Net operating loss carry-forward                             | \$        | \$        | \$        |
|    | (12) Tax credit carry-forward                                     | \$        | \$        | \$        |
|    | (13) Other (including items <5% of total ordinary tax assets)     | \$ 1,731  | \$ 2,164  | \$ (433)  |
|    | (99) Subtotal   | \$ 21,009 | \$ 10,870 | \$ 10,139 |
|    | (b) Statutory valuation allowance adjustment                      | \$        | \$        | \$        |
|    | (c) Nonadmitted   | \$ (374)  | \$ (795)  | \$ 421    |
|    | (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)        | \$ 20,635 | \$ 10,075 | \$ 10,560 |
|    | (e) Capital:  |           |           |           |
|    | (1) Investments   | \$        | \$        | \$        |
|    | (2) Net capital loss carry-forward                                | \$        | \$        | \$        |
|    | (3) Real estate   | \$        | \$        | \$        |
|    | (4) Other (including items <5% of total capital tax assets)       | \$        | \$        | \$        |
|    | (99) Subtotal   | \$        | \$        | \$        |
|    | (f) Statutory valuation allowance adjustment                      | \$        | \$        | \$        |
|    | (g) Nonadmitted   | \$        | \$        | \$        |
|    | (h) Admitted capital deferred tax assets (2e99 - 2f - 2g)         | \$        | \$        | \$        |
|    | (i) Admitted deferred tax assets (2d + 2h)                        | \$ 20,635 | \$ 10,075 | \$ 10,560 |
| 3. | Deferred Tax Liabilities:   |           |           |           |
|    | (a) Ordinary  |           |           |           |
|    | (1) Investments   | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (2) Fixed assets  | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (3) Deferred and uncollected premium                              | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (4) Policyholder reserves   | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (5) Other (including items <5% of total ordinary tax liabilities) | \$ 58     | \$ 70     | \$ (12)   |
|    | (99) Subtotal   | \$ 58     | \$ 70     | \$ (12)   |
|    | (b) Capital:  |           |           |           |
|    | (1) Investments   | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (2) Real Estate   | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (3) Other (including items <5% of total capital tax liabilities)  | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (99) Subtotal   | \$ 0.00   | \$ 0.00   | \$ 0.00   |
|    | (c) Deferred tax liabilities (3a99 + 3b99)                        | \$ 58     | \$ 70     | \$ (12)   |
| 4. | Net deferred tax assets/liabilities (2i - 3c)                     | \$ 20,577 | \$ 10,005 | \$ 10,572 |

## D. 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:

|   | 2020           | Tax rate     |
|---|----------------|--------------|
| Provision at statutory rate                         | 115,756        | 21.0%        |
| Tax exempt deduction                                | -              | 0.0%         |
| Dividends received deduction                        | -              | 0.0%         |
| Proration of tax exempt investment income           | -              | 0.0%         |
| Nondeductible expenses                              | 166            | 0.0%         |
| Change in deferred tax on non-admitted assets       | (9,812)        | -1.8%        |
| 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                       | -              | 0.0%         |
| Other - due to effective rate for current liability | 114            | 0.2%         |
| <b>Totals</b>                                       | <b>106,224</b> | <b>19.3%</b> |
| Federal income taxes incurred                       | 116,375        |              |
| Change in net deferred income taxes                 | (10,151)       |              |
| <b>Total statutory income taxes</b>                 | <b>106,224</b> |              |

## E. Operating loss and Tax Credit Carryforwards

- At December 31, 2020, the Company does not have a net operating loss carryforward.
- The following is income tax expense for 2020 and 2019 that is available for recoupment in the event of future net losses:

| Year | Ordinary | Capital | Total  |
|------|----------|---------|--------|
| 2019 | 27,616   | -       | 27,616 |

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.

|      |         |   |         |
|------|---------|---|---------|
| 2020 | 116,375 | - | 116,375 |
|      | 143,991 | - | 143,991 |

3. Deposits admitted under IRC § 6603

## F. Consolidated Federal Income Tax Return

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

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

1. 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. VBS recorded a receivable from DDIA of \$447,485 as of December 31, 2020 and \$330,592 as of December 31, 2019. There were no receivables between VBS and VHI as of December 31, 2020 and 2019. There were no payables between VBS and VHI as of December 31, 2020 and 2019.

VBS has a management agreement with DDIA. Management fee expense for the year ending December 31, 2020 was \$401,773 and for the year ending December 31, 2019 was \$387,007.

Item 11. Debt - The Company has no borrowed money at this time

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

Item 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations - Not Applicable

3. There are no laws with the Company's state of incorporation, Iowa, that restrict the amount of dividends paid.
4. An ordinary dividend in the amount of \$100,000 was paid on December 10, 2020 and a dividend in the amount of \$97,500 was paid on December 3, 2019 by the Company.
5. There are no restrictions placed on the portion of the Company's profits that may be paid as an ordinary dividend to stockholders.

Item 14. Contingencies

- A. The Company has no known contingent liabilities.
- B. The Company has committed no reserves to cover any contingent liabilities.

