

ANNUAL STATEMENT

OF THE

DELTA DENTAL OF P.R., INC.

of

GUAYNABO

in the state of

Puerto Rico

TO THE

Insurance Department

OF THE STATE OF

Puerto Rico

For the Year Ending
December 31, 2010

2010



ANNUAL STATEMENT
For the Year Ending December 31, 2010
OF THE CONDITION AND AFFAIRS OF THE
DELTA DENTAL OF P.R., INC.

NAIC Group Code 2479 (Current Period) , 2479 (Prior Period) NAIC Company Code 47085 Employer's ID Number 680652604

Organized under the Laws of Puerto Rico State of Domicile or Port of Entry Puerto Rico

Country of Domicile United States of America

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

Incorporated/Organized 06/10/2002 Commenced Business 07/01/2007

Statutory Home Office METRO OFFICE PARK 14 STREET 2 SUITE 200 GUAYNABO, PR 00968
 (Street and Number) (City or Town, State and Zip Code)

Main Administrative Office METRO OFFICE PARK 14 STREET 2 SUITE 200
 (Street and Number)

Mail Address GUAYNABO, PR 00968 (939)205-3300
 (City or Town, State and Zip Code) (Area Code) (Telephone Number)
METRO OFFICE PARK 14 STREET 2 SUITE 200 GUAYNABO, PR 00968
 (Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records METRO OFFICE PARK 14 STREET 2 SUITE 200
 (Street and Number) (939)205-3300
 (Area Code) (Telephone Number)

Internet Website Address www.deltadentalpr.com

Statutory Statement Contact Marianne Ortiz (939)205-3300
 (Name) (Area Code)(Telephone Number)(Extension)
mortiz@deltadentalpr.com (939)205-3311
 (E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Rafael Burgos	President
Carmen Figueroa	Secretary
Marianne Ortiz	Vice President/Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Gary Radine
 Alfonso Ortiz
 Lic. Edlin Buitrago
 Lic. Jaime Rodriguez

Belinda Martinez
 Ana Maria Romero
 Jorge Rodriguez DMD

State of Puerto Rico
 County of Guaynabo ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

 (Signature)
Rafael Burgos
 (Printed Name)
 1.

 President
 (Title)

 (Signature)
Carmen Figueroa
 (Printed Name)
 2.

 Secretary
 (Title)

 (Signature)
Marianne Ortiz
 (Printed Name)
 3.

 Vice President / Treasurer
 (Title)

Subscribed and sworn to before me this _____, 2011
 day of _____

- a. Is this an original filing?
 b. If no,
 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

 (Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	5,602,422		5,602,422	5,875,739
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks	3,404,801		3,404,801	2,904,831
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....3,345,674 Schedule E Part 1), cash equivalents (\$.....176,410 Schedule E Part 2) and short-term investments (\$.....0 Schedule DA)	3,522,084		3,522,084	2,886,675
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	12,529,307		12,529,307	11,667,246
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	31,378		31,378	31,714
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	554,643	123,379	431,264	461,663
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,169,150		1,169,150	1,233,150
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	518,078	7,511	510,567	501,212
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	177,013	65,763	111,250	65,763
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	81,254		81,254	10,044
21. Furniture and equipment, including health care delivery assets (\$.....0)	106,015	106,015		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	53,566	53,357	209	13,983
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	15,220,404	356,025	14,864,379	13,984,774
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	15,220,404	356,025	14,864,379	13,984,774
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. OTHER RECEIVABLES	3,786	3,577	209	13,983
2502. PREPAID EXPENSES	49,780	49,780		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	53,566	53,357	209	13,983

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....462,500 reinsurance ceded)	462,500		462,500	270,000
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				(2,250)
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	16,639		16,639	27,688
9. General expenses due or accrued	938,127		938,127	1,584,196
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	1,833,594		1,833,594	1,798,353
12. Amounts withheld or retained for the account of others	271		271	11
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	40,600		40,600	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
20. Reinsurance in unauthorized companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	536,107		536,107	500,885
23. Aggregate write-ins for other liabilities (including \$.....0 current)				57,791
24. TOTAL Liabilities (Lines 1 to 23)	3,827,838		3,827,838	4,236,674
25. Aggregate write-ins for special surplus funds	X X X	X X X	500,000	500,000
26. Common capital stock	X X X	X X X	5,453,590	4,536,780
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	5,453,590	4,536,780
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(364,639)	178,540
32. Less treasury stock, at cost:				
32.1 .....300 shares common (value included in Line 26 \$.....20)	X X X	X X X	6,000	4,000
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	11,036,541	9,748,100
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	14,864,379	13,984,774
DETAILS OF WRITE-INS				
2301. LIABILITY FOR GROUP REFUND (TEACHER)				57,791
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				57,791
2501. FUNDS REQUIRE BY THE DOI	X X X	X X X	500,000	500,000
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	500,000	500,000
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	2,739,061	2,855,691
2. Net premium income (including \$.....0 non-health premium income)	X X X	9,890,289	11,010,442
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$.....0 medical expenses)	X X X	4,448,273	3,950,761
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. TOTAL Revenues (Lines 2 to 7)	X X X	14,338,562	14,961,203
Hospital and Medical:			
9. Hospital/medical benefits		9,350,309	11,810,562
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		9,350,309	11,810,562
Less:			
17. Net reinsurance recoveries		4,690,348	5,909,641
18. TOTAL Hospital and Medical (Lines 16 minus 17)		4,659,961	5,900,921
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....0 cost containment expenses		838,261	1,466,512
21. General administrative expenses		8,910,975	7,917,898
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		14,409,197	15,285,331
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(70,635)	(324,128)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		363,757	256,630
26. Net realized capital gains (losses) less capital gains tax of \$.....0			82,419
27. Net investment gains (losses) (Lines 25 plus 26)		363,757	339,049
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses		504,905	495,823
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	798,027	510,744
31. Federal and foreign income taxes incurred	X X X	242,411	73,406
32. Net income (loss) (Lines 30 minus 31)	X X X	555,616	437,338
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. MISCELLANEOUS INCOME		39,780	97,771
2902. AMORT OF BOND/PREMIUM			
2903. ADMINISTRATION INCOME		465,125	398,052
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		504,905	495,823

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	9,748,100	9,455,123
34.	Net income or (loss) from Line 32	555,616	437,338
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(1,495)	(20,011)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	9,232	52,348
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock	(2,000)	(4,000)
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in	916,810	
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	916,810	
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders	(300,000)	(100,000)
47.	Aggregate write-ins for gains or (losses) in surplus	(806,533)	(72,699)
48.	Net change in capital and surplus (Lines 34 to 47)	1,288,441	292,977
49.	Capital and surplus end of reporting year (Line 33 plus 48)	11,036,541	9,748,100
DETAILS OF WRITE-INS			
4701.	RECLASS TO OTHER INCOME		(72,699)
4702.	RECLASS UNNAMED ADDITIONAL PAID IN CAPITAL	(898,480)	
4703.	CHANGE IN ALLOWANCE OF BAD DEBT	91,947	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(806,533)	(72,699)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	9,798,668	9,291,534
2.	Net investment income	364,093	257,541
3.	Miscellaneous income	4,448,273	3,950,761
4.	Total (Lines 1 through 3)	14,611,034	13,499,836
5.	Benefit and loss related payments	4,336,472	4,162,597
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	10,661,089	8,787,010
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	353,662	73,406
10.	Total (Lines 5 through 9)	15,351,222	13,023,012
11.	Net cash from operations (Line 4 minus Line 10)	(740,189)	476,824
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	1,912,000	2,999,960
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	Total investment proceeds (Lines 12.1 to 12.7)	1,912,000	2,999,960
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	1,660,005	3,695,320
13.2	Stocks	499,965	649,991
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		190,032
13.7	Total investments acquired (Lines 13.1 to 13.6)	2,159,969	4,535,343
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(247,969)	(1,535,383)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	1,831,620	(4,000)
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	300,000	100,000
16.6	Other cash provided (applied)	91,947	(74,383)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,623,567	(178,383)
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)	635,409	(1,236,943)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	2,886,675	4,123,618
19.2	End of year (Line 18 plus Line 19.1)	3,522,084	2,886,675

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	9,890,289			9,890,289						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)	4,448,273								4,448,273	X X X
4. Risk revenue										X X X
5. Aggregate write-ins for other health care related revenues										X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6)	14,338,562			9,890,289					4,448,273	
8. Hospital/medical benefits	9,350,309			9,350,309						X X X
9. Other professional services										X X X
10. Outside referrals										X X X
11. Emergency room and out-of-area										X X X
12. Prescription drugs										X X X
13. Aggregate write-ins for other hospital and medical										X X X
14. Incentive pool, withhold adjustments and bonus amounts										X X X
15. Subtotal (Lines 8 to 14)	9,350,309			9,350,309						X X X
16. Net reinsurance recoveries	4,690,348			4,690,348						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	4,659,961			4,659,961						X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....0 cost containment expenses	838,261			838,261						
20. General administrative expenses	8,910,975			4,462,702					4,448,273	
21. Increase in reserves for accident and health contracts										X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	14,409,197			9,960,924					4,448,273	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(70,635)			(70,635)						
DETAILS OF WRITE-INS										
0501.										X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.										X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only	15,652,568		5,762,279	9,890,289
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	15,652,568		5,762,279	9,890,289
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	15,652,568		5,762,279	9,890,289

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	8,965,309			8,965,309						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	4,497,848			4,497,848						
1.4 Net	4,467,461			4,467,461						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	925,000			925,000						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	462,500			462,500						
3.4 Net	462,500			462,500						
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	540,000			540,000						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	270,000			270,000						
8.4 Net	270,000			270,000						
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	9,350,309			9,350,309						
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	4,690,348			4,690,348						
12.4 Net	4,659,961			4,659,961						
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.....0 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	Compre- hensive (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. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct	925,000			925,000						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	462,500			462,500						
2.4 Net	462,500			462,500						
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	925,000			925,000						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	462,500			462,500						
4.4 Net	462,500			462,500						

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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1. Comprehensive (hospital and medical)					
2. Medicare Supplement						
3. Dental only	217,094	4,250,367	52,906	409,594	270,000	270,000
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	217,094	4,250,367	52,906	409,594	270,000	270,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	217,094	4,250,367	52,906	409,594	270,000	270,000

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	(11,103)	(11,681)	(11,685)	(11,685)	
2. 2006	10,295	525			
3. 2007	X X X	11,164	527		
4. 2008	X X X	X X X	11,310	605	
5. 2009	X X X	X X X	X X X	11,249	434
6. 2010	X X X	X X X	X X X	X X X	8,552

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	(17,365)	(17,973)	(17,977)	(11,685)	
2. 2006	10,879	542			
3. 2007	X X X	11,482	541		
4. 2008	X X X	X X X	11,584	618	
5. 2009	X X X	X X X	X X X	11,506	457
6. 2010	X X X	X X X	X X X	X X X	8,992

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006	17,604									
2. 2007	18,099		(223)		(223)	(1.233)			(223)	(1.233)
3. 2008	18,145		(4,527)		(4,527)	(24.948)			(4,527)	(24.948)
4. 2009	17,701	434	4,848	1,117.162	5,282	29.843	23		5,305	29.973
5. 2010	15,563	8,552	(171)	(1.999)	8,381	53.852	440		8,821	56.680

12 Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

12 Hospital and Medical

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

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

Dental Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	(11,103)	(11,681)	(11,685)	(11,685)	
2. 2006	10,295	525			
3. 2007	X X X	11,164	527		
4. 2008	X X X	X X X	11,310	605	
5. 2009	X X X	X X X	X X X	11,249	434
6. 2010	X X X	X X X	X X X	X X X	8,552

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	(17,365)	(17,973)	(17,977)	(11,685)	
2. 2006	10,879	542			
3. 2007	X X X	11,482	541		
4. 2008	X X X	X X X	11,584	618	
5. 2009	X X X	X X X	X X X	11,506	457
6. 2010	X X X	X X X	X X X	X X X	8,992

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006	17,604									
2. 2007	18,099		(223)		(223)	(1.233)			(223)	(1.233)
3. 2008	18,145		(4,527)		(4,527)	(24.948)			(4,527)	(24.948)
4. 2009	17,701	434	4,848	1,117.162	5,282	29.843	23		5,305	29.973
5. 2010	15,563	8,552	(171)	(1.999)	8,381	53.852	440		8,821	56.680

12 Dental Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Vision Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

12 Vision Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Federal Employees Health Benefits Plan Premiums
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

12 Title XIX-Medicaid

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

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

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 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2006										
2. 2007										
3. 2008										
4. 2009										
5. 2010										

