



QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Veratus Benefit Solutions, Inc.

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 Johnston, IA, US 50131 515-261-5500
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Web Site Address www.deltadentalia.com

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

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

April Elaine Schmaltz Sherry Marie Perkins Gary Lee Bridgewater

State of Iowa

County of Polk

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

April Elaine Schmaltz
President & CEO

Sherry Marie Perkins
Secretary/Treasurer

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

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

Subscribed and sworn to before me this
10 day of May, 2024

Kathi Bieghler, Notary
October 9, 2026

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$2,737,124), cash equivalents (\$0) and short-term investments (\$0)	2,737,124		2,737,124	2,440,003
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,737,124	0	2,737,124	2,440,003
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	70,075	7,256	62,819	38,606
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	60,090		60,090	59,197
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	670,269		670,269	646,868
24. Health care (\$) and other amounts receivable	1,674		1,674	2,838
25. Aggregate write-ins for other-than-invested assets	76,402	76,402	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,615,635	83,658	3,531,977	3,187,512
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	3,615,635	83,658	3,531,977	3,187,512
DETAILS OF WRITE-INS				
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	34,107	34,107	0	0
2502. Inventory of Sunglasses for One and Sun	42,295	42,295	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)	76,402	76,402	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	275,000		275,000	151,700
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	8,250		8,250	4,551
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	185,565		185,565	203,657
9. General expenses due or accrued	1,064,647		1,064,647	887,640
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	124,622		124,622	112,332
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	8,919		8,919	546
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	10,000	0	10,000	10,000
24. Total liabilities (Lines 1 to 23).....	1,677,002	0	1,677,002	1,370,426
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	0
28. Gross paid in and contributed surplus	XXX	XXX	435,000	435,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,319,975	1,282,085
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,854,975	1,817,085
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,531,977	3,187,512
DETAILS OF WRITE-INS				
2301. Other Liabilities.....	10,000		10,000	10,000
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	10,000	0	10,000	10,000
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	437,202	357,909	1,483,917
2. Net premium income (including \$ non-health premium income).....	XXX	2,828,334	2,301,147	9,614,682
3. Change in unearned premium reserves and reserve for rate credits	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX		.0	.0
5. Risk revenue	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	8,921	1,975	7,570
8. Total revenues (Lines 2 to 7)	XXX	2,837,255	2,303,122	9,622,252
Hospital and Medical:				
9. Hospital/medical benefits		1,903,635	1,674,955	5,891,142
10. Other professional services .....			.0	.0
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....			.0	.0
13. Prescription drugs .....			.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	1,903,635	1,674,955	5,891,142
Less:				
17. Net reinsurance recoveries .....			.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	1,903,635	1,674,955	5,891,142
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$7,609 cost containment expenses.....		100,868	74,753	315,683
21. General administrative expenses.....		809,378	615,067	3,060,085
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	2,813,881	2,364,775	9,266,910
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	23,374	(61,653)	355,342
25. Net investment income earned		20,091	10,877	59,381
26. Net realized capital gains (losses) less capital gains tax of \$ .....			.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	20,091	10,877	59,381
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	2,500	2,500	10,000
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	45,965	(48,276)	424,723
31. Federal and foreign income taxes incurred	XXX	12,290	.0	122,332
32. Net income (loss) (Lines 30 minus 31)	XXX	33,675	(48,276)	302,391
DETAILS OF WRITE-INS				
0601.	XXX		.0	.0
0602.	XXX		.0	.0
0603.	XXX		.0	.0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701. Legal Services.....	XXX	6,952	1,975	7,528
0702. Life Insurance.....	XXX	731	.0	37
0703. Disability.....	XXX	1,238	.0	5
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	8,921	1,975	7,570
1401. ....			.0	.0
1402. ....			.0	.0
1403. ....			.0	.0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Other Income.....		2,500	2,500	10,000
2902. ....			.0	.0
2903. ....			.0	.0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	2,500	2,500	10,000

