



ANNUAL STATEMENT

For the Year Ending December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL OF P.R., INC.

NAIC Group Code	2479 <small>(Current Period)</small>	2479 <small>(Prior Period)</small>	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:	<input checked="" type="checkbox"/> Life, Accident & Health <input type="checkbox"/> Dental Service Corporation <input type="checkbox"/> Other		<input type="checkbox"/> Property/Casualty <input type="checkbox"/> Vision Service Corporation <input type="checkbox"/> Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/> Health Maintenance Organization	
Incorporated/Organized	06/10/2002		Commenced Business	07/01/2007		
Statutory Home Office	METRO OFFICE PARK 14 STREET 2 SUITE 200 <small>(Street and Number)</small>			GUAYNABO, PR, 00968 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	METRO OFFICE PARK 14 STREET 2 SUITE 200 <small>(Street and Number)</small>					
	GUAYNABO, PR, 00968 <small>(City or Town, State, Country and Zip Code)</small>			(939)205-3300 <small>(Area Code) (Telephone Number)</small>		
Mail Address	METRO OFFICE PARK 14 STREET 2 SUITE 200 <small>(Street and Number or P.O. Box)</small>			GUAYNABO, PR, 00968 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	METRO OFFICE PARK 14 STREET 2 SUITE 200 <small>(Street and Number)</small>					
	GUAYNABO, PR, US 00968 <small>(City or Town, State, Country and Zip Code)</small>			(939)205-3300 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.deltadentalpr.com					
Statutory Statement Contact	Marianne Ortiz <small>(Name)</small>			(939)205-3300 <small>(Area Code)(Telephone Number)(Extension)</small>		
	mortiz@deltadentalpr.com <small>(E-Mail Address)</small>			(939)205-3311 <small>(Fax Number)</small>		

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 Belinda Martinez
---	---

State of _____
 County of _____ 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 <small>(Printed Name)</small>	(Signature) Carmen Figueroa <small>(Printed Name)</small>	(Signature) Marianne Ortiz <small>(Printed Name)</small>
1. President <small>(Title)</small>	2. Secretary <small>(Title)</small>	3. Vice President/Treasurer <small>(Title)</small>

Subscribed and sworn to before me this _____ day of _____, 2014

- 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)

DIRECTORS OR TRUSTEES (continued)

Alfonso Ortiz
Lic. Edlin Buitrago
Lic. Jaime Rodriguez

Ana Maria Romero
Jorge Rodriguez DMD

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)	6,430,174		6,430,174	5,120,754
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks	3,402,412		3,402,412	2,868,810
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 (\$.....4,016,389, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	4,016,389		4,016,389	5,543,266
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	13,848,975		13,848,975	13,532,830
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	62,214		62,214	25,327
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	351,793	23,435	328,358	209,592
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	830,764		830,764	781,859
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	639,985		639,985	504,053
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	110,106	110,106		4,126
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	50,211		50,211	51,168
21. Furniture and equipment, including health care delivery assets (\$.....0)	104,623	104,623		
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	126,881	75,384	51,497	156,264
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	16,125,552	313,548	15,812,004	15,265,219
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	16,125,552	313,548	15,812,004	15,265,219
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	51,721	224	51,497	156,264
2502. PREPAID EXPENSES	75,160	75,160		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	126,881	75,384	51,497	156,264

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....280,000 reinsurance ceded)	280,000		280,000	362,500
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	37,988		37,988	58,844
9. General expenses due or accrued	784,858		784,858	791,724
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	1,151,355		1,151,355	1,287,344
12. Amounts withheld or retained for the account of others	62		62	(18)
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	36,560		36,560	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	519,850		519,850	569,198
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	2,810,673		2,810,673	3,069,591
25. Aggregate write-ins for special surplus funds	X X X	X X X		500,000
26. Common capital stock	X X X	X X X	5,453,600	5,453,600
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	5,453,600	5,453,600
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	2,105,131	799,428
32. Less treasury stock, at cost:				
32.1 .....550 shares common (value included in Line 26 \$.....20)	X X X	X X X	11,000	11,000
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	13,001,331	12,195,628
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	15,812,004	15,265,219
DETAILS OF WRITE-INS				
2301. LIABILITY FOR GROUP REFUND (TEACHER)				
2302. OTHER				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. FUNDS REQUIRE BY DOI	X X X	X X X		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
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	2,397,798	2,593,541
2. Net premium income (including \$.....0 non-health premium income)	X X X	9,307,528	9,702,948
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		4,327,186
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	9,307,528	14,030,134
Hospital and Medical:			
9. Hospital/medical benefits		8,643,325	9,530,129
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)		8,643,325	9,530,129
Less:			
17. Net reinsurance recoveries		4,340,125	4,769,739
18. TOTAL Hospital and Medical (Lines 16 minus 17)		4,303,200	4,760,390
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....0 cost containment expenses		515,202	411,285
21. General administrative expenses		5,123,469	8,484,310
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)		9,941,872	13,655,984
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(634,344)	374,150
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		502,491	358,714
26. Net realized capital gains (losses) less capital gains tax of \$.....0		559,947	(85,836)
27. Net investment gains (losses) (Lines 25 plus 26)		1,062,438	272,878
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		654,230	168,728
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	1,082,324	815,756
31. Federal and foreign income taxes incurred	X X X	336,050	97,638
32. Net income (loss) (Lines 30 minus 31)	X X X	746,274	718,118
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. MISC / OTHER INCOME		195,955	168,728
2902. AMORT OF BOND/PREMIUM			
2903. ADMINISTRATION INCOME		458,275	
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		654,230	168,728

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	12,195,628	12,090,761
34.	Net income or (loss) from Line 32	746,274	718,118
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	(14,647)	(4,011)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	74,076	51,240
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		(4,000)
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		(400,000)
47.	Aggregate write-ins for gains or (losses) in surplus		(256,481)
48.	Net change in capital and surplus (Lines 34 to 47)	805,703	104,867
49.	Capital and surplus end of reporting year (Line 33 plus 48)	13,001,331	12,195,628
DETAILS OF WRITE-INS			
4701.	RECLASS TO OTHER INCOME		
4702.	RECLASS UNNAMED ADDITIONAL PAID IN CAPITAL		
4703.	CHANGE IN ALLOWANCE OF BAD DEBT		(256,481)
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(256,481)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	9,027,861	9,705,329
2.	Net investment income	465,604	359,533
3.	Miscellaneous income		4,327,186
4.	Total (Lines 1 through 3)	9,493,465	14,392,048
5.	Benefit and loss related payments	4,687,327	4,722,015
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,149,654	8,650,159
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	323,162	101,764
10.	Total (Lines 5 through 9)	10,160,144	13,473,938
11.	Net cash from operations (Line 4 minus Line 10)	(666,679)	918,110
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	986,950	1,180,050
12.2	Stocks	4,545,966	463,141
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	1,151,325	85,836
12.8	Total investment proceeds (Lines 12.1 to 12.7)	6,684,241	1,729,027
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	2,303,201	931,135
13.2	Stocks	4,279,108	2,618
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	559,947	
13.7	Total investments acquired (Lines 13.1 to 13.6)	7,142,256	933,753
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)	(458,014)	795,274
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		(4,000)
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		400,000
16.6	Other cash provided (applied)	(402,183)	(166,170)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(402,183)	(570,170)
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)	(1,526,877)	1,143,214
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	5,543,266	4,400,052
19.2	End of year (Line 18 plus Line 19.1)	4,016,389	5,543,266

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

20.0001	.....	
20.0002	.....	

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	9,307,528			9,307,528						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										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)	9,307,528			9,307,528						
8. Hospital/medical benefits	8,643,325			8,643,325						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)	8,643,325			8,643,325						X X X
16. Net reinsurance recoveries	4,340,125			4,340,125						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	4,303,200			4,303,200						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	515,202			515,202						
20. General administrative expenses	5,123,469			5,123,469						
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)	9,941,872			9,941,872						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(634,344)			(634,344)						
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

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only	14,737,555		5,430,027	9,307,528
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)	14,737,555		5,430,027	9,307,528
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	14,737,555		5,430,027	9,307,528

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	8,808,325			8,808,325						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	4,422,625			4,422,625						
1.4 Net	4,385,700			4,385,700						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	560,000			560,000						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	280,000			280,000						
3.4 Net	280,000			280,000						
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	725,000			725,000						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	362,500			362,500						
8.4 Net	362,500			362,500						
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	8,643,325			8,643,325						
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	4,340,125			4,340,125						
12.4 Net	4,303,200			4,303,200						
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	560,000			560,000						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	280,000			280,000						
2.4 Net	280,000			280,000						
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	560,000			560,000						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	280,000			280,000						
4.4 Net	280,000			280,000						

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	249,040	4,136,661	16,000	264,000	265,040	362,500
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)	249,040	4,136,661	16,000	264,000	265,040	362,500
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	249,040	4,136,661	16,000	264,000	265,040	362,500

(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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	605	(1)			
2. 2009	11,249	435			
3. 2010	X X X	8,552	715		
4. 2011	X X X	X X X	9,061	534	
5. 2012	X X X	X X X	X X X	8,980	249
6. 2013	X X X	X X X	X X X	X X X	4,137

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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	618				
2. 2009	11,506	457			
3. 2010	X X X	8,992	740		
4. 2011	X X X	X X X	9,386	552	
5. 2012	X X X	X X X	X X X	9,324	265
6. 2013	X X X	X X X	X X X	X X X	4,401

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. 2009	17,701		1,466		1,466	8.282			1,466	8.282
2. 2010	15,563		838		838	5.385			838	5.385
3. 2011	16,193		398		398	2.460			398	2.460
4. 2012	15,460	249	475	190.781	724	4.683	16		740	4.787
5. 2013	9,308	4,137	15	0.351	4,152	44.602	264		4,416	47.438

12 Total

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE

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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	605	(1)			
2. 2009	11,249	435			
3. 2010	X X X	8,552	715		
4. 2011	X X X	X X X	9,061	534	
5. 2012	X X X	X X X	X X X	8,980	249
6. 2013	X X X	X X X	X X X	X X X	4,137

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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	618				
2. 2009	11,506	457			
3. 2010	X X X	8,992	740		
4. 2011	X X X	X X X	9,386	552	
5. 2012	X X X	X X X	X X X	9,324	265
6. 2013	X X X	X X X	X X X	X X X	4,401

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. 2009	17,701		1,466		1,466	8.282			1,466	8.282
2. 2010	15,563		838		838	5.385			838	5.385
3. 2011	16,193		398		398	2.460			398	2.460
4. 2012	15,460	249	475	190.781	724	4.683	16		740	4.787
5. 2013	9,308	4,137	15	0.351	4,152	44.602	264		4,416	47.438

12 Dental Only

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other	NONE
13	Underwriting Invest Exh Pt 2D - A & H Reserve	NONE

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)			282,640		282,640
2. Salaries, wages and other benefits			2,090,442		2,090,442
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			936,996		936,996
4. Legal fees and expenses			78,710		78,710
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services		90,597	102,580		193,177
7. Traveling expenses			14,166		14,166
8. Marketing and advertising			69,653		69,653
9. Postage, express and telephone			159,093		159,093
10. Printing and office supplies			53,329		53,329
11. Occupancy, depreciation and amortization			8,343		8,343
12. Equipment			109,180		109,180
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees			84,289		84,289
16. Insurance, except on real estate			40,935		40,935
17. Collection and bank service charges			48,524		48,524
18. Group service and administration fees		424,605			424,605
19. Reimbursements by uninsured plans					
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			75,000		75,000
23.3 Regulatory authority licenses and fees			22,814		22,814
23.4 Payroll taxes			132,478		132,478
23.5 Other (excluding federal income and real estate taxes)			12,952		12,952
24. Investment expenses not included elsewhere			682,038		682,038
25. Aggregate write-ins for expenses			119,305		119,305
26. TOTAL Expenses Incurred (Lines 1 to 25)		515,202	5,123,468		(a) 5,638,670
27. Less expenses unpaid December 31, current year			784,858		784,858
28. Add expenses unpaid December 31, prior year			791,724		791,724
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)		515,202	5,130,334		5,645,536
DETAILS OF WRITE-INS					
2501. SOFTWARE & HARDWARE , EQUIPMENT			8,604		8,604
2502. SEMINARS, CONVENTIONS, OFFICE EXPENSES & DONATIONS			81,532		81,532
2503. REPAIRS & MAINTENANCE AND OTHER EXPENSES			29,169		29,169
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			119,305		119,305

(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) 88,336	88,336
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 146,614	146,614
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	147,025	147,025
2.21 Common stocks of affiliates		
3. Mortgage loans	(c) 135	135
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	157,500	157,145
10. Total gross investment income	539,610	539,255
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		36,764
16. Total deductions (Lines 11 through 15)		36,764
17. Net Investment income (Line 10 minus Line 16)		502,491
DETAILS OF WRITE-INS		
0901. Other Investment Income	157,500	157,145
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)	157,500	157,145
1501. Amortization premium/discount		24,661
1502. Investment Expenses		12,103
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		36,764

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....(24,661) 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	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds				(14,647)	
1.1 Bonds exempt from U.S. tax	(23)		(23)		
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)	559,970		559,970		
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)	559,947		559,947	(14,647)	
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 (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
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	23,435	19,377	(4,059)
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		20,067	20,067
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset	110,106	118,868	8,762
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets	104,623	164,843	60,220
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	75,384	64,470	(10,914)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	313,548	387,624	74,076
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	313,548	387,624	74,076
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	224	1,366	1,142
2502. PREPAID EXPENSES	75,160	63,104	(12,056)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	75,384	64,470	(10,914)

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	202,267	202,022	201,799	197,545	197,504	2,397,798
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	202,267	202,022	201,799	197,545	197,504	2,397,798
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
Group Subscribers:						
.....	285,815	40,106	2,437	23,435	23,435	328,358
0299997 Subtotal - Group Subscribers:	285,815	40,106	2,437	23,435	23,435	328,358
0299999 Total group	285,815	40,106	2,437	23,435	23,435	328,358
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	285,815	40,106	2,437	23,435	23,435	328,358

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
 Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						560,000
0799999 Total Claims Unpaid						560,000
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
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	Services	36,560	36,560	
0199999 Total - Individually listed payables	X X X	36,560	36,560	
0399999 Total gross payables	X X X	36,560	36,560	

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	8,808,325	100.000	X X X	X X X	8,808,325	
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	8,808,325	100.000	X X X	X X X	8,808,325	
13. TOTAL (Line 4 plus Line 12)	8,808,325	100.000	X X X	X X X	8,808,325	

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
NONE					
9999999 Totals			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	396,616	20,834	312,827		104,623	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL	396,616	20,834	312,827		104,623	

Notes to Financial Statements

Summary of Operation

Delta Dental of Puerto Rico, Inc. (the Company) was incorporated as a stock insurer after obtaining approval of the Commissioner of Insurance of Puerto Rico on June 10, 2002. Effective July 1, 2007, the Company complied with the corresponding requirements of the Insurance Code of the Commonwealth of Puerto Rico (the Code) and was granted the certificate of authority to transact, within Puerto Rico, disability insurance.

