



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

Dominion National Insurance Company

NAIC Group Code	1230 <small>(Current Period)</small>	1230 <small>(Prior Period)</small>	NAIC Company Code	16003	Employer's ID Number	81-3569969
Organized under the Laws of	New Jersey		State of Domicile or Port of Entry	NJ		
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	09/29/2016		Commenced Business	09/29/2016		
Statutory Home Office	820 Bear Tavern Road, Suite 305 <small>(Street and Number)</small>			West Trenton, NJ, 08628 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	Arlington, VA, 22202 <small>(City or Town, State, Country and Zip Code)</small>			(703)518-5000 <small>(Area Code) (Telephone Number)</small>		
Mail Address	251 18th Street South, Suite 900 <small>(Street and Number or P.O. Box)</small>			Arlington, VA, 22202 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	Arlington, VA, 22202 <small>(City or Town, State, Country and Zip Code)</small>			(703)518-5000 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.dominionnational.com					
Statutory Statement Contact	Brenona Brooks <small>(Name)</small>			(703)212-3502 <small>(Area Code)(Telephone Number)(Extension)</small>		
	bbrooks@dominionnational.com <small>(E-Mail Address)</small>			(703)859-7702 <small>(Fax Number)</small>		

OFFICERS

Name	Title
Aji Matthew Abraham	CEO
Michael John Davis Jr	President/COO
Harvey Floyd Littman	Treasurer
Todd Aaron Shamash	Secretary

OTHERS

DIRECTORS OR TRUSTEES

Gary Dean St. Hilaire
Aji Matthew Abraham
Michael John Davis Jr

Christopher Taylor Davis
Harvey Floyd Littman

State of Virginia
County of Alexandria 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)
Todd Aaron Shamash
(Printed Name)
1.
Secretary
(Title)

(Signature)
Michael John Davis, Jr
(Printed Name)
2.
President/COO
(Title)

(Signature)
Harvey Floyd Littman
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this _____ day of _____, 2020

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

Yes No

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
Group Subscribers:						
Alliant Health Plans	2,088	754	48			2,890
0299997 Subtotal - Group Subscribers:	2,088	754	48			2,890
0299998 Premiums due and unpaid not individually listed	31					31
0299999 TOTAL Group	2,119	754	48			2,921
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	2,119	754	48			2,921

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	6,286	134	227			6,647
0499999 Subtotals	6,286	134	227			6,647
0599999 Unreported claims and other claim reserves						42,000
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						48,647
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	
	N O N E							
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				
Dominion Dental USA, Inc.	Management Fees	57,004	57,004	
0199999 Total - Individually Listed Payables	X X X	57,004	57,004	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	57,004	57,004	

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	13,711	2.752	270	10.286		13,711
4. TOTAL Capitation Payments	13,711	2.752	270	10.286		13,711
Other Payments:						
5. Fee-for-service	158,073	31.730	X X X	X X X		158,073
6. Contractual fee payments	309,374	62.101	X X X	X X X		309,374
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	17,021	3.417	X X X	X X X		17,021
12. TOTAL Other Payments	484,468	97.248	X X X	X X X		484,468
13. TOTAL (Line 4 plus Line 12)	498,179	100.000	X X X	X X X		498,179

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						
2. Medical furniture, equipment and fixtures	NONE					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1230

BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

NAIC Company Code 16003

	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	575				21	554				
2. First Quarter	1,552				21	1,531				
3. Second Quarter	1,375				25	1,350				
4. Third Quarter	1,298				20	1,278				
5. Current Year	1,097				21	1,076				
6. Current Year Member Months	17,864				253	17,611				
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)	320,024				3,213	316,811				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	320,024				3,213	316,811				
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	231,139				1,302	229,837				
18. Amount Incurred for Provision of Health Care Services	226,439				1,302	225,137				

(a) For health business: number of persons insured under PPO managed care products1,097 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 1230

BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR

NAIC Company Code 16003

	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	872				13	859				
2. First Quarter	2,145				36	2,109				
3. Second Quarter	1,903				44	1,859				
4. Third Quarter	1,811				50	1,761				
5. Current Year	1,531				46	1,485				
6. Current Year Member Months	24,853				598	24,255				
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)	368,738				1,464	367,274				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	368,738				1,464	367,274				
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	267,040				594	266,446				
18. Amount Incurred for Provision of Health Care Services	261,590				594	260,996				

(a) For health business: number of persons insured under PPO managed care products1,258 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 1230

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

NAIC Company Code 16003

	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	1,447				34	1,413				
2. First Quarter	3,697				57	3,640				
3. Second Quarter	3,278				69	3,209				
4. Third Quarter	3,109				70	3,039				
5. Current Year	2,628				67	2,561				
6. Current Year Member Months	42,717				851	41,866				
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)	688,762				4,677	684,085				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	688,762				4,677	684,085				
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	498,179				1,896	496,283				
18. Amount Incurred for Provision of Health Care Services	488,029				1,896	486,133				

(a) For health business: number of persons insured under PPO managed care products2,355 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