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	1,817,085	1,483,153	1,483,153
34. Net income or (loss) from Line 32	33,675	(48,276)	302,391
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	893	9,236	32,647
39. Change in nonadmitted assets	3,321	4,299	(1,106)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	37,889	(34,741)	333,932
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,854,974	1,448,412	1,817,085
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	2,786,029	2,282,645	9,659,307
2. Net investment income	20,091	10,877	59,381
3. Miscellaneous income	11,421	4,475	17,570
4. Total (Lines 1 to 3)	2,817,541	2,297,997	9,736,258
5. Benefit and loss related payments	1,877,504	1,698,414	6,201,263
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	623,999	565,951	3,048,234
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	86,579
10. Total (Lines 5 through 9)	2,501,503	2,264,365	9,336,075
11. Net cash from operations (Line 4 minus Line 10)	316,038	33,631	400,182
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(18,917)	57,027	5,320
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(18,917)	57,027	5,320
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	297,121	90,658	405,502
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,440,003	2,034,501	2,034,501
19.2 End of period (Line 18 plus Line 19.1)	2,737,124	2,125,159	2,440,003

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	128,206	.0	.0	.0	128,206	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First Quarter	145,998	.0	.0	.0	145,998	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Period:														
7. Physician .....	.0													
8. Non-Physician .....	.0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (a).....	2,828,334				2,828,334									
13. Life Premiums Direct.....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned	2,828,334				2,828,334									
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,780,335				1,780,335									
18. Amount Incurred for Provision of Health Care Services	1,903,635				1,903,635									

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

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision only	123,468	1,656,866	36,290	238,710	159,759	151,700
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	123,468	1,656,866	36,290	238,710	159,759	151,700
14. Health care receivables (a) .....					.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....					.0	.0
17. Totals (Lines 13-14+15+16)	123,468	1,656,866	36,290	238,710	159,759	151,700

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

STATEMENT AS OF MARCH 31, 2024 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 #	2024	2023
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 33,675	\$ 302,391
(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	\$ 33,675	\$ 302,391
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,854,975	\$ 1,817,085
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,854,975	\$ 1,817,085

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

There has been no change.

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

C. Accounting Policy

No change.

(11) Unpaid claims and claims adjustment expense liabilities represent the estimated ultimate net cost of all reported and unreported claims incurred through March 31, 2024. The Company does not discount claims and claim adjustment expense liabilities. The liabilities for unpaid claims and claims adjustment expenses are estimated using past experiences and statistical analysis. Those estimates are subject to the effects of trends in utilization of vision services, the amount of charges and other factors. Although considerable variability is inherent in such estimates, management believes the liabilities for claims and unpaid claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

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

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

A. The Company made no corrections of accounting errors for the quarter ended March 31, 2024.

B. There were no material changes in Accounting Principles.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

6. Joint Ventures, Partnerships and Limited Liability Companies

7. Investment Income

8. Derivative Instruments

b. Not Applicable

a.

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2024				
2. 2025				
3. 2026				
4. 2027				
5. 2028				
6. Total Adjusted Amortization				

d.

9. Income Taxes

No Change.

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

1.

3/31/2024				
	(1)	(2)	(3)	
	Ordinary	Capital	(Col 1+2) Total	
(a) Gross Deferred Tax Assets	\$ 60,111	\$	\$ 60,111	
(b) Statutory Valuation Allowance Adjustments	\$	\$	\$ 0	
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 60,111	\$ 0	\$ 60,111	
(d) Deferred Tax Assets Nonadmitted	\$	\$	\$ 0	
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 60,111	\$ 0	\$ 60,111	
(f) Deferred Tax Liabilities	\$ (21)	\$	\$ (21)	
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 60,090	\$ 0	\$ 60,090	

12/31/2023				
	(4)	(5)	(6)	
	Ordinary	Capital	(Col 4+5) Total	
(a) Gross Deferred Tax Assets	\$ 59,221	\$ 0	\$ 59,221	
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0	
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 59,221	\$ 0	\$ 59,221	
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0	
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 59,221	\$ 0	\$ 59,221	
(f) Deferred Tax Liabilities	\$ (24)	\$ 0	\$ (24)	
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 59,197	\$ 0	\$ 59,197	

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 890	\$ 0	\$ 890
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 890	\$ 0	\$ 890
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 890	\$ 0	\$ 890
(f) Deferred Tax Liabilities	\$ 3	\$ 0	\$ 3
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 893	\$ 0	\$ 893

2.

