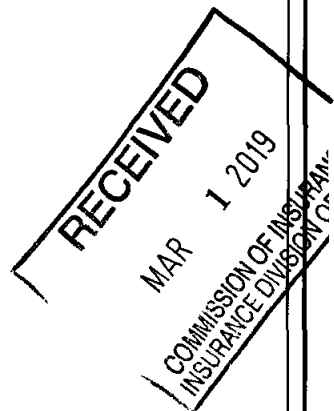


ANNUAL STATEMENT
OF THE
Veratrus Benefit Solutions, Inc.

of
Johnston
in the state of
Iowa
TO THE
Insurance Department
OF THE
STATE OF Iowa
FOR THE YEAR ENDED
DECEMBER 31, 2018



2018

3079 13742 IA
Veratrus Benefit Solutions, Inc.
9000 Northpark Drive
Johnston, IA 50131

Annual Statement

HEALTH

2018



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
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
Jeffrey Stephen Russell	President & CEO	Sherry Marie Perkins	Secretary
Sherry Marie Perkins	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Jeffrey Stephen Russell Sherry Marie Perkins Gary Lee Bridgewater

State of Iowa ss
County of Polk

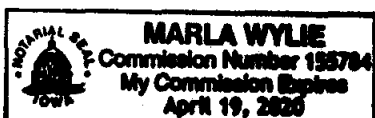
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 Sherry Marie Perkins Sherry Marie Perkins
President & CEO Secretary Treasurer

Subscribed and sworn to before me this 25th day of February, 2019

Marla Wylie
Marla Wylie, Notary
April 19, 2020

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



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	0		0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 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 (\$ 1,486,454 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA)	1,486,454		1,486,454	1,034,668
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)	1,486,454	0	1,486,454	1,034,668
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	29,198		29,198	59,257
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	12,125	4,558	7,567	4,196
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	346,851	1,371	345,480	248,164
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	14,695	14,695	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,889,323	20,624	1,868,699	1,346,285
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,889,323	20,624	1,868,699	1,346,285
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	14,695	14,695	0	0
2502.			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)	14,695	14,695	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	98,000		98,000	74,000
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,940		2,940	2,220
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	125,339		125,339	66,225
9. General expenses due or accrued	594,921		594,921	389,417
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	20,027		20,027	16,070
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	1,942		1,942	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)	843,169	0	843,169	547,932
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	490,530	263,353
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	1,025,530	798,353
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,868,699	1,346,285
DETAILS OF WRITE-INS				
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 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	714,105	576,353
2. Net premium income (including \$ 0 non-health premium income)	XXX	4,239,243	3,450,116
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	4,239,243	3,450,116
Hospital and Medical:			
9. Hospital/medical benefits		2,863,870	2,348,494
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	2,863,870	2,348,494
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	2,863,870	2,348,494
19. Non-health claims (net)			0
20. Claims adjustment expenses, including \$ 11,758 cost containment expenses		127,755	107,521
21. General administrative expenses		886,348	820,052
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	3,877,972	3,276,067
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	361,271	174,049
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		9,428	3,834
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,428	3,834
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	370,699	177,883
31. Federal and foreign income taxes incurred	XXX	80,827	60,357
32. Net income (loss) (Lines 30 minus 31)	XXX	289,872	117,526
DETAILS OF WRITE-INS			
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	2
	Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	798,353	678,102
34. Net income or (loss) from Line 32	289,872	117,526
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	6,198	(6,520)
39. Change in nonadmitted assets	(18,893)	9,245
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	(50,000)	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	227,177	120,251
49. Capital and surplus end of reporting year (Line 33 plus 48)	1,025,530	798,353
DETAILS OF WRITE-INS		
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

Cash from Operations			1	2
			Current Year	Prior Year
1.	Premiums collected net of reinsurance		4,328,416	3,405,777
2.	Net investment income		9,428	3,834
3.	Miscellaneous income		0	0
4.	Total (Lines 1 through 3)		4,337,844	3,409,611
5.	Benefit and loss related payments		2,966,905	2,456,015
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7.	Commissions, expenses paid and aggregate write-ins for deductions		680,843	592,976
8.	Dividends paid to policyholders			0
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		76,870	75,303
10.	Total (Lines 5 through 9)		3,724,618	3,124,294
11.	Net cash from operations (Line 4 minus Line 10)		613,226	285,317
Cash from Investments				
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
Cash from Financing and Miscellaneous Sources				
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
16.5	Dividends to stockholders		50,000	0
16.6	Other cash provided (applied)		(111,440)	(61,948)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(161,440)	(61,948)
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)		451,786	223,369
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year		1,034,668	811,299
19.2	End of year (Line 18 plus Line 19.1)		1,486,454	1,034,668