The Company has unnamed stockholders whose total voting rights cannot exceed 49% in accordance with Law 122 of July 13, 1998. For purposes of determining the unnamed related capital, the Company used the statutory capital and surplus as of December 31, 2005, determined based on the accounting practices prescribed or permitted by the Puerto Rico's Commissioner of Insurance (SAP), which amounted to \$4,446,043. The capital and surplus under Accounting Principles Generally Accepted in United States of America (GAAP) as of June 30, 2007 (conversion date balance), was \$5,344,513. However, the statutory capital and surplus as of December 31, 2005 was the capital submitted for approval to the Commissioner of Insurance of Puerto Rico. The difference between the statutory capital and surplus under Statutory Accounting Principles (SAP) as of December 31, 2005 and the capital and surplus under GAAP as of June 30, 2007 and considering the dentist unpaid contribution, the aggregated amount of \$898,480, was distributed to the unnamed stockholders (contract holders), and is reported as unnamed additional paid in capital in the accompanying financial statements as of December 31, 2010.

For the purpose of converting the unnamed designated capital, the Company used \$20 per share of common stock, which represented the selling price per share of the common stock offered to third parties. The conversion of the \$4,446,043 unnamed capital resulted in the issuance of 222,302 shares of common stock; representing 49% of the issued and outstanding common shares at December 31, 2005. In addition, the Company issued 212,851 and 18,525 shares of common stock to Delta Dental California (DDC) and private dentists, respectively for \$20 each or \$4,627,520; representing in the aggregate 51% of the issued and outstanding common shares of the Company as of December 31, 2005.

On July 1, 2010, the Company issued 44,727 and 2,030 shares of common stock to DDC and private dentists, respectively, for \$20 each, representing \$894,540 and \$40,600. At December 31, 2010, the Company had a deposit from DDC which amounted to \$40,600. This amount was repaid to DDC in January 2011. In addition, the Company issued 44,924 shares of common stock to unnamed stockholders for \$20 each, representing \$898,480. Also, during 2010, DDC sold 200 shares to two private dentists that did not have the opportunity to buy in the initial sale. Due to this sale, DDC reduced their shares to 257,378. As of December 31, 2010, the Company had 300 shares in treasury stock, reducing the participation of the private dentists to 20,455 shares.

During 2011, the Company complied with the Commissioner of Insurance of Puerto Rico where Delta Dental of Puerto Rico issued one (1) qualified share to the President or CEO of the insurer. This share only has the voting rights but is not qualified for dividends and is effective while in this position. As of December 31, 2011, the Company had 350 shares in treasury stock reducing the participation of the private dentist to 20,405 shares.

In 2012, two private dentists sold their shares to the Company, increasing the treasury stock to 550 and reducing the private dentist shares to 20,205. Therefore, as of December 31, 2012, DDC, the unnamed stockholders, the private dentists, and the CEO each held 257,378 and 267,226 and 20,205 and 1 share(s), respectively. There was no change for the year ended December 31, 2013.

The stock belonging to the group of unnamed stockholders is in custody and administered by a trust specifically established for such purpose, by a foundation or association, and cannot be ostentatious of personal title by any of the components of such group, nor will serve as collateral to any obligation of any member of such group, nor of the stock insurer, nor will be transferred by any person or by such insurer.

The Board of Directors comprises 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%.

The Company is a member of a group of related entities under common control. These entities provide services to each other and charge fees for those services, and the Company's financial position and results of operations might be different if it was operated as a stand-alone entity.

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.

Notes to Financial Statements

(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, 2013 consist of \$4,016,389.
2. In 2012, the company classifies its investments as available for sale and, as such, they are carried at fair value. Unrealized gains and losses on available-for-sale securities are excluded from earnings and are reported as other comprehensive income, a separate component of stockholders' equity until realized. Realized gains and losses from available-for-sale securities 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. 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.

In 2013, the company changed the method of classification from available for sale to held to maturity on all debt investment because the Company's intention is to hold them to maturity and therefore they are carried at amortized cost. Premiums and discounts are amortized over the life of the related securities as an adjustment to yield using the straight-line method, which approximates the effective interest method. Certain equity securities are classified as available-for-sale and, as such, they are carried at fair value. Realized gains and losses on certain debt and equity securities are included in investment income using the weighted average method for determining the cost of securities sold. Dividend and interest income is recognized when earned.

A decline in the fair value of available-for-sale securities below cost that is deemed to be other-than-temporary results in a reduction in the carrying amount to fair value. The impairment is charged to earnings and a new cost basis for the security is established. The Company performs regular analysis of its investments to determine the need to record impairment. The Company recorded an impairment charge of \$682,038 in December 31, 2013.

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.

Notes to Financial Statements

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 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 following tables set forth the amortized cost, unrealized gains and losses, and fair value for debt and equity securities:

	Amortized Cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
Collateralized Mortgage Obligations	1,909	-	-	1,112
U.S. Governmental and Agencies	2,209,882	8,384	-	2,027,037
Corporate Bonds & Municipalities	4,218,383	-	(719,324)	3,650,512
Total	6,430,174	8,384	(719,324)	5,678,661
Mutual Funds	1,357,045	-	-	1,357,045
	7,787,219			7,035,706

During the current fiscal year ended December 31, 2013 the company recorded an impairment loss on investments of approximately \$682,038. Specifically the investment for which the impairment loss was recorded are from Puerto Rico Mutual Funds (Open-End and

Notes to Financial Statements

Closed-End Fund), these are funds that does not have maturity date and does not have guaranty of principal return. Due to consistent decrease in market value of such investments since their purchase date and due to Puerto Rico uncertain financial conditions the Company's management decided to record the impairment loss as mentioned above since they understand that the decrease in market value is other than temporary.

Maturities of investment securities classified as held-to -maturity as of December 31, 2013 were as follows:

	Amortized Cost	Estimated fair value
Due within one year	1,173,081	1,168,648
Due after one year through five years	1,082,193	1,020,287
Due after five year through ten years	2,386,530	1,985,489
Due after ten years	1,788,370	1,504,238
Total	6,430,174	5,678,661

Investment Income

Components of investment income for the year ended December 31, 2013 were as follows:

Mortgage-Backed Securities	60
Collateralized Mortgage Obligations	75
Mutual Funds	131,293
Exchange Traded Funds (Equities)	15,732
US. Treasury and other governmental agencies	60,950
Government sponsored enterprises (FHL)	27,386
Instrumentalities of Commonwealth of PR	146,614
Gross Investment Income	382,110
Amortization Premium/Discount	(24,661)
Investment Expenses	(12,103)
Gain (Loss) on Sale of Investment	559,592
Other Investment Income	157,500
Investment Income, net	1,062,438

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:

	2013
(1) Total of all deferred tax assets (admitted and non-admitted)	\$110,106
(2) Total of all deferred tax liabilities	
(3) Total deferred tax assets non-admitted per SAP 10	\$(110,106)

Notes to Financial Statements

(4) Increase (decrease) in deferred tax assets non-admitted

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:

	2013
(1) Current income tax expense	\$ 337,161
Change in DTA's	12,888
Change in DTL's	
Change in deferred taxes (Page 5, Line 38)	\$ 0

D. The Company's income tax rate is 39% to net operation gain (loss) from operations for this year \$746,274. Significant book to tax adjustments for December 31, 2013, are as follows:

	Amount
(1) Income (loss) before tax	\$746,274
(2) Book over tax reserves	
(3) Net other adjustments	
(4) Depreciation	
(5) Accrued market discount	
(6) Tax exempt interest	(\$223,501)
(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	\$323,161

E. As of December 31, 2013 the Company had not operating loss carry forwards.

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

(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.

Effective January 1, 2011, the Company entered into a Computer Support Agreement with Delta Dental of California ("DDC"), under which DDC will provide computer services and related support allowing the Company to process dental claims. The expenses incurred as of December 31, 2013 were \$375,266.

Notes to Financial Statements

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 2013 amounted to \$36,099. 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 20,205; the unnamed stockholders has 267,226 and 1 qualified share for the CEO of the Company as of December 31, 2013.
- (2) The Company has no shares of preferred stock.
- (3) The Company has no shares of stock.
- (4) The Company no declared any dividends as of December 31, 2013.
- (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 550 treasury stock.
- (10) No portion of unassigned surplus that is represented or reduced by unrealized gain and losses.
- (11) The Company has had no quasi-reorganizations.
- (12) The Company has no surplus debentures outstanding.

Notes to Financial Statements

(13) Contingencies

During 2009 the Company was included as part of a class action lawsuit from the College of Dental Surgeons of Puerto Rico. This class action lawsuit was claimed to \$150,000,000 in the aggregate against 25 defendants, mostly health insurance companies. The Federal District Court issued an order. In the same, the court declared that it retains jurisdiction over the matter even after dismissal of a number of claims and the denial of class certification. As suggested by Delta, Triple-S and others, the court also ordered plaintiffs to file a statement detailing, under which contract they are claiming, the contractual basis of each claim and against which defendants each claim is directed, among other required information. Plaintiffs were supposed to amend their complaint and comply with this order by September 23, 2013 which they eventually did. Finally, the court dismissed the claim by the College itself for lack of associational standing, leaving only the individual dentists as plaintiffs. In sum, as things stand at the moment, there are only two plaintiffs claiming a total of \$18,112.00 against Delta Dental. The Company's management believes that any financial impact of the outcome of this legal claim would not have material effect to the accompanying financial statements as of December 31, 2013.

During 2012 the Company filed a lawsuit against Option Health Care Network Inc., Multinational Life Insurance Company for breach of contract, money collection and unfair enrichment for the amount of \$256,449. The defendant has made a reconvention demand for \$300,000. The Company negotiated \$154,000 that was received in July 2013 to close this case.

(14) Leases

The Company leases its office facility under an operating lease agreement. Total rent expense under such lease amounted to \$128,705 at December 31, 2013. The future minimum lease payments under this operating lease are as follows:

2014	160,195
2015	169,855
2016	72,450
	<u>402,500</u>

(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, 2013 was as follows:

	<u>2013</u>
Gross reimbursement for claims costs incurred	\$4,235,201
Gross administrative fees	458,274
Gross expenses incurred (claims and administrative)	<u>(4,696,628)</u>
Total net gain (loss) from operations	(\$3,153)

Notes to Financial Statements

(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, 2013 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 \$5,467,017 in 2013. 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 \$257,018 as of December 31, 2013. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2013. Amounts are presented as a reduction of premiums ceded. Ceded claim liabilities as of December 31, 2013 amounted to \$4,340,125.

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.

(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 2013 is as follows:

Claim liabilities, beginning of year	\$ 725,000
Reinsurance recoverable on claims liabilities	362,500
Net claims liabilities, beginning of the year	<u>362,500</u>
Incurred claims:	
Current period insured events	4,189,740
Prior period insured events	113,460
Total incurred	<u>4,303,200</u>
Payment for claims:	
Current period insured events	4,136,661
Prior period insured events	249,040
Total paid	<u>4,385,701</u>
Claim liabilities, end of year	280,000
Ceded liability for claims reserve	280,000
Gross claims liabilities	<u>\$ 560,000</u>

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

Notes to Financial Statements

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.

(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?
If yes, complete Schedule Y, Parts 1, 1A and 2. 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?
- 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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	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. SUITE 500, San Ramon, CA 94583-4427
- 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 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]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is "NO" or "N/A" please explain:

GENERAL INTERROGATORIES (Continued)

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
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X] N/A []
 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? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001
15.2002

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto
 Held with custodians - UBS, Popular Securities, and Citibank
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[] No[] N/A[X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[] No[] N/A[X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.103 Total payable for securities lending reported on the liability page. \$ 0

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[] No[X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
- 25.22 Subject to reverse repurchase agreements \$ 0
- 25.23 Subject to dollar repurchase agreements \$ 0
- 25.24 Subject to reverse dollar repurchase agreements \$ 0
- 25.25 Pledged as collateral \$ 0
- 25.26 Placed under option agreements \$ 0
- 25.27 Letter stock or securities restricted as to sale \$ 0
- 25.28 On deposit with state or other regulatory body \$ 0
- 25.29 Other \$ 0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
If no, attach a description with this statement.

- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes[] No[X]
- 28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, 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
.....

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

GENERAL INTERROGATORIES (Continued)

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	6,430,174	5,678,661	(751,513)
30.2 Preferred stocks			
30.3 Totals	6,430,174	5,678,661	(751,513)

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

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[]
- 32.2 If no, list exceptions:

OTHER

- 33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 48,018
- 33.2 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
DELTA DENTAL PLANS ASSOCIATION	46,383

- 34.1 Amount of payments for legal expenses, if any? \$ 78,822
- 34.2 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	28,009
LCDO. LUIS A GREEN DIAZ	34,585

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
- 35.2 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 departments 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:
- 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:
 - 1.61 Total premium earned \$ 0
 - 1.62 Total incurred claims \$ 0
 - 1.63 Number of covered lives 0
 - All years prior to most current three years:
 - 1.64 Total premium earned \$ 0
 - 1.65 Total incurred claims \$ 0
 - 1.66 Number of covered lives 0
- 1.7 Group policies - Most current three years:
 - 1.71 Total premium earned \$ 0
 - 1.72 Total incurred claims \$ 0
 - 1.73 Number of covered lives 0
 - All years prior to most current three years:
 - 1.74 Total premium earned \$ 0
 - 1.75 Total incurred claims \$ 0
 - 1.76 Number of covered lives 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	9,307,528	9,702,948
2.2 Premium Denominator	9,307,528	9,702,948
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	280,000	362,500
2.5 Reserve Denominator	280,000	362,500
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No[X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No []
- 4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No[X] N/A []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No[X]
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
 - 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:
 - 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes[X] No []
 - 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year 1,274
 - 8.2 Number of providers at end of reporting year 1,282
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[X] No []
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 2,987,286
 - 9.22 Business with rate guarantees over 36 months 582,393
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No[X]
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$ 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:
 - 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? Yes [] No[X]
- 11.3 If yes, show the name of the state requiring such net worth.
- 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.

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

1 Name of Service Area
Puerto Rico
Puerto Rico

- 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 2013	2 2012	3 2011	4 2010	5 2009
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	15,812,004	15,265,219	14,971,979	14,864,379	13,984,774
2. TOTAL Liabilities (Page 3, Line 24)	2,810,673	3,069,591	2,881,218	3,827,838	4,236,674
3. Statutory surplus					
4. TOTAL Capital and Surplus (Page 3, Line 33)	13,001,331	12,195,628	12,090,761	11,036,541	9,748,100
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	9,307,528	14,030,134	14,761,387	14,338,562	14,961,203
6. TOTAL Medical and Hospital Expenses (Line 18)	4,303,200	4,760,390	4,754,063	4,659,961	5,900,921
7. Claims adjustment expenses (Line 20)	515,202	411,285	395,875	838,261	1,466,512
8. TOTAL Administrative Expenses (Line 21)	5,123,469	8,484,310	8,619,250	8,910,975	7,917,898
9. Net underwriting gain (loss) (Line 24)	(634,344)	374,150	992,200	(70,635)	(324,128)
10. Net investment gain (loss) (Line 27)	1,062,438	272,878	388,957	363,757	339,049
11. TOTAL Other Income (Lines 28 plus 29)	654,230	168,728	31,427	504,905	495,823
12. Net income or (loss) (Line 32)	746,274	718,118	1,141,003	555,616	437,338
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(666,679)	918,110	975,088	(740,189)	476,824
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	13,001,331	12,195,628	12,090,761	11,036,541	9,748,100
15. Authorized control level risk-based capital	410,120	554,991	597,009	625,066	746,832
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	197,504	202,267	220,223	209,836	231,849
17. TOTAL Members Months (Column 6, Line 7)	2,397,798	2,593,541	2,673,133	2,739,061	2,855,691
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)	46.2	49.1	46.4	47.1	53.6
20. Cost containment expenses					
21. Other claims adjustment expenses	5.5	4.2	3.9	8.5	13.3
22. TOTAL Underwriting Deductions (Line 23)	106.8	140.7	134.4	145.7	138.8
23. TOTAL Underwriting Gain (Loss) (Line 24)	(6.8)	3.9	9.7	(0.7)	(2.9)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	265,040	272,329	362,797	270,000	322,499
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	362,500	350,000	462,500	270,000	322,499
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					
33. TOTAL investment in parent included in Lines 26 to 31 above					

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:

NAIC Group Code 2479

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	202,267					202,267				
2. First Quarter	202,022					202,022				
3. Second Quarter	201,799					201,799				
4. Third Quarter	197,545					197,545				
5. Current Year	197,504					197,504				
6. Current Year Member Months	2,397,798					2,397,798				
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)	9,307,528					9,307,528				
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	8,808,325					8,808,325				
18. Amount Incurred for Provision of Health Care Services	8,643,325					8,643,325				

(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:

NAIC Group Code 2479

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	202,267					202,267				
2. First Quarter	202,022					202,022				
3. Second Quarter	201,799					201,799				
4. Third Quarter	197,545					197,545				
5. Current Year	197,504					197,504				
6. Current Year Member Months	2,397,798					2,397,798				
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)	9,307,528					9,307,528				
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	8,808,325					8,808,325				
18. Amount Incurred for Provision of Health Care Services	8,643,325					8,643,325				

(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

30 Grand Total

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	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	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
NONE											
9999999 Total (Sum of 0799999 and 1099999)											

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Affiliates - Non-U.S. - Other						
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	830,764	280,000
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other					830,764	280,000
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					830,764	280,000
1899999 Total - Accident and Health - Affiliates					830,764	280,000
2299999 Total - Accident and Health					830,764	280,000
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					830,764	280,000
9999999 Total (Sum of 1199999 and 2299999)					830,764	280,000

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	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		
General Account - Authorized - Affiliates - Non-U.S. - Other												
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	OTH/A/G	5,430,027		280,000				
0599999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Other						5,430,027		280,000				
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total						5,430,027		280,000				
0799999 Total - General Account - Authorized - Affiliates						5,430,027		280,000				
1199999 Total - General Account Authorized						5,430,027		280,000				
3499999 Total - General Account - Authorized, Unauthorized and Certified						5,430,027		280,000				
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates												
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total												
6399999 Total - Separate Accounts - Certified - Affiliates												
6699999 Total - Separate Accounts - Certified - Non-Affiliates												
6799999 Total - Separate Accounts - Certified												
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						5,430,027		280,000				
9999999 Total (Sum of 3499999 and 6899999)						5,430,027		280,000				

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	5,430	5,757	5,947	5,762	6,690
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	280	363	350	463	270
8. Reinsurance recoverable on paid losses	831	782	888	1,169	1,233
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			X X X	X X X	X X X
18. Funds deposited by and withheld from (F)			X X X	X X X	X X X
19. Letters of credit (L)			X X X	X X X	X X X
20. Trust agreements (T)			X X X	X X X	X X X
21. Other (O)			X X X	X X X	X X X

SCHEDULE S - PART 7

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)	13,848,975		13,848,975
2. Accident and health premiums due and unpaid (Line 15)	328,358		328,358
3. Amounts recoverable from reinsurers (Line 16.1)	830,764		830,764
4. Net credit for ceded reinsurance	X X X	(397,089)	(397,089)
5. All other admitted assets (Balance)	803,907		803,907
6. TOTAL Assets (Line 28)	15,812,004	(397,089)	15,414,915
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	280,000		280,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	37,988		37,988
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,492,685		2,492,685
15. TOTAL Liabilities (Line 24)	2,810,673		2,810,673
16. TOTAL Capital and Surplus (Line 33)	13,001,331	X X X	13,001,331
17. TOTAL Liabilities, Capital and Surplus (Line 34)	15,812,004		15,812,004
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	280,000		
19. Accrued medical incentive pool			
20. Premiums received in advance	37,988		
21. Reinsurance recoverable on paid losses	781,859		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,099,847		
24. Premiums receivable	209,592		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	1,287,344		
30. TOTAL Ceded Reinsurance Payables/Offsets	1,496,936		
31. TOTAL Net Credit for Ceded Reinsurance	(397,089)		

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

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	14,737,555					14,737,555		
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	14,737,555					14,737,555		
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) 1	14,737,555					14,737,555		
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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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 (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