	3/31/2024		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total

Admission Calculation Components SSAP No. 101

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

	12/31/2023		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total

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

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

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

3.

2024	2023
------	------

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

4.

	3/31/2024	
	(1) Ordinary	(2) Capital

Impact of Tax-Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	60,111	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	60,111	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

	12/31/2023	
	(3) Ordinary	(4) Capital

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

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

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	890	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	890	0

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies 0.0 0.0

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

B. Deferred Tax Liabilities Not Recognized

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

- (1)
- (2)
- (3)
- (4)

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

	(1) 3/31/2024	(2) 12/31/2023		(3) (Col 1-2) Change
1. Current Income Tax				
(a) Federal	\$	\$	122,332	\$ (122,332)
(b) Foreign	\$	\$	0	\$ 0
(c) Subtotal (1a+1b)	\$	0 \$	122,332	\$ (122,332)
(d) Federal income tax on net capital gains	\$	\$	0	\$ 0
(e) Utilization of capital loss carry-forwards	\$	\$	0	\$ 0
(f) Other	\$	\$	0	\$ 0
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$	0 \$	122,332	\$ (122,332)
2. Deferred Tax Assets:				
(a) Ordinary				
(1) Discounting of unpaid losses	\$	\$	469	\$ (469)
(2) Unearned premium reserve	\$	\$	8,554	\$ (8,554)
(3) Policyholder reserves	\$	\$	0	\$ 0
(4) Investments	\$	\$	0	\$ 0
(5) Deferred acquisition costs	\$	\$	0	\$ 0
(6) Policyholder dividends accrual	\$	\$	0	\$ 0
(7) Fixed assets	\$	\$	0	\$ 0
(8) Compensation and benefits accrual	\$	\$	0	\$ 0
(9) Pension accrual	\$	\$	0	\$ 0
(10) Receivables - nonadmitted	\$	\$	18,266	\$ (18,266)
(11) Net operating loss carry-forward	\$	\$	0	\$ 0
(12) Tax credit carry-forward	\$	\$	0	\$ 0
(13) Other	\$	\$	31,932	\$ (31,932)
(99) Subtotal (sum of 2a1 through 2a13)	\$	0 \$	59,221	\$ (59,221)
(b) Statutory valuation allowance adjustment	\$	\$	0	\$ 0
(c) Nonadmitted	\$	\$	0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	0 \$	59,221	\$ (59,221)
(e) Capital:				
(1) Investments	\$	\$	0	\$ 0
(2) Net capital loss carry-forward	\$	\$	0	\$ 0
(3) Real estate	\$	\$	0	\$ 0
(4) Other	\$	\$	0	\$ 0
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	0 \$	0	\$ 0
(f) Statutory valuation allowance adjustment	\$	\$	0	\$ 0
(g) Nonadmitted	\$	\$	0	\$ 0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$	0 \$	0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$	0 \$	59,221	\$ (59,221)
3. Deferred Tax Liabilities:				
(a) Ordinary				
(1) Investments	\$	\$	0	\$ 0
(2) Fixed assets	\$	\$	0	\$ 0
(3) Deferred and uncollected premium	\$	\$	0	\$ 0
(4) Policyholder reserves	\$	\$	0	\$ 0
(5) Other	\$	\$	24	\$ (24)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	0 \$	24	\$ (24)
(b) Capital:				
(1) Investments	\$	\$	0	\$ 0
(2) Real estate	\$	\$	0	\$ 0
(3) Other	\$	\$	0	\$ 0
(99) Subtotal (3b1+3b2+3b3)	\$	0 \$	0	\$ 0
(c) Deferred tax liabilities (3a99 + 3b99)	\$	0 \$	24	\$ (24)
4. Net deferred tax assets/liabilities (2i - 3c)	\$	0 \$	59,197	\$ (59,197)

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

E. Operating Loss and Tax Credit Carryforwards

- (1)
- (2)
- (3)

F. Consolidated Federal Income Tax Return

- (1)
- (2)