ANNUAL STATEMENT FOR THE YEAR 2018 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 (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	4,239,243	0	0	0	4,239,243	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)	4,239,243	0	0	0	4,239,243	0	0	0	0	0
8. Hospital/medical benefits	2,863,870				2,863,870					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)	2,863,870	0	0	0	2,863,870	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	2,863,870	0	0	0	2,863,870	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 \$ 11,758 cost containment expenses	127,755				127,755					
20. General administrative expenses	886,348				886,348					
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)	3,877,972	0	0	0	3,877,972	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	361,271	0	0	0	361,271	0	0	0	0	0
DETAILS OF WRITE-INS										XXX
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

8

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only	4,239,243			4,239,243
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)	4,239,243	0	0	4,239,243
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	4,239,243	0	0	4,239,243

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Veratrus Benefit Solutions, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	2,839,870				2,839,870					
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	2,839,870	0	0	0	2,839,870	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	98,000	0	0	0	98,000	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	98,000	0	0	0	98,000	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	
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	74,000	0	0	0	74,000	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	74,000	0	0	0	74,000	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	2,863,870	0	0	0	2,863,870	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	2,863,870	0	0	0	2,863,870	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 (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	48,680				48,680					
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	48,680	0	0	0	48,680	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct	49,320				49,320					
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	49,320	0	0	0	49,320	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	98,000	0	0	0	98,000	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	98,000	0	0	0	98,000	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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	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	73,316	2,766,554		98,000	73,316	74,000
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)	73,316	2,766,554	0	98,000	73,316	74,000
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)	73,316	2,766,554	0	98,000	73,316	74,000

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

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,889	1,792	1,768	1,768	1,768
2. 2014	1,089	1,137	1,112	1,112	1,112
3. 2015	XXX	1,387	1,392	1,392	1,392
4. 2016	XXX	XXX	1,438	1,507	1,507
5. 2017	XXX	XXX	XXX	2,280	2,353
6. 2018	XXX	XXX	XXX	XXX	2,767

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,940	1,838	1,838	1,838	1,838
2. 2014	1,117	1,164	1,164	1,164	1,164
3. 2015	XXX	1,396	1,449	1,449	1,449
4. 2016	XXX	XXX	1,512	1,581	1,581
5. 2017	XXX	XXX	XXX	2,348	2,427
6. 2018	XXX	XXX	XXX	XXX	2,865

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	1,564	1,112	50	4.5	1,162	74.3			1,162	74.3
2. 2015	2,011	1,392	53	3.8	1,444	71.8			1,444	71.8
3. 2016	2,285	1,507	73	4.8	1,580	69.1			1,580	69.1
4. 2017	3,450	2,353	110	4.7	2,463	71.4			2,463	71.4
5. 2018	4,239	2,767	113	4.1	2,880	67.9	98	3	2,981	70.3

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,889	1,792	1,768	1,768	1,768
2. 2014	1,089	1,137	1,112	1,112	1,112
3. 2015	XXX	1,387	1,392	1,392	1,392
4. 2016	XXX	XXX	1,438	1,507	1,507
5. 2017	XXX	XXX	XXX	2,280	2,353
6. 2018	XXX	XXX	XXX	XXX	2,767

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,940	1,838	1,838	1,838	1,838
2. 2014	1,117	1,164	1,164	1,164	1,164
3. 2015	XXX	1,396	1,449	1,449	1,449
4. 2016	XXX	XXX	1,512	1,581	1,581
5. 2017	XXX	XXX	XXX	2,348	2,427
6. 2018	XXX	XXX	XXX	XXX	2,865

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	1,564	1,112	50	4.5	1,162	74.3	0	0	1,162	74.3
2. 2015	2,011	1,392	53	3.8	1,444	71.8	0	0	1,444	71.8
3. 2016	2,285	1,507	73	4.8	1,580	69.1	0	0	1,580	69.1
4. 2017	3,450	2,353	110	4.7	2,463	71.4	0	0	2,463	71.4
5. 2018	4,239	2,767	113	4.1	2,880	67.9	98	3	2,981	70.3