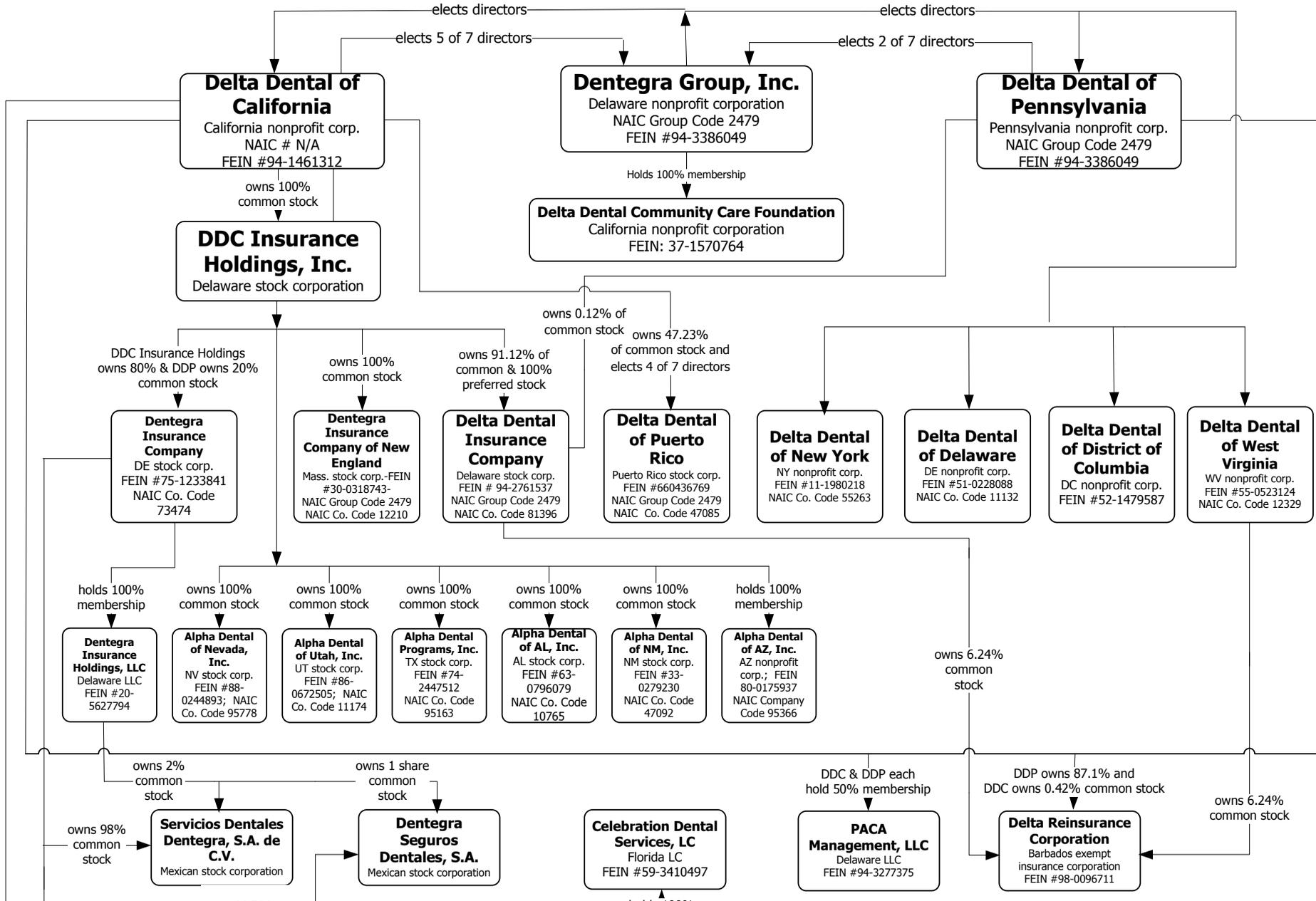
NONE

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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
2479	DENTEGRA GROUP INC.	0000	943386049	943386049			DENTEGRA GROUP INC.	DE	OTH	DELTA DENTAL OF CALIFORNIA	Board of Directors, Management		DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	941461312	941461312			DELTA DENTAL OF CALIFORNIA	CA	UIP					
2479	DENTEGRA GROUP INC.	54798	231667011	231667011			DELTA DENTAL OF PENNSYLVANIA	PA	RE	DENTEGRA GROUP INC.	Board of Directors		DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	000000000	000000000			DDC INSURANCE HOLDINGS	DE	UDP	DELTA DENTAL OF CALIFORNIA	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	371570764	371570764			DELTA DENTAL COMMUNITY CARE FOUNDATION	CA	NIA	DENTEGRA GROUP INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	73474	751233841	751233841			DENTEGRA INSURANCE COMPANY	DE	IA	DDC INSURANCE HOLDINGS INC.	Ownership	80.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	12210	300318743	300318743			DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	MA	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	81396	942761537	942761537			DELTA DENTAL INSURANCE COMPANY	DE	IA	DDC INSURANCE HOLDINGS INC.	Ownership	91.1	DELTA DENTAL OF CALIFORNIA	
41 2479	DENTEGRA GROUP INC.	47085	680652604	680652604			DELTA DENTAL OF PUERTO RICO INC	PR	IA	DELTA DENTAL OF CALIFORNIA	Ownership, Board of Directors	47.2	DELTA DENTAL OF CALIFORNIA	0000001
2479	DENTEGRA GROUP INC.	11132	510228088	510228088			DELTA DENTAL OF DELAWARE	DE	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	521479587	521479587			DELTA DENTAL OF DISTRICT OF COLUMBIA	DC	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	12329	550523124	550523124			DELTA DENTAL OF WEST VIRGINIA	WV	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	205627794	205627794			DENTEGRA INSURANCE HOLDINGS LLC	DE	NIA	DENTEGRA INSURANCE COMPANY	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	95778	880244893	880244893			ALPHA DENTAL OF NEVADA INC	NV	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	11174	860672505	860672505			ALPHA DENTAL OF UTAH INC	UT	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	95163	742447512	742447512			ALPHA DENTAL PROGRAMS INC.	TX	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	10765	630796079	630796079			ALPHA DENTAL OF AL, INC.	AL	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	47092	330279230	330279230			ALPHA DENTAL OF NM INC.	NM	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	95366	800175937	800175937			ALPHA DENTAL OF AZ INC.	AZ	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000					SERVICIOS DENTALES DENTEGRA S.A. DE C.V.	MEX	NIA	DENTEGRA INSURANCE COMPANY	Ownership	98.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000					DENTEGRA SEGUROS DENTALES	MEX	IA	DENTEGRA INSURANCE COMPANY	Ownership	99.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	593410497	593410497			CELEBRATION DENTAL SERVICES	FL	NIA	DELTA DENTAL OF CALIFORNIA	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	943277375	943277375			PACA MANAGEMENT LLC	DE	NIA	DELTA DENTAL OF CALIFORNIA	Ownership	50.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	87.1	DELTA DENTAL OF CALIFORNIA	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
2479	DENTEGRA GROUP INC.	73474	751233841	751233841			DENTEGRA INSURANCE COMPANY	DE	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	20.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	81396	942761537	942761537			DELTA DENTAL INSURANCE COMPANY	DE	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	0.1	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000					SERVICIOS DENTALES DENTEGRA SA DE CV	MEX	NIA	DENTEGRA INSURANCE HOLDINGS LLC	Ownership	2.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000					DENTEGRA SEGUROS DENTALES S.A.	MEX	NIA	DENTEGRA INSURANCE HOLDINGS LLC	Ownership	1.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	943277375	943277375			PACA MANAGEMENT LLC	DE	NIA	DELTA DENTAL OF PENNSYLVANIA	Ownership	50.0	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL INSURANCE COMPANY	Ownership	6.2	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL OF WEST VIRGINIA	Ownership	6.2	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	UIP	DELTA DENTAL OF CALIFORNIA	Ownership	0.4	DELTA DENTAL OF CALIFORNIA	
2479	DENTEGRA GROUP, INC.	55263	111980218	111980218			DELTA DENTAL OF NEW YORK	NY	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	

41.1

Asterisk	Explanation
0000001	
0000002	1. DELTA DENTAL OF CALIFORNIA ELECTS 4 OF THE 7 DIRECTORS

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	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 INSURANCE COMPANY						1,074,646			1,074,646	
00000	94-1461312	DELTA DENTAL OF CALIFORNIA					393,912				393,912	
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					(393,912)	(1,074,646)			(1,468,558)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



4708520133060000

2013

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



47085201321100000

2013

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



47085201321300000

2013

Document Code: 213

Supplemental Health Care Exhibit



47085201321600000

2013

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



47085201321700000

2013

Document Code: 217

Management's Report of Internal Control over Financial Reporting



47085201322300000

2013

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 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 Uncovered	2 Total	3 Total
2904.			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	863,075	6.232	863,075		863,075	6.232
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies	1,346,807	9.725	1,346,807		1,346,807	9.725
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	790,831	5.710	790,831		790,831	5.710
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	599,380	4.328	599,380		599,380	4.328
1.43 Revenue and assessment obligations	2,420,682	17.479	2,420,682		2,420,682	17.479
1.44 Industrial development and similar obligations	78,020	0.563	78,020		78,020	0.563
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA						
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						
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	1,909	0.014	1,909		1,909	0.014
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)	278,802	2.013	278,802		278,802	2.013
2.2 Unaffiliated Non-U.S. securities (including Canada)	50,668	0.366	50,668		50,668	0.366
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds	3,402,347	24.567	3,402,347		3,402,347	24.567
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. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments	4,016,454	29.002	4,016,454		4,016,454	29.002
11. Other invested assets						
12. Total invested assets	13,848,975	100.000	13,848,975		13,848,975	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	NONE	
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	NONE	
8. Deduct amortization of premium and mortgage interest		
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	NONE	
7. Deduct amounts received on disposals, Part 3, Column 18		
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		9,315,818
2. Cost of bonds and stocks acquired, Part 3, Column 7		6,582,309
3. Accrual of Discount		215,333
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12	(61,369)	
4.2 Part 2, Section 1, Column 15		
4.3 Part 2, Section 2, Column 13	(1,001,236)	
4.4 Part 4, Column 11	(88,721)	(1,151,325)
5. Total gain (loss) on disposals, Part 4, Column 19		559,947
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		5,532,916
7. Deduct amortization of premium		156,644
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)		9,832,521
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		9,832,521

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	863,075	871,591	824,627	872,201
	2. Canada				
	3. Other Countries				
	4. Totals	863,075	871,591	824,627	872,201
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	790,831	758,256	779,614	770,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	599,380	595,289	611,862	600,000
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	3,845,509	3,135,452	3,854,435	3,880,000
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States	280,711	268,249	279,893	276,000
	9. Canada				
	10. Other Countries	50,668	49,825	50,686	50,000
	11. Totals	331,379	318,074	330,579	326,000
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	6,430,174	5,678,661	6,401,116	6,448,201
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States	3,402,347	3,402,347	4,121,671	
	21. Canada				
	22. Other Countries				
	23. Totals	3,402,347	3,402,347	4,121,671	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	3,402,347	3,402,347	4,121,671	
	26. Total Stocks	3,402,347	3,402,347	4,121,671	
	27. Total Bonds and Stocks	9,832,521	9,081,008	10,522,787	

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

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 9.7	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 NAIC 1	863,075					863,075	13.42	870,807	17.02	863,075	
1.2 NAIC 2											
1.3 NAIC 3											
1.4 NAIC 4											
1.5 NAIC 5											
1.6 NAIC 6											
1.7 TOTALS	863,075					863,075	13.42	870,807	17.02	863,075	
2. All Other Governments											
2.1 NAIC 1											
2.2 NAIC 2											
2.3 NAIC 3											
2.4 NAIC 4											
2.5 NAIC 5											
2.6 NAIC 6											
2.7 TOTALS											
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 NAIC 1		244,173	236,651			480,825	7.48	453,158	8.86	480,825	
3.2 NAIC 2	310,006					310,006	4.82	410,007	8.01	310,006	
3.3 NAIC 3											
3.4 NAIC 4											
3.5 NAIC 5											
3.6 NAIC 6											
3.7 TOTALS	310,006	244,173	236,651			790,831	12.30	863,165	16.87	790,831	
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1 NAIC 1		500,000	99,380			599,380	9.32	501,405	9.80	599,380	
4.2 NAIC 2											
4.3 NAIC 3											
4.4 NAIC 4											
4.5 NAIC 5											
4.6 NAIC 6											
4.7 TOTALS		500,000	99,380			599,380	9.32	501,405	9.80	599,380	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 NAIC 1		441,563	719,119	1,346,807		2,507,489	39.00	1,322,224	25.84	2,507,489	
5.2 NAIC 2		338,020	1,000,000			1,338,020	20.81	1,558,035	30.45	1,338,020	
5.3 NAIC 3											
5.4 NAIC 4											
5.5 NAIC 5											
5.6 NAIC 6											
5.7 TOTALS		779,583	1,719,119	1,346,807		3,845,509	59.80	2,880,259	56.29	3,845,509	

S105

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

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 9.7	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 NAIC 1	241	965	330,173			331,379	5.15	990	0.02	331,379	
6.2 NAIC 2											
6.3 NAIC 3											
6.4 NAIC 4											
6.5 NAIC 5											
6.6 NAIC 6											
6.7 TOTALS	241	965	330,173			331,379	5.15	990	0.02	331,379	
7. Hybrid Securities											
7.1 NAIC 1											
7.2 NAIC 2											
7.3 NAIC 3											
7.4 NAIC 4											
7.5 NAIC 5											
7.6 NAIC 6											
7.7 TOTALS											
8. Parent, Subsidiaries and Affiliates											
8.1 NAIC 1											
8.2 NAIC 2											
8.3 NAIC 3											
8.4 NAIC 4											
8.5 NAIC 5											
8.6 NAIC 6											
8.7 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

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 9.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1	(d) 863,316	1,186,701	1,385,324	1,346,807		4,782,148	74.37	X X X	X X X	4,782,148	
9.2 NAIC 2	(d) 310,006	338,020	1,000,000			1,648,026	25.63	X X X	X X X	1,648,026	
9.3 NAIC 3	(d)							X X X	X X X		
9.4 NAIC 4	(d)							X X X	X X X		
9.5 NAIC 5	(d)					(c)		X X X	X X X		
9.6 NAIC 6	(d)					(c)		X X X	X X X		
9.7 TOTALS	1,173,322	1,524,721	2,385,324	1,346,807		(b) 6,430,174	100.00	X X X	X X X	6,430,174	
9.8 Line 9.7 as a % of Column 6	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	
10. Total Bonds Prior Year											
10.1 NAIC 1	1,164,495	1,350,027	423,255	210,807		X X X	X X X	3,148,584	61.54	3,148,584	
10.2 NAIC 2	340,030	550,006	1,078,005			X X X	X X X	1,968,042	38.46	1,968,042	
10.3 NAIC 3						X X X	X X X				
10.4 NAIC 4						X X X	X X X				
10.5 NAIC 5						X X X	X X X	(c)			
10.6 NAIC 6						X X X	X X X	(c)			
10.7 TOTALS	1,504,525	1,900,033	1,501,260	210,807		X X X	X X X	(b) 5,116,626	100.00	5,116,626	
10.8 Line 10.7 as a % of Col. 8	29.40	37.13	29.34	4.12		X X X	X X X	100.00	X X X	100.00	
11. Total Publicly Traded Bonds											
11.1 NAIC 1	863,316	1,186,701	1,385,324	1,346,807		4,782,148	74.37	3,148,584	61.54	4,782,148	X X X
11.2 NAIC 2	310,006	338,020	1,000,000			1,648,026	25.63	1,968,042	38.46	1,648,026	X X X
11.3 NAIC 3											X X X
11.4 NAIC 4											X X X
11.5 NAIC 5											X X X
11.6 NAIC 6											X X X
11.7 TOTALS	1,173,322	1,524,721	2,385,324	1,346,807		6,430,174	100.00	5,116,626	100.00	6,430,174	X X X
11.8 Line 11.7 as a % of Col. 6	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	X X X
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	X X X
12. Total Privately Placed Bonds											
12.1 NAIC 1										X X X	
12.2 NAIC 2										X X X	
12.3 NAIC 3										X X X	
12.4 NAIC 4										X X X	
12.5 NAIC 5										X X X	
12.6 NAIC 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 9.7, Col. 6, Section 9							X X X	X X X	X X X	X X X	

(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.