G. Federal or Foreign Income Tax Loss Contingencies

H. Repatriation Transition Tax (RTT)

I. Alternative Minimum Tax Credit

		<u>Amount</u>
(1) Gross AMT Credit Recognized as:		
a. Current year recoverable	\$	
b. Deferred tax asset (DTA)	\$	
(2) Beginning Balance of AMT Credit Carryforward	\$	
(3) Amounts Recovered	\$	
(4) Adjustments	\$	
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$	0
(6) Reduction for Sequestration	\$	
(7) Nonadmitted by Reporting Entity	\$	
(8) Reporting Entity Ending Balance (8=5-6-7)	\$	0

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
No Change.

11. Debt
No Change.

- (1)
(2) FHLB Capital Stock

a. Aggregate Totals

		Total
1. Current Year		
(a)	Membership Stock – Class A	0
(b)	Membership Stock – Class B	0
(c)	Activity Stock	
(d)	Excess Stock	
(e)	Aggregate Total (a+b+c+d)	0
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	
		Total
2. Prior Year-end		
(a)	Membership Stock – Class A	0
(b)	Membership Stock – Class B	0
(c)	Activity Stock	0
(d)	Excess Stock	0
(e)	Aggregate Total (a+b+c+d)	0
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0					
2. Class B	0					

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged			
2. Prior Year-end Total Collateral Pledged	0	0	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged			
2. Prior Year-end Total Maximum Collateral Pledged	0	0	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

		Total	Funding Agreements Reserves Established
1. Current Year			
(a)	Debt		XXX
(b)	Funding Agreements		XXX
(c)	Other		
(d)	Aggregate Total (a+b+c)	0	0
2. Prior Year-end			
(a)	Debt	0	XXX
(b)	Funding Agreements	0	0
(c)	Other	0	XXX
(d)	Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

		Total
1.	Debt	
2.	Funding Agreements	
3.	Other	
4.	Aggregate Total (Lines 1+2+3)	0

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?	
1.	Debt
2.	Funding Agreements
3.	Other

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Not applicable.

(1)

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

(2)
(3)
13. **Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**
No change.

14. **Liabilities, Contingencies and Assessments**
No change.

15. **Leases**
Not applicable.

(1)
a.
b.
c. Future minimum lease payment receivables under noncancelable leasing arrangements as of March 31, are as follows:

		Year Ending <u>December 31</u>	<u>Operating Leases</u>
1.	2024	\$	
2.	2025	\$	
3.	2026	\$	
4.	2027	\$	
5.	2028	\$	
6.	Thereafter	\$	
7.	Total (sum of 1 through 6)	\$	0

d.
(2)
a.
b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at March 31, current year and prior year were as shown below:

	2024	2023
1. Income from leveraged leases before income tax including investment tax credit	\$	\$ 0
2. Less current income tax	\$	\$ 0
3. Net income from leveraged leases (1-2)	\$ 0	\$ 0

c. The components of the investment in leveraged leases at March 31, current year and prior year were as shown below:

	2024	2023
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$ 0
2. Estimated residual value of leased assets	\$	\$ 0
3. Unearned and deferred income	\$	\$ 0
4. Investment in leveraged leases	\$	\$ 0
5. Deferred income taxes related to leveraged leases	\$	\$ 0
6. Net investment in leveraged leases	\$	\$ 0

16. **Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**
Not applicable.

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

(1)
(2)
(1)
(2)
a.
b.
c.
(3)
(4)
a.
1.
(a)
(b)
2.
b.
1.
(b)
(c)
(d)
2.
3.
4.
5.
(5)
(6)
(7)
C. Wash Sales

The Company did not have any wash sales for the quarter ended March 31, 2024.

18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**
Not applicable.

(1)
(2)
(3)
(4)

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

20. **Fair Value Measurements**
The Company does not hold any investments other than cash as of March 31, 2024.

21. **Other Items**
Not applicable.

22. **Events Subsequent**
No change.

23. **Reinsurance**
Not applicable.

(1)
(2)
(3)
(4)
(5)
(6)

24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination**
Not applicable.

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

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

STATEMENT AS OF MARCH 31, 2024 OF THE Veratus Benefit Solutions, Inc.