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 (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX 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 \$ 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	NONE							
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0				0	0	0	0	0
12. Totals (gross).....	0				0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)		731	17,126		17,857
2. Salaries, wages and other benefits		8,599	229,623		238,223
3. Commissions (less \$ ceded plus \$ assumed)			451,584		451,584
4. Legal fees and expenses			1,966		1,966
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			40,981		40,981
7. Traveling expenses			7,617		7,617
8. Marketing and advertising			26,186		26,186
9. Postage, express and telephone			188		188
10. Printing and office supplies		129	9,191		9,320
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	11,758	105,818	48,286		165,861
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges			1,162		1,162
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			42,465		42,465
23.3 Regulatory authority licenses and fees			7,659		7,659
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	720	2,313	0	3,033
26. Total expenses incurred (Lines 1 to 25)	11,758	115,997	886,348	0 (a)	1,014,102
27. Less expenses unpaid December 31, current year		2,940	594,921		597,861
28. Add expenses unpaid December 31, prior year	0	2,220	389,417	0	391,637
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)	11,758	115,277	680,843	0	807,878
DETAILS OF WRITE-INS					
2501. Miscellaneous Reimbursements			1,010		1,010
2502. Sundry General			1,303		1,303
2503. Change in Claims Adjustment Expense		720			720
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	720	2,313	0	3,033

(a) Includes management fees of \$ 231,092 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 9,428	9,428
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	9,428	9,428
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)		9,428
DETAILS OF WRITE-INS		
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 \$

0

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 \$

0

paid for accrued interest on purchases.

(f) Includes \$

accrual of discount less \$

amortization of premium.

(g) Includes \$

investment expenses and \$

investment taxes, licenses and fees, excluding federal income taxes, attributable to

segregated and Separate Accounts.

(h) Includes \$

interest on surplus notes and \$

interest on capital notes.

(i) Includes \$

depreciation on real estate and \$

depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0		0
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
DETAILS OF WRITE-INS					
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 Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	4,558	1,731	(2,827)
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	1,371	0	(1,371)
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other-than-invested assets	14,695	0	(14,695)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	20,624	1,731	(18,893)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	20,624	1,731	(18,893)
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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses	14,695	0	(14,695)
2502.		0	0
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)	14,695	0	(14,695)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	0					
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	52,284	58,091	59,080	60,538	60,550	714,105
7. Total	52,284	58,091	59,080	60,538	60,550	714,105
DETAILS OF WRITE-INS						
0601. Limited Services Organization providing Vision Care Services	52,284	58,091	59,080	60,538	60,550	714,105
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)	52,284	58,091	59,080	60,538	60,550	714,105

100

100

100

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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	48,680					48,680
0499999 Subtotals	48,680	0	0	0	0	48,680
0599999 Unreported claims and other claim reserves						49,320
0699999 Total amounts withheld						
0799999 Total claims unpaid						98,000
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Veratrus Benefit Solutions, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Delta Dental of Iowa	403,742					403,742	
0199999 Individually listed receivables	403,742	0	0	0	0	403,742	0
0299999 Receivables not individually listed				1,371	1,371		
0399999 Total gross amounts receivable	403,742	0	0	1,371	1,371	403,742	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Veratrus Benefit Solutions, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
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

NOTES TO FINANCIAL STATEMENTS

Item 1. Summary of Significant Accounting Policies and Going Concerns

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

	SSAP #	F/S Page	F/S Line #	2018	2017
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 289,872	\$ 117,526
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$	\$
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 289,872	\$ 117,526
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,025,530	\$ 798,353
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,025,530	\$ 798,353

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, 2018.
2. The Company owns no Bonds as of December 31, 2018.
3. The Company owns no unaffiliated common stock as of December 31, 2018.
4. The Company owns no preferred stock as of December 31, 2018.
5. The Company owns no mortgage loans as of December 31, 2018.
6. The Company owns no loan-backed securities as of December 31, 2018.
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, 2018. 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.

NOTES TO FINANCIAL STATEMENTS

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, 2018.
- 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
- 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. Structured Notes-Not Applicable
- P. 5GI Securities-Not Applicable
- Q. Short Sales-Not Applicable
- R. 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

NOTES TO FINANCIAL STATEMENTS

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

1.

12/31/2018		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 12,239	\$ 12,239
(b) Statutory Valuation Allowance Adjustments	\$	\$
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 12,239	\$ 12,239
(d) Deferred Tax Assets Nonadmitted	\$ (4,558)	\$ (4,558)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 7,681	\$ 7,681
(f) Deferred Tax Liabilities	\$ (114)	\$ (114)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 7,567	\$ 7,567

12/31/2017		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 5,927	\$ 5,927
(b) Statutory Valuation Allowance Adjustments	\$	\$
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 5,927	\$ 5,927
(d) Deferred Tax Assets Nonadmitted	\$ (1,731)	\$ (1,731)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 4,196	\$ 4,196
(f) Deferred Tax Liabilities	\$	\$
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 4,196	\$ 4,196

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 6,312	\$ 6,312
(b) Statutory Valuation Allowance Adjustments	\$	\$
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 6,312	\$ 6,312
(d) Deferred Tax Assets Nonadmitted	\$ (2,827)	\$ (2,827)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 3,485	\$ 3,485
(f) Deferred Tax Liabilities	\$ (114)	\$ (114)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,371	\$ 3,371

2.