12 Other

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

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)									
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page ..									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) ..									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....0 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 (\$.....0 for occupancy of own building)			247,001		247,001
2. Salaries, wages and other benefits			1,834,836		1,834,836
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			1,114,659		1,114,659
4. Legal fees and expenses			86,465		86,465
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			246,343		246,343
7. Traveling expenses			27,422		27,422
8. Marketing and advertising			83,400		83,400
9. Postage, express and telephone			148,849		148,849
10. Printing and office supplies			62,489		62,489
11. Occupancy, depreciation and amortization			15,012		15,012
12. Equipment			60,501		60,501
13. Cost or depreciation of EDP equipment and software			45,583		45,583
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees			104,548		104,548
16. Insurance, except on real estate			45,844		45,844
17. Collection and bank service charges			45,774		45,774
18. Group service and administration fees		838,261			838,261
19. Reimbursements by uninsured plans			4,448,273		4,448,273
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulator authority licenses and fees			25,618		25,618
23.4 Payroll taxes			116,159		116,159
23.5 Other (excluding federal income and real estate taxes)			9,760		9,760
24. Investment expenses not included elsewhere				39,105	39,105
25. Aggregate write-ins for expenses			142,442		142,442
26. TOTAL Expenses Incurred (Lines 1 to 25)		838,261	8,910,975	39,105	(a) 9,788,341
27. Less expenses unpaid December 31, current year			938,127		938,127
28. Add expenses unpaid December 31, prior year			1,584,196		1,584,196
29. Amounts receivable relating to uninsured plans, prior year			(3,950,761)		(3,950,761)
30. Amounts receivable relating to uninsured plans, current year			(4,448,273)		(4,448,273)
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)		838,261	9,059,532	39,105	9,936,898
DETAILS OF WRITE-INS					
2501. SOFTWARE & ENHANCEMENT			15,473		15,473
2502. SEMINARS, CONVENTIONS, OFFICE EXPENSES & DONATIONS			124,218		124,218
2503. SETTLEMENT CONTRACT & FINE & PENALTY			2,751		2,751
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			142,442		142,442

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 233,947	233,947
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	168,876	168,876
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 39	39
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	402,862	402,862
11.	Investment expenses		(g) 39,105
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		
16.	Total deductions (Lines 11 through 15)		39,105
17.	Net Investment income (Line 10 minus Line 16)		363,757

DETAILS OF WRITE-INS

0901.	OTHER INVESTMENT INCOME		
0902.	MISCELLANEOUS INCOME		
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 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 \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 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				(1,495)	
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)				(1,495)	
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)					

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)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Invested income due and accrued			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection	123,379	129,114	5,735
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans	7,511	4,592	(2,919)
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset	65,763		(65,763)
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets	106,015	171,284	65,269
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets	53,357	60,267	6,910
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	356,025	365,257	9,232
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	356,025	365,257	9,232
DETAILS OF WRITE-INS				
1101.	.....		
1102.	.....		
1103.	.....		
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	OTHER RECEIVABLES	3,577	2,198	(1,379)
2502.	PREPAID EXPENSES	49,780	58,069	8,289
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	53,357	60,267	6,910

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						
2. Provider Service Organizations						
3. Preferred Provider Organizations	231,849	240,125	233,122	226,203	209,836	2,739,061
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	231,849	240,125	233,122	226,203	209,836	2,739,061
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
.....	256,874	110,445	63,945	123,379	123,379	431,264
0299997 Subtotal - Group Subscribers:	256,874	110,445	63,945	123,379	123,379	431,264
0299998 Premium due and unpaid not individually listed						
0299999 Total group	256,874	110,445	63,945	123,379	123,379	431,264
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	256,874	110,445	63,945	123,379	123,379	431,264

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables						

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						925,000
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						925,000
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

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
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
DELTA DENTAL OF CALIFORNIA		40,600	40,600	
0199999 Total - Individually listed payables	X X X	40,600	40,600	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	40,600	40,600	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	8,965,309	100.000	X X X	X X X	8,965,309	
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	8,965,309	100.000	X X X	X X X	8,965,309	
13. TOTAL (Line 4 plus Line 12)	8,965,309	100.000	X X X	X X X	8,965,309	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999			X X X	X X X	X X X

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	328,736	10,245	(232,966)		106,015	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL	328,736	10,245	(232,966)		106,015	

Notes to Financial Statements

Summary of Operation

Delta Dental of Puerto Rico (the Association) was established in Puerto Rico as a not-for-profit organization in January 1984 under the provisions of the Law No. 152 of May 9, 1942 (Law No. 152), and commenced doing business immediately thereafter. The Association was organized to maintain and operate dental service plans within the jurisdiction of Puerto Rico. These dental services are offered to its subscribers on either a risk basis or a cost-plus basis.

In November 1998, the board of directors approved and a general assembly of delegates of the Association ratified a resolution in order to voluntarily dissolve the Association and to reincorporate as a stock insurer, as provided by the provisions of the Law No. 122 of July 13, 1998, which amended the Law No. 152 of May 9, 1942. On July 5, 2001, the Commissioner of Insurance approved the voluntary dissolution of the Association in permitting the Association to begin the incorporation process.

Delta Dental of Puerto Rico, Inc. was incorporated as a stock issuer as per approval of the Commissioner of Insurance of Puerto Rico on June 10, 2002. Effective July 1, 2007, Delta Dental of Puerto Rico, Inc. complied with the corresponding requirements of the Insurance Code of Puerto Rico and was granted the certificate of authority to transact, within Puerto Rico, disability insurance. The board of directors is composed of seven (7) members, two (2) representing the unnamed stockholders and five (5) representing the stockholders that contributed capital. The unnamed stockholders own 49% of the common stock, DDC 47% and the Dentist 4%.

As a member of the Delta Dental Plan Association, Delta Dental of PR, Inc. is required by membership standards of the Association to comply with certain requirements, including financial standards, among others, one of which is a provision for surplus requirement under which the Association is required to maintain as minimum surplus three times the Company Action Level as defined in the NAIC's Risk Based Capital for Insurers Model Act. Delta Dental of Puerto Rico, Inc. is in compliance with such requirements.

(1) Summary of Significant Accounting Policies

(a) *Accounting Practices*

The accompanying financial statements of the Company have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that state law may differ.

(b) *Use of Estimates in the Preparation of the Financial Statements*

The preparation of the financial statements requires management to make estimates and assumptions that affects the reported amount of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

(c) *Accounting Policy*

1. For the purposes of reporting cash flows, cash and cash equivalents include cash in bank and temporary and short-term funds. Cash and cash equivalents include investments with maturities of three months or less and short-term funds, which when purchased, are due to mature within one year. Short-term investments are stated at amortized cost. Cash and cash equivalents as of December 31, 2010 consist of \$3,522,084.

Notes to Financial Statements

2. Bonds are classified as available-for-sale, and therefore, are recorded at its estimated fair value. Unrealized holding gains and losses on available-for-sale securities are excluded from earnings and are reported as a separate component of operating reserve until realized.

Realized gains and losses for securities classified as available-for-sale are included in earnings and are derived using the specific-identification method for determining the cost of securities sold. Interest income is recognized when earned.

The carrying value of investment securities classified as available-for-sale is reduced to its estimated fair value if a decline in the fair value of a security is deemed to be other-than-temporary. Such reduction in carrying value is recognized as realized losses and charged to operations, and a new cost basis for the security is established. Premiums are amortized and discounts are accreted over the term of the security as an adjustment to yield using the straight-line method, which approximates the effective interest method.

3. Stocks and mutual funds are carried at market values with the net unrealized gain or loss included in unassigned funds. Realized investment gains and losses are reported in the statutory statements of operations, based upon the specific identification of securities sold.
4. The Company does not currently own preferred stocks.
5. The Company does not issue mortgage loans on real estate.
6. The Company has no investments in derivatives.
7. The Company does not have a premium deficiency reserve.
8. The Company does not currently own real estate.
9. The liability for claims is for services rendered which have been reported to the Company and are unpaid at statement date as well as provisions for claims incurred but not reported at the statement date. The liability for reported claims is based on approved and preauthorized claims unpaid at period-end. The liability for claims incurred but not reported is calculated in accordance with formulas established by management and certified at year-end by an enrolled actuary. Management believes that the liabilities for unpaid claims and claims adjustment expenses are adequate to cover the ultimate net costs of claims to date, but the liability is necessarily based on estimates, and the amount ultimately paid may be more or less than such estimates. These liabilities are subject to continuing review by management and changes in estimates are reflected in current earnings.
10. Premiums are billed monthly in advance based on agreed-upon rates and recognized as revenue over the term of the contract. Unearned premiums represent cash received in advance from subscriber groups.
11. Data processing equipment and operating systems software are carried at cost less accumulated depreciation. Non-operating system software is charged to surplus as a nonadmitted asset. Equipment and software are being depreciated over three years using the straight-line method.
12. In the normal course of business, the company seeks to limit its exposure to large unforeseen claims by ceding a level of risks with a reinsurer under a quota share reinsurance agreement. The company is not discharged of its primary liability to its

Notes to Financial Statements

contract holders, but reduces its maximum potential exposure in the event of a loss by obtaining the right to reimbursement from the reinsurer for the reinsured portion of the claim. Reinsurance receivables are recognized based on the percentage of risk ceded of the related claim liabilities. The amounts of earned premiums ceded are reported as a reduction of premiums earned and the claims recovery as a reduction of claims incurred.

The reinsurance agreements also provide for experience-rated refund, which allows the company to participate in the profits of the reinsured business. The experience-rated refund is determined by the company on based on a predetermined percentage of the reinsurance profit and recorded as an adjustment to premiums ceded.

13. Income Taxes

Effective July 1, 2007, the Company changed to a stock insurer and its income tax status to a non exempt and a provision for this six month has been made. In addition, the Company has to complete the state Personal Property tax return.

(2) Accounting Changes and Correction of Error

The Company has made no correction of errors or experienced accounting changes in the period of this report.

(3) Business Combinations and Goodwill

The Company has not experienced any business combinations or goodwill transactions during the period of this report.

(4) Discontinued Operations

This is not applicable to the Company.

(5) Investment

- a. The Company has not been involved in debt restructuring.
- c. The Company has not been involved in reverse mortgages.
- d. The Company had not been involved in repurchase agreements.
- e. The Company has not invested in real estate.
- f. The Company has not invested in low-income housing tax credits (LIHTC).

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of available-for-sale securities by major security type as of December 31, 2010 were as follows:

Notes to Financial Statements

	Amortized Cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
Mortgage-Backed Securities	6,772	483		7,255
Collateralized Mortgage Obligations	2,937		(689)	2,248
Mutual Funds	2,647,029		(111,986)	2,535,043
Exchange traded Funds (Equities)	757,772	321,105		1,078,877
U.S. Treasury and other governmental agencies	778,120	98,679		876,799
Government sponsored enterprises (FHL)	500,005	6,860		506,865
Instrumentalities of Commonwealth of PR	4,314,589	41,839		4,356,428
Total	9,007,223	468,966	(112,675)	9,363,514

Unrealized gains as of December 31, 2010 consist of (\$112,675) in losses and \$468,966 in gains. The unrealized losses on debt securities were caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. Because the Company has the ability and intent to hold these investments until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired.

Maturities of investment securities classified as available-for-sale as of December 31, 2010 were as follows:

	Amortized Cost	Estimated fair value
Due within one year	109,551	111,466
Due after one year through five years	3,111,916	3,235,276
Due after five year through ten years	1,924,784	1,948,562
Over ten years through 20 years	-	-
Over 20 years	446,463	444,788
Mutual Funds	2,647,029	2,535,043
Exchange Traded Funds (Equities)	757,772	1,078,877
Mortgage-Backed Securities	6,772	7,254
Collateralized Mortgage Obligations	2,937	2,248
Total	9,007,223	9,363,514

Notes to Financial Statements

Investment Income

Components of investment income for the year ended December 31, 2010 were as follows:

	Interest
Mortgage-Backed Securities	525
Collateralized Mortgage Obligations	112
Mutual Funds	150,407
Exchange Traded Funds (Equities)	18,469
US. Treasury and other governmental agencies	16,345
Government sponsored enterprises (FHL)	10,833
Instrumentalities of Commonwealth of PR	206,170
Gross Investment Income	402,862
Amortization Premium/Discount	(10,765)
Investment Expenses	(28,340)
Gain on Sale of Investment	-
Investment Income, net	363,757

Due and accrued investment income was excluded from investment income for amounts that are over 90 days past due in the amount of \$0.

(6) Joint Ventures, Partnerships, and Limited Liability Companies

- a. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that have a net book value exceeding 10% of its admitted assets.
- b. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

(7) Derivative Instruments

The Company has not invested in derivative instruments.

(8) Income Taxes

A. The components of the net deferred tax asset as of December 31 are as follows:

	2010
(1) Total of all deferred tax assets (admitted and non-admitted)	\$177,013
(2) Total of all deferred tax liabilities	
(3) Total deferred tax assets non-admitted per SAP 10	
(4) Increase (decrease) in deferred tax assets non-admitted	\$65,763

Notes to Financial Statements

B. There was no deferred tax liabilities recognized in the current period.

C. The components of incurred income tax expense and the change in DTA's and DTL's at December 31 are as follows:

	2010
(1) Current income tax expense	\$ 242,411
Change in DTA's	
Change in DTL's	
Change in deferred taxes (Page 4, Line 40)	\$ 0

D. The Company's income tax rate is 39% to net operation gain (loss) from operations for this year \$868,663. Significant book to tax adjustments for December 31, 2010, are as follows:

	Amount
(1) Income (loss) before tax	\$868,663.00
(2) Book over tax reserves	
(3) Net other adjustments	
(4) Depreciation	
(5) Accrued market discount	
(6) Tax exempt interest	(\$309,665.00)
(7) Dividends received deduction	
(8) Accrued dividends	
(9) Key-person life insurance premiums	
(10) Accrued deferred compensation and Other	
(11) Taxable income/Income tax expense	\$283,206.00

E. As of December 31, 2010 the Company had not operating loss carry forwards.

F. The Company files all required independent income tax returns.

Notes to Financial Statements

(9) Information Concerning Parent, Subsidiaries, and Affiliates

Delta Dental of California (DDC) and Delta Dental of Pennsylvania (DDPA) own Dentegra Insurance Company, the Holding Company. The Company is a member of the holding company, Dentegra Group, Inc., where DDC owns 47% of DDPR common stock.