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

36 Schedule S - Part 6 NONE

37 Schedule S - Part 7 NONE

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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1230	Capital Blue Cross	12358	76-0801682				Avalon Insurance Company	PA	IA	Capital Advantage Insurance Company	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	95199	23-2399845				Keystone Health Plan Central, Inc.	PA	IA	Capital Advantage Insurance Company	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	14411	45-5492167				Capital Advantage Assurance Company	PA	IA	Capital Advantage Insurance Company	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	54-1922626				Dominion Dental USA, Inc.	DE	UIP	Capital Advantage Insurance Company	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	Y	
1230	Capital Blue Cross	00000	54-1991050				Dominion Dental Services USA, Inc.	VA	NIA	Dominion Dental USA, Inc.	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	95657	54-1808292				Dominion Dental Services, Inc.	VA	IA	Dominion Dental USA, Inc.	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	54-1980569				Dominion Dental Services of New Jersey, Inc.	NJ	NIA	Dominion Dental USA, Inc.	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	16003	81-3569969				Dominion National Insurance Company	NJ	RE	Dominion Dental USA, Inc.	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	41203	23-2195219				Capital Advantage Insurance Company	PA	UDP	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	25-1578904				Capital Administrative Services, Inc.	PA	NIA	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	Y	
1230	Capital Blue Cross	00000	47-5534901				Accenda Health Company, Inc.	PA	NIA	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	23-2398941				Consolidated Benefits, Inc.	PA	NIA	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	Y	
1230	Capital Blue Cross	00000	45-5497527				Geneia Holdings LLC	DE	NIA	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	90-0860445				Geneia LLC	DE	NIA	Geneia Holdings, LLC	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	47-4113873				Vibra Health Plan Holdings, LLC	DE	NIA	Capital Blue Cross	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	15793	47-2749865				Vibra Health Plan, Inc.	PA	IA	Vibra Health Plan Holdings, LLC	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	47-4727412				VHP Insurance Solutions, LLC	DE	NIA	Vibra Health Plan Holdings, LLC	Ownership, Board of Directors, Management	100.0	Capital Blue Cross	N	
1230	Capital Blue Cross	00000	46-3453523				Aspire Ventures Precision Medicine Fund, LLC	PA	NIA	Aspire Ventures Precision Medicine Manager LLC	Ownership, Board of Directors	32.0	Aspire Ventures Precision Medicine Manager LLC	N	
1230	Capital Blue Cross	00000	82-0612631				Smart Health Innovation Lab, LLC	DE	NIA	Smart Health Innovation Lab, LLC	Ownership, Board of Directors	25.0	Smart Health Innovation Lab, LLC	N	
1230	Capital Blue Cross	54720	23-0455154				Capital Blue Cross	PA	UDP		Board of Directors, Management		Capital Blue Cross	N	

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Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(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)
41203	23-2195219	Capital Advantage Ins Co		(19,000,000)			(26,880,907)				(45,880,907)	
54720	23-0455154	Capital Blue Cross		(37,781,500)		215,911	291,034,596				253,469,007	
95199	23-2399845	Keystone Health Plan Central Inc					(32,553,760)				(32,553,760)	
	23-2398941	Consolidated Benefits, Inc.					96,835				96,835	
12358	76-0801682	Avalon Insurance Co.		19,000,000			(13,031,964)				5,968,036	
	54-1922626	Dominion Dental USA, Inc.					(19,033,797)				(19,033,797)	
95657	54-1808292	Dominion Dental Services, Inc.					12,464,748				12,464,748	
	54-1991050	Dominion Dental Services USA, Inc.					10,622,878				10,622,878	
16003	81-3569969	Dominion National Insurance Co.					89,539				89,539	
14411	45-5492167	Capital Advantage Assurance Co.					(241,377,274)				(241,377,274)	
	45-5497527	Geneia Holdings, LLC		18,000,000							18,000,000	
	90-0860445	Geneia LLC				(156,583)	19,721,481				19,564,898	
	47-4113873	Vibra Health Plan Holdings, LLC				(59,328)					(59,328)	
15793	47-2749865	Vibra Health Plan, Inc.		19,781,500			(1,152,375)				18,629,125	
9999999 Control Totals										X X X		

Schedule Y Part 2 Explanation: Avalon Insurance Company, Capital Advantage Insurance Company, Capital Advantage Assurance Co., Keystone Health Plan Central, Inc., Vibra Health Plan, Inc., Dominion Dental Services, Inc., Dominion National Insurance Company and Capital Blue Cross share a NAIC Group Code.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

- 1.
8. The Company is exempt from the 2019 Audit Requirement pursuant to NJAC 11:2-26.17.
9. The Company is exempt from the 2019 Audit Requirement pursuant to NJAC 11:2-26.17.
10. The Company is exempt from the 2019 Audit Requirement pursuant to NJAC 11:2-26.17.
11. #11 - Marked "NONE". Page filed with the state of domicile.
16. #16 - Marked "NONE". Page filed with the state of domicile.
22. #22 - Marked "NONE". Pages aren't required based on instructions.

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to five-year rotation for lead Audit Partner



16003201922400000 2019 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



16003201922500000 2019 Document Code: 225

Approval for Relief related to Require. for Audit Committees



16003201922600000 2019 Document Code: 226

LTC Supplemental Interrogatories



16003201930600000 2019 Document Code: 306

Health Life Supplement - April



16003201921100000 2019 Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report



16003201921700000 2019 Document Code: 217

Management's Report of Internal Control over Financial Reporting



16003201922300000 2019 Document Code: 223

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