12/31/2018		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 7,567	\$ 7,567
(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)	\$	\$
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	\$
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	\$ 154,965
(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.	\$ 114	\$ 114
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 7,681	\$ 7,681

12/31/2017		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,763	\$ 3,763
(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	\$ 118,864
(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.	\$	\$ 0.00
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 4,196	\$ 4,196

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,804	\$ 3,804
(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	\$ 36,101
(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.	\$ 114	\$ 114
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 3,485	\$ 3,485

3.

2018		2017	
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	895	696	
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 1,033,097	\$ 802,549	

4.

12/31/2018		
(1)	(2)	(3)

NOTES TO FINANCIAL STATEMENTS

		Ordinary Percent	Capital Percent	(Col 1+2) Total Percent
Impact of Tax Planning Strategies				
(a)	Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)			0.0
(b)	Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)			0.0

12/31/2017		
(4) Ordinary Percent	(5) Capital Percent	(6) (Col 4+5) Total Percent
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0.0	0.0
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0.0	0.0

Change		
(7) (Col 1-4) Ordinary Percent	(8) (Col 2-5) Capital Percent	(9) (Col 7+8) Total Percent
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0.0	0.0
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	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) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
1. Current Income Tax				
(a)	Federal	\$ 80,827	\$ 60,357	\$ 20,470
(b)	Foreign	\$	\$	\$
(c)	Subtotal	\$ 80,827	\$ 60,357	\$ 20,470
(d)	Federal income tax on net capital gains	\$	\$	\$
(e)	Utilization of capital loss carry-forwards	\$	\$	\$
(f)	Other	\$	\$	\$
(g)	Federal and foreign income taxes incurred	\$ 80,827	\$ 60,357	\$ 20,470
2. Deferred Tax Assets:				
(a)	Ordinary			
(1)	Discounting of unpaid losses	\$ 326	\$ 116	\$ 210
(2)	Unearned premium reserve	\$ 5,942	\$ 2,781	\$ 3,161
(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	\$ 3,374	\$	\$ 3,374
(11)	Net operating loss carry-forward	\$	\$	\$
(12)	Tax credit carry-forward	\$	\$	\$
(13)	Other (including items <5% of total ordinary tax assets)	\$ 2,597	\$ 3,030	\$ (433)
(99)	Subtotal	\$ 12,239	\$ 5,927	\$ 6,312
(b)	Statutory valuation allowance adjustment	\$	\$	\$
(c)	Nonadmitted	\$ (4,558)	\$ (1,731)	\$ (2,827)
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 7,681	\$ 4,196	\$ 3,485
(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)	\$ 7,681	\$ 4,196	\$ 3,485
3. Deferred Tax Liabilities:				
(a)	Ordinary			
(1)	Investments	\$	\$ 0.00	\$ 0.00
(2)	Fixed assets	\$	\$ 0.00	\$ 0.00
(3)	Deferred and uncollected premium	\$	\$ 0.00	\$ 0.00
(4)	Policyholder reserves	\$	\$ 0.00	\$ 0.00
(5)	Other (including items <5% of total ordinary tax liabilities)	\$ 114	\$ 0.00	\$ 114
(99)	Subtotal	\$ 114	\$ 0.00	\$ 114
(b)	Capital:			
(1)	Investments	\$	\$ 0.00	\$ 0.00
(2)	Real Estate	\$	\$ 0.00	\$ 0.00
(3)	Other (including items <5% of total capital tax liabilities)	\$	\$ 0.00	\$ 0.00
(99)	Subtotal	\$ 0.00	\$ 0.00	\$ 0.00
(c)	Deferred tax liabilities (3a99 + 3b99)	\$ 114	\$ 0.00	\$ 114
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ 7,567	\$ 4,196	\$ 3,371

NOTES TO FINANCIAL STATEMENTS

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:

	2018	Tax rate
Provision at statutory rate	78,440	21.0%
Tax exempt deduction	-	0.0%
Dividends received deduction	-	0.0%
Proration of tax exempt investment income	-	0.0%
Nondeductible expenses	157	0.0%
Change in deferred tax on non-admitted assets	(3,374)	-0.9%
Change in deferred tax on pension plan	-	0.0%
Change in statutory valuation allowance	-	0.0%
Impact of rate change	-	2.1%
Prior year over/under accrual	-	0.0%
Other - due to effective rate for current liability	(594)	-0.2%
Totals	74,629	28.2%
Federal income taxes incurred	80,827	
Change in net deferred income taxes	(6,198)	
Total statutory income taxes	74,629	