Item 15. Leases -Not Applicable

Item 16. Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk - Not Applicable

Item 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets - Not Applicable
- C. Wash Sales

The Company did not have any wash sales for the year ended December 31, 2020.

Item 18. Gain or Loss from Uninsured Plans

- A. ASO Plans - Not applicable
- B. ASC Plans -Not applicable

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

Item 20. Fair Value Measurements

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.**

A. The Company does not hold any investments other than cash as of December 31, 2020.

Item 21. Other Items –Not Applicable

Item 22. Events Subsequent –

**Affordable Health Care Act Insurers Fees**

The Company was subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due.

|  | Current Year       | Prior Year |
|--|--------------------|------------|
| A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? | Yes                |            |
| B. ACA fee assessment payable for the upcoming year  | \$ .....0          | \$ ..... 0 |
| C. ACA fee assessment paid   | \$ .....0          | \$ ..... 0 |
| D. Premium written subject to ACA 9010 assessment  | \$ ..... 5,657,905 |            |
| E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)   | \$ .....1,333,874  |            |
| F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)  | \$ ..... 1,333,874 |            |
| G. Authorized Control Level (Five-Year Historical Line 15)   | \$ .....165,607    |            |
| H. Would reporting the ACA assessment as of Dec. 31, 2020 have triggered an RBC action level (YES/NO)?   | No                 |            |

Item 23. Reinsurance-Not Applicable

Item 24. Retrospective Rated Contracts - Not Applicable

Item 25. Change in Incurred Claims and Claim Adjustment Expenses

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

|  | <u>2020</u>              | <u>2019</u>             |
|--|--------------------------|-------------------------|
| Balance as of January 1,                   | \$ 94,080                | \$ 100,940              |
| Add provision for claims occurring in:     |                          |                         |
| Current year                               | \$ 3,770,850             | \$ 3,655,962            |
| Prior years                                | (9,357)                  | (5,730)                 |
| Total Incurred                             | <u>\$ 3,761,493</u>      | <u>\$ 3,650,232</u>     |
| Deduct payments for claims occurring in:   |                          |                         |
| Current year                               | \$ 3,661,028             | \$ 3,557,967            |
| Prior years                                | 87,116                   | 99,125                  |
| Total Paid                                 | <u>\$ 3,748,144</u>      | <u>\$ 3,657,092</u>     |
| Balance at the end of the reporting period | <u><u>\$ 107,429</u></u> | <u><u>\$ 94,080</u></u> |

As a result of changes in estimates of insured events in prior years, the provision for claims and claim adjustment expenses decreased by \$9,357 and by \$5,730 in 2020 and 2019, respectively, because of differences in actual and assumed utilization and costs of vision services.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.**

Item 26. Intercompany Pooling Arrangements - Not Applicable

Item 27. Structured Settlements – Not Applicable

Item 28. Health Care Receivables –

A. The Company does not have any pharmaceutical rebate receivables

B. The Company does not have any risk sharing receivables

Item 29. Participating Policies – Not Applicable

Item 30. Premium Deficiency Reserves – Not Applicable

Item 31. Anticipated Salvage & Subrogation - Not Applicable

# 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 and 2.
- 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. ....12/31/2016
- 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. ....12/31/2016
- 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). ....06/07/2018
- 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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, .....
- 7.21 State the percentage of foreign control .....0.0 %
- 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<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
|                  |                     |
|                  |                     |



**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 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<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
|                     |                                |          |          |           |          |

- 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 [ X ]
- 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 [ X ]
- 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, Director, Actuarial Services, Delta Dental of Wisconsin, 2801 Hoover Road, P.O. Box 828, 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? Yes [ X ] No [ ]
  - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - c. Compliance with applicable governmental laws, rules and regulations;
  - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - e. Accountability for adherence to the code.
- 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).

## GENERAL INTERROGATORIES

- 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<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>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: \$ .....447,485

### INVESTMENT

- 24.01 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 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 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)
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ .....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ .....
- 24.06 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 ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.08 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 ]

**GENERAL INTERROGATORIES**

- 24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
  - 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
  - 24.093 Total payable for securities lending reported on the liability page \$.....0
- 25.1 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 21.1 and 24.03). Yes [ ] No [ X ]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$.....
  - 25.22 Subject to reverse repurchase agreements \$.....
  - 25.23 Subject to dollar repurchase agreements \$.....
  - 25.24 Subject to reverse dollar repurchase agreements \$.....
  - 25.25 Placed under option agreements \$.....
  - 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
  - 25.27 FHLB Capital Stock \$.....
  - 25.28 On deposit with states \$.....
  - 25.29 On deposit with other regulatory bodies \$.....
  - 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
  - 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
  - 25.32 Other \$.....