S107

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

	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 9.5	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. Governments											
1.1 Issuer Obligations	863,075					863,075	13.42	870,807	17.02	863,075	
1.2 Residential Mortgage-Backed Securities											
1.3 Commercial Mortgage-Backed Securities											
1.4 Other Loan-Backed and Structured Securities											
1.5 Totals	863,075					863,075	13.42	870,807	17.02	863,075	
2. All Other Governments											
2.1 Issuer Obligations											
2.2 Residential Mortgage-Backed Securities											
2.3 Commercial Mortgage-Backed Securities											
2.4 Other Loan-Backed and Structured Securities											
2.5 Totals											
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations	310,006	244,173	236,651			790,831	12.30	863,165	16.87	790,831	
3.2 Residential Mortgage-Backed Securities											
3.3 Commercial Mortgage-Backed Securities											
3.4 Other Loan-Backed and Structured Securities											
3.5 Totals	310,006	244,173	236,651			790,831	12.30	863,165	16.87	790,831	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations		500,000	99,380			599,380	9.32	501,405	9.80	599,380	
4.2 Residential Mortgage-Backed Securities											
4.3 Commercial Mortgage-Backed Securities											
4.4 Other Loan-Backed and Structured Securities											
4.5 Totals		500,000	99,380			599,380	9.32	501,405	9.80	599,380	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations		779,583	1,719,119	1,346,807		3,845,509	59.80	2,878,260	56.25	3,845,509	
5.2 Residential Mortgage-Backed Securities								1,999	0.04		
5.3 Commercial Mortgage-Backed Securities											
5.4 Other Loan-Backed and Structured Securities											
5.5 Totals		779,583	1,719,119	1,346,807		3,845,509	59.80	2,880,259	56.29	3,845,509	
6. Industrial and Miscellaneous											
6.1 Issuer Obligations			329,470			329,470	5.12			329,470	
6.2 Residential Mortgage-Backed Securities	241	965	703			1,909	0.03	990	0.02	1,909	
6.3 Commercial Mortgage-Backed Securities											
6.4 Other Loan-Backed and Structured Securities											
6.5 Totals	241	965	330,173			331,379	5.15	990	0.02	331,379	
7. Hybrid Securities											
7.1 Issuer Obligations											
7.2 Residential Mortgage-Backed Securities											
7.3 Commercial Mortgage-Backed Securities											
7.4 Other Loan-Backed and Structured Securities											
7.5 Totals											
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations											
8.2 Residential Mortgage-Backed Securities											
8.3 Commercial Mortgage-Backed Securities											
8.4 Other Loan-Backed and Structured Securities											
8.5 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

	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 9.5	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
9. Total Bonds Current Year											
9.1 Issuer Obligations	1,173,080	1,523,757	2,384,621	1,346,807		6,428,265	99.97	X X X	X X X	6,428,265	
9.2 Residential Mortgage-Backed Securities	241	965	703			1,909	0.03	X X X	X X X	1,909	
9.3 Commercial Mortgage-Backed Securities								X X X	X X X		
9.4 Other Loan-Backed and Structured Securities								X X X	X X X		
9.5 Totals	1,173,322	1,524,721	2,385,324	1,346,807		6,430,174	100.00	X X X	X X X	6,430,174	
9.6 Line 9.5 as a % of Col. 6	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	
10. Total Bonds Prior Year											
10.1 Issuer Obligations	1,502,415	1,899,589	1,500,825	210,807		X X X	X X X	5,113,636	99.94	5,113,636	
10.2 Residential Mortgage-Backed Securities	2,110	444	435			X X X	X X X	2,989	0.06	2,989	
10.3 Commercial Mortgage-Backed Securities						X X X	X X X				
10.4 Other Loan-Backed and Structured Securities						X X X	X X X				
10.5 Totals	1,504,525	1,900,033	1,501,260	210,807		X X X	X X X	5,116,626	100.00	5,116,626	
10.6 Line 10.5 as a % of Col. 8	29.40	37.13	29.34	4.12		X X X	X X X	100.00	X X X	100.00	
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations	1,173,080	1,523,757	2,384,621	1,346,807		6,428,265	99.97	5,113,636	99.94	6,428,265	X X X
11.2 Residential Mortgage-Backed Securities	241	965	703			1,909	0.03	2,989	0.06	1,909	X X X
11.3 Commercial Mortgage-Backed Securities											X X X
11.4 Other Loan-Backed and Structured Securities											X X X
11.5 Totals	1,173,322	1,524,721	2,385,324	1,346,807		6,430,174	100.00	5,116,626	100.00	6,430,174	X X X
11.6 Line 11.5 as a % of Col. 6	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	X X X
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	18.25	23.71	37.10	20.95		100.00	X X X	X X X	X X X	100.00	X X X
12. Total Privately Placed Bonds											
12.1 Issuer Obligations										X X X	
12.2 Residential Mortgage-Backed Securities										X X X	
12.3 Commercial Mortgage-Backed Securities										X X X	
12.4 Other Loan-Backed and Structured Securities										X X X	
12.5 Totals										X X X	
12.6 Line 12.5 as a % of Col. 6							X X X	X X X	X X X	X X X	
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9							X X X	X X X	X X X	X X X	

SI10 Schedule DA - Verification NONE

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS (Cash Equivalents)

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of cash equivalents 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 (Lines 10 minus 11)

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

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

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	Stated Contractual Maturity Date
U.S. Governments - Issuer Obligations																					
912828BW9	TSY INFL IX N/B				1FE	824,627		99,9300	871,591	872,201	863,075	(61,369)	53,636		2,000	66.469	JJ	8,058	17,310	05/28/2009	01/15/2014
0199999 Subtotal - U.S. Governments - Issuer Obligations						824,627	X X X	871,591	872,201	863,075	(61,369)	53,636		X X X	X X X	X X X	8,058	17,310	X X X	X X X	
0599999 Subtotal - U.S. Governments						824,627	X X X	871,591	872,201	863,075	(61,369)	53,636		X X X	X X X	X X X	8,058	17,310	X X X	X X X	
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																					
373384K96	GEORGIA ST-F-QSCB				1FE	25,811		101,4690	25,367	25,000	25,778	(33)		3,000	2,517	FA	340			07/03/2013	02/01/2021
452151LD3	IL ST TXB-PENSION				1FE	208,168		103,3000	206,600	200,000	207,641	58		4,350	3,410	JD	725	8,700	07/13/2012	06/01/2018	
452151LE1	IL ST TXB-PENSION				1FE	211,174		96,9790	193,958	200,000	210,873	65		4,950	4,243	JD	825	9,900	07/16/2012	06/01/2023	
74514LSN8	PR REF & PUB IMPT-C				2FE	300,010		95,8250	297,058	310,000	310,006	(1)		4,750	4,746	MON	1,227	12,496	05/01/2008	07/01/2014	
74514LTG2	PR-REF-PUB IMPT-A				1FE	34,451		100,7800	35,273	35,000	36,532	1,766		5,000	2,023	JJ	875	1,750	12/30/2008	07/01/2015	
1199999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						779,614	X X X	758,256	770,000	790,831	1,855		X X X	X X X	X X X	3,992	32,846	X X X	X X X		
1799999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed)						779,614	X X X	758,256	770,000	790,831	1,855		X X X	X X X	X X X	3,992	32,846	X X X	X X X		
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																					
476576GN7	JERSEY CITY-REF-TXBL				1FE	99,352		95,3240	95,324	100,000	99,380	28		2,723	2,826	MS	908	1,218	07/03/2013	09/01/2020	
745277NT6	PR MUN FIN AGY-A				1FE	512,510		99,9930	499,965	500,000	500,000	(1,405)		5,250	(4,417)	FA	10,938	26,250	11/07/2008	08/01/2017	
1899999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						611,862	X X X	595,289	600,000	599,380	(1,376)		X X X	X X X	X X X	11,845	27,468	X X X	X X X		
2499999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)						611,862	X X X	595,289	600,000	599,380	(1,376)		X X X	X X X	X X X	11,845	27,468	X X X	X X X		
U.S. Special Revenue, Special Assessment - Issuer Obligations																					
313381Q32	FEDERAL HOME LOAN BANK			13	1FE	300,000		83,9570	251,871	300,000	300,000			2,150	3,109	JJ	2,723	3,225	02/14/2013	01/28/2028	
313381T62	FEDERAL HOME LOAN BANK			1	1FE	498,000		79,8850	399,425	500,000	499,068	1,068		3,125	3,138	JJ	7,075	7,813	02/11/2013	01/18/2033	
313383EQ0	FEDERAL HOME LOAN BANK			1	1FE	273,605		85,8150	257,445	300,000	274,066	461		3,000	3,781	JD	275	4,500	08/06/2013	06/20/2028	
3133ECDW1	FEDERAL FARM CREDIT BANK			1	1FE	273,305		82,2350	246,705	300,000	273,673	369		3,150	3,856	JJ	3,964	4,725	07/17/2013	01/30/2031	
452227GC9	IL ST-TXBL-SALES TAX				1FE	144,933		89,6530	134,480	150,000	145,109	176		2,450	2,887	JD	163	2,082	07/03/2013	06/15/2022	
4546247M3	IN BOND BANK-TXBL				1FE	25,220		95,5970	23,899	25,000	25,213	(7)		2,971	2,858	JJ	342	54	07/03/2013	07/15/2022	
745177ET8	PR GOVT DEV-SR NTS-C				2FE	500,000		69,1550	345,775	500,000	500,000			5,400	5,400	MON	2,250	27,000	08/24/2010	08/01/2019	
745177FB6	PR GOVT DEV BK-H				2FE	240,000		76,2040	182,890	240,000	240,000			4,150	4,150	MON	830	9,130	12/22/2011	08/01/2017	
745177FC4	PR GOVT DEV BK-H				2FE	500,000		69,1650	345,825	500,000	500,000			4,500	4,500	MON	1,875	22,500	12/22/2011	08/01/2019	
745215AL7	PR INDL REF-A				2FE	20,233		97,0540	19,411	20,000	20,000	87		6,650	(0,875)	JJ	665	1,397	10/04/2002	07/01/2015	
74529JAC9	PR S/TAX-SER B				1FE	451,396		80,1820	348,792	435,000	441,563	(2,445)		6,050	5,584	MON	2,193	26,317	02/14/2008	08/01/2036	
74529JKA2	PR SALES-1ST SUB-A				1FE	333,380		89,5470	299,982	335,000	333,445	66		4,500	4,573	FA	6,281		08/28/2013	08/01/2021	
76443NCG7	RICHMOND JT PWRS-B				2FE	78,214		101,5310	76,148	75,000	78,020	15		5,860	4,884	MS	1,465	4,395	07/13/2012	09/01/2018	
786056BD2	SACRAMENTO-A-TXB-AGM				1FE	216,150		101,4020	202,804	200,000	215,352	115		5,850	4,289	FA	4,875	11,700	07/13/2012	08/01/2019	
2599999 Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations						3,854,435	X X X	3,135,452	3,880,000	3,845,509	(95)		X X X	X X X	X X X	34,977	124,838	X X X	X X X		
3199999 Subtotal - U.S. Special Revenue, Special Assessment						3,854,435	X X X	3,135,452	3,880,000	3,845,509	(95)		X X X	X X X	X X X	34,977	124,838	X X X	X X X		
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
09247XAJ0	BLACKROCK INC				1FE	25,527		98,9490	24,737	25,000	25,515	(12)		3,375	3,095	JD	70	422	07/03/2013	06/01/2022	
458140AJ9	INTEL CORP				1FE	25,626		99,5220	24,881	25,000	25,608	(18)		3,300	2,947	AO	206	413	07/03/2013	10/01/2021	
589331AT4	MERCK & CO INC			1	1FE	47,586		91,2360	45,618	50,000	47,670	84		2,400	3,013	MS	353	600	07/03/2013	09/15/2022	
89233P5T9	TOYOTA MOTOR CREDIT CORP			R	1FE	50,686		99,6500	49,825	50,000	50,668	(18)		3,300	3,111	JJ	775	825	07/03/2013	01/12/2022	
911312AQ9	UNITED PARCEL SERVICE				1FE	24,153		92,4260	23,107	25,000	24,186	33		2,450	2,874	AO	153	306	07/03/2013	10/01/2022	
927804FJ8	VIRGINIA ELEC & POWER CO				1FE	130,690		99,7740	124,718	125,000	130,501	(189)		3,450	2,858	MS	1,438	2,156	07/03/2013	09/01/2022	
927804FK5	VIRGINIA ELEC & POWER CO				1FE	25,328		96,3090	24,077	25,000	25,321	(7)		2,950	2,766	JJ	340	369	07/03/2013	01/15/2022	
3299999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						329,596	X X X	316,962	325,000	329,470	(126)		X X X	X X X	X X X	3,335	5,091	X X X	X X X		
Industrial & Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities																					
74436GCP6	CMO/RMBS - PSI 17 S			2	1Z	983		111,2200	1,112	1,000	1,909	919		7,500	(2,729)	MON	6	75	01/01/1992	12/25/2021	
3399999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities						983	X X X	1,112	1,000	1,909	919		X X X	X X X	X X X	6	75	X X X	X X X		
3899999 Subtotal - Industrial & Miscellaneous (Unaffiliated)						330,579	X X X	318,074	326,000	331,379	793		X X X	X X X	X X X	3,341	5,166	X X X	X X X		
8399999 Grand Total - Bonds						6,401,116	X X X	5,678,661	6,448,201	6,430,174	(61,369)	54,813		X X X	X X X	X X X	62,214	207,627	X X X	X X X	