E. Operating loss and Tax Credit Carryforwards

- At December 31, 2018, the Company does not have a net operating loss carryforward.
- The following is income tax expense for 2018 and 2017 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2017	60,357	-	60,357
2018	80,827	-	80,827
	141,184	-	141,184

- 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

- 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 \$345,480 as of December 31, 2018 and \$248,164 as of December 31, 2017. There were no receivables between VBS and VHI as of December 31, 2018 and 2017. VBS recorded a payable to VHI of \$1,942 as of December 31, 2018 and \$0 as of December 31, 2017.

VBS has a management agreement with DDIA. There were minor changes made to the agreement in 2018. Management fee expense for the year ending December 31, 2018 was \$231,092 and for the year ending December 31, 2017 was \$237,095.

NOTES TO FINANCIAL STATEMENTS

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

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, 2018.

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

A. The Company does not hold any investments other than cash as of December 31, 2018.

Item 21. Other Items –Not Applicable

Item 22. Events Subsequent –

Affordable Health Care Act Insurers Fees

The Company is 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. Public Law No: 115-120 was signed into law on January 22, 2018, and imposes a moratorium on the ACA fee for calendar year 2019.

There was no amount paid in 2018 for ACA fees for the premium which was combined with Delta Dental of Iowa to compute the ACA fee. VBS premiums were first excluded in the ACA calculation thus no fees were payable on September 30, 2018. There is no impact to risk based capital.

NOTES TO FINANCIAL STATEMENTS

	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	\$ 4,239,448	\$ 3,450,116
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 1,025,530	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 1,025,530	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 143,019	
H. Would reporting the ACA assessment as of Dec. 31, 2018 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>2018</u>	<u>2017</u>
Balance as of January 1,	\$ 76,220	\$ 76,220
Add provision for claims occurring in:		
Current year	\$ 2,991,588	\$ 2,461,342
Prior years	36	(5,327)
Total Incurred	<u>\$ 2,991,624</u>	<u>\$ 2,456,015</u>
Deduct payments for claims occurring in:		
Current year	\$ 2,890,309	\$ 2,384,199
Prior years	76,595	71,816
Total Paid	<u>\$ 2,966,904</u>	<u>\$ 2,456,015</u>
Balance at the end of the reporting period	<u>\$ 100,940</u>	<u>\$ 76,220</u>

As a result of changes in estimates of insured events in prior years, the provision for claims and claim adjustment expenses increased by \$36 and decreased by \$5,327 in 2018 and 2017, respectively, because of differences in actual and assumed utilization and costs of vision services.

Item 26. Intercompany Pooling Arrangements - Not Applicable

Item 27. Structured Settlements – Not Applicable

Item 28. Health Care Receivables –

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

NOTES TO FINANCIAL STATEMENTS

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?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes ☒ No ☐
- 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?
4.12 renewals?

Yes ☐ No ☒
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?
4.22 renewals?

Yes ☐ No ☒
Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.0 %

1 Nationality	2 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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, 27400 Highway, Southfield, MI 48037
- 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 ☒
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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 ☒ 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 ☒ 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 ☒ 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 ☒
- 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 ☒
- 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 ☒
- 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 ☒ No ☐
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$ 345,480

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 ☒ No ☐
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security 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 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes ☐ No ☐ NA ☒
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$
- 24.07 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 ☒
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes ☐ No ☐ NA ☒
- 24.09 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 ☒
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 24.103 Total payable for securities lending reported on the liability page \$ 0

GENERAL INTERROGATORIES

- 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 Nature of Restriction	2 Description	3 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? If no, attach a description with this statement.

Yes [] No [] N/A []
- 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 Name of Custodian(s)	2 Custodian's Address

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

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 Name of Firm or Individual	2 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 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 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

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

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

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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value 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:

There are no investments on 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:

GENERAL INTERROGATORIES

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 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.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$

- 36.1 Amount of payments for legal expenses, if any? \$ 1,966
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Nyemaster Goode, P.C.	\$ 1,966

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes ☐ No ☒

1.2 If yes, indicate premium earned on U.S. business only.

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ 0

1.62 Total incurred claims

\$ 0

1.63 Number of covered lives

0

All years prior to most current three years:

1.64 Total premium earned

\$ 0

1.65 Total incurred claims

\$ 0

1.66 Number of covered lives

0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ 0

1.72 Total incurred claims

\$ 0

1.73 Number of covered lives

0

All years prior to most current three years:

1.74 Total premium earned

\$ 0

1.75 Total incurred claims

\$ 0

1.76 Number of covered lives

0

2. Health Test:

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	\$ 4,239,243	\$ 3,450,116
2.2	Premium Denominator	\$ 4,239,243	\$ 3,450,116
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	\$ 98,000	\$ 74,000
2.5	Reserve Denominator	\$ 98,000	\$ 74,000
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 ☒

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 ☒ 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 ☒

5.1 Does the reporting entity have stop-loss reinsurance?

Yes ☐ No ☒

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 ☒ 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

37,829

8.2 Number of providers at end of reporting year

37,941

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes ☒ No ☐

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

480,000

9.22 Business with rate guarantees over 36 months

39,013

28

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
10.21 Maximum amount payable bonuses \$
10.22 Amount actually paid for year bonuses \$
10.23 Maximum amount payable withholds \$
10.24 Amount actually paid for year withholds \$
- 11.1 Is the reporting entity organized as:
11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
11.14 A Mixed Model (combination of above) ? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa
- 11.4 If yes, show the amount required. \$ 200,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
Iowa

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

- 15.1 Direct Premium Written (prior to reinsurance ceded) \$
- 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 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,868,699	1,346,285	1,004,357	841,676	699,456
2. Total liabilities (Page 3, Line 24)	843,169	547,932	326,254	271,848	238,628
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)	1,025,530	798,353	678,102	569,828	460,828
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,239,243	3,450,116	2,284,547	2,011,065	1,564,161
6. Total medical and hospital expenses (Line 18)	2,863,870	2,348,494	1,507,746	1,391,579	1,114,501
7. Claims adjustment expenses (Line 20)	127,755	107,521	68,799	62,943	50,389
8. Total administrative expenses (Line 21)	886,348	820,052	555,868	415,198	308,592
9. Net underwriting gain (loss) (Line 24)	361,271	174,049	152,133	141,346	90,679
10. Net investment gain (loss) (Line 27)	9,428	3,834	1,829	547	451
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	289,872	117,526	109,306	128,261	91,129
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	613,226	285,317	165,257	157,157	168,051
Risk-Based Capital Analysis					
14. Total adjusted capital	1,025,530	798,353	678,102	569,828	460,828
15. Authorized control level risk-based capital	143,019	115,388	78,354	71,757	57,412
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	60,550	52,284	32,389	29,225	23,172
17. Total members months (Column 6, Line 7)	714,105	576,353	369,896	333,960	262,243
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	67.6	68.1	66.0	69.2	71.3
20. Cost containment expenses	0.3	0.3	0.3	0.3	0.3
21. Other claims adjustment expenses	2.7	2.8	2.7	2.9	2.9
22. Total underwriting deductions (Line 23)	91.5	95.0	93.3	93.0	94.2
23. Total underwriting gain (loss) (Line 24)	8.5	5.0	6.7	7.0	5.8
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	73,316	68,673	52,327	47,227	24,288
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	74,000	74,000	57,000	52,000	26,800
Investments In Parent, Subsidiaries and Affiliates					
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 2018 OF THE Veratrus Benefit Solutions, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Veratrus Benefit Solutions, Inc.				2. _____			
NAIC Group Code		4690		BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2018		(LOCATION)			
								NAIC Company Code		13742	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		52,284				52,284					
2 First Quarter		58,091				58,091					
3 Second Quarter		59,080				59,080					
4. Third Quarter		60,538				60,538					
5. Current Year		60,550				60,550					
6 Current Year Member Months		714,105				714,105					
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)		4,239,243				4,239,243					
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		4,239,243				4,239,243					
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		2,839,870				2,839,870					
18. Amount Incurred for Provision of Health Care Services		2,863,870				2,863,870					

(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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018			NAIC Company Code			13742
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year	52,284	0	0	0	52,284	0	0	0	0	0	
2. First Quarter	58,091	0	0	0	58,091	0	0	0	0	0	
3. Second Quarter	59,080	0	0	0	59,080	0	0	0	0	0	
4. Third Quarter	60,538	0	0	0	60,538	0	0	0	0	0	
5. Current Year	60,550	0	0	0	60,550	0	0	0	0	0	
6. Current Year Member Months	714,105	0	0	0	714,105	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)	4,239,243	0	0	0	4,239,243	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	4,239,243	0	0	0	4,239,243	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	2,839,870	0	0	0	2,839,870	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	2,863,870	0	0	0	2,863,870	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