25.3 For category (25.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
|                            |                  |             |

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 26.2 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 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ X ]
- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:
- 26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
  - 26.42 Permitted accounting practice Yes [ ] No [ ]
  - 26.43 Other accounting guidance Yes [ ] No [ ]
- 26.5 By responding YES to 26.41 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.
- 27.1 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 ]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$.....
28. 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 ]
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---------------------------|--------------------------|
|                           |                          |

## GENERAL INTERROGATORIES

28.02 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<br>Name(s)                                  | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|------------------|------------------------------|
| The Company does not have any agreements..... |                  |                              |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [ ] No [ X ]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|                    |                    |                     |             |

28.05 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<br>Name of Firm or Individual                       | 2<br>Affiliation |
|---|------------------|
| The Company holds no investments other than cash..... |                  |
|   |                  |
|   |                  |

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
|   |                                 |                                    |                      |  |
|   |                                 |                                    |                      |  |
|   |                                 |                                    |                      |  |

29.1 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 ]

29.2 If yes, complete the following schedule:

| 1<br>CUSIP #  | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
|               |                          |                                   |
|               |                          |                                   |
|               |                          |                                   |
| 29.2999 TOTAL |                          | 0                                 |

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

| 1<br>Name of Mutual Fund (from above table) | 2<br>Name of Significant Holding of the Mutual Fund | 3<br>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4<br>Date of Valuation |
|---|---|---|------------------------|
|   |   |   |                        |
|   |   |   |                        |
|   |   |   |                        |

## GENERAL INTERROGATORIES

30. 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<br>Statement (Admitted)<br>Value | 2<br>Fair Value | 3<br>Excess of Statement<br>over Fair Value (-),<br>or Fair Value<br>over Statement (+) |
|----------------------------|------------------------------------|-----------------|---|
| 30.1 Bonds.....            | 0                                  |                 | 0   |
| 30.2 Preferred Stocks..... | 0                                  |                 | 0   |
| 30.3 Totals                | 0                                  | 0               | 0   |

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

31.1 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 ]

31.2 If the answer to 31.1 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 [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

33. 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 ]

34. 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 ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ X ]

36. 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 36.a -36.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 ]

### OTHER

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

37.2 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<br>Name | 2<br>Amount Paid |
|-----------|------------------|
|           | \$               |
|           | \$               |
|           | \$               |

## GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$ .....16,249

38.2 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<br>Name                 | 2<br>Amount Paid |
|---------------------------|------------------|
| Nyemaster Goode, P.C..... | \$..... 15,249   |

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

39.2 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<br>Name | 2<br>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<br>Current Year | 2<br>Prior Year   |
|-----|-------------------------|-------------------|-------------------|
| 2.1 | Premium Numerator       | \$ .....5,657,905 | \$ .....5,015,458 |
| 2.2 | Premium Denominator     | \$ .....5,657,905 | \$ .....5,015,458 |
| 2.3 | Premium Ratio (2.1/2.2) | .....1.000        | .....1.000        |
| 2.4 | Reserve Numerator       | \$ .....104,300   | \$ .....91,340    |
| 2.5 | Reserve Denominator     | \$ .....104,300   | \$ .....91,340    |
| 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 .....37,964  
 8.2 Number of providers at end of reporting year .....38,493

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 .....706,535  
 9.22 Business with rate guarantees over 36 months .....

# 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<br>Company Name | 2<br>NAIC<br>Company<br>Code | 3<br>Domiciliary<br>Jurisdiction | 4<br>Reserve Credit | Assets Supporting Reserve Credit |                          |            |
|-------------------|------------------------------|----------------------------------|---------------------|----------------------------------|--------------------------|------------|
|                   |                              |                                  |                     | 5<br>Letters of Credit           | 6<br>Trust<br>Agreements | 7<br>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<br>2020 | 2<br>2019 | 3<br>2018 | 4<br>2017 | 5<br>2016 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>Balance Sheet (Pages 2 and 3)</b>   |           |           |           |           |           |
| 1. Total admitted assets (Page 2, Line 28)   | 2,154,866 | 1,683,693 | 1,868,699 | 1,346,285 | 1,004,357 |
| 2. Total liabilities (Page 3, Line 24)   | 820,992   | 648,173   | 843,169   | 547,932   | 326,254   |
| 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)   | 1,333,874 | 1,035,520 | 1,025,530 | 798,353   | 678,102   |
| <b>Income Statement (Page 4)</b>   |           |           |           |           |           |
| 5. Total revenues (Line 8)   | 5,657,905 | 5,015,458 | 4,239,243 | 3,450,116 | 2,284,547 |
| 6. Total medical and hospital expenses (Line 18)   | 3,523,520 | 3,404,894 | 2,863,870 | 2,348,494 | 1,507,746 |
| 7. Claims adjustment expenses (Line 20)  | 237,973   | 245,338   | 127,755   | 107,521   | 68,799    |
| 8. Total administrative expenses (Line 21)   | 1,350,541 | 1,246,787 | 886,348   | 820,052   | 555,868   |
| 9. Net underwriting gain (loss) (Line 24)  | 545,870   | 118,439   | 361,271   | 174,049   | 152,133   |
| 10. Net investment gain (loss) (Line 27)   | 5,009     | 13,794    | 9,428     | 3,834     | 1,829     |
| 11. Total other income (Lines 28 plus 29)  | 0         | 0         | 0         | 0         | 0         |
| 12. Net income or (loss) (Line 32)   | 434,504   | 105,295   | 289,872   | 117,526   | 109,306   |
| <b>Cash Flow (Page 6)</b>  |           |           |           |           |           |
| 13. Net cash from operations (Line 11)   | 677,562   | (146,097) | 613,226   | 285,317   | 165,257   |
| <b>Risk-Based Capital Analysis</b>   |           |           |           |           |           |
| 14. Total adjusted capital   | 1,333,874 | 1,035,520 | 1,025,530 | 798,353   | 678,102   |
| 15. Authorized control level risk-based capital  | 165,607   | 174,143   | 143,019   | 115,388   | 78,354    |
| <b>Enrollment (Exhibit 1)</b>  |           |           |           |           |           |
| 16. Total members at end of period (Column 5, Line 7)  | 83,088    | 73,792    | 60,550    | 52,284    | 32,389    |
| 17. Total members months (Column 6, Line 7)  | 972,888   | 860,713   | 714,105   | 576,353   | 369,896   |
| <b>Operating Percentage (Page 4)</b><br>(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)                       | 62.3      | 67.9      | 67.6      | 68.1      | 66.0      |
| 20. Cost containment expenses  | 0.3       | 0.3       | 0.3       | 0.3       | 0.3       |
| 21. Other claims adjustment expenses   | 3.9       | 4.6       | 2.7       | 2.8       | 2.7       |
| 22. Total underwriting deductions (Line 23)  | 90.4      | 97.6      | 91.5      | 95.0      | 93.3      |
| 23. Total underwriting gain (loss) (Line 24)   | 9.6       | 2.4       | 8.5       | 5.0       | 6.7       |
| <b>Unpaid Claims Analysis</b><br>(U&I Exhibit, Part 2B)  |           |           |           |           |           |
| 24. Total claims incurred for prior years (Line 13, Col. 5)  | 81,594    | 92,470    | 73,316    | 68,673    | 52,327    |
| 25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]                          | 91,340    | 98,000    | 74,000    | 74,000    | 57,000    |
| <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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Veratrus Benefit Solutions, Inc.