The Company has entered into an administrative agreement with Simonpietri Hemisferica, S.A to provide TPA services in relation claims processing, call center, eligibility and other services related to those operations. Expenses incurred as of December 31, 2010 were \$733,744 for risk business and \$84,306 for ASC groups. The contract was terminated on August 1st, 2010.

There have been no changes in the terms of the intercompany arrangement.

The Company has no guarantees or contingencies for related parties.

The Company is not involved in cost sharing arrangements.

The Company's operations are not affected by the nature of relationships.

The Company does not deduct any amounts for investments in an upstream company.

The Company does not have any investments greater than 10% of admitted assets in affiliates.

(10) Debt

This is not applicable to the Company.

(11) Retirement Plans, Deferred Compensation and Postretirement Benefits Plans

The Company has a defined contribution benefits plan (1165E) covering substantially all employees. The plan covers all permanent employees who are at least 21 years old. For participants under such plan (effective since 2007) the company will make matching contributions equal to 50% of the employee contribution up to 7% of compensation. Company contribution expense for 2010 amounted to \$22,604. The Company may also make profit-sharing contributions in its discretion which will be allocated among all eligible employees, whether or not they make contributions.

The Company does not maintain a postretirement benefit plan.

(12) Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations

- (1) The Company has 800,000 issued shares where DDC has 257,378; the dentist has 20,455; and the unnamed stockholders have 267,226.
- (2) The Company has no shares of preferred stock.
- (3) The Company has no shares of stock.
- (4) The Company declared \$300,000 on dividends, and \$147,174 remain unpaid.
- (5) The Company has no restrictions on unassigned surplus.
- (6) The Company is not a mutual or similarly organized entity.
- (7) The Company holds no shares of stock.
- (8) The Company has no special surplus funds.
- (9) The Company has 300 treasury stock.
- (10) The portion of unassigned surplus that is represented or reduced by unrealized gain and losses of \$356,291.
- (11) The Company has had no quasi-reorganizations.
- (12) The Company has no surplus debentures outstanding.

Notes to Financial Statements

(13) Contingencies

The Company is currently indicted as part of a class action lawsuit from the College of Dental Surgeons of Puerto Rico. This class action lawsuit is currently in the process of jurisdictional discovery from the plaintiff part under the First circuit Court of Appeals. The total amount claimed to \$150,000 in the aggregate against 25 defendants, mostly health insurance companies. The management of the company, with the advice of the legal advisory, believes that any financial impact of this legal claim would not be material to the financial statements as of December 31, 2010.

(14) Leases

The Company leases its office facility under an operating lease agreement. Total rent expense under such lease amounted to \$162,367 at December 31, 2010. As of December 31, 2010 the future minimum lease payments under this operating lease are as follows:

Year ending December 31:

2011	128,320
2012	128,320
2013	128,320
2014	136,340
2015	144,360
	\$ 665,660

(15) Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company does not have any financial instruments with off-balance sheet risk or concentrations of credit risk.

(16) Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

The Company has not sold, transferred, serviced financial assets, or extinguished liabilities.

(17) Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

The gain from operations from ASC uninsured plans for the period ended December 31, 2010 was as follows:

	<u>2010</u>
Gross reimbursement for claims costs incurred	\$3,983,147
Gross administrative fees	465,125
Gross expenses incurred (claims and administrative)	<u>(4,067,453)</u>

Notes to Financial Statements

Total net gain (loss) from operations	\$380,819
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(18) Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company does not have a direct premium that is produced by managing agents or third party administrators.

(19) Other Items

The Company elected to use rounding in reporting amounts in the statements. The amounts in this statement pertain to the entire Company business including, as appropriate, its separate accounts business.

(20) Events Subsequent

There were no events occurring subsequent to December 31, 2010 that may have material effect on the financial condition of the Company.

(21) Reinsurance

The Company cedes insurance risk with one reinsurer. Under the agreement, the Company retains 50% quota share of incurred claims and cedes to the reinsurer 50% of the pure premium, as defined. Under this treaty, the amount of premiums ceded from the reinsurer for the Company amounted to \$5,752,881 in 2010. The agreement also provides for a reinsurance premiums of 1.75% of the gross premiums received from groups covered under the agreement to be paid to the reinsurer. Reinsurance premium amounted to \$272,773 as of December 31, 2010. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2010. Amounts are presented as a reduction of premiums ceded. Ceded claim liabilities as of December 31, 2010 amounted to \$4,690,348.

In the normal course of business, the company seeks to limit its exposure to large unforeseen claims by ceding a level of risks with a reinsurer under a quota share reinsurance agreement. The company is not discharged of its primary liability to its contract holders, but reduces its maximum potential exposure in the event of a loss by obtaining the right to reimbursement from the reinsurer for the reinsured portion of the claim. Reinsurance receivables are recognized based on the percentage of risk ceded of the related claim liabilities. The amounts of earned premiums ceded are reported as a reduction of premiums earned and the claims recovery as a reduction of claims incurred.

The reinsurance agreements also provide for experience-rated refund, which allows the company to participate in the profits of the reinsured business. The experience-rated refund is determined by the company on based on a predetermined percentage of the reinsurance profit and recorded as an adjustment to premiums ceded.

Notes to Financial Statements

(22) Retrospectively Rated Contracts

This is not applicable to the Company.

(23) Changes in Incurred Claims and Claim Adjustment Expenses

The activity in the claim liabilities during 2010 is as follows:

Claim liabilities, beginning of year	\$ 540,000
Reinsurance recoverable on claims liabilities	270,000
	270,000
Net claims liabilities, beginning of the year	270,000
Incurred claims:	
Current period insured events	4,589,771
Prior period insured events	70,180
	4,659,951
Total incurred	
Current period insured events	4,250,357
Prior period insured events	217,094
	4,467,451
Total paid	
Current period insured events	462,500
Prior period insured events	462,500
	925,000
Gross claims liabilities	
	\$ 925,000

As a result of changes in estimates of insured events in prior years, the amounts included as incurred claims for prior periods insured events differ from anticipated claims incurred. The credits in the incurred claims for prior periods insured events are due to a favorable development of the claim liabilities attributed to better than expected utilization trends.

(24) Intercompany Pooling Arrangements

This is not applicable to the Company.

(25) Structured Settlements

This is not applicable to the Company.

(26) Health Care Receivables

This is not applicable to the Company.

(27) Participating Policies

This is not applicable to the Company.

Notes to Financial Statements

(28) Premium Deficiency Reserve

The Company does not have a premium deficiency reserve.

(29) Anticipated Salvage and Subrogation

The Company does not anticipate salvage and subrogation. Intercompany Pooling Arrangements

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] 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[X] No[] N/A[]
- 1.3 State Regulating? California
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.06/18/1997
- 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.06/18/1997
- 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).06/18/1997
- 3.4 By what department or departments?
Puerto Rico Insurance Department
- 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[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 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[X]
- 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[X]
- 7.2 If yes,0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a 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 location (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 Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
		Yes[] No[X]				

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
ARMANINO MCKENNA LLP, 12667 Alcosta Blvd., San Ramon, CA 94583
- 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 response to 10.1 is "yes," provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.6 If response to 10.5 is "yes," provide information related to this exemption:
- 10.7 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[] No[] N/A[X]
- 10.8 If the answer to 10.7 is "NO" or "N/A" please explain:
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?
CBIZ Benefits & Insurance Services, Inc., 5450 Frantz Road, Suite 300, Dublin, OH 43016
- 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 0
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$
- 12.2 If yes, provide explanation 0
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? Yes[] No[X] N/A[]
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[] No[] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes[] No[] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 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;

GENERAL INTERROGATORIES (Continued)

- 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: Yes[] No[X]
 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). Yes[] No[X]
 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).

BOARD OF DIRECTORS

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

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[] No[X]
- 19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 19.11 To directors or other officers \$ 0
 19.12 To stockholders not officers \$ 0
 19.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 19.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 19.21 To directors or other officers \$ 0
 19.22 To stockholders not officers \$ 0
 19.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[] No[X]
 20.2 If yes, state the amount thereof at December 31 of the current year:
 20.21 Rented from others \$ 0
 20.22 Borrowed from others \$ 0
 20.23 Leased from others \$ 0
 20.24 Other \$ 0
- 21.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[] No[X]
 21.2 If answer is yes:
 21.21 Amount paid as losses or risk adjustment \$ 0
 21.22 Amount paid as expenses \$ 0
 21.23 Other amounts paid \$ 0
- 22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
 22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$ 0

INVESTMENT

- 23.1 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? Yes[] No[X]
 (other than securities lending programs addressed in 23.3)
 23.2 If no, give full and complete information, relating thereto:
 23.3 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)
 23.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes[] No[] N/A[X]
 23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs. \$ 0
 23.6 If answer to 23.4 is no, report amount of collateral for other programs. \$ 0
 23.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[] No[] N/A[X]
 23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
 23.9 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[] N/A[X]
- 24.1 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 20.1 and 23.3). Yes[] No[X]
 24.2 If yes, state the amount thereof at December 31 of the current year:
 24.21 Subject to repurchase agreements \$ 0
 24.22 Subject to reverse repurchase agreements \$ 0
 24.23 Subject to dollar repurchase agreements \$ 0
 24.24 Subject to reverse dollar repurchase agreements \$ 0
 24.25 Pledged as collateral \$ 0
 24.26 Placed under option agreements \$ 0
 24.27 Letter stock or securities restricted as to sale \$ 0
 24.28 On deposit with state or other regulatory body \$ 0
 24.29 Other \$ 0
- 24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
 25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.
- 26.1 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]
 26.2 If yes, state the amount thereof at December 31 of the current year. \$ 0
27. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
 27.01 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
UBS FINANCIAL SERVICES	1 ST 1 METRO OFFICE PARK PH GUAYNABO, PR 00968
CITIGROUP	PO BOX 70301 SAN JUAN, PR 00936-8301
POPULAR SECURITIES	209 MUNOZ RIVERA AVE POPULAR CENTER 12TH FLOOR SJ PR 00918

27.02 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)

GENERAL INTERROGATORIES (Continued)

27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year?
 27.04 If yes, give full and complete information relating thereto:

Yes No

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

27.05 Identify all investment advisers, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

28.1 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)])?
 28.2 If yes, complete the following schedule:

Yes No

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
28.2999 Total		

28.3 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

29. 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 (+)
29.1 Bonds	5,602,422	5,749,594	147,172
29.2 Preferred stocks			
29.3 Totals	5,602,422	5,749,594	147,172

29.4 Describe the sources or methods utilized in determining the fair values

30.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes No
 Yes No N/A

30.2 If the answer to 30.1 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?

30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

31.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
 31.2 If no, list exceptions:

Yes No

OTHER

32.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

32.2 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

33.1 Amount of payments for legal expenses, if any?

\$ 86,465

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

1 Name	2 Amount Paid
FIDDLER GONZALEZ & RODRIGUEZ, PSC	44,397

34.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$ 0

34.2 List the name of 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 department of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	9,890,289	11,010,442
2.2 Premium Denominator	9,890,289	11,010,442
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	462,500	270,000
2.5 Reserve Denominator	462,500	270,000
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[X]
- 3.2 If yes, give particulars: Yes[X] No[]
- 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[X] N/A[]
- 4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[] No[X]
- 5.1 Does the reporting entity have stop-loss reinsurance? \$ 0
- 5.2 If no, explain: \$ 0
- 5.3 Maximum retained risk (see instructions): \$ 0
 - 5.31 Comprehensive Medical \$ 0
 - 5.32 Medical Only \$ 0
 - 5.33 Medicare Supplement \$ 0
 - 5.34 Dental & Vision \$ 0
 - 5.35 Other Limited Benefit Plan \$ 0
 - 5.36 Other \$ 0
- 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: \$ 0
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes[X] No[]
- 7.2 If no, give details: \$ 0
- 8. Provide the following information regarding participating providers: \$ 0
 - 8.1 Number of providers at start of reporting year 1,242
 - 8.2 Number of providers at end of reporting year 1,263
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[X] No[]
- 9.2 If yes, direct premium earned: \$ 2,810,781
 - 9.21 Business with rate guarantees between 15-36 months \$ 0
 - 9.22 Business with rate guarantees over 36 months \$ 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes[] No[X]
- 10.2 If yes: \$ 0
 - 10.21 Maximum amount payable bonuses \$ 0
 - 10.22 Amount actually paid for year bonuses \$ 0
 - 10.23 Maximum amount payable withholds \$ 0
 - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as: Yes[] No[X]
 - 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 Minimum Net Worth Requirements? \$ 0
- 11.3 If yes, show the name of the state requiring such net worth. Yes[] No[X]
- 11.4 If yes, show the amount required. \$ 0
- 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. \$ 0
- 12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area

- 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: \$ 0
- 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: \$ 0