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	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	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	4,239,243						4,239,243	0
17. Kansas	KS N							0	0
18. Kentucky	KY N							0	0
19. Louisiana	LA N							0	0
20. Maine	ME N							0	0
21. Maryland	MD N							0	0
22. Massachusetts	MA N							0	0
23. Michigan	MI N							0	0
24. Minnesota	MN N							0	0
25. Mississippi	MS N							0	0
26. Missouri	MO N							0	0
27. Montana	MT N							0	0
28. Nebraska	NE N							0	0
29. Nevada	NV N							0	0
30. New Hampshire	NH N							0	0
31. New Jersey	NJ N							0	0
32. New Mexico	NM N							0	0
33. New York	NY N							0	0
34. North Carolina	NC N							0	0
35. North Dakota	ND N							0	0
36. Ohio	OH N							0	0
37. Oklahoma	OK N							0	0
38. Oregon	OR N							0	0
39. Pennsylvania	PA N							0	0
40. Rhode Island	RI N							0	0
41. South Carolina	SC N							0	0
42. South Dakota	SD N							0	0
43. Tennessee	TN N							0	0
44. Texas	TX N							0	0
45. Utah	UT N							0	0
46. Vermont	VT N							0	0
47. Virginia	VA N							0	0
48. Washington	WA N							0	0
49. West Virginia	WV N							0	0
50. Wisconsin	WI N							0	0
51. Wyoming	WY N							0	0
52. American Samoa	AS N							0	0
53. Guam	GU N							0	0
54. Puerto Rico	PR N							0	0
55. U.S. Virgin Islands	VI N							0	0
56. Northern Mariana Islands	MP N							0	0
57. Canada	CAN N							0	0
58. Aggregate other alien	OT XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	4,239,243	0	0	0	0	0	4,239,243	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	4,239,243	0	0	0	0	0	4,239,243	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
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
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state
N – None of the above – Not allowed to write business in the state lines in the state

1 R – Registered – Non-domiciled RRGs
0 Q – Qualified – Qualified or accredited reinsurer
56

0

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

All business is written in Iowa.

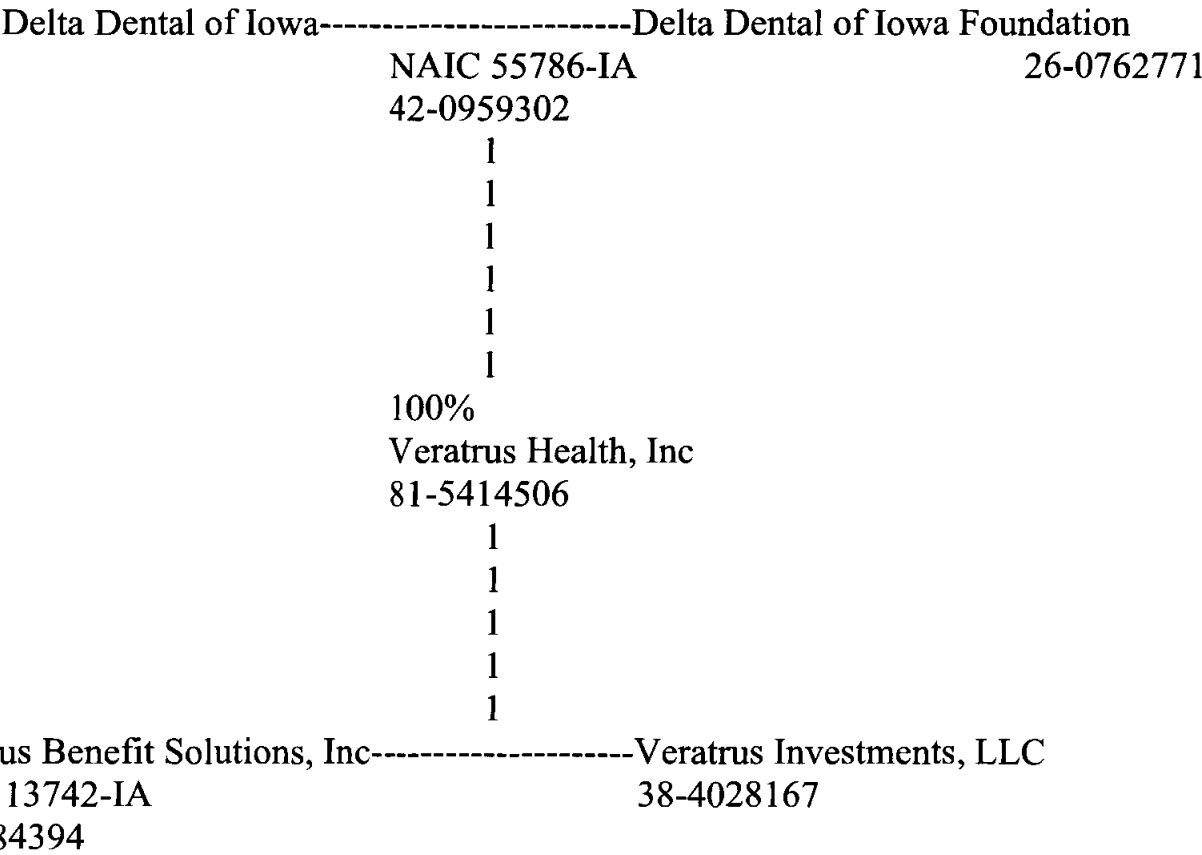
SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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 MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Veratrus Benefit Solutions, Inc.