2.

(LOCATION)

NAIC Group Code 4690

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2020

NAIC Company Code 13742

|   | 1<br>Total | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
|   |            | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |             |
| Total Members at end of:  |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 1. Prior Year .....   | 73,792     |                                       |            |                             | 73,792              |                     |   |                              |                            |             |
| 2. First Quarter .....  | 79,434     |                                       |            |                             | 79,434              |                     |   |                              |                            |             |
| 3. Second Quarter .....   | 81,412     |                                       |            |                             | 81,412              |                     |   |                              |                            |             |
| 4. Third Quarter .....  | 82,293     |                                       |            |                             | 82,293              |                     |   |                              |                            |             |
| 5. Current Year .....   | 83,088     |                                       |            |                             | 83,088              |                     |   |                              |                            |             |
| 6. Current Year Member Months                                   | 972,888    |                                       |            |                             | 972,888             |                     |   |                              |                            |             |
| Total Member Ambulatory Encounters for Year:                    |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 7. Physician .....  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 8. Non-Physician .....  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 9. Total  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                              | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 11. Number of Inpatient Admissions                              | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 12. Health Premiums Written (b) .....                           | 5,657,905  |                                       |            |                             | 5,657,905           |                     |   |                              |                            |             |
| 13. Life Premiums Direct .....                                  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 14. Property/Casualty Premiums Written .....                    | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 15. Health Premiums Earned .....                                | 5,657,905  |                                       |            |                             | 5,657,905           |                     |   |                              |                            |             |
| 16. Property/Casualty Premiums Earned                           | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 17. Amount Paid for Provision of Health Care Services .....     | 3,510,560  |                                       |            |                             | 3,510,560           |                     |   |                              |                            |             |
| 18. Amount Incurred for Provision of Health Care Services ..... | 3,523,520  |                                       |            |                             | 3,523,520           |                     |   |                              |                            |             |

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

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

301A



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Veratrus Benefit Solutions, Inc.

2.

(LOCATION)

| NAIC Group Code   | 4690       | BUSINESS IN THE STATE OF Consolidated |            | DURING THE YEAR 2020        |                     |                     |   |                              |                            | NAIC Company Code |  | 13742 |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------------|--|-------|
|   | 1<br>Total | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other       |  |       |
|   |            | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |                   |  |       |
| Total Members at end of:                                  |            |                                       |            |                             |                     |                     |   |                              |                            |                   |  |       |
| 1. Prior Year   | 73,792     | 0                                     | 0          | 0                           | 73,792              | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 2. First Quarter  | 79,434     | 0                                     | 0          | 0                           | 79,434              | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 3. Second Quarter   | 81,412     | 0                                     | 0          | 0                           | 81,412              | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 4. Third Quarter  | 82,293     | 0                                     | 0          | 0                           | 82,293              | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 5. Current Year   | 83,088     | 0                                     | 0          | 0                           | 83,088              | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 6. Current Year Member Months                             | 972,888    | 0                                     | 0          | 0                           | 972,888             | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| Total Member Ambulatory Encounters for Year:              |            |                                       |            |                             |                     |                     |   |                              |                            |                   |  |       |
| 7. Physician  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 8. Non-Physician  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 9. Total  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 10. Hospital Patient Days Incurred                        | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 11. Number of Inpatient Admissions                        | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 12. Health Premiums Written (b)                           | 5,657,905  | 0                                     | 0          | 0                           | 5,657,905           | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 13. Life Premiums Direct                                  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 14. Property/Casualty Premiums Written                    | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 15. Health Premiums Earned                                | 5,657,905  | 0                                     | 0          | 0                           | 5,657,905           | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 16. Property/Casualty Premiums Earned                     | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 17. Amount Paid for Provision of Health Care Services     | 3,510,560  | 0                                     | 0          | 0                           | 3,510,560           | 0                   | 0   | 0                            | 0                          | 0                 |  |       |
| 18. Amount Incurred for Provision of Health Care Services | 3,523,520  | 0                                     | 0          | 0                           | 3,523,520           | 0                   | 0   | 0                            | 0                          | 0                 |  |       |