FIVE-YEAR HISTORICAL DATA

	1 2010	2 2009	3 2008	4 2007	5 2006
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	14,864,379	13,984,774	15,485,758	14,754,389	14,333,256
2. TOTAL Liabilities (Page 3, Line 24)	3,827,838	4,236,674	6,030,635	5,296,497	9,233,424
3. Statutory surplus					
4. TOTAL Capital and Surplus (Page 3, Line 33)	11,036,541	9,748,100	9,455,123	9,457,892	5,099,832
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	14,338,562	14,961,203	14,879,368	15,907,160	11,031,058
6. TOTAL Medical and Hospital Expenses (Line 18)	4,659,961	5,900,921	5,803,062	5,830,462	5,344,384
7. Claims adjustment expenses (Line 20)	838,261	1,466,512	1,569,855	2,646,651	
8. TOTAL Administrative Expenses (Line 21)	8,910,975	7,917,898	7,478,777	8,677,665	4,995,846
9. Net underwriting gain (loss) (Line 24)	(70,635)	(324,128)	27,674	(1,247,618)	690,828
10. Net investment gain (loss) (Line 27)	363,757	339,049	(136,752)	200,316	114,618
11. TOTAL Other Income (Lines 28 plus 29)	504,905	495,823	454,678	533,843	28,010
12. Net income or (loss) (Line 32)	555,616	437,338	250,659	(513,459)	833,456
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(740,189)	476,824	1,741,347	(579,389)	5,122,308
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	11,036,541	9,748,100	9,455,123	9,457,892	5,099,832
15. Authorized control level risk-based capital	625,066	746,832	555,479	529,726	375,201
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	209,836	231,849	236,822	236,969	200,000
17. TOTAL Members Months (Column 6, Line 7)	2,739,061	2,855,691	2,829,554	2,833,037	
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)	47.1	53.6	51.4	51.8	48.4
20. Cost containment expenses					
21. Other claims adjustment expenses	8.5	13.3	13.9	23.5	
22. TOTAL Underwriting Deductions (Line 23)	145.7	138.8	131.6	152.5	93.7
23. TOTAL Underwriting Gain (Loss) (Line 24)	(0.7)	(2.9)	0.2	(11.1)	6.3
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	270,000	322,499	403,034	291,745	
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	270,000	322,499	403,034	350,614	405,000
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					

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 [] N/A [X]

If no, please explain::



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

NAIC Group Code 2479

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	231,849					231,849				
2. First Quarter	240,125					240,125				
3. Second Quarter	233,122					233,122				
4. Third Quarter	226,203					226,203				
5. Current Year	209,836					209,836				
6. Current Year Member Months	2,739,061					2,739,061				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	9,890,289					9,890,289				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,965,309					8,965,309				
18. Amount Incurred for Provision of Health Care Services	9,350,309					9,350,309				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Group Code 2479 NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	231,849					231,849				
2. First Quarter	240,125					240,125				
3. Second Quarter	233,122					233,122				
4. Third Quarter	226,203					226,203				
5. Current Year	209,836					209,836				
6. Current Year Member Months	2,739,061					2,739,061				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	9,890,289					9,890,289				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,965,309					8,965,309				
18. Amount Incurred for Provision of Health Care Services	9,350,309					9,350,309				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999 Totals											

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Affiliates						
81396	94-2761537	01/01/1991	DELTA DENTAL INS CO	DELAWARE	1,169,150	462,500
0499999 Total - Accident and Health, Affiliates					1,169,150	462,500
0699999 Totals - Accident and Health					1,169,150	462,500
0799999 Totals - Life, Annuity and Accident and Health					1,169,150	462,500

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
Authorized General Account - Affiliates												
81396	94-2761537	01/01/1991	DELTA DENTAL INS CO	DELAWARE	OTH/A/G	5,762,279		462,500				
0199999 Subtotal - Authorized General Account - Affiliates						5,762,279		462,500				
0399999 Total - Authorized General Account						5,762,279		462,500				
0799999 Total - Authorized and Unauthorized General Account						5,762,279		462,500				
1599999 Totals						5,762,279		462,500				

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
1199999 Totals (General Account and Separate Accounts combined)													

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	5,762	6,690	6,858	6,847	6,573
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	463	270	288	335	
8. Reinsurance recoverable on paid losses	1,169	1,233	2,963	3,032	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	12,529,307		12,529,307
2. Accident and health premiums due and unpaid (Line 15)	431,264		431,264
3. Amounts recoverable from reinsurers (Line 16.1)	1,169,150		1,169,150
4. Net credit for ceded reinsurance	X X X	479,139	479,139
5. All other admitted assets (Balance)	734,658		734,658
6. TOTAL Assets (Line 28)	14,864,379	479,139	15,343,518
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	462,500	462,500	925,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	16,639		16,639
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	3,348,699		3,348,699
13. TOTAL Liabilities (Line 24)	3,827,838	462,500	4,290,338
14. TOTAL Capital and Surplus (Line 33)	11,036,541	X X X	11,036,541
15. TOTAL Liabilities, Capital and Surplus (Line 34)	14,864,379	462,500	15,326,879
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	462,500		
17. Accrued medical incentive pool			
18. Premiums received in advance	16,639		
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables	479,139		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance	479,139		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES**

1	2	3	4	Direct Business Only					9
				5	6	7	8		
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	L	15,652,568						15,652,568	
55. U.S. Virgin Islands (VI)	N								
56. Northern Marianas Islands (MP)	N								
57. Canada (CN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	15,652,568						15,652,568	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) 1	15,652,568						15,652,568	
DETAILS OF WRITE-INS									
5801.	X X X								
5802.	X X X								
5803.	X X X								
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (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.

(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: - The Company only has business in State of Puerto Rico.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

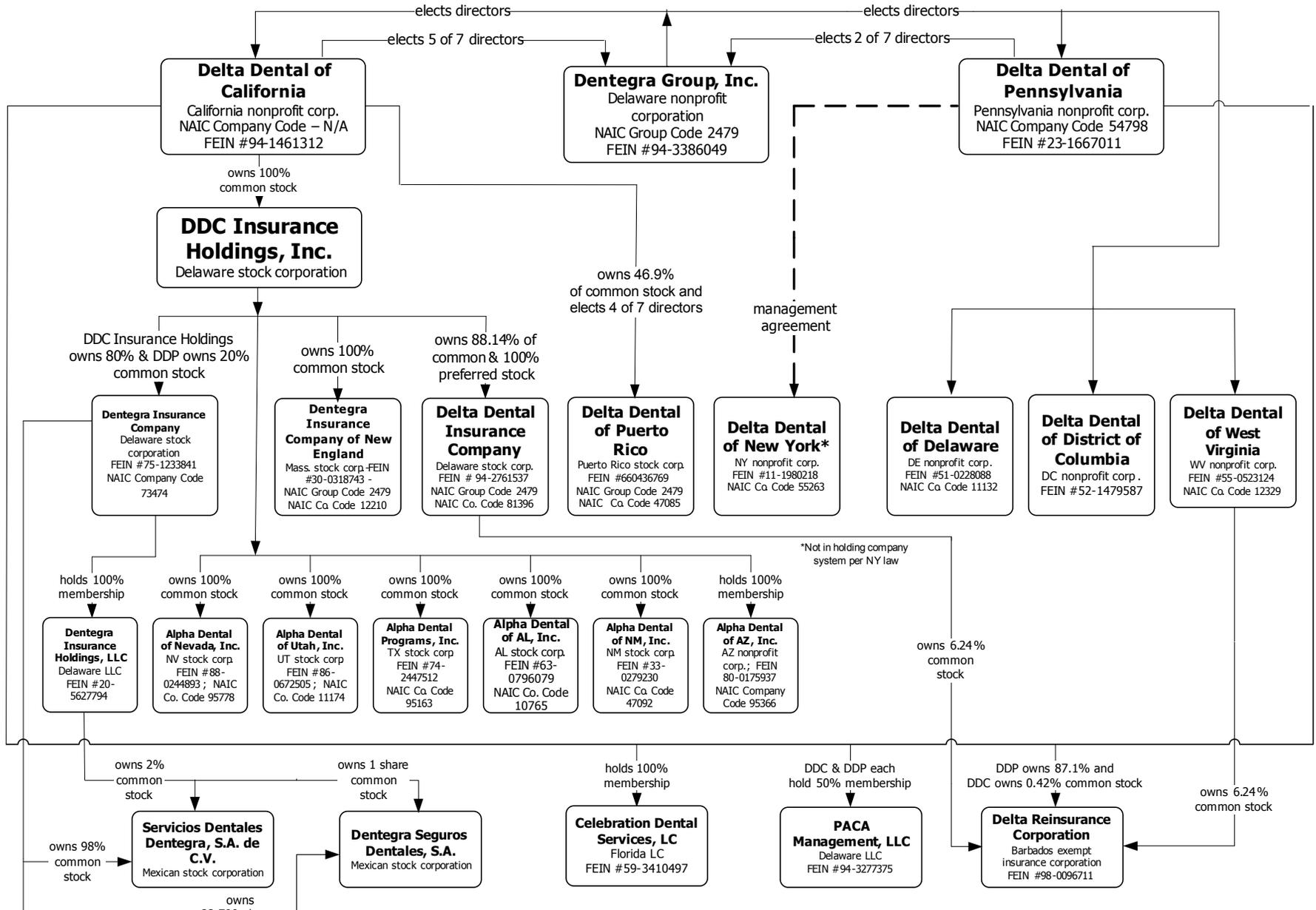
MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Insurance Holding Company System

of

Delta Dental of California



38.1

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE DELTA DENTAL OF P.R., INC.

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

SCHEDULE Y (Continued)
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	Federal 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/(Disburse- ments) 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)
81396	94-2761537	DELTA DENTAL INS CO						1,156,566			1,156,566	
00000	94-1461312	DELTA DENTAL OF CALIFORNIA	140,812								140,812	1,169,150
47085	68-0652604	DELTA DENTAL PLAN OF PR INC	(140,812)					(1,156,566)			(1,297,378)	
9999999 Totals												1,169,150
Schedule Y Part 2 Explanation:												

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

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

Yes
Yes
Yes
Yes

APRIL FILING

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

Yes
Yes
Yes

JUNE FILING

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

Yes
Yes

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it 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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
15. 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?
16. 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?
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
No
No
No
No
No
No

APRIL FILING

18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

No
No
No
No
No

AUGUST FILING

23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



LTC Supplemental Interrogatories



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property/Casualty Supplement - Insurance Expense Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



Management's Report of Internal Control over Financial Reporting



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1-2)	Net Admitted Assets
2504.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2304.				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
2904.			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2	General Administrative Expenses	Investment Expenses	Total
	Cost Containment Expenses	Other Claim Adjustment Expenses			
2504. 0					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)					

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities				
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies	778,120	6.210	778,120	6.210
1.22 Issued by U.S. government sponsored agencies	500,005	3.991	500,005	3.991
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations	4,314,589	34.436	4,314,589	34.436
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations				
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or Guaranteed by GNMA	6,772	0.054	6,772	0.054
1.512 Issued or Guaranteed by FNMA and FHLMC				
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	2,937	0.023	2,937	0.023
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				
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)				
2.2 Unaffiliated Non-U.S. securities (including Canada)				
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds	3,404,801	27.175	3,404,801	27.175
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt)				
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments	3,522,084	28.111	3,522,084	28.111
9. Other invested assets				
10. Total invested assets	12,529,307	100.000	12,529,308	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13		
3.2	Totals, Part 3, Column 11		
4.	Total gain (loss) on disposals, Part 3, Column 18		
5.	Deduct amounts received on disposals, Part 3, Column 15		
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15		
6.2	Totals, Part 3, Column 13		
7.	Deduct current year's other than temporary impairment recognized:		
7.1	Totals, Part 1, Column 12		
7.2	Totals, Part 3, Column 10		
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11		
8.2	Totals, Part 3, Column 9		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7)		
2.2	Additional investment made after acquisition (Part 2, Column 8)		
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12		
3.2	Totals, Part 3, Column 11		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 9		
5.2	Totals, Part 3, Column 8		
6.	Total gain (loss) on disposals, Part 3, Column 18		
7.	Deduct amounts received on disposals, Part 3, Column 15		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
9.1	Totals, Part 1, Column 13		
9.2	Totals, Part 3, Column 13		
10.	Deduct current year's other than temporary impairment recognized:		
10.1	Totals, Part 1, Column 11		
10.2	Totals, Part 3, Column 10		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Lines 11 plus 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS**Other Long-Term Invested Assets**

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 16		
3.2	Totals, Part 3, Column 12		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 13		
5.2	Totals, Part 3, Column 9		
6.	Total gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 16		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Totals, Part 1, Column 17		
9.2	Totals, Part 3, Column 14		
10.	Deduct current year's other than temporary impairment recognized:		
10.1	Totals, Part 1, Column 15		
10.2	Totals, Part 3, Column 11		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION BETWEEN YEARS**Bonds and Stocks**

1.	Book/adjusted carrying value, December 31 of prior year		8,780,570
2.	Cost of bonds and stocks acquired, Part 3, Column 7		2,159,969
3.	Accrual of Discount		
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12		
4.2	Part 2, Section 1, Column 15		
4.3	Part 2, Section 2, Column 13		
4.4	Part 4, Column 11		
5.	Total gain (loss) on disposals, Part 4, Column 19		
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		1,912,000
7.	Deduct amortization of premium		21,316
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15		
8.2	Part 2, Section 1, Column 19		
8.3	Part 2, Section 2, Column 16		
8.4	Part 4, Column 15		
9.	Deduct current year's other than temporary impairment recognized:		
9.1	Part 1, Column 14		
9.2	Part 2, Section 1, Column 17		
9.3	Part 2, Section 2, Column 14		
9.4	Part 4, Column 13		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		9,007,223
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		9,007,223