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

[illegible]

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		(250,000)			564,267			(3,000,000)	(2,685,733)	
13742	27-1584394	Veratrus Benefit Solutions, Inc.	(50,000)				(231,092)				(281,092)	
	81-5414506	Veratrus Health Inc.	50,000	250,000							300,000	
	26-0762771	Delta Dental of Iowa Foundation					(333,175)			3,000,000	2,666,825	
9999999 Control Totals			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

Responses

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 the 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 Adjustment 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:

11.
12.
13.
14.
15.
16.
17.
18.
19.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.
21.
22.
23.
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25.
26.

Bar code:

3.

11.

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1 3 7 4 2 2 0 1 8 3 9 0 0 0 0 0 0



1 3 7 4 2 2 0 1 8 3 6 0 5 9 0 0 0



1 3 7 4 2 2 0 1 8 2 0 5 0 0 0 0 0



1 3 7 4 2 2 0 1 8 4 2 0 0 0 0 0 0



1 3 7 4 2 2 0 1 8 3 7 1 0 0 0 0 0



1 3 7 4 2 2 0 1 8 3 7 0 0 0 0 0 0



1 3 7 4 2 2 0 1 8 3 6 5 0 0 0 0 0



1 3 7 4 2 2 0 1 8 2 2 4 0 0 0 0 0



1 3 7 4 2 2 0 1 8 2 2 5 0 0 0 0 0



1 3 7 4 2 2 0 1 8 2 2 6 0 0 0 0 0



1 3 7 4 2 2 0 1 8 3 0 6 0 0 0 0 0


1 3 7 4 2 2 0 1 8 2 1 1 5 9 0 0 0


1 3 7 4 2 2 0 1 8 2 1 6 5 9 0 0 0


1 3 7 4 2 2 0 1 8 2 1 7 0 0 0 0 0


1 3 7 4 2 2 0 1 8 2 9 0 0 0 0 0 0


1 3 7 4 2 2 0 1 8 3 0 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. 
1 3 7 4 2 2 0 1 8 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	xxx	xxx	xxx
10. Cash, cash equivalents and short-term investments	1,486,454	100.000	1,486,454		1,486,454	100.000
11. Other invested assets		0.000			0	0.000
12. Total invested assets	1,486,454	100.000	1,486,454	0	1,486,454	100.000

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 DL - Part 1
NONE

Schedule DL - Part 2
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Veratrus Benefit Solutions, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

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

1. January	1,061,531	4. April	1,057,566	7. July	1,029,721	10. October	1,133,138
2. February	1,084,611	5. May	977,515	8. August	1,046,957	11. November	1,229,292
3. March	1,058,615	6. June	972,080	9. September	1,077,256	12. December	1,486,454

Schedule E - Part 2
NONE

Schedule E - Part 3
NONE



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2018

(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?
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 [].

Yes [X] No []
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

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
Current:									
1. The Company has no employees.,	2018								0
	2017								0
	2016								0
Current:									
2. The Company has no employees.,	2018								0
	2017								0
	2016								0
3.	2018								0
	2017								0
	2016								0
4.	2018								0
	2017								0
	2016								0
5.	2018								0
	2017								0
	2016								0
6.	2018								0
	2017								0
	2016								0
7.	2018								0
	2017								0
	2016								0
8.	2018								0
	2017								0
	2016								0
9.	2018								0
	2017								0
	2016								0
10.	2018								0
	2017								0
	2016								0

PART 3 - DIRECTOR COMPENSATION

1	Paid or Deferred for Services as Director				6	7
	2	3	4	5		
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
Gary Bridgewater, Director.....	1,800					1,800

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.....

307913742IA

Veratrus Benefit Solutions, Inc.

9000 Northpark Drive

Johnson, IA 50131



Compensation