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

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

30.GT

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 6

**NONE**

Schedule S - Part 7

**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

| State, Etc.  | 1<br>Active Status (a) | Direct Business Only            |                           |                         |  |   |                                 |                                |                             |  |
|--|------------------------|---------------------------------|---------------------------|-------------------------|--|---|---------------------------------|--------------------------------|-----------------------------|--|
|  |                        | 2<br>Accident & Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>Federal Employees Health Benefits Plan Premiums | 6<br>Life & Annuity Premiums & Other Considerations | 7<br>Property/Casualty Premiums | 8<br>Total Columns 2 Through 7 | 9<br>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                               | 5,657,905                 |                         |  |   |                                 | 5,657,905                      | 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                           |  |
| 59. Subtotal   | XXX                    | 5,657,905                       | 0                         | 0                       | 0  | 0   | 0                               | 5,657,905                      | 0                           |  |
| 60. Reporting entity contributions for Employee Benefit Plans        | XXX                    |                                 |                           |                         |  |   |                                 | 0                              |                             |  |
| 61. Total (Direct Business)  | XXX                    | 5,657,905                       | 0                         | 0                       | 0  | 0   | 0                               | 5,657,905                      | 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                           |  |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX                    | 0                               | 0                         | 0                       | 0  | 0   | 0                               | 0                              | 0                           |  |

(a) Active Status Counts

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

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

All Business is written in Iowa.

**SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

| States, Etc.                 |     | Direct Business Only                   |  |  |  |                                | Totals |
|------------------------------|-----|--|--|--|--|--------------------------------|--------|
|                              |     | 1<br>Life<br>(Group and<br>Individual) | 2<br>Annuities (Group<br>and Individual) | 3<br>Disability<br>Income<br>(Group and<br>Individual) | 4<br>Long-Term Care<br>(Group and<br>Individual) | 5<br>Deposit-Type<br>Contracts |        |
| 1. Alabama                   | AL  |  |  |  |  |                                | 0      |
| 2. Alaska                    | AK  |  |  |  |  |                                | 0      |
| 3. Arizona                   | AZ  |  |  |  |  |                                | 0      |
| 4. Arkansas                  | AR  |  |  |  |  |                                | 0      |
| 5. California                | CA  |  |  |  |  |                                | 0      |
| 6. Colorado                  | CO  |  |  |  |  |                                | 0      |
| 7. Connecticut               | CT  |  |  |  |  |                                | 0      |
| 8. Delaware                  | DE  |  |  |  |  |                                | 0      |
| 9. District of Columbia      | DC  |  |  |  |  |                                | 0      |
| 10. Florida                  | FL  |  |  |  |  |                                | 0      |
| 11. Georgia                  | GA  |  |  |  |  |                                | 0      |
| 12. Hawaii                   | HI  |  |  |  |  |                                | 0      |
| 13. Idaho                    | ID  |  |  |  |  |                                | 0      |
| 14. Illinois                 | IL  |  |  |  |  |                                | 0      |
| 15. Indiana                  | IN  |  |  |  |  |                                | 0      |
| 16. Iowa                     | IA  |  |  |  |  |                                | 0      |
| 17. Kansas                   | KS  |  |  |  |  |                                | 0      |
| 18. Kentucky                 | KY  |  |  |  |  |                                | 0      |
| 19. Louisiana                | LA  |  |  |  |  |                                | 0      |
| 20. Maine                    | ME  |  |  |  |  |                                | 0      |
| 21. Maryland                 | MD  |  |  |  |  |                                | 0      |
| 22. Massachusetts            | MA  |  |  |  |  |                                | 0      |
| 23. Michigan                 | MI  |  |  |  |  |                                | 0      |
| 24. Minnesota                | MN  |  |  |  |  |                                | 0      |
| 25. Mississippi              | MS  |  |  |  |  |                                | 0      |
| 26. Missouri                 | MO  |  |  |  |  |                                | 0      |
| 27. Montana                  | MT  |  |  |  |  |                                | 0      |
| 28. Nebraska                 | NE  |  |  |  |  |                                | 0      |
| 29. Nevada                   | NV  |  |  |  |  |                                | 0      |
| 30. New Hampshire            | NH  |  |  |  |  |                                | 0      |
| 31. New Jersey               | NJ  |  |  |  |  |                                | 0      |
| 32. New Mexico               | NM  |  |  |  |  |                                | 0      |
| 33. New York                 | NY  |  |  |  |  |                                | 0      |
| 34. North Carolina           | NC  |  |  |  |  |                                | 0      |
| 35. North Dakota             | ND  |  |  |  |  |                                | 0      |
| 36. Ohio                     | OH  |  |  |  |  |                                | 0      |
| 37. Oklahoma                 | OK  |  |  |  |  |                                | 0      |
| 38. Oregon                   | OR  |  |  |  |  |                                | 0      |
| 39. Pennsylvania             | PA  |  |  |  |  |                                | 0      |
| 40. Rhode Island             | RI  |  |  |  |  |                                | 0      |
| 41. South Carolina           | SC  |  |  |  |  |                                | 0      |
| 42. South Dakota             | SD  |  |  |  |  |                                | 0      |
| 43. Tennessee                | TN  |  |  |  |  |                                | 0      |
| 44. Texas                    | TX  |  |  |  |  |                                | 0      |
| 45. Utah                     | UT  |  |  |  |  |                                | 0      |
| 46. Vermont                  | VT  |  |  |  |  |                                | 0      |
| 47. Virginia                 | VA  |  |  |  |  |                                | 0      |
| 48. Washington               | WA  |  |  |  |  |                                | 0      |
| 49. West Virginia            | WV  |  |  |  |  |                                | 0      |
| 50. Wisconsin                | WI  |  |  |  |  |                                | 0      |
| 51. Wyoming                  | WY  |  |  |  |  |                                | 0      |
| 52. American Samoa           | AS  |  |  |  |  |                                | 0      |
| 53. Guam                     | GU  |  |  |  |  |                                | 0      |
| 54. Puerto Rico              | PR  |  |  |  |  |                                | 0      |
| 55. US Virgin Islands        | VI  |  |  |  |  |                                | 0      |
| 56. Northern Mariana Islands | MP  |  |  |  |  |                                | 0      |
| 57. Canada                   | CAN |  |  |  |  |                                | 0      |
| 58. Aggregate Other Alien    | OT  |  |  |  |  |                                | 0      |
| 59. Totals                   |     | 0                                      | 0  | 0  | 0  | 0                              | 0      |