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				20 NAIC Designation	21 Date Acquired		
		3 Code	4 For- eign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization) Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15+16-17)			19 Total Foreign Exchange Change in B./A.C.V.	
								N O N E													
8999999 Total Preferred Stocks .....								... X X X ...												. X X X .	. X X 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 Puerto Rico Tax-Exempt Target Matu			50,000.000	286,000	5.720	286,000	467,500		25,149		(224,000)		(224,000)		V	12/13/2004
33611Q104	First Puerto Rico Tax-Exempt Target Matu			10,000.000	58,600	5.860	58,600	95,500		5,028		(41,900)		(41,900)		V	12/13/2004
74514M105	PR AAA PORT TARGET MATURITY			92,898.000	681,871	7.340	681,871	909,104		52,983		(461,644)		(461,644)		V	08/17/2010
74527W108	PR GNMA & US GOV TARGET MATU			15,274.000	118,984	7.790	118,984	134,722		4,611		(15,737)		(15,737)		V	10/23/2009
74528B103	PUERTO RICO FIXED INCOME-V			17,500.000	66,325	3.790	66,325	175,005		14,463		(108,680)		(108,680)		V	02/28/2008
87675W100	TAX-FREE PR TARGET MATURITY			36,407.000	145,264	3.990	145,264	294,538		10,399		(149,274)		(149,274)		V	02/14/2013
9299999	Subtotal - Mutual Funds				1,357,045	X X X	1,357,045	2,076,369		112,632		(1,001,236)		(1,001,236)		X X X	X X X
Money Market Mutual Funds																	
000000000	Citibank Money Market Fund			424,086.420	424,086	1.000	424,086	424,086								V	12/02/2013
000000000	UBS AG DEPOSIT		R	1,073,947.000	1,073,947	1.000	1,073,947	1,073,947		42						V	12/31/2013
000000000	UBS Bank USA Business Account			250,005.460	250,005	1.000	250,005	250,005		10						V	12/31/2013
000000000	UBS BANK USA BUSINESS ACCOUNT			107,398.400	107,398	1.000	107,398	107,398		7						L	12/31/2013
650914203	FIDELITY PRIME FND-CAP RESV			149,065.960	149,066	1.000	149,066	149,066		4						V	12/31/2013
90348L105	UBS RMA MONEY MARKET PORT			40,863.670	40,864	1.000	40,864	40,864		5						L	12/31/2013
9399999	Subtotal - Money Market Mutual Funds				2,045,367	X X X	2,045,367	2,045,367		68						X X X	X X X
9799999	Total Common Stocks				3,402,412	X X X	3,402,412	4,121,736		112,701		(1,001,236)		(1,001,236)		X X X	X X X
9899999	Total Preferred and Common Stocks				3,402,412	X X X	3,402,412	4,121,736		112,701		(1,001,236)		(1,001,236)		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. States, Territories and Possessions (Direct and Guaranteed)								
373384K96	GEORGIA ST-F-QSCB		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	25,811	25,000	
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)						25,811	25,000	
Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)								
476576GN7	JERSEY CITY-REF-TXBL		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	99,352	100,000	824
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)						99,352	100,000	824
Bonds - U.S. Special Revenue, Special Assessment								
313381Q32	FEDERAL HOME LOAN BANK		02/14/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	300,000	300,000	287
313381T62	FEDERAL HOME LOAN BANK		02/11/2013	Unknown	X X X	498,000	500,000	1,042
313383EQ0	FEDERAL HOME LOAN BANK		08/06/2013	Popular Securities	X X X	273,605	300,000	1,175
3133ECDW1	FEDERAL FARM CREDIT BANK		07/17/2013	Popular Securities	X X X	273,305	300,000	4,410
452227GC9	IL ST-TXBL-SALES TAX		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	144,933	150,000	490
4546247M3	IN BOND BANK-TXBL		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	25,220	25,000	41
74529JKA2	PR SALES-1ST SUB-A	R	08/28/2013	Popular Securities	X X X	333,380	335,000	1,340
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						1,848,442	1,910,000	8,785
Bonds - Industrial and Miscellaneous (Unaffiliated)								
09247XAJ0	BLACKROCK INC		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	25,527	25,000	89
458140AJ9	INTEL CORP		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	25,626	25,000	225
589331AT4	MERCK & CO INC		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	47,586	50,000	380
89233P5T9	TOYOTA MOTOR CREDIT CORP		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	50,686	50,000	811
911312AQ9	UNITED PARCEL SERVICE		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	24,153	25,000	167
927804FJ8	VIRGINIA ELEC & POWER CO		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	130,690	125,000	1,533
927804FK5	VIRGINIA ELEC & POWER CO		07/03/2013	Aguayo & Serrall@ Wealth Advisor Group	X X X	25,328	25,000	356
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						329,596	325,000	3,561
8399997 Subtotal - Bonds - Part 3						2,303,201	2,360,000	13,170
8399999 Subtotal - Bonds						2,303,201	2,360,000	13,170
Common Stocks - Mutual Funds								
87675W100	TAX-FREE PR TARGET MATURITY	R	05/21/2013	Unknown	36,407.000	294,538	X X X	
33611N101	First Puerto Rico Tax-Exempt Target Matu	F	08/01/2013	Adjustment		22,500	X X X	
33611Q104	First Puerto Rico Tax-Exempt Target Matu	F	08/01/2013	Adjustment		4,500	X X X	
74514M105	PR AAA PORT TARGET MATURITY	R	05/01/2013	Adjustment		(22,862)	X X X	
74527W108	PR GNMA & US GOV TARGET MATURITY	R	05/21/2013	Unknown	15,274.000	134,722	X X X	
9299999 Subtotal - Common Stocks - Mutual Funds						433,398	X X X	
Common Stocks - Money Market Mutual Funds								
000000000	Citibank Money Market Fund		12/02/2013	VARIOUS	428,210.840	428,211	X X X	
000000000	UBS AG DEPOSIT	R	12/31/2013	DIRECT	1,073,882.000	1,073,882	X X X	
000000000	UBS BANK USA BUSINESS ACCOUNT		12/31/2013	DIRECT	250,005.460	250,005	X X X	
000000000	UBS BANK USA BUSINESS ACCOUNT		12/31/2013	DIRECT	107,398.400	107,398	X X X	
650914203	FIDELITY PRIME FND-CAP RESV		12/31/2013	DIRECT	53,244,211.000	532,442	X X X	
90348L105	UBS RMA MONEY MARKKET PORT		12/31/2013	DIRECT	50,339.110	50,339	X X X	
9399999 Subtotal - Common Stocks - Money Market Mutual Funds						2,442,278	X X X	
9799997 Subtotal - Common Stocks - Part 3						2,875,675	X X X	
9799998 Summary Item from Part 5 for Common Stocks						1,403,432	X X X	
9799999 Subtotal - Common Stocks						4,279,108	X X X	
9899999 Subtotal - Preferred and Common Stocks						4,279,108	X X X	

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
9999999 Totals						6,582,309	X X X	13,170

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization)/ Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
74514LSM0	PR REF & PUB IMPT-C	R	09/01/2013	VARIOUS	X X X	100,000	100,000	100,005	100,000						100,000				2,250	07/01/2013
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)						100,000	100,000	100,005	100,000						100,000				2,250	X X X
Bonds - U.S. Special Revenue, Special Assessment																				
31359F4A3	CMO/RMBS - FNR 1994-1 UU		12/01/2013	VARIOUS	X X X	2,000	2,000	1,989	1,999						1,860		140	140	70	01/25/2014
745215AL7	PR INDL REF-A	R	09/01/2013	VARIOUS	X X X	20,000	20,000	20,233	20,014		(139)		(139)		20,045		(45)	(45)	466	07/01/2015
74527BJP0	PR INDL-A-CABS-PLAZA	R	09/01/2013	VARIOUS	X X X	4,950	5,000	4,065	4,875		86		86		4,961		(11)	(11)		07/01/2013
74527BSS4	PR INDL-REF-A-SAN PAT	R	07/15/2013	Maturity	X X X	500,000	500,000	500,000	500,000						500,000				11,958	07/15/2013
74527PBH5	PR HFC COMP INT-A Z-2	R	09/01/2013	VARIOUS	X X X	160,000	160,000	130,870	156,106		3,894		3,894		160,000					07/01/2013
74528UAA9	PR INFRA FING-A-TXBL	R	09/01/2013	VARIOUS	X X X	200,000	200,000	200,005	200,002		105		105		200,107		(107)	(107)	2,375	06/15/2013
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						886,950	887,000	857,162	882,995		3,876		3,876		886,973		(23)	(23)	14,870	X X X
8399997 Subtotal - Bonds - Part 4						986,950	987,000	957,167	982,996		3,876		3,876		986,973		(23)	(23)	17,120	X X X
8399999 Subtotal - Bonds						986,950	987,000	957,167	982,996		3,876		3,876		986,973		(23)	(23)	17,120	X X X
Common Stocks - Mutual Funds																				
464287101	ISHARES S&P 100 ETF		11/07/2013	Not Provided		3,022,000	236,826	X X X	130,550	130,550					130,550		106,275	106,275	3,123	X X X
464287234	ISHARES MSCI EMERGING MARKET		11/07/2013	Not Provided		1,365,000	56,266	X X X	34,084	102,252	(68,168)		(68,168)		34,084		22,182	22,182	623	X X X
464287465	ISHARES MSCI EAFE ETF		11/07/2013	Not Provided		4,325,000	279,777	X X X	194,020	194,020					194,020		85,757	85,757	4,482	X X X
464287499	ISHARES RUSSELL MID-CAP ETF		11/07/2013	Not Provided		850,000	121,040	X X X	50,762	50,762					50,762		70,278	70,278	1,020	X X X
464287598	ISHARES RUSSELL 1000 VALUE E		11/07/2013	Not Provided		2,215,000	198,619	X X X	109,687	109,687					109,687		88,932	88,932	2,551	X X X
464287614	ISHARES RUSSELL 1000 GROWTH		11/07/2013	Not Provided		3,785,000	307,156	X X X	140,272	140,272					140,272		166,884	166,884	2,674	X X X
464287655	ISHARES RUSSELL 2000 ETF		11/07/2013	Not Provided		850,000	91,318	X X X	41,854	41,854					41,854		49,464	49,464	748	X X X
464287861	ISHARES EUROPE ETF		11/07/2013	Not Provided		660,000	29,455	X X X	20,552	41,105	(20,552)		(20,552)		20,552		8,902	8,902	530	X X X
745276105	PR INVESTORS TAX-FREE FD VI	R	05/01/2013	Unknown		16,900,000	154,938	X X X	174,920	174,920					174,920		(19,982)	(19,982)	5,035	X X X
74527W108	PR GNMA & US GOV TARGET MATU	R	05/21/2013	Unknown		15,274,000	149,996	X X X	149,996	149,996					149,996				3,661	X X X
87675H103	TAX-FREE PUERTO RICO FUND II	R	05/01/2013	Unknown		17,073,000	156,281	X X X	175,004	175,004					175,004		(18,723)	(18,723)	5,015	X X X
9299999 Subtotal - Common Stocks - Mutual Funds						1,781,671	X X X	1,221,701	1,310,421	(88,721)			(88,721)		1,221,701		559,970	559,970	29,460	X X X
Common Stocks - Money Market Mutual Funds																				
000000000	CITIBANK PRIME FND-CAP RESV		12/23/2013	VARIOUS		4,124,420	4,124	X X X	4,124						4,124					X X X
650914203	FIDELITY PRIME FND-CAP RESV		09/30/2013	DIRECT		554,973,450	554,793	X X X	554,793	171,417					554,793				17	X X X
90348L105	UBS RMA MONEY MARKET PORT		12/31/2013	DIRECT		801,945,450	801,945	X X X	801,945	792,470					801,945				13	X X X
9399999 Subtotal - Common Stocks - Money Market Mutual Funds						1,360,863	X X X	1,360,863	963,887					1,360,863					29	X X X
9799997 Subtotal - Common Stocks - Part 4						3,142,534	X X X	2,582,564	2,274,309	(88,721)			(88,721)		2,582,564		559,970	559,970	29,490	X X X
9799998 Summary Item from Part 5 for Common Stocks						1,403,432	X X X	1,403,432						1,403,432					4,879	X X X
9799999 Subtotal - Common Stocks						4,545,966	X X X	3,985,997	2,274,309	(88,721)			(88,721)		3,985,997		559,970	559,970	34,369	X X X
9899999 Subtotal - Preferred and Common Stocks						4,545,966	X X X	3,985,997	2,274,309	(88,721)			(88,721)		3,985,997		559,970	559,970	34,369	X X X
9999999 Totals						5,532,916	X X X	4,943,163	3,257,304	(88,721)	3,876		(84,844)		4,972,970		559,947	559,947	51,489	X X X

E14

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	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consider- ation	11 Book/ Adjusted Carrying Value at Disposal	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.																								
Common Stocks - Mutual Funds																																							
87675W100	TAX-FREE PR TARGET MATURITY	R	02/14/2013	Unknown	05/21/2013	Unknown	36,407	299,999	299,999	299,999											4,864																		
9299999 Subtotal - Common Stocks - Mutual Funds									299,999	299,999	299,999											4,864																	
Common Stocks - Money Market Mutual Funds																																							
650914203	FIDELITY PRIME FND-CAP RESV		07/01/2013	Direct	08/30/2013	Direct	322,986	322,986	322,986	322,986											4																		
90348L105	UBS RMA MONEY MARKET PORT		05/29/2013	Direct	07/24/2013	Direct	780,447	780,447	780,447	780,447											11																		
9399999 Subtotal - Common Stocks - Money Market Mutual Funds									1,103,433	1,103,433	1,103,433											15																	
9799998 Subtotal - Common Stocks									1,403,432	1,403,432	1,403,432												4,879																
9899999 Subtotal - Preferred and Common Stocks									1,403,432	1,403,432	1,403,432												4,879																
9999999 Totals									1,403,432	1,403,432	1,403,432												4,879																

E16	Schedule D - Part 6 Sn 1	NONE
E16	Schedule D - Part 6 Sn 2	NONE
E17	Schedule DA - Part 1 Short-Term Investments Owned	NONE
E18	Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open	NONE
E19	Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term. . . .	NONE
E20	Schedule DB - Part B Sn 1 Futures Contracts Open	NONE
E21	Schedule DB - Part B Sn 2 Futures Contracts Terminated	NONE
E22	Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments .	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity	NONE
E24	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E25	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories						
Banco Popular	NA				4,016,389	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			4,016,389	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			4,016,389	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			4,016,389	X X X

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

1. January	3,956,991	4. April	4,060,262	7. July	3,783,493	10. October	4,020,406
2. February	4,008,649	5. May	4,030,039	8. August	4,067,705	11. November	4,281,995
3. March	4,078,450	6. June	4,275,281	9. September	4,139,051	12. December	4,016,389

E27 Schedule E - Part 2 - Cash Equivalents NONE

E28 Schedule E - Part 3 Special Deposits NONE



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2013
(To be filed by March 1)