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS				
Governments (Including all obligations guaranteed by governments)	1. United States 2. Canada 3. Other Countries	5,602,422 5,749,594	5,597,548	5,527,000
U.S. States, Territories and Possessions (Direct and guaranteed)	4. Totals 5. Totals	5,602,422 5,749,594	5,597,548	5,527,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals .....	.....	.....	.....
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals .....	.....	.....	.....
Industrial and Miscellaneous, Credit Tenant Loans and Hybrid Securities (unaffiliated)	8. United States 9. Canada 10. Other Countries .....	...............	...............	...............
Parent, Subsidiaries and Affiliates	11. Totals 12. Totals .....	..........	..........	..........
PREFERRED STOCKS				
Industrial and Miscellaneous (unaffiliated)	13. Total Bonds 14. United States 15. Canada 16. Other Countries	5,602,422	5,749,594	5,597,548
Parent, Subsidiaries and Affiliates	17. Totals 18. Totals .....	..........	..........	..........
COMMON STOCKS				
Industrial and Miscellaneous (unaffiliated)	19. Total Preferred Stocks 20. United States 21. Canada 22. Other Countries .....	..... 3,404,801 ..... ..... .....	..... 3,404,801 ..... ..... .....	..... 3,613,919
Parent, Subsidiaries and Affiliates	23. Totals 24. Totals	3,404,801	3,404,801	3,613,919
	25. Total Common Stocks	3,404,801	3,613,919 .....	.....
	26. Total Stocks	3,404,801	3,613,919 .....	.....
	27. Total Bonds and Stocks	9,007,223	9,154,395	9,211,467

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1		784,892	500,005	2,937		1,287,834	22.99	1,819,203	30.96		1,287,834
1.2 Class 2	109,551	2,333,796	1,424,779		446,463	4,314,589	77.01	4,056,537	69.04		4,314,589
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	109,551	3,118,687	1,924,784	2,937	446,463	5,602,422	100.00	5,875,740	100.00		5,602,422
2. All Other Governments											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS											
7. Credit Tenant Loans											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS											
8. Hybrid Securities											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d) 784,892	500,005	2,937		1,287,834	22.99	X X X	X X X			1,287,834
10.2 Class 2	(d) 109,551	2,333,796	1,424,779		446,463	4,314,589	77.01	X X X	X X X		4,314,589
10.3 Class 3	(d)							X X X	X X X		
10.4 Class 4	(d)							X X X	X X X		
10.5 Class 5	(d)							X X X	X X X		
10.6 Class 6	(d)							X X X	X X X		
10.7 TOTALS	109,551	3,118,687	1,924,784	2,937	446,463	5,602,422	100.00	X X X	X X X		5,602,422
10.8 Line 10.7 as a % of Column 6	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X		100.00
11. Total Bonds Prior Year											
11.1 Class 1		816,260	1,000,010	2,933		X X X	X X X	1,819,203	30.96		1,819,203
11.2 Class 2	207,793	2,683,733	716,807		448,204	X X X	X X X	4,056,537	69.04		4,056,537
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	207,793	3,499,993	1,716,817	2,933	448,204	X X X	X X X	5,875,740	100.00		5,875,740
11.8 Line 11.7 as a % of Col. 8	3.54	59.57	29.22	0.05	7.63	X X X	X X X	100.00	X X X		100.00
12. Total Publicly Traded Bonds											
12.1 Class 1											X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS											X X X
12.8 Line 12.7 as a % of Col. 6							X X X	X X X	X X X		X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X		X X X
13. Total Privately Placed Bonds											
13.1 Class 1		784,892	500,005	2,937		1,287,834	22.99	1,819,203	30.96	X X X	1,287,834
13.2 Class 2	109,551	2,333,796	1,424,779		446,463	4,314,589	77.01	4,056,537	69.04	X X X	4,314,589
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS	109,551	3,118,687	1,924,784	2,937	446,463	5,602,422	100.00	5,875,740	100.00	X X X	5,602,422
13.8 Line 13.7 as a % of Col. 6	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X	X X X	100.00
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X	X X X	100.00

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments											
1.1	Issuer Obligations	109,551	3,111,916	1,924,784		446,463	5,592,714	99.83	5,864,039	99.80		5,592,714
1.2	Single Class Mortgage-Backed/Asset-Backed Securities		6,772		2,937		9,709	0.17	11,700	0.20		9,709
1.7	TOTALS	109,551	3,118,688	1,924,784	2,937	446,463	5,602,422	100.00	5,875,739	100.00		5,602,422
2.	All Other Governments											
2.1	Issuer Obligations											
2.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS											
3.	U.S. States, Territories and Possessions, Guaranteed											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Industrial and Miscellaneous											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Credit Tenant Loans											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed Securities											
7.7 TOTALS											
8. Hybrid Securities											
8.1 Issuer Obligations											
8.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
8.3 Defined											
8.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
8.5 Defined											
8.6 Other											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	109,551	3,111,916	1,924,784		446,463	5,592,714	99.83	X X X	X X X		5,592,714
10.2 Single Class Mortgage-Backed/Asset-Backed Securities		6,772		2,937		9,709	0.17	X X X	X X X		9,709
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	109,551	3,118,688	1,924,784	2,937	446,463	5,602,422	100.00	X X X	X X X		5,602,422
10.8 Line 10.7 as a % of Column 6	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X		100.00
11. Total Bonds Prior Year											
11.1 Issuer Obligations	207,793	3,647,135	1,560,907	448,204		X X X	X X X	5,864,039	99.80		5,864,039
11.2 Single Class Mortgage-Backed/Asset-Backed Securities		8,767		2,933		X X X	X X X	11,700	0.20		11,700
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	207,793	3,655,902	1,560,907	451,137		X X X	X X X	5,875,739	100.00		5,875,739
11.8 Line 11.7 as a % of Column 8	3.54	62.22	26.57	7.68		X X X	X X X	100.00	X X X		100.00
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations											X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS											X X X
12.8 Line 12.7 as a % of Column 6								X X X	X X X		X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10								X X X	X X X		X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	109,551	3,111,916	1,924,784		446,463	5,592,714	99.83	5,864,039	99.80	X X X	5,592,714
13.2 Single Class Mortgage-Backed/Asset-Backed Securities		6,772		2,937		9,709	0.17	11,700	0.20	X X X	9,709
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS	109,551	3,118,688	1,924,784	2,937	446,463	5,602,422	100.00	5,875,739	100.00	X X X	5,602,422
13.8 Line 13.7 as a % of Column 6	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X	X X X	100.00
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10	1.96	55.67	34.36	0.05	7.97	100.00	X X X	X X X	X X X	X X X	100.00

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, December 31 of prior year					
2.	Cost of short-term investments acquired					
3.	Accrual of discount					
4.	Unrealized valuation increase (decrease)					
5.	Total gain (loss) on disposals					
6.	Deduct consideration received on disposals					
7.	Deduct amortization of premium					
8.	Total foreign exchange change in book/adjusted carrying value					
9.	Deduct current year's other than temporary impairment recognized					
10.	Book adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)					
11.	Deduct total nonadmitted amounts					
12.	Statement value at end of current period (Line 10 minus Line 11)					

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted carrying value, December 31, prior year (Line 8, prior year)		
2.	Cost paid/(Consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12		
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14		
3.	Unrealized valuation increase/(decrease):		
3.1	Section 1, Column 17		
3.2	Section 2, Column 19		
4.	Total gain (loss) on termination recognized, Section 2, Column 22		
5.	Considerations received/(paid) on terminations, Section 2, Column 15		
6.	Amortization:		
6.1	Section 1, Column 19		
6.2	Section 2, Column 21		
7.	Adjustment to the book/adjusted carrying value of hedged item:		
7.1	Section 1, Column 20		
7.2	Section 2, Column 23		
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Section 1, Column 18		
8.2	Section 2, Column 20		
9.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)		
10.	Deduct nonadmitted assets		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/Adjusted carrying value, December 31 of prior year			
2.	Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote)			
3.1	Change in variation margin on open contracts:			
3.11	Section 1, Column 15, current year minus			
3.12	Section 1, Column 15, prior year			
3.2	Add:			
	Change in adjustment to basis of hedged item:			
3.21	Section 1, Column 17, current year to date minus			
3.22	Section 1, Column 17, prior year			
	Change in amount recognized			
3.23	Section 1, Column 16, current year to date minus			
3.24	Section 1, Column 16, prior year			
3.3	Subtotal (Line 3.1 minus Line 3.2)			
4.1	Variation margin on terminated contracts during the year			
4.2	Less:			
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)			
4.22	Amount recognized (Section 2, Column 16)			
4.3	Subtotal (Line 4.1 minus Line 4.2)			
5.	Disposition gains (losses) on contracts terminated in prior year:			
5.1	Recognized			
5.2	Used to adjust basis of hedged items			
6.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)			
7.	Deduct total nonadmitted amounts			
8.	Statement value at end of current period (Line 6 minus Line 7)			

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions										
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	Derivative Instrument(s) Open			Cash Instrument(s) Held							
								9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Designation or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value			
9999999 Totals								X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value								
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

		Book/Adjusted Carrying Value Check	
1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 14		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Column 5		
5.	Part D, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		

		Fair Value Check	
7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		
10.	Part D, Column 8		
11.	Part D, Column 9		
12.	Total (Line 9 minus Line 10 minus Line 11)		

		Potential Exposure Check	
13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 19		
15.	Part D, Column 11		
16.	Total (Line 13 plus Line 14 minus Line 15)		

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

		1	2	3
		Total	Bonds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year	224,774		224,774
2.	Cost of cash equivalents acquired	2,756,771		2,756,771
3.	Accrual of discount			
4.	Unrealized valuation increase (decrease)			
5.	Total gain (loss) on disposals			
6.	Deduct consideration received on disposals	2,750,789		2,750,789
7.	Deduct amortization of premium	54,346		54,346
8.	Total foreign exchange change in book/adjusted carrying value			
9.	Deduct current year's other than temporary impairment recognized			
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	176,410		176,410
11.	Deduct total nonadmitted amounts			
12.	Statement value at end of current period (Lines 10 minus 11)	176,410		176,410

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment: MONEY MARKETS

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (13 - 11 - 12)	Total Foreign Exchange Change in B./A.C.V.	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0699999 Totals																

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
0399999 Totals								

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Change in Encumbrances	Book Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value Less Encumbrances on Disposal	Amount Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
039999 Totals																			

SCHEDULE B - PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Location		5	6	7	8	Change in Book Value/Recorded Investment					14	15
		3	4					9	10	11	12	13		
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Data of Last Appraisal or Valuation
3399999 Total Mortgages (sum of Lines 0899999, 1699999, 2499999 and 3299999)														

General Interrogatory:
 1. Mortgages in good standing \$.....0 unpaid taxes \$.....0 interest due and unpaid.
 2. Restructured mortgages \$.....0 unpaid taxes \$.....0 interest due and unpaid.
 3. Mortgages with overdue interest over 90 days not in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.
 4. Mortgages in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.

SCHEDULE B - PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
	2 City	3 State						
3399999 Total Mortgages (sum of Lines 0899999, 1699999, 2499999 and 3299999)								
					..... X X X			

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	Location		4	5	6	7	Change in Book Value/Recorded Investment					14	15	16	17	18	
	2	3					8	9	10	11	12						13
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
0599999 Totals																	

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2	3	Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20												
			4	5								13	14	15	16	17															
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/ Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A. C. V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership												
399999 Total - Unaffiliated																														XXX	
409999 Total - Affiliated																															XXX
419999 Totals																															XXX

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
		3 City	4 State							
3999999 Total - Unaffiliated X X X ...
4099999 Total - Affiliated X X X ...
4199999 Totals X X X ...

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/ Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A. C. V. (9 + 10 - 11 + 12)	Total Foreign Exchange Change in B./A. C. V.	Book/ Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
3999999 Total - Unaffiliated																			
4099999 Total - Affiliated																			
4199999 Totals																			