NONE

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
GROUP**

**MEMBERS OF A HOLDING COMPANY**

**PART 1 - ORGANIZATIONAL CHART**

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

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1          | 2                    | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16 |
|------------|----------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name           | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | *  |
| 04690      | Delta Dental of Iowa | 55786             | 42-0959302 |              |     |  | Delta Dental of Iowa                        | IA                   | UIP                              | Delta Dental of Iowa                           | Board of Directors   | 0.0  | Delta Dental of Iowa                       | N                                | 0  |
|            |                      | 00000             | 81-5414506 |              |     |  | Veratrus Health, Inc.                       | IA                   | UDP                              | Veratrus Health, Inc.                          | Board of Directors   | 100.0                                      | Delta Dental of Iowa                       | N                                | 0  |
|            |                      | 00000             | 26-0762771 |              |     |  | Delta Dental of Iowa Foundation             | IA                   | NIA                              | Delta Dental of Iowa Foundation                | Board of Directors   | 0.0  | Delta Dental of Iowa                       | N                                | 0  |
| 04690      | Delta Dental of Iowa | 13742             | 27-1584394 |              |     |  | Veratrus Benefit Solutions, Inc.            | IA                   | RE                               | Veratrus Health, Inc.                          | Board of Directors   | 100.0                                      | Delta Dental of Iowa                       | N                                | 0  |
|            |                      | 00000             | 38-4028167 |              |     |  | Veratrus Investments, LLC                   | IA                   | NIA                              | Veratrus Health, Inc.                          | Board of Directors   | 100.0                                      | Delta Dental of Iowa                       | N                                | 0  |

41

|          |             |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|



SCHEDULE Y

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

| 1                             | 2          | 3  | 4                     | 5                     | 6  | 7  | 8   | 9   | 10  | 11   | 12          | 13   |
|-------------------------------|------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|-------------|--|
| NAIC Company Code             | ID Number  | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | *   | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals      | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 55786                         | 42-0959302 | Delta Dental of Iowa                                     |                       | (750,000)             |  |  | 1,167,507                                   |   |     | (5,608,977)  | (5,191,470) |  |
| 13742                         | 27-1584394 | Veratrus Benefit Solutions, Inc.                         | (100,000)             |                       |  |  | (401,773)                                   |   |     |  | (501,773)   |  |
|                               | 81-5414506 | Veratrus Health Inc.                                     | 100,000               | 750,000               |  |  | (301,689)                                   |   |     |  | 548,311     |  |
|                               | 26-0762771 | Delta Dental of Iowa Foundation                          |                       |                       |  |  | (464,045)                                   |   |     | 5,608,977  | 5,144,932   |  |
| <b>9999999 Control Totals</b> |            |  | 0                     | 0                     | 0  | 0  | 0   | 0   | XXX | 0  | 0           | 0  |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

|   | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | YES .....        |
| 2. Will an actuarial opinion be filed by March 1?   | YES .....        |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | WAIVED .....     |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES .....        |

**APRIL FILING**

|  |           |
|--|-----------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | YES ..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES ..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES ..... |