PART 1 - INTERROGATORIES

- | | |
|--|---|
| 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 that are part of the group:
or 2) allocation to each insurer: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? | Yes <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	2013				
	2012				
	2011				
2. MARIANNE ORTIZ, VICE PRESIDENT & TREASURER	2013				
	2012				
	2011				
3. CARMEN FIGUEROA, SECRETARY	2013				
	2012				
	2011				
4.	2013				
	2012				
	2011				
5.	2013				
	2012				
	2011				
6.	2013				
	2012				
	2011				
7.	2013				
	2012				
	2011				
8.	2013				
	2012				
	2011				
9.	2013				
	2012				
	2011				
10.	2013				
	2012				
	2011				

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	900		900
MRS. BELINDA MARTINEZ, VICE CHAIRMAN	600		600
MRS. ANA MARIA ROMERO, DIRECTOR	300		300
MR. JAIME RODRIGUEZ CORA, DIRECTOR	900		900
MR. ALFONSO ORTIZ, DIRECTOR	900		900
MRS. EDLIN BUITRAGO HUERTAS, SECRETARY	900		900
MR. JORGE RODRIGUEZ BARROSO, TREASURER	900		900
9999999	5,400		5,400



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2013
(To Be Filed by April 1)

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. \$ 15,812,004

1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2. Ten largest exposures to a single issuer/borrower/investment.			
2.01 PR MUN FIN AGY-A	BOND	500,000	3.162
2.02 PR GOVT DEV-SR NTS-C	BOND	500,000	3.162
2.03 PR GOVT DEV BK-H	BOND	500,000	3.162
2.04 FEDERAL HOME LOAN BANK	BOND	499,068	3.156
2.05 PR S/TAX-SER B	BOND	441,563	2.793
2.06 PR SALES -1ST SUB A	BOND	333,445	2.109
2.07 PR REF & PUB IMPT-C	BOND	310,006	1.961
2.08 FEDERAL HOME LOAN BANK	BOND	300,000	1.897
2.09 FEDERAL HOME LOAN BANK	BOND	274,066	1.733
2.10 FEDERAL FARM CREDIT BANK	BOND	273,673	1.731

NAIC Designation	1 Amount	2 Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.		
Bonds		
3.01 NAIC 1	4,782,148	30.244
3.02 NAIC 2	1,648,026	10.423
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[]
 If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

	1 Amount	2 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		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

	1 Amount	2 Percent
NAIC Sovereign Designation		
5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:		
5.01 Countries designated NAIC 1		
5.02 Countries designated NAIC 2		
5.03 Countries designated NAIC 3 or below		

	1 Amount	2 Percent
NAIC Sovereign Designation		
6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:		
Countries designated NAIC 1:		
6.01		
6.02		
Countries designated NAIC 2:		
6.03		
6.04		
Countries designated 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 Designation		
8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:		
8.01 Countries designated NAIC 1		
8.02 Countries designated NAIC 2		
8.03 Countries designated NAIC 3 or below		

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

	2 NAIC Designation	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?

Yes[] No[X]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

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?

Yes[X] No[]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

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?

Yes[X] No[]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

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?

Yes[X] No[]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

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?

Yes[X] No[]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

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?

Yes[X] No[]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

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 percentages 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 real estate 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					

Supp8 A H Policy Experience Exhibit (Individual 1-8) NONE

Supp9 A H Policy Experience Exhibit (Individual 9-19) NONE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

Supp10

	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 Benefits Plans							
15. Tricare							
16. Dental	14,737,555	8,808,325	(165,000)	58.6	793	103,299	197,504
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. Grand Total Group Business	14,737,555	8,808,325	(165,000)	58.6	793	103,299	197,504
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							
Grand Total Individual, Group and Other Business	14,737,555	8,808,325	(165,000)	58.6	793	103,299	197,504

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	14,737,555	8,808,325	(165,000)	58.648
2. Other Forms Direct Business				
3. Total Direct Business	14,737,555	8,808,325	(165,000)	58.648
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	14,737,555	8,808,325	(165,000)	58.648

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	14,737,555	8,808,325	(165,000)	58.648
2. Other Forms Direct Business				
3. Total Direct Business	14,737,555	8,808,325	(165,000)	58.648
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	14,737,555	8,808,325	(165,000)	58.648



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

FOR THE YEAR ENDED
December 31, 2013

(To Be Filed by March 1)

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

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 Revenue 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					8	9	
			4	5	Disposed of During Current Year		Owned at End of Current Year			Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
					6	7				
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	Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the 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: _____

Has the state of domicile granted an exemption or disclaimer of control? Answer: No

If answer is "yes" explain:



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 Insured	2 Uninsured	3 Insured	4 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		NONE		X X X	
7.12 Without Reinsurance Coverage		NONE		X X X	
7.2 Supplemental Benefits		NONE		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 of 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 Result	X X X	X X X	X X X	X X X	

Supp18 Long Term Care Form 1 NONE

Supp19 Long Term Care Form 2 NONE

Supp20 Long Term Care Form 3 - Part A NONE

Supp21 Long Term Care Form 3 - Part B NONE

Supp22 Long Term Care Form 3 - Part C NONE

Supp23 Long Term Care Form 4 NONE

Supp24 Long Term Care Form 5 NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968



NAIC Group Code 2479

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2013

NAIC Company Code 47085

Supp80 Puerto Rico

	Business Subject to MLR								9 Student Health Plans	10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.01 Health premiums earned (From Part 2, Line 1.11)										14,737,555		14,737,555	XXX	14,737,555	
1.02 Federal high risk pools													XXX		
1.03 State high risk pools													XXX		
1.04 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)										14,737,555		14,737,555	XXX	14,737,555	
1.05 Federal taxes and federal assessments															
1.06 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.06A Community Benefit Expenditures (informational only)															
1.07 Regulatory authority licenses and fees															
1.08 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)										14,737,555		14,737,555	XXX	14,737,555	
1.09 Net assumed less ceded reinsurance premiums earned													XXX		
1.10 Other adjustments due to MLR calculations - Premiums													XXX		
1.11 Risk Revenue													XXX		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)										14,737,555		14,737,555	XXX	14,737,555	
2. Claims:															
2.1 Incurred claims excluding prescription drugs										8,643,325		8,643,325	XXX	8,643,325	
2.2 Prescription drugs													XXX		
2.3 Pharmaceutical rebates													XXX		
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)													XXX		
3. Incurred medical incentive pools and bonuses													XXX		
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)										8,643,325		8,643,325	XXX	8,643,325	
5.1 Net assumed less ceded reinsurance claims incurred													XXX		
5.2 Other adjustments due to MLR calculations - Claims													XXX		
5.3 Rebates Paid									XXX	XXX	XXX		XXX		
5.4 Estimated rebates unpaid prior year									XXX	XXX	XXX		XXX		
5.5 Estimated rebates unpaid current year									XXX	XXX	XXX		XXX		
5.6 Fee for service and co-pay revenue													XXX		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)										8,643,325		8,643,325	XXX	8,643,325	

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

Supp81 Puerto Rico

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes															
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors															
6.4 Wellness and health promotion activities															
6.5 Health Information Technology expenses related to health improvement															
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 to 6.5)															
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8										XXX	XXX	XXX	XXX	XXX	XXX
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
8.2 All other claims adjustment expenses															
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits															
10.2 Agents and brokers fees and commissions															
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses															
10.4A Community Benefit Expenditures (informational only)															
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)															
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)											6,094,230		6,094,230	XXX	6,094,230
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,094,230	XXX	6,094,230
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies											793		793		793
O2. Number of Covered Lives											103,299		103,299		103,299
O3. Number of Groups	XXX			XXX											
O4. Member Months											197,504		197,504		197,504

(a) Is run off business reported in Columns 1 through 9? Yes [] No [X]

(b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2013

NAIC Group Code 2479

NAIC Company Code 47085

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Total (a)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1. Health Premiums Earned													
1.01 Direct premiums written											14,737,555		14,737,555
1.02 Unearned premium prior year													
1.03 Unearned premium current year													
1.04 Change in unearned premium (Lines 1.2 - 1.3)													
1.05 Paid rate credits													
1.06 Reserve for rate credits current year													
1.07 Reserve for rate credits prior year													
1.08 Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.09 Premium balances written off													
1.10 Group conversion charges													
1.11 TOTAL direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)											14,737,555		14,737,555
1.12 Assumed premiums earned from non-affiliates													
1.13 Net assumed less ceded premiums earned from affiliates													
1.14 Ceded premiums earned to non-affiliates													
1.15 Other adjustments due to MLR calculation - Premiums													
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)											14,737,555		14,737,555
2. Direct Claims Incurred:													
2.01 Paid claims during the year											8,643,325		8,643,325
2.02 Direct claim liability current year													
2.03 Direct claim liability prior year													
2.04 Direct claim reserves current year													
2.05 Direct claim reserves prior year													
2.06 Direct contract reserves current year													
2.07 Direct contract reserves prior year													
2.08 Paid rate credits													
2.09 Reserve for rate credits current year													
2.10 Reserve for rate credits prior year													
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A Paid medical incentive pools and bonuses current year													
2.11B Accrued medical incentive pools and bonuses current year													
2.11C Accrued medical incentive pools and bonuses prior year													
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)													
2.12A Healthcare receivables current year													
2.12B Healthcare receivables prior year													
2.13 Group conversion charge													
2.14 Multi-option coverage blended rate adjustment													
2.15 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)											8,643,325		8,643,325
2.16 Assumed Incurred Claims from non-affiliates													
2.17 Net Assumed less Ceded Incurred Claims from affiliates													
2.18 Ceded Incurred Claims to non-affiliates													
2.19 Other Adjustments due to MLR calculation - Claims													
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)											8,643,325		8,643,325
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp82 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.01	Salaries (including \$.....0 for affiliated services)									
4.02	Outsourced services									
4.03	EDP equipment and software (including \$.....0 for affiliated services)									
4.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.06	Other expenses (including \$.....0 for affiliated services)									
4.07	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.08	Reimbursements by uninsured plans and fiscal intermediaries									
4.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.01	Salaries (including \$.....0 for affiliated services)									
5.02	Outsourced services									
5.03	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.06	Other expenses (including \$.....0 for affiliated services)									
5.07	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.08	Reimbursements by uninsured plans and fiscal intermediaries									
5.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.01	Salaries (including \$.....0 for affiliated services)									
6.02	Outsourced services									
6.03	EDP equipment and software (including \$.....0 for affiliated services)									
6.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.06	Other expenses (including \$.....0 for affiliated services)									
6.07	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.08	Reimbursements by uninsured plans and fiscal intermediaries									
6.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp84 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
7.	Small Group Expatriate Plans Expenses									
7.01	Salaries (including \$.....0 for affiliated services)									
7.02	Outsourced services									
7.03	EDP equipment and software (including \$.....0 for affiliated services)									
7.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.06	Other expenses (including \$.....0 for affiliated services)									
7.07	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.08	Reimbursements by uninsured plans and fiscal intermediaries									
7.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.01	Salaries (including \$.....0 for affiliated services)									
8.02	Outsourced services									
8.03	EDP equipment and software (including \$.....0 for affiliated services)									
8.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.06	Other expenses (including \$.....0 for affiliated services)									
8.07	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.08	Reimbursements by uninsured plans and fiscal intermediaries									
8.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.01	Salaries (including \$.....0 for affiliated services)									
9.02	Outsourced services									
9.03	EDP equipment and software (including \$.....0 for affiliated services)									
9.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.06	Other expenses (including \$.....0 for affiliated services)									
9.07	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.08	Reimbursements by uninsured plans and fiscal intermediaries									
9.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp85 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968



NAIC Group Code 2479

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2013

NAIC Company Code 47085

Supp80 Grand Total

	Business Subject to MLR								9 Student Health Plans	10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.01 Health premiums earned (From Part 2, Line 1.11)										14,737,555		14,737,555	XXX	14,737,555	
1.02 Federal high risk pools													XXX		
1.03 State high risk pools													XXX		
1.04 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)										14,737,555		14,737,555	XXX	14,737,555	
1.05 Federal taxes and federal assessments															
1.06 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.06A Community Benefit Expenditures (informational only)															
1.07 Regulatory authority licenses and fees															
1.08 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)										14,737,555		14,737,555	XXX	14,737,555	
1.09 Net assumed less ceded reinsurance premiums earned													XXX		
1.10 Other adjustments due to MLR calculations - Premiums													XXX		
1.11 Risk Revenue													XXX		
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)										14,737,555		14,737,555	XXX	14,737,555	
2. Claims:															
2.1 Incurred claims excluding prescription drugs										8,643,325		8,643,325	XXX	8,643,325	
2.2 Prescription drugs													XXX		
2.3 Pharmaceutical rebates													XXX		
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)													XXX		
3. Incurred medical incentive pools and bonuses													XXX		
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)										8,643,325		8,643,325	XXX	8,643,325	
5.1 Net assumed less ceded reinsurance claims incurred													XXX		
5.2 Other adjustments due to MLR calculations - Claims													XXX		
5.3 Rebates Paid									XXX	XXX	XXX		XXX		
5.4 Estimated rebates unpaid prior year									XXX	XXX	XXX		XXX		
5.5 Estimated rebates unpaid current year									XXX	XXX	XXX		XXX		
5.6 Fee for service and co-pay revenue													XXX		
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)										8,643,325		8,643,325	XXX	8,643,325	