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes		6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates		
		3	4			5	8			9	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F O R E I G N	B o n d C H A R	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Maturity
U.S. Governments - Issuer Obligations																					
31359F4A3	FINMAR/EMIC TR 1994 CL 1(JCPT)				1	6,776		7,254	10,000	6,772			(4)		6,500		MON	38	525	01/01/1994	01/25/2014
74436GCP6	PRUD SEC CMO S 17 CL-17-S				1	2,937		2,248	2,000	2,937					7,500		MON		112	01/01/1992	12/25/2021
745291UF9	PUERTO RICO PUB FIN G CORP COMWLTH				1	20,331		20,479	20,000	20,331					6,000		FA		1,200	05/29/2009	08/01/2015
745291UK8	PR PUB FIN CORP COMWLTH				1	10,071		10,244	10,000	10,073					6,050		MON	50	605	04/15/2008	08/01/2017
74514LSL2	PR COMWLTH PUB				1	40,000		40,543	40,000	40,005			2		4,400		MON	147	1,760	05/01/2008	07/01/2012
74514LSN8	PR COMWLTH PUB				1	110,005		112,509	110,005	110,005			5		4,750		MON		5,225	05/01/2008	07/01/2014
74527NT6	PUERTO RICO MUN FIN AGY SER				1	507,335		523,000	500,000	509,595		2,260			5,250		MON	10,938	26,250	11/07/2008	08/01/2017
745177EB7	PUERTO RICO COMWLTT GOVT DEV				1	59,993		60,024	60,000	60,000			7		4,100		MON	205	2,255	01/08/2010	02/01/2013
74523JAC5	PR SALES TAX FING CORP				1	446,390		444,788	435,000	446,463			73		5,780		MON	2,193	26,317	02/20/2008	08/01/2036
745291UP7	PUERTO RICO PUB FING CORP				1	5,111		5,103	5,000	5,112			1		5,150		MON	25	305	05/29/2009	08/01/2017
74527BJP0	PUERTO RICO INDL TOURIST EDL MED				1	4,416		4,351	5,000	4,416					5,160		0			06/08/2009	07/01/2013
74527PBH5	PUERTO RICO HSG FIN CORP COLL MTG				1	141,794		145,291	160,000	141,794					5,010		0			06/08/2009	07/01/2013
74514LTG2	PUERTO RICO COMWLTH PUB				1	34,455		37,713	35,000	34,608		151			5,300		MON	875	1,750	01/05/2009	07/01/2015
74527PBG7	PUERTO RICO HSG FIN CORP OOLL				1	131,609		134,431	145,000	131,609					5,010		0			06/08/2009	07/01/2013
91282BW9	US TSY INFL PORT NOTE				1	776,737		876,799	690,000	778,120					2,000		MON	7,501	16,306	05/29/2009	01/15/2014
3133XVUK5	FHLB STEUP CALL BOND				1	499,172		506,865	500,005	506,865			1,333		2,000		JN	833	10,833	11/30/2009	11/30/2017
745177ER2	PR COMWLTH GOVT DEV BK				1	499,941		500,985	500,000	500,000					4,250		MON	1,771	7,378	08/26/2010	08/01/2014
745177ES0	PR COMWLTH GOVT DEV BK				1	219,969		220,909	220,000	220,000					5,150		MON	944	3,534	08/26/2010	08/01/2017
745177ET8	PR COMWLTH GOVT DEV BK				1	499,925		501,965	500,000	500,000			59		5,400		MON	2,250	9,375	08/26/2010	08/01/2019
745291TF1	PUERTO RICO PUB FIN CORP				1	109,551		111,466	110,000	109,551					4,200		MON		4,620	02/07/2006	08/01/2011
74514LSL2	PR COMWLTH REF PUB IMPT				1	50,005		50,804	50,005	50,005					4,400		MON		2,200	05/01/2008	07/01/2012
74521SALT	PR COMWLTH IDR				1	135,415		135,221	135,000	135,415					6,650		MON		8,978	10/04/2002	07/01/2015
745291QP2	PUERTO RICO PUB FIN CORP COMWLTH				1	105,597		107,019	105,000	105,597					4,600		MON		4,830	01/25/2006	08/01/2013
745177EK7	PR COMWLTH GOVT DEV BK				1	100,000		100,166	100,000	100,000					4,250		MON	354	1,794	07/29/2010	08/01/2014
745177EL5	PR COMWLTH GOVT DEV BK				1	180,000		180,477	180,000	180,000					5,000		MON	750	3,800	07/29/2010	08/01/2016
745177EC5	PR COMWLTH GOVT DEV BK				1	100,005		100,057	100,000	100,005					5,100		MON	425	5,001	01/08/2010	02/01/2015
74527BSS4	PR INDL TOURIST EDL MED				1	500,000		505,500	500,000	500,000					4,100		MON	911	20,500	12/18/2009	07/15/2013
74514LSM0	PR COMWLTH REF PUB IMPT				1	100,005		101,433	100,000	100,005					4,500		MON	375	4,500	05/01/2008	07/01/2013
74514LSN8	PR COMWLTH REF PUB IMPT				1	200,005		201,790	200,000	200,005					4,750		MON	792	9,499	05/01/2008	07/01/2014
															0						
0199999	Subtotal - U.S. Governments - Issuer Obligations					5,597,548	X X X	5,749,594	5,527,000	5,602,422		4,877			X X X	X X X	X X X	31,378	179,853	X X X	X X X
0399999	Subtotal - U.S. Governments					5,597,548	X X X	5,749,594	5,527,000	5,602,422		4,877			X X X	X X X	X X X	31,378	179,853	X X X	X X X
All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities																					
0599999	Subtotal - All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities						X X X								X X X	X X X	X X X			X X X	X X X
1099999	Subtotal - All Other Governments						X X X								X X X	X X X	X X X			X X X	X X X
7999999	Subtotal - Issuer Obligations					5,597,548	X X X	5,749,594	5,527,000	5,602,422		4,877			X X X	X X X	X X X	31,378	179,853	X X X	X X X
7899999	Subtotal - Single Class Mortgage-Backed/Asset-Backed Securities						X X X								X X X	X X X	X X X			X X X	X X X
8399999	Grand Total - Bonds					5,597,548	X X X	5,749,594	5,527,000	5,602,422		4,877			X X X	X X X	X X X	31,378	179,853	X X X	X X X

SCHEDULE D - PART 2 - SECTION 1
Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21		
		3	4					9	10		12	13	14	15	16	17	18	19				
CUSIP Identification	Description	Code	For- eign	Number of Shares	Par Value Per Share	Rate Per Share	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other than Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation	Date Acquired		
8999999	Total Preferred Stocks							..	XX X										..	XX X	..	XX X

SCHEDULE D - PART 2 - SECTION 2
Showing All COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Fair Value		9 Actual Cost	10 Dividends			13 Change in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 For- eign			7 Rate per Share Used to Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 13-14)	16 Total Foreign Exchange Change in B./A.C.V.		
Mutual Funds																	
33611N101	FIRST PR TAX EXEMPT TARGET IV			50,000.000	467,500	9,050	467,500	435,000		31,224	1					10/04/2002	
33611Q104	FIRST PUERTO RICO III			10,000.000	95,500	9,300	95,500	85,000		6,291						04/29/2002	
745276105	PR INVESTORS TAX FREE			16,900.000	174,920	9,800	174,920	152,945		12,013						02/14/2008	
87675H103	TAX FREE PR FUND II INC			17,073.000	175,004	9,650	175,004	149,389		11,958						02/19/2008	
74528B103	PR FIXED INCOME FUND V			17,500.000	175,005	9,650	175,005	166,950		14,201						02/28/2008	
74514M105	PR AAA PORTFL TARGET			72,407.000	909,104	9,500	909,104	910,400		36,480						09/08/2004	
06739H206	DJ AIG AGG			370.000	14,900	40,270	14,900	23,335								04/16/2008	
464287101	ISHARES S&P 100 INDEX FUND			3,022.000	130,550	43,200	130,550	171,257		3,305						05/15/2008	
464287234	ISHARES MSCI EMERGING MARKETS			455.000	34,084	74,910	34,084	65,031		864						05/15/2008	
464287465	ISHARES MSCI EAFE INDEX FUND			4,325.000	194,020	44,860	194,020	251,802		6,041						05/15/2008	
464287499	ISHARES TRUST RUSELL MIDCAP			850.000	50,762	49,720	50,762	85,488		1,256						05/15/2008	
464287598	ISHARES TRUST RUSELL 1000 VALUE INDEX			2,215.000	109,687	49,520	109,687	143,687		2,840						05/15/2008	
464287614	ISHARES TRUST RUSELL 1000 GROWTH INDEX			3,785.000	140,272	37,060	140,272	216,729		2,756						05/15/2008	
464287655	ISHARES TRUST RUSELL 2000			850.000	41,854	49,240	41,854	66,504		759						05/15/2008	
464287861	ISHARES S&P EUROPE 350 INDEX			330.000	20,552	62,280	20,552	25,925		647						05/15/2008	
06738C778	BARCLAYS BANK PLC IPATH INX			365.000	12,844	35,190	12,844	17,929								05/15/2008	
73936B408	POWERSHARES DB MULTI SECTOR			315.000	8,247	26,180	8,247	10,190								05/15/2008	
73317S103	POPULAR HIGH GRADE FIXED INCOME			32,608.000	300,000	9,200	300,000	288,587		18,076						11/17/2009	
73317X201	POPULAR INCOME PLUS FUND			20,429.000	200,000	9,790	200,000	195,323		11,588						11/17/2009	
74527W108	PUERTO RICO GNMA & US GOVT			15,274.000	149,996	9,820	149,996	150,449		8,575						10/23/2009	
9299999	Subtotal - Mutual Funds				3,404,801	X X X	3,404,801	3,613,920		168,876	1				X X X	X X X	
9799999	Total Common Stocks				3,404,801	X X X	3,404,801	3,613,920		168,876	1				X X X	X X X	
9899999	Total Preferred and Common Stocks				3,404,801	X X X	3,404,801	3,613,920		168,876	1				X X X	X X X	

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues0, the total \$ value (included in Column 8) of all such issues \$0.

SCHEDULE D - PART 3
Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
745177EB7	PUERTO RICO COMWLTH GOVT DEV		01/08/2010	UBS FINANCIAL SERVICES	X X X	60,000	60,000.00	
745177EC5	PR COMWLTH GOVT DEV BK SR NTS SER		01/08/2010	POPULAR SECURITIES	X X X	100,005	100,000.00	
745177EK7	PR COMWLTH GOVT DEV BK GEN GONT PURP		07/29/2010	POPULAR SECURITIES	X X X	100,000	100,000.00	
745177EL5	PR COMWLTH GOVT DEV BK GEN GOVT PURP		07/29/2010	POPULAR SECURITIES	X X X	180,000	180,000.00	
745177ET8	PR COMWLTH GOVT DEV BK		08/26/2010	UBS FINANCIAL SERVICES	X X X	500,000	500,000.00	
745177ES0	PR COMWLTH GOVT DEV BK		08/26/2010	UBS FINANCIAL SERVICES	X X X	220,000	220,000.00	
745177ER2	PR COMWLTH GOVT DEV		08/26/2010	UBS FINANCIAL SERVICES	X X X	500,000	500,000.00	
0399999 Subtotal - Bonds - U.S. Governments						1,660,005	1,660,000.00	
8399997 Subtotal - Bonds - Part 3						1,660,005	1,660,000.00	
8399998 Summary item from Part 5 for Bonds								
8399999 Subtotal - Bonds						1,660,005	1,660,000.00	
8999998 Summary Item from Part 5 for Preferred Stocks							X X X	
Common Stocks - Mutual Funds								
74514M105	PUERTO RICO AAA PORTFL TARGET MAT FUND I		08/20/2010	UBS FINANCIAL SERVICES	49,550.000	499,965	X X X	
9299999 Subtotal - Common Stocks - Mutual Funds						499,965	X X X	
9799997 Subtotal - Common Stocks - Part 3						499,965	X X X	
9799998 Summary Item from Part 5 for Common Stocks							X X X	
9799999 Subtotal - Common Stocks						499,965	X X X	
9899999 Subtotal - Preferred and Common Stocks						499,965	X X X	
9999999 Totals						2,159,969	X X X	

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Forfeign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V.	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	
Bonds - U.S. Governments																					
31359F4A3	FNMA (REMIC TR 1994 CL 1-UCPT)		03/25/2010	UBS	X X X	1,000													525	01/24/2014	
3133XVU74	FHLB STEP UP CALL ADJUSTABLE		06/17/2010	UBS	X X X	500,000	500,000.00		500,000						500,000				7,500	12/17/2019	
745185A75	PR COMWLTH HWY & TRANSN		07/01/2010	UBS	X X X	60,000	60,000.00		60,000						60,000				157	07/01/2019	
745291LM4	PR PUB FIN CORP COMMWLTH		08/02/2010	UBS	X X X	150,000	150,000.00		150,000						150,000				3,609	08/01/2010	
745177DD4	PUERTO RICO COMWLTH GOVT DEV		10/01/2010	UBS	X X X	1,000,000	1,000,000.00		1,000,000						1,000,000				41,250	02/01/2012	
31359F4A3	FNMA (REMIC TR 1994 CL 1-UCPT)		12/27/2010	UBS	X X X	1,000														12,277	12/27/2010
745177DA0	PR COMWLTH GOVT DEV BK		02/02/2010	POPULAR SECURITIES	X X X	182,000	182,000.00		182,000						182,000				1,577	02/01/2012	
745177DA0	PR COMWLTH GOVT DEV BK		10/01/2010	POPULAR SECURITIES	X X X	18,000	18,000.00		18,000						18,000						02/01/2012
0399999	Subtotal - Bonds - U.S. Governments					1,912,000	1,910,000.00		1,910,000						1,910,000				54,619	X X X	
8399997	Subtotal - Bonds - Part 4					1,912,000	1,910,000.00		1,910,000						1,910,000				54,619	X X X	
8399998	Summary Item from Part 5 for Bonds																				X X X
8399999	Subtotal - Bonds					1,912,000	1,910,000.00		1,910,000						1,910,000				54,619	X X X	
8999998	Summary Item from Part 5 for Preferred Stocks						X X X														X X X
9799998	Summary Item from Part 5 for Common Stocks						X X X														X X X
9899999	Subtotal - Preferred and Common Stocks						X X X														X X X
9999999	Totals					1,912,000	X X X		1,910,000						1,910,000				54,619	X X X	

SCHEDULE D - PART 5

Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identifi- cation	2 Description	3 F O R E I G N Date Acquired	4 Name of Vendor	5 Disposal Date	6 Name of Purchaser	7 Par Value (Bonds) Number of Shares (Stock)	8 Actual Cost	9 Conside- ration	10 Book/ Adjusted Carrying Value at Disposal Date	Change in Book/Adjusted Carrying Value				17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends
										12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 12+ 13-14)						16 Total Foreign Exchange Change in B./A.C.V.
9999999 Totals																		

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures manual)	6 Do Insurer's Assets Include Intangible Assets connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding
1999999 Total - Preferred and Common Stocks								X X X	X X X

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.....0.
 2. Total amount of intangible assets nonadmitted \$.....0.