**JUNE FILING**

|  |           |
|--|-----------|
| 8. Will an audited financial report be filed by June 1?  | YES ..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES ..... |

**AUGUST FILING**

|   |           |
|---|-----------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES ..... |
|---|-----------|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

|  |          |
|--|----------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | NO ..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | NO ..... |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | NO ..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO ..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | NO ..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | NO ..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | NO ..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | NO ..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?  | NO ..... |

**APRIL FILING**

|   |          |
|---|----------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?   | NO ..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | NO ..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?   | NO ..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?  | NO ..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | NO ..... |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | NO ..... |

**AUGUST FILING**

|  |          |
|--|----------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO ..... |
|--|----------|

**Explanation:**

**Bar code:**



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.   
1 3 7 4 2 2 0 2 0 3 7 0 0 0 0 0 0

16.   
1 3 7 4 2 2 0 2 0 3 6 5 0 0 0 0 0

17.   
1 3 7 4 2 2 0 2 0 2 2 4 0 0 0 0 0

18.   
1 3 7 4 2 2 0 2 0 2 2 5 0 0 0 0 0

19.   
1 3 7 4 2 2 0 2 0 2 2 6 0 0 0 0 0

20.   
1 3 7 4 2 2 0 2 0 3 0 6 0 0 0 0 0

21.   
1 3 7 4 2 2 0 2 0 2 1 1 5 9 0 0 0

22.   
1 3 7 4 2 2 0 2 0 2 1 6 5 9 0 0 0

23.   
1 3 7 4 2 2 0 2 0 2 1 7 0 0 0 0 0

24.   
1 3 7 4 2 2 0 2 0 2 9 0 0 0 0 0 0

25.   
1 3 7 4 2 2 0 2 0 3 0 0 0 0 0 0 0

26.   
1 3 7 4 2 2 0 2 0 2 2 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M014 Additional Aggregate Lines for Page 14 Line 25.  
 \*EXEXP - Underwriting and Investment Exhibit - Part 3

|   | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total |
|---|--------------------------------------|--|--|-----------------------------|------------|
| 2504. Contributions.....                                      |                                      |  | 885  |                             | 885        |
| 2597. Summary of remaining write-ins for Line 25 from Page 14 | 0                                    | 0  | 885  | 0                           | 885        |

**SUMMARY INVESTMENT SCHEDULE**

| Investment Categories  | Gross Investment Holdings |  | Admitted Assets as Reported in the Annual Statement |  |                                 |  |
|--|---------------------------|--|---|--|---------------------------------|--|
|  | 1<br>Amount               | 2<br>Percentage of Column 1<br>Line 13 | 3<br>Amount   | 4<br>Securities Lending Reinvested Collateral Amount | 5<br>Total (Col. 3+4)<br>Amount | 6<br>Percentage of Column 5<br>Line 13 |
| <b>1. Long-Term Bonds (Schedule D, Part 1):</b>                                      |                           |  |   |  |                                 |  |
| 1.01 U.S. governments  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.02 All other governments   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.03 U.S. states, territories and possessions, etc. guaranteed                       | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed    | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.06 Industrial and miscellaneous  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.07 Hybrid securities   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.08 Parent, subsidiaries and affiliates   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.09 SVO identified funds  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.10 Unaffiliated bank loans   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 1.11 Total long-term bonds   | 0                         | 0.000                                  | 0   | 0  | 0                               | 0.000                                  |
| <b>2. Preferred stocks (Schedule D, Part 2, Section 1):</b>                          |                           |  |   |  |                                 |  |
| 2.01 Industrial and miscellaneous (Unaffiliated)                                     | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 2.02 Parent, subsidiaries and affiliates   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 2.03 Total preferred stocks  | 0                         | 0.000                                  | 0   | 0  | 0                               | 0.000                                  |
| <b>3. Common stocks (Schedule D, Part 2, Section 2):</b>                             |                           |  |   |  |                                 |  |
| 3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)                     | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.02 Industrial and miscellaneous Other (Unaffiliated)                               | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.03 Parent, subsidiaries and affiliates Publicly traded                             | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.04 Parent, subsidiaries and affiliates Other                                       | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.05 Mutual funds  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.06 Unit investment trusts  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.07 Closed-end funds  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 3.08 Total common stocks   | 0                         | 0.000                                  | 0   | 0  | 0                               | 0.000                                  |
| <b>4. Mortgage loans (Schedule B):</b>   |                           |  |   |  |                                 |  |
| 4.01 Farm mortgages  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 4.02 Residential mortgages   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 4.03 Commercial mortgages  | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 4.04 Mezzanine real estate loans   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 4.05 Total valuation allowance   | 0                         | 0.000                                  |   |  | 0                               | 0.000                                  |
| 4.06 Total mortgage loans  | 0                         | 0.000                                  | 0   | 0  | 0                               | 0.000                                  |
| <b>5. Real estate (Schedule A):</b>  |                           |  |   |  |                                 |  |
| 5.01 Properties occupied by company  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 5.02 Properties held for production of income  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 5.03 Properties held for sale  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 5.04 Total real estate   | 0                         | 0.000                                  | 0   | 0  | 0                               | 0.000                                  |
| <b>6. Cash, cash equivalents and short-term investments:</b>                         |                           |  |   |  |                                 |  |
| 6.01 Cash (Schedule E, Part 1)   | 1,669,507                 | 100.000                                | 1,669,507   |  | 1,669,507                       | 100.000                                |
| 6.02 Cash equivalents (Schedule E, Part 2)   | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 6.03 Short-term investments (Schedule DA)  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 6.04 Total cash, cash equivalents and short-term investments                         | 1,669,507                 | 100.000                                | 1,669,507   | 0  | 1,669,507                       | 100.000                                |
| 7. Contract loans  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 8. Derivatives (Schedule DB)   | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 9. Other invested assets (Schedule BA)   | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 10. Receivables for securities   | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| 11. Securities Lending (Schedule DL, Part 1)   | 0                         | 0.000                                  | 0   | XXX  | XXX                             | XXX                                    |
| 12. Other invested assets (Page 2, Line 11)  | 0                         | 0.000                                  | 0   |  | 0                               | 0.000                                  |
| <b>13. Total invested assets</b>   | <b>1,669,507</b>          | <b>100.000</b>                         | <b>1,669,507</b>                                    | <b>0</b>   | <b>1,669,507</b>                | <b>100.000</b>                         |