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

Supp81 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes															
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors															
6.4 Wellness and health promotion activities															
6.5 Health Information Technology expenses related to health improvement															
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 to 6.5)															
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8										XXX	XXX	XXX	XXX	XXX	XXX
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
8.2 All other claims adjustment expenses															
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX	XXX
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits															
10.2 Agents and brokers fees and commissions															
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses															
10.4A Community Benefit Expenditures (informational only)															
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)															
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)											6,094,230		6,094,230	XXX	6,094,230
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,094,230	XXX	6,094,230
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies											793		793		793
O2. Number of Covered Lives											103,299		103,299		103,299
O3. Number of Groups	XXX			XXX											
O4. Member Months											197,504		197,504		197,504

(a) Is run off business reported in Columns 1 through 9? Yes [] No [X]

(b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968

NAIC Group Code 2479

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2013

NAIC Company Code 47085

Supp82 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Aggregate (2% Rule)	13 Total (a)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1. Health Premiums Earned													
1.01 Direct premiums written											14,737,555		14,737,555
1.02 Unearned premium prior year													
1.03 Unearned premium current year													
1.04 Change in unearned premium (Lines 1.2 - 1.3)													
1.05 Paid rate credits													
1.06 Reserve for rate credits current year													
1.07 Reserve for rate credits prior year													
1.08 Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.09 Premium balances written off													
1.10 Group conversion charges													
1.11 TOTAL direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)											14,737,555		14,737,555
1.12 Assumed premiums earned from non-affiliates													
1.13 Net assumed less ceded premiums earned from affiliates													
1.14 Ceded premiums earned to non-affiliates													
1.15 Other adjustments due to MLR calculation - Premiums													
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)											14,737,555		14,737,555
2. Direct Claims Incurred:													
2.01 Paid claims during the year											8,643,325		8,643,325
2.02 Direct claim liability current year													
2.03 Direct claim liability prior year													
2.04 Direct claim reserves current year													
2.05 Direct claim reserves prior year													
2.06 Direct contract reserves current year													
2.07 Direct contract reserves prior year													
2.08 Paid rate credits													
2.09 Reserve for rate credits current year													
2.10 Reserve for rate credits prior year													
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A Paid medical incentive pools and bonuses current year													
2.11B Accrued medical incentive pools and bonuses current year													
2.11C Accrued medical incentive pools and bonuses prior year													
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)													
2.12A Healthcare receivables current year													
2.12B Healthcare receivables prior year													
2.13 Group conversion charge													
2.14 Multi-option coverage blended rate adjustment													
2.15 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)											8,643,325		8,643,325
2.16 Assumed Incurred Claims from non-affiliates													
2.17 Net Assumed less Ceded Incurred Claims from affiliates													
2.18 Ceded Incurred Claims to non-affiliates													
2.19 Other Adjustments due to MLR calculation - Claims													
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)											8,643,325		8,643,325
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.01	Salaries (including \$.....0 for affiliated services)									
4.02	Outsourced services									
4.03	EDP equipment and software (including \$.....0 for affiliated services)									
4.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.06	Other expenses (including \$.....0 for affiliated services)									
4.07	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.08	Reimbursements by uninsured plans and fiscal intermediaries									
4.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.01	Salaries (including \$.....0 for affiliated services)									
5.02	Outsourced services									
5.03	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.06	Other expenses (including \$.....0 for affiliated services)									
5.07	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.08	Reimbursements by uninsured plans and fiscal intermediaries									
5.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.01	Salaries (including \$.....0 for affiliated services)									
6.02	Outsourced services									
6.03	EDP equipment and software (including \$.....0 for affiliated services)									
6.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.05	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.06	Other expenses (including \$.....0 for affiliated services)									
6.07	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.08	Reimbursements by uninsured plans and fiscal intermediaries									
6.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp84 Grand Total

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
7.	Small Group Expatriate Plans Expenses									
7.01	Salaries (including \$.....0 for affiliated services)									
7.02	Outsourced services									
7.03	EDP equipment and software (including \$.....0 for affiliated services)									
7.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.05	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
7.06	Other expenses (including \$.....0 for affiliated services)									
7.07	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.08	Reimbursements by uninsured plans and fiscal intermediaries									
7.09	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.01	Salaries (including \$.....0 for affiliated services)									
8.02	Outsourced services									
8.03	EDP equipment and software (including \$.....0 for affiliated services)									
8.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.05	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
8.06	Other expenses (including \$.....0 for affiliated services)									
8.07	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.08	Reimbursements by uninsured plans and fiscal intermediaries									
8.09	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.01	Salaries (including \$.....0 for affiliated services)									
9.02	Outsourced services									
9.03	EDP equipment and software (including \$.....0 for affiliated services)									
9.04	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.05	Accreditation and certification (including \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
9.06	Other expenses (including \$.....0 for affiliated services)									
9.07	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.08	Reimbursements by uninsured plans and fiscal intermediaries									
9.09	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp85 Grand Total



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



Approval from State of Domicile for Relief related to 5-Year Rotation Requirement for Lead Audit Partner



Approval from State of Domicile for Relief related to 1-Year Cooling Off Period for Independent CPA



Approval from State of Domicile for Relief related to the Requirement for Audit Committees



Management's Discussion and Analysis

Management's Discussion and Analysis

March 30, 2014

Mrs. Angela Weyne Rig
Commissioner of Insurance
State of Puerto Rico Insurance Department
B5 Calle Tabonuco Suite 216
PMB 356
Guaynabo, PR 00968-3029

Dear Mrs. Weyne:

Please accept the following listed filing as supplement to the Annual Statement filed by Delta Dental of Puerto Rico, Inc. on March 31, 2014:

- One copy of the 2013 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.

2013

Introduction

This discussion provides an assessment by management of the current financial position, results of operations, cash flows and liquidity, and changes in financial position for Delta Dental of Puerto Rico, Inc. (the Company) as of and for the year ended December 31, 2013 as compared to and with 2012. Information presented in this discussion supplements the financial statement exhibits, schedules and disclosures in the 2013 Annual Statement. The basic financial statements included within the Company's 2013 Annual Statement were prepared in accordance with the statements of statutory accounting principles found in the National Association of Insurance Commissioners Accounting Practices and Procedures Manual.

This Management's Discussion and Analysis of Financial Position and Results of Operations contains statements which constitute forward-looking statements including statements relating to the trends in operations and financial results and the business and products of the Company as well as other statements including words such as "anticipate", "believe", "plan", "estimate", "expect" and other similar expressions. Forward looking statements are made based on management's current expectations and beliefs concerning future developments and their potential effects on the Company. Such forward-looking statements are not guarantees of future performance.

OPERATIONAL AND FINANCIAL HIGHLIGHTS

FINANCIAL POSITION

For the year ended December 31, 2013, net admitted assets totaled \$15.81 million, an increase of \$546 thousand, liabilities totaled \$2.81 million, an decrease of \$258 thousand, and surplus totaled \$13 million, an increase of \$805 thousand from prior year end.

Introduction

Assets

During 2013, total assets increased \$546 thousand to \$15.81 million.

Cash and short-term investments decreased \$1.52 million. Bonds and common stocks increased \$1.30 million and \$533,602, respectively, compared to the prior year. Properties occupied by the company, net of depreciation and additions, decreased \$957. The overall net change in cash and invested assets was an increase of \$316,145 compared to the prior year. The predominance of this increase occurred in cash and cash equivalents.

Investment income due and accrued increase \$36,887 compared to the prior year.

Uncollected premiums and agents' balances in the course of collection increased \$118,766 compared to the prior year. Prior year non-admitted was \$19,377 compared to \$23,435 for the current year.

Amounts receivable relating to uninsured plans increased \$135,932 compared to the prior year. Prior year non-admitted was \$20,067 compared to \$0 for the current year.

Electronic data processing equipment and software decreased \$957 compared to the prior year.

Non-admitted furniture and equipment was \$104,623 compared to \$164,843 in the prior year.

Management's Discussion and Analysis

Non-admitted prepaid expenses increased \$12,056 compared to the prior year. Other receivables were \$51,497 in the current year as compared to \$156,264 in the prior year and are included on line 25 aggregate write-ins for other than invested assets.

Liabilities

During 2013, total liabilities decreased \$258,918 to \$2.81 million.

Claims unpaid decreased \$82,500 compared to the prior year.

Premiums received in advance decreased \$20,856 compared to the prior year due to the distribution timing of the group premium invoices.

General expenses due or accrued decreased \$6,866 compared to the prior year.

Amounts withheld or retained for the account of others increased \$80 compared to the prior year. The payroll unpaid withholdings increased \$80.

Amounts due to parent, subsidiaries and affiliates increased \$36,560 compared to the prior year. Accounts Payable to DDC increased \$36,560 for intercompany chargebacks.

Liability for amounts held under uninsured plans decreased \$49,348 compared to the prior year. Within this increase, the group prefund deposits decreased \$49,348.

Capital and Surplus

During 2013, total capital and surplus increased \$805 thousand to \$13.00 million.

Gross paid in and contributed surplus remained constant at \$5.45 million for both years.

Aggregate write-ins for special surplus funds (statutory reserve) decreased to \$0.

Unassigned funds of \$799,428 increased \$108,867 compared to the prior year.

For the year ended December 31, 2013, the Company had Total Adjusted Capital of \$13.00 million and an Authorized Control Level RBC (ACL) of \$379 thousand. Adjusted Capital represents approximately 219% of (ACL) which is an improvement over prior year where Total Adjusted Capital at December 31, 2012 was \$12.19 million and (ACL) was \$554 thousand. Adjusted Capital in the prior year represented approximately 202% of (ACL).

Risk-Based Capital Analysis - Five Year Historical Data

	<u>2013</u>	<u>2012</u>	<u>2011</u>
Total Adjusted Capital	13,001,331	12,195,628	12,090,761
Authorized Control Level RBC	379,663	554,991	597,009
RBC	34.24	21.97	20.25

Management's Discussion and Analysis

RESULTS OF OPERATIONS

For the year, the Company reported a net gain of \$746,274, a \$28,156 increase from 2012's net gain of \$718,118.

	Years Ended December 31		
	2013	2012	
Underwriting loss			
Net premium income	\$9,307,528	\$ 9,702,948	-2.08%
Fee for service	0	4,327,186	-100.00%
Total revenues	9,307,528	14,030,134	-20.24%
Claims and operating expenses			
Claims			
Dental benefits	8,643,325	9,530,129	-4.88%
Net reinsurance recoveries	(4,340,125)	(4,769,739)	-4.72%
Net claims incurred	4,303,200	4,760,390	-5.04%
Operating expenses			
Claims adjustment expenses	515,202	411,286	11.22%
General administrative expenses	5,123,469	8,484,310	-24.70%
Total claims and operating expenses	9,941,871	13,655,986	-15.74%
Net underwriting gain (loss)	-634,344	374,150	-387.59%
Net investment income	1,062,438	272,878	59.13%
Other income, net	654,230	168,728	58.99%
	1,716,668	441,606	59.08%
Net income before income taxes	1,082,324	815,756	14.04%
Income tax expense	336,050	97,638	54.97%
Net income	\$ 746,274	\$ 718,118	1.92%

The Company's annual statement reflected a \$4,722,606 or -20.24% decrease in total revenues.

Net hospital and medical benefits decreased \$886,804 or -4.88% compared to the prior year.

Claims adjustment expenses increased \$103,916 or 11.22% compared to the prior year.

General administrative expenses increased \$3,360,841 or 24.70% compared to the prior year.

The net underwriting gain(loss) for 2013 was \$-634,344 compared to the net underwriting gain in 2012 of \$374,150.

Net investment income was \$272,878, a decrease of \$116,079 or 29.84% compared to the prior year, which is reflective of a decrease in the total of investments.

Net realized capital gains (losses) were \$(85,836) compared to net capital gains in the prior year of \$20,316. This decrease was the result of the sale of mutual funds that has a market value below the book value.

Aggregate write-ins for other expenses were \$168,728 million, an increase of \$137,301 compared to the prior year.

Management's Discussion and Analysis

PROSPECTIVE INFORMATION

The Company already has a decrease in activity for 2014 premiums earned of \$171 thousand, but on the other hand the Company also had a decrease of \$135 of the total expenses through February.

LIQUIDITY, ASSET/LIABILITY MATCHING AND CAPITAL RESOURCES

The Company's cash position increased from \$877,968 in 2011 to \$1,143,214 in 2013. The predominance of this change occurred in the flows from cash provided by operations and other cash applied, offset by the change in investing activities.

The Company experienced positive cash from financing activities in 2012 of \$795 thousand compared to positive cash from financing activities in 2012 of \$63 thousand, an increase of \$732 thousand.

The Company does not anticipate any other significant impacts to liquidity from circumstances such as off-balance sheet activities, economic trends, commitments or other uncertainties.

PRELIMINARY MERGER/ACQUISITION NEGOTIATIONS

The Company does not anticipate any preliminary merger/acquisition negotiations to be part of the Company's 2014 year ahead.

Management's Discussion and Analysis

CONCLUSION

The Company has an aggressive marketing plan in place for 2014 including the sales promoting our products, a new individual plan and supplementary plan that the Company expect to be approve by the end of 2014. Also the Company will work in the maintenance of interest rate returns with continued improvements in the overall economy.



Audited Financial Report



Accountant's Letter of Qualification



Communication of Internal Control Related Matters Noted in an Audit



Management's Report of Internal Control over Financial Reporting

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14

**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, WITH THE EXCEPTION OF RBC FILINGS,
 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: 2013.A.1

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 2013 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 Explanation Page