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
0399999 Total - Preferred and Common Stocks				X X X	X X X

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest					21	
		3	4					9	10	11	12			15	16	17	18	19		20
CUSIP Identifi- cation	Description	Code	For- sign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid For Accrued Interest
8399999	Total Bonds															XXX	XXX	XXX		
9199999	Total Short-Term Investments											XXX				XXX	XXX	XXX		

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
Description	Description of Items Hedged or Used for Income Generation	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Indexed Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's Amortization Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (a)		
0369999 Total - Purchased Options - Call Options and Warrants														XXX								XXX	XXX	
0379999 Total - Purchased Options - Put Options														XXX									XXX	XXX
0389999 Total - Purchased Options - Caps														XXX									XXX	XXX
0399999 Total - Purchased Options - Floors														XXX									XXX	XXX
0409999 Total - Purchased Options - Collars														XXX									XXX	XXX
0419999 Total - Purchased Options - Other														XXX									XXX	XXX
0429999 Total - Purchased Options														XXX									XXX	XXX
0789999 Total - Written Options - Call Options and Warrants														XXX									XXX	XXX
0799999 Total - Written Options - Put Options														XXX									XXX	XXX
0809999 Total - Written Options - Caps														XXX									XXX	XXX
0819999 Total - Written Options - Floors														XXX									XXX	XXX
0829999 Total - Written Options - Collars														XXX									XXX	XXX
0839999 Total - Written Options - Other														XXX									XXX	XXX
0849999 Total - Written Options														XXX									XXX	XXX
1159999 Total - Swaps - Interest Rate														XXX									XXX	XXX
1169999 Total - Swaps - Credit Default														XXX									XXX	XXX
1179999 Total - Swaps - Foreign Exchange														XXX									XXX	XXX
1189999 Total - Swaps - Total Return														XXX									XXX	XXX
1199999 Total - Swaps - Other														XXX									XXX	XXX
1209999 Total - Swaps														XXX									XXX	XXX
1399999 Grand Total - Hedging Effective														XXX									XXX	XXX
1409999 Grand Total - Hedging Other														XXX									XXX	XXX
1419999 Grand Total - Replication														XXX									XXX	XXX
1429999 Grand Total - Income Generation														XXX									XXX	XXX
1439999 Grand Total - Other														XXX									XXX	XXX
1449999 GRAND TOTAL														XXX									XXX	XXX

(a)	
1	2
Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.0000	

SCHEDULE DB - PART A - SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premiums (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V	Current Year's (Amortization) Accretion	Gain (Loss) on Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) on Termination Deferred	Hedge Effectiveness at Inception and at Termination (a)
0369999	Total - Purchased Options - Call Options and Warrants																XXX							XXX
0379999	Total - Purchased Options - Put Options																XXX							XXX
0389999	Total - Purchased Options - Caps																XXX							XXX
0399999	Total - Purchased Options - Floors																XXX							XXX
0409999	Total - Purchased Options - Collars																XXX							XXX
0419999	Total - Purchased Options - Other																XXX							XXX
0429999	Total - Purchased Options																XXX							XXX
0789999	Total - Written Options - Call Options and Warrants																XXX							XXX
0799999	Total - Written Options - Put Options																XXX							XXX
0809999	Total - Written Options - Caps																XXX							XXX
0819999	Total - Written Options - Floors																XXX							XXX
0829999	Total - Written Options - Collars																XXX							XXX
0839999	Total - Written Options - Other																XXX							XXX
0849999	Total - Written Options																XXX							XXX
1159999	Total - Swaps - Interest Rate																XXX							XXX
1169999	Total - Swaps - Credit Default																XXX							XXX
1179999	Total - Swaps - Foreign Exchange																XXX							XXX
1189999	Total - Swaps - Total Return																XXX							XXX
1199999	Total - Swaps - Other																XXX							XXX
1209999	Total - Swaps																XXX							XXX
1399999	Grand Total - Hedging Effective																XXX							XXX
1409999	Grand Total - Hedging Other																XXX							XXX
1419999	Grand Total - Replication																XXX							XXX
1429999	Grand Total - Income Generation																XXX							XXX
1439999	Grand Total - Other																XXX							XXX
1449999	GRAND TOTAL																XXX							XXX

(a)	2
1	Financial or Economic Impact of the Hedge
Code	at the End of the Reporting Period
0000	

SCHEDULE DB - PART B - SECTION 2

Futures Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Variation Margin			19
															16	17	18	
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Book/ Adjusted Carrying Value At Termination	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of hedged Item in Current Year	Deferred	Hedge Effectiveness at Inception/ and at Termination (a)
1399999 Total - Hedging Effective																		X X X
1409999 Total - Hedging Other																		X X X
1419999 Total - Replication																		X X X
1429999 Total - Income Generation																		X X X
1439999 Total - Other																		X X X
1449999 Grand Total																		X X X

1	2
Broker Name	Net Cash Deposits
9999999 Total - Net Cash Deposits	

1	2
Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
0000	

SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description Counterparty or Exchange Traded	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value > 0	6 Contracts With Book/ Adjusted Carrying Value < 0	7 Exposure net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral		
0199999 Aggregate Sum of Exchange Traded Derivatives											
0899999 Totals											

SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 NAIC Designation Market Indicator	4 Fair Value	5 Book/Adjusted Carrying Value	6 Maturity Dates
9899999 Total Preferred and Common Stocks					
9999999 Grand Totals					

General Interrogatory:

1. Total activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 NAIC Designation Market Indicator	4 Fair Value	5 Book/Adjusted Carrying Value	6 Maturity Dates
9899999 Total Preferred and Common Stocks					
9999999 Grand Totals					

General Interrogatory:

1. Total activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Grand Total Schedule DL Part 1 and Part 2 Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

SCHEDULE E - PART 1 - CASH

1		2	3	4	5	6	7
Depository		Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
open depositories							
BANCO POPULAR						3,321,499	X X X
CITIBANK						24,175	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			X X X				X X X
0199999 Totals - Open Depositories			X X X			3,345,674	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X				X X X
0299999 Totals - Suspended Depositories			X X X				X X X
0399999 Total Cash On Deposit			X X X			3,345,674	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X		X X X
0599999 Total Cash			X X X			3,345,674	X X X

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

1. January	2,674,045	4. April	2,932,686	7. July	2,818,683	10. October	3,075,125
2. February	2,918,141	5. May	3,110,554	8. August	3,076,979	11. November	3,022,154
3. March	2,931,604	6. June	2,615,455	9. September	2,066,394	12. December	3,345,674

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Governments - Issuer Obligations							
MONEY MARKET - FIXED INCOME			0.000		72,358		
MONEY MARKET - UBS EQUITY ACCOUNT			0.000		34,429		
MONEY MARKET - POPULAR SECURITIES			0.000		69,622		
0199999 Subtotal - U.S. Governments - Issuer Obligations					176,410		
0399999 Subtotal - U.S. Governments					176,410		
7799999 Subtotals - Issuer Obligations					176,410		
8399999 Subtotal - Bonds					176,410		
8699999 Total Cash Equivalents					176,410		

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1 States, Etc.	2 Type of Deposit	3 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
				4 Book/Adjusted Carrying Value	5 Fair Value	6 Book/Adjusted Carrying Value	7 Fair Value
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CN)						
58.	Aggregate other alien (OT)	X X X	X X X				
59.	Total	X X X	X X X				
DETAILS OF WRITE-INS							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2010
(To be filed by March 1)

PART 1 - INTERROGATORIES

- | | |
|---|---|
| <p>1. The reporting insurer is a member of a group of insurers or other holding company system:
If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group:
or 2) allocation to each insurer:</p> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <p>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?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <p>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?</p> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	Annual Compensation			
		3	4	5	6
Name and Principal Position	Year	Salary	Bonus	All Other Compensation	Totals
1. Rafael Burgos, Chief Executive Officer	2010				
	2009				
	2008				
2. Marianne Ortiz, Vice President & Treasurer	2010				
	2009				
	2008				
3. Carmen Figueroa, Secretary	2010				
	2009				
	2008				
4.	2010				
	2009				
	2008				
5.	2010				
	2009				
	2008				
6.	2010				
	2009				
	2008				
7.	2010				
	2009				
	2008				
8.	2010				
	2009				
	2008				
9.	2010				
	2009				
	2008				
10.	2010				
	2009				
	2008				

PART 3 - DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All Other Compensation Paid or Deferred	Totals
Mr. Gary Radine, Chairman			
Mrs. Belinda Martínez, Vice Chairman			
Mrs. Ana María Romero			
Jorge Rodríguez Barroso, DMD, Treasurer			
Alfonso Ortiz			
Edlin Buitrago, Esq			
Jaime Rodríguez, Esq			
9999999			



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (To Be Filed by April 1)

For the year ended December 31, 2010

Of The DELTA DENTAL OF P.R., INC.
 Address (City, State, Zip Code) GUAYNABO, PR, 00968
 NAIC Group Code 2479 NAIC Company Code 47085 Employer's ID Number 680652604

The Investment Risk Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements. Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ 14,864,379

1	2	3	4
Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2. Ten largest exposures to a single issuer/borrower/investment.			
2.01	FHLB SETUP CALL BOND	500,005	3.364
2.02	PR COMWLTH GOVT DEV	1,000,000	6.727
2.03	PR INDL TOURIST EDL	500,000	3.364
2.04	PR MUN FIN AGY	509,595	3.428
2.05	US TSY INFL PROT NOTE	778,120	5.235
2.06	PR TAX EXEMPT TARGET IV	467,500	3.145
2.07	PR SALES TAX FING CORP	446,463	3.004
2.08	PR AAA PORTFL TARGET	909,104	6.116
2.09	POPULAR HIGH GRADE FIXED INCOME	300,000	2.018
2.10	POPULAR INCOME PLUS FUND	200,000	1.345

NAIC Rating		1	2
		Amount	Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.			
Bonds			
3.01	NAIC-1	1,287,834	8.664
3.02	NAIC-2	4,314,589	29.026
3.03	NAIC-3		
3.04	NAIC-4		
3.05	NAIC-5		
3.06	NAIC-6		
Preferred Stocks			
3.07	P/RP-1		
3.08	P/RP-2		
3.09	P/RP-3		
3.10	P/RP-4		
3.11	P/RP-5		
3.12	P/RP-6		

4. Assets held in foreign investments:
 4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[]

		1	2
		Amount	Percent
4.02	Total admitted assets held in foreign investments		
4.03	Foreign-currency-denominated investments		
4.04	Insurance liabilities denominated in that same foreign currency		

If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

	1 Amount	2 Percent
NAIC Sovereign Rating		
5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:		
5.01 Countries rated NAIC-1		
5.02 Countries rated NAIC-2		
5.03 Countries rated NAIC-3 or below		

	1 Amount	2 Percent
NAIC Sovereign Rating		
6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:		
Countries rated NAIC-1:		
6.01		
6.02		
Countries rated NAIC-2:		
6.03		
6.04		
Countries rated NAIC-3 or below:		
6.05		
6.06		

	1 Amount	2 Percent
Description		
7. Aggregate unhedged foreign currency exposure		

	1 Amount	2 Percent
NAIC Sovereign Rating		
8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:		
8.01 Countries rated NAIC-1		
8.02 Countries rated NAIC-2		
8.03 Countries rated NAIC-3 or below		

	1 Amount	2 Percent
NAIC Sovereign Rating		
9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:		
Countries rated NAIC-1:		
9.01		
9.02		
Countries rated NAIC-2:		
9.03		
9.04		
Countries rated NAIC-3 or below:		
9.05		
9.06		

	2 NAIC Rating	3 Amount	4 Percent
1 Issuer			
10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:			
10.01			
10.02			
10.03			
10.04			
10.05			
10.06			
10.07			
10.08			
10.09			
10.10			

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:
 11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?
 If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

Yes[X] No[]

Description		1 Amount	2 Percent
11.02	Total admitted assets held in Canadian Investments		
11.03	Canadian-currency-denominated investments		
11.04	Canadian-denominated insurance liabilities		
11.05	Unhedged Canadian currency exposure		

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.
 12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?
 If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

Yes[X] No[]

1 Contractual Sales Restrictions		2 Amount	3 Percent
12.02	Aggregate statement value of investments with contractual sales restrictions		
	Largest 3 investments with contractual sales restrictions:		
12.03	.....	
12.04	.....	
12.05	.....	

13. Amounts and percentages of admitted assets held in the ten largest equity interests:
 13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?
 If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

Yes[X] No[]

1 Name of Issuer		2 Amount	3 Percent
Assets held in equity interests:			
13.02		
13.03		
13.04		
13.05		
13.06		
13.07		
13.08		
13.09		
13.10		
13.11		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:
 14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?
 If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14. Yes[X] No[]

	1 Investment Category	2 Amount	3 Percent
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities		
	Largest 3 investments held in nonaffiliated, privately placed equities:		
14.03	.....	
14.04	.....	
14.05	.....	

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:
 15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets?
 If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15. Yes[X] No[]

	1 Investments in General Partnerships	2 Amount	3 Percent
15.02	Aggregate statement value of investments held in general partnership interests		
	Largest 3 investments in general partnership interests:		
15.03	.....	
15.04	.....	
15.05	.....	