AMOUNT

a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$
	3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
	9. ACA Reinsurance contributions – not reported as ceded premium	\$
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors	\$ 0
	Liabilities	
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
					5	6				9	10
					Receivable	(Payable)				Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	\$ 0
2. Amounts recoverable for claims unpaid (contra liability)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
3. Amounts receivable relating to uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
5. Ceded reinsurance premiums payable	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	G	\$ 0	\$ 0
6. Liability for amounts held under uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	H	\$ 0	\$ 0
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0
3. Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
c. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

- A
- B
- C
- D
- E
- F

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$ 0	\$	\$ 0
b. 2015	\$	\$	\$	\$	\$	\$ 0
c. 2016	\$	\$	\$	\$	\$	\$ 0
d. Total (a+b+c)	\$	0 \$	0 \$	0 \$	0 \$	0

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
24E(5)d (Column 6) should equal 24E(2)c1

25. Changes in Incurred Claims and Claim Adjustment Expenses

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

	2024	2023
Balance as of January 1,	\$ 156,251	\$ 150,689
Add provision for claims occurring in:		
Current year	\$ 2,029,036	\$ 6,167,515
Prior years	(24,533)	39,309
Total Incurred	\$ 2,004,503	\$ 6,206,825
Deduct payments for claims occurring in:		
Current year	\$ 1,747,297	\$ 6,005,874
Prior years	130,207	195,389
Total Paid	\$ 1,877,504	\$ 6,201,263
Balance at the end of the reporting period	\$ 283,250	\$ 156,251

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

The forgoing reconciliation reflects a decrease of \$24,533 as of March 31, 2024 and an increase of \$39,309 as of December 31, 2023. The changes in the reserves are primarily the result of differences in actual and assumed utilization and costs of vision services.

B. Information about Significant Changes in Methodologies and Assumptions

No change.

26. Intercompany Pooling Arrangements
Not applicable.

27. Structured Settlements
Health Entities should not complete this Note.

28. Health Care Receivables
No change.

29. Participating Policies
Not applicable.

30. Premium Deficiency Reserves

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

- 1. Liability carried for premium deficiency reserves \$
- 2. Date of the most recent evaluation of this liability
- 3. Was anticipated investment income utilized in the calculation? Yes [] No []

31. **Anticipated Salvage and Subrogation**
Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2021
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2021
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).10/26/2023
- 6.4 By what department or departments?
Iowa Department of Commerce-Insurance Division.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [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.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$670,269

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

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

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

14.2 If yes, please complete the following:

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

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

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

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

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

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No [X]

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

1 Name of Custodian(s)	2 Custodian Address

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
The Company does not have any agreements		

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]

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

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. 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 a 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.

GENERAL INTERROGATORIES

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

Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent.....	67.6 %	
1.2 A&H cost containment percent	0.3 %	
1.3 A&H expense percent excluding cost containment expenses.....	31.9 %	
2.1 Do you act as a custodian for health savings accounts?.....	Yes [] No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$	
2.3 Do you act as an administrator for health savings accounts?.....	Yes [] No [X]	
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$	
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [] No [X]	
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [] No [X]	