Schedule A - Verification

**NONE**

Schedule B - Verification

**NONE**

Schedule BA - Verification

**NONE**

Schedule D - Verification Between Years

**NONE**

Schedule D - Summary By Country

**NONE**

Schedule D - Part 1A - Section 1

**NONE**

Schedule D - Part 1A - Section 2

**NONE**

Schedule DA - Verification Between Yrs

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Part 2 - Verification Between Yrs

**NONE**

Schedule A - Part 1

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 1

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 1

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 1

**NONE**

Schedule D - Part 2 - Section 1

**NONE**

Schedule D - Part 2 - Section 2

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule D - Part 5

**NONE**

Schedule D - Part 6 - Section 1

**NONE**

Schedule D - Part 6 - Section 2

**NONE**

Schedule DA - Part 1

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part A - Section 2

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part B - Section 2

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

| 1<br>Depository   | 2<br>Code                     | 3<br>Rate of Interest | 4<br>Amount of Interest Received During Year | 5<br>Amount of Interest Accrued December 31 of Current Year | 6<br>Balance | 7<br>*        |
|---|-------------------------------|-----------------------|--|---|--------------|---------------|
| <b>OPEN DEPOSITORIES</b>  |                               |                       |  |   |              |               |
| Bankers Trust Depository Account  | Bankers Trust, Des Moines, IA |                       |  |   | 788,665      | XXX           |
| Bankers Trust Savings/Money Market Account  | Bankers Trust, Des Moines, IA | 0.230                 | 5,009  |   | 880,842      | XXX           |
| 0199998 Deposits in depositories that do not exceed the allowable limit in any one depository - Open Depositories |                               | XXX                   | XXX  |   |              | XXX           |
| <b>0199999 Totals - Open Depositories</b>   |                               | XXX                   | XXX  | 5,009   | 0            | 1,669,507 XXX |
|   |                               |                       |  |   |              |               |
| 0399999 Total Cash on Deposit   |                               | XXX                   | XXX  | 5,009   | 0            | 1,669,507 XXX |
| 0499999 Cash in Company's Office  |                               | XXX                   | XXX  | XXX   | XXX          | XXX           |
| <b>0599999 Total Cash</b>   |                               | XXX                   | XXX  | 5,009   | 0            | 1,669,507 XXX |

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

|             |           |          |           |              |           |              |           |
|-------------|-----------|----------|-----------|--------------|-----------|--------------|-----------|
| 1. January  | 1,256,741 | 4. April | 1,338,779 | 7. July      | 1,881,010 | 10. October  | 1,808,163 |
| 2. February | 1,194,782 | 5. May   | 1,557,737 | 8. August    | 1,726,275 | 11. November | 1,806,080 |
| 3. March    | 1,230,545 | 6. June  | 1,919,974 | 9. September | 1,733,319 | 12. December | 1,669,507 |



Schedule E - Part 2

**NONE**

Schedule E - Part 3

**NONE**



SUPPLEMENT FOR THE YEAR 2020 OF THE Veratrus Benefit Solutions, Inc.

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2020

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

- 1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ X ] No [ ]
If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ X ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ X ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ X ]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

Table with 10 columns: Name and Principal Position, Year, Salary, Bonus, Stock Awards, Option Awards, Sign-on Payments, Severance Payments, All Other Compensation, Totals. Rows include 'Current' for years 2020, 2019, and 2018 for various positions.

PART 3 - DIRECTOR COMPENSATION

Table with 7 columns: Name and Principal Position or Occupation and Company (if Outside Director), Direct Compensation, Stock Awards, Option Awards, Other, All Other Compensation Paid or Deferred, Totals. Includes entry for Gary Bridgewater, Director with 1,800 in Direct Compensation and Totals.

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

The Company does not have any employees. The amounts in Part 3 are paid to the Company's Board of Directors. Direct Compensation includes amounts paid to directors for attendance at meetings.