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:
 16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?
 If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17. Yes[X] No[]

	1 Type (Residential, Commercial, Agricultural)	2 Amount	3 Percent
	Total admitted assets held in Mortgage Loans		
16.02		
16.03		
16.04		
16.05		
16.06		
16.07		
16.08		
16.09		
16.10		
16.11		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

Description	Loans	
	2 Amount	3 Percent
Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:		
16.12 Construction loans		
16.13 Mortgage loans over 90 days past due		
16.14 Mortgage loans in the process of foreclosure		
16.15 Mortgage loans foreclosed		
16.16 Restructured mortgage loans		

Loan-to-Value	Residential		Commercial		Agricultural	
	1 Amount	2 Percent	3 Amount	4 Percent	5 Amount	6 Percent
17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:						
17.01 Above 95%						
17.02 91% to 95%						
17.03 81% to 90%						
17.04 71% to 80%						
17.05 Below 70%						

18. Amounts and percents of the reporting entity's total admitted assets held in each of the five largest investments in real estate:
 18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[]
 If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

1 Description	2 Amount	3 Percent
Largest 5 investments in any one parcel or group of contiguous parcels of real estate:		
18.02		
18.03		
18.04		
18.05		
18.06		

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:
 19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[]
 If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

1 Description	2 Amount	3 Percent
19.02 Aggregate statement value of investments held in mezzanine loans		
Largest three investments held in mezzanine real estate loans:		
19.03		
19.04		
19.05		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:					
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)					
20.02 Repurchase agreements					
20.03 Reverse repurchase agreements					
20.04 Dollar repurchase agreements					
20.05 Dollar reverse repurchase agreements					

Description	Owned		Written	
	1 Amount	2 Percent	3 Amount	4 Percent
21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:				
21.01 Hedging				
21.02 Income generation				
21.03 Other				

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:					
22.01 Hedging					
22.02 Income generation					
22.03 Replications					
22.04 Other					

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:					
23.01 Hedging					
23.02 Income generation					
23.03 Replications					
23.04 Other					



ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2010

NAIC Group Code: 2479

(To Be Filed By April 1)

NAIC Company Code: 47085

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1. With Contract Reserves							
1.2. Without Contract Reserves							
1.3. Subtotal							
2. Short-Term Medical							
2.1. With Contract Reserves							
2.2. Without Contract Reserves							
2.3. Subtotal							
3. Other Medical (Non-Comprehensive)							
3.1. With Contract Reserves							
3.2. Without Contract Reserves							
3.3. Subtotal							
4. Specified/Named Disease							
4.1. With Contract Reserves							
4.2. Without Contract Reserves							
4.3. Subtotal							
5. Limited Benefit							
5.1. With Contract Reserves							
5.2. Without Contract Reserves							
5.3. Subtotal							
6. Student							
6.1. With Contract Reserves							
6.2. Without Contract Reserves							
6.3. Subtotal							
7. Accident Only or AD&D							
7.1. With Contract Reserves							
7.2. Without Contract Reserves							
7.3. Subtotal							
8. Disability Income - Short-Term							
8.1. With Contract Reserves							
8.2. Without Contract Reserves							
8.3. Subtotal							

8ddns

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
9. Disability Income - Long-Term							
9.1. With Contract Reserves							
9.2. Without Contract Reserves							
9.3. Subtotal							
10. Long-Term Care							
10.1. With Contract Reserves							
10.2. Without Contract Reserves							
10.3. Subtotal							
11. Medicare Supplement (Medigap)							
11.1. With Contract Reserves							
11.2. Without Contract Reserves							
11.3. Subtotal							
12. Dental							
12.1. With Contract Reserves							
12.2. Without Contract Reserves							
12.3. Subtotal							
13. State Children's Health Insurance Program							
13.1. With Contract Reserves							
13.2. Without Contract Reserves							
13.3. Subtotal							
14. Medicare							
14.1. With Contract Reserves							
14.2. Without Contract Reserves							
14.3. Subtotal							
15. Medicaid							
15.1. With Contract Reserves							
15.2. Without Contract Reserves							
15.3. Subtotal							
16. Medicare Part D - Stand-alone							
16.1. With Contract Reserves							
16.2. Without Contract Reserves							
16.3. Subtotal							
17. Other Individual Business							
17.1. With Contract Reserves							
17.2. Without Contract Reserves							
17.3. Subtotal							
18. Total Individual Business							
18.1. With Contract Reserves							
18.2. Without Contract Reserves							
19. Grand Total Individual							

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1. Small Employer							
1.2. Other Employer							
1.3. Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income - Short-Term							
11. Disability Income - Long-Term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental	15,652,568	8,965,309	385,000	59.7	905	114,387	209,836
17. Medicare							
18. Medicare Part D - Stand-alone							
19. Other Group Care							
20. Grand Total Group Business	15,652,568	8,965,309	385,000	59.7	905	114,387	209,836
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	X X X	X X X	X X X	X X X			
4. Administrative Services Contracts	X X X	X X X	X X X	X X X			
5. Grand Total Other Business							
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business	15,652,568	8,965,309	385,000	59.7	905	114,387	209,836

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 - INDIVIDUAL POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL				

PART 2 - GROUP POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business	15,652,568	8,965,309	385,000	59.737
2. Other Forms Direct Business				
3. Total Direct Business	15,652,568	8,965,309	385,000	59.737
4. Reinsurance Assumed				
5. Less Reinsurance Ceded	5,762,279	4,690,348		81.397
6. TOTAL	9,890,289	4,274,961	385,000	47.117

PART 3 - CREDIT POLICIES (Individual and Group) SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL				

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business	15,652,568	8,965,309	385,000	59.737
2. Other Forms Direct Business				
3. Total Direct Business	15,652,568	8,965,309	385,000	59.737
4. Reinsurance Assumed				
5. Less Reinsurance Ceded	5,762,279	4,690,348		81.397
6. TOTAL	9,890,289	4,274,961	385,000	47.117



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES FOR THE PROPERTY / CASUALTY, LIFE, ACCIDENT AND HEALTH, TITLE
AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

DELTA DENTAL OF P.R., INC.

COMPANY

**FOR THE YEAR ENDED
December 31, 2010
(To Be Filed by March 1)**

GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A., which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the official owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year? Yes[] No[X]
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

 2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes[] No[X]
If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

 3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting? Yes[] No[X]
If answer is "No" explain in detail below. Attach separate sheet if necessary.:
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Summary of Operations	Yes[] No[X]	Yes[] No[X]
c. Surplus Account	Yes[] No[X]	Yes[] No[X]
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Statement of Income	Yes[] No[X]	Yes[] No[X]
c. Capital and Surplus Account	Yes[] No[X]	Yes[] No[X]
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Statement of Income - Operations and Investment Exhibit	Yes[] No[X]	Yes[] No[X]
c. Capital and Surplus Account	Yes[] No[X]	Yes[] No[X]
To be answered by Health Insurance Companies:		
a. Statement of Assets, Liabilities, Capital and Surplus	Yes[] No[X]	Yes[] No[X]
b. Statement of Revenues and Expenses	Yes[] No[X]	Yes[] No[X]
c. Capital and Surplus Account	Yes[] No[X]	Yes[] No[X]

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(See Instructions Below)

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise? No If answer is "no", explain in detail on a separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: _____

INSTRUCTIONS FOR STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Column 1 - Name and Title

Indicate relationship of the person to the Company, for example: "Director," "Director and Vice-President," "Beneficial owner of more than 10% of the Company's common stock," etc.

Column 2 - Title of Security

The statement of the title of a security should be such as to clearly identify the security, even though there may be only one class, for example: "Common stock," "4% convertible preferred stock," etc.

Column 3 - Nature of Ownership

Under the "Nature of Ownership" state whether ownership of securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner the name of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and from those owned through a different type of indirect ownership.

Columns 4 to 8 - Number of Shares

In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity shall be stated. There may also be indicated in a footnote or other appropriate manner the extent of the security holder's interest in such partnership, corporation, trust or other entity.

If a transaction in securities of the Company was with the Company or one of its subsidiaries, so state. If it involved the purchase of securities through the exercise of options, so state. If any other purchase or sale was effected otherwise than in the open market, that fact shall be indicated. If the transaction was not a purchase or sale, indicate its character, for example, gift, stock dividend, etc., as the case may be. The foregoing information may be indicated in a footnote or other appropriate manner.

Any additional information deemed relevant by the Company should be included as a footnote or in other appropriate manner.



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 2479

(To be Filed By March 1)

NAIC Company Code: 47085

	Individual Coverage		Group Coverage		5 Total Cash
	1	2	3	4	
	Insured	Uninsured	Insured	Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums		X X X		X X X	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims		X X X		X X X	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X		X X X	
15. Expenses Incurred		X X X		X X X	X X X
16. Underwriting Gain/Loss		X X X		X X X	X X X
17. Cash Flow Results	X X X	X X X	X X X	X X X	

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY
REPORTING YEAR 2010
(To Be Filed By April 1)



NAIC Group Code: 2479

NAIC Company Code: 47085

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
A. Individual									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
1. Form Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX

Supp 18



LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR

REPORTING YEAR 2010
 (To Be Filed By April 1)

NAIC Group Code 2479

NAIC Company Code 47085

Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 Inforce Count Beginning of Year	10 New Issues Current Year	11 Inforce Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/Reported Ratio
A. INDIVIDUAL															
B. GROUP															
C. SUMMARY															
1. Total Current - Individual						XXX	XXX					XXX			XXX
2. Total Prior - Individual						XXX	XXX					XXX			XXX
3. Total 2nd Prior - Individual						XXX	XXX					XXX			XXX
4. Total Current - Group						XXX	XXX					XXX			XXX
5. Total Prior - Group						XXX	XXX					XXX			XXX
6. Total 2nd Prior - Group						XXX	XXX					XXX			XXX
7. Current Year Total						XXX	XXX					XXX			XXX

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)
 REPORTING YEAR 2010
 (To Be Filed By April 1)



NAIC Group Code: 2479

NAIC Company Code: 47085

Incurred Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
A. Individual								
PART 1 - Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 3 - Transferred Reserves								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 - Present Value of Incurred Claims								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

REPORTING YEAR 2010

Incurred Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
B. Group								
PART 1 - Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 - Transferred Reserves								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 - Present Value of Incurred Claims								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

REPORTING YEAR 2010

Incurred Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
C. Summary								
PART 1 - Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserves Outstanding at End of Year								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 - Transferred Reserves								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 - Present Value of Incurred Claims								
1. Prior								
2. 2003								
3. 2004	XXX							
4. 2005	XXX	XXX						
5. 2006	XXX	XXX	XXX					
6. 2007	XXX	XXX	XXX	XXX				
7. 2008	XXX	XXX	XXX	XXX	XXX			
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2010 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX



LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS
 REPORTING YEAR 2010
 (To Be Filed By April 1)

NAIC Group Code: 2479

NAIC Company Code: 47085

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
A. Individual					
1. Current
2. Prior
3. 2nd Prior
B. Group					
1. Current
2. Prior
3. 2nd Prior
C. Summary					
1. Total Inception-to-Date

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
 Incurred claims are only the policies that claims have been triggered due to acceleration.



SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 2479

NAIC Company Code: 47085

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense



Management's Discussion and Analysis

Management's Discussion and Analysis

March 31, 2011

Mr. Ramón L. Cruz Colon
Commissioner of Insurance
State of Puerto Rico Insurance Department
B5 Calle Tabonuco Suite 216
PMB 356
Guaynabo, PR 00968-3029

Dear Mr. Cruz:

Please accept the following listed filing as supplement to the Annual Statement filed by Delta Dental of PR, Inc. on March 1, 2011:

- One copy of the 2010 Management Discussion and Analysis

If you have any questions concerning these filings, please feel free to contact me.

Sincerely,

Marianne Ortiz
Vice President / Treasurer
Delta Dental of PR, Inc.
939-205-3300 ext. 2464
mortiz@deltadentalpr.com

Enclosures

Management's Discussion and Analysis

MANAGEMENT'S DISCUSSION AND ANALYSIS

DELTA DENTAL OF PR, INC.

2010

A. Financial Position

The corporation continues to operate under the same reinsurance quota share agreement with DDIC. This agreement minimizes the potential for claims losses to the corporation. Also the corporation had an administrative agreement with Simonpietri Hemisferica (TPA). This agreement was terminated on August 1st, 2010. In this year we had an increase of \$862 thousand in the company investment portfolio.

Assets, Liabilities, Capital

Total assets are \$14,864,379, an increase of \$880 thousand this represent a 6% from last year and the reason was an increase in the invested assets.

Liabilities decrease \$409 thousand from last year. The reason was a decrease in the portion of general expenses due and accrued.

Total capital at December 31, 2010 is \$11,036,541 that represents an increase 12% from last year.

Results of Operations

The corporation reported a gain of \$555,616 for 2010. Claims as a percentage of premiums increase 4% compared with the prior year. Premium revenue (net of reinsurance) decrease from \$11,010,442 in 2009 to \$9,890,289 in 2010.

B. Cash Flow and Liquidity

The corporation maintains a sufficiently liquid position to meet its liabilities.

C. Trends, Demands, Events

The most significant trends, which will have an effect on the corporation in 2009 include:

Management's Discussion and Analysis

- Sustained growth
- Maintenance of interest rate returns with continued improvements in the overall economy.

The Company has been tried to do some new business with government and health reform. The minimum numbers of expected revenues are \$1.6 million in new business.

Aggressive marketing plan is in place for 2011 sales promoting our products.



Accountant's Letter of Qualification



Communication of Internal Control Related Matters Noted in an Audit



Management's Report of Internal Control over Financial Reporting

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ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer DELTA DENTAL OF P.R., INC.

Date _____ FEIN 680652604
 NAIC Group # 2479 NAIC Company # 47085

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS, PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY
HELP TO IDENTIFY DISKETTE CONTENT

	March	April	June
1. Is this the first time you've submitted this filing? (Y/N)	N/A	N/A	N/A
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N) .	N/A	N/A	N/A
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	N/A	N/A	N/A
4. Other? (Y/N)	N/A	N/A	N/A
(If "yes" attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Marianne Ortiz
 Phone: (939)205-3300-
 Address: Metro Office Park 14 Strret 2 Suite 200, Guaynabo, PR 00968

D. Software Vendor: SunGard iWORKS - Statutory
 Version: 2010.A.2

E. Have material validation failures been addressed in the explanation file? Yes [] No[X]

F. The undersigned hereby certifies that, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2010 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name):

(version number):

(Signed) _____

Type Name and Title:

Amended Statement Cover