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

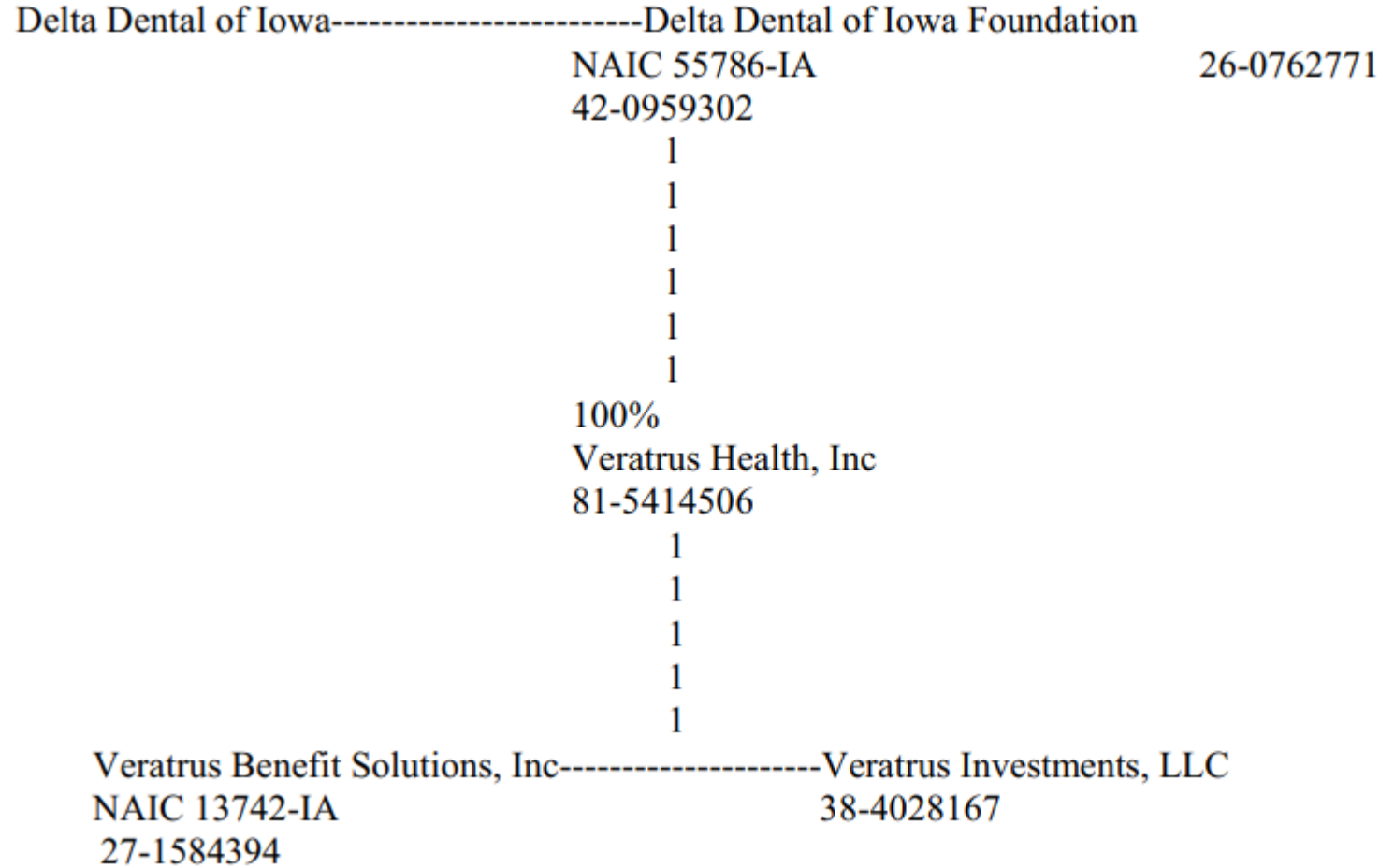
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	L	2,828,334							2,828,334	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		XXX	2,828,334	.0	.0	.0	.0	.0	.0	2,828,334	.0
60. Reporting entity contributions for Employee Benefit Plans		XXX								.0	
61. Total (Direct Business)		XXX	2,828,334	0	0	0	0	0	0	2,828,334	0
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

- 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1
- 2. R – Registered – Non-domiciled RRGs0
- 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0
- 4. Q – Qualified – Qualified or accredited reinsurer0
- 5. N – None of the above – Not allowed to write business in the state56

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



STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
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	NO	0
		00000	81-5414506				Veratrus Health, Inc.	IA	UDP	Veratrus Health, Inc.	Board of Directors	100.0	Delta Dental of Iowa	NO	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	NO	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	NO	0
		00000	38-4028167				Veratrus Investments, LLC	IA	NIA	Veratrus Health, Inc.	Board of Directors	100.0	Delta Dental of Iowa	NO	0

16

Asterisk	Explanation
----------	-------------

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

.....N/A.....

Explanation:

Bar Code:

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

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

Schedule D - Verification

NONE

Schedule D - Part 1B

NONE

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Veratrus Benefit Solutions, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
NONE								
8609999999 Total Cash Equivalents						0	0	0