



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

UNITED DENTAL CARE OF NEW MEXICO, INC.

NAIC Group Code 00549 , 00549 NAIC Company Code 47042 Employer's ID Number 86-0384270
(Current Period) (Prior Period)

Organized under the Laws of New Mexico , State of Domicile or Port of Entry New Mexico

Country of Domicile United States

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

Incorporated/Organized 02/26/1980 Commenced Business 02/26/1980

Statutory Home Office 500 Marquette Ave. NW, Suite 1200 , Albuquerque, NM, US 87102
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Sun Life Executive Park
(Street and Number)
Wellesley Hills, MA, US 02481 781-416-3184
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address One Sun Life Executive Park , Wellesley Hills, MA, US 02481
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Sun Life Executive Park
(Street and Number)
Wellesley Hills, MA, US 02481 781-416-3184
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Elizabeth Burkhardt , 781-416-3184
(Name) (Area Code) (Telephone Number) (Extension)
state.filings@sunlife.com 781-446-2398
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>STACIA NALANI ALMQUIST</u> ,	<u>PRESIDENT</u>	<u>COLLEEN LOUISE KALLAS #</u> ,	<u>SECRETARY</u>
<u>AMY JO GOERKE</u> ,	<u>TREASURER</u>	<u>ERIC STEVEN VANDENBERG</u> ,	<u>ACTUARY</u>

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

<u>STACIA NALANI ALMQUIST</u>	<u>MICHAEL PINK DDS #</u>	<u>CORINNE GAYLE HANSON</u>	<u>EDWARD ARMAND LICON</u>
<u>ELIZABETH LOUISE ROBINSON</u>			

State of Missouri.....
County of Jackson.....
ss

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

<u>STACIA NALANI ALMQUIST</u> PRESIDENT	<u>AMY JO GOERKE</u> TREASURER	
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Subscribed and sworn to before me this _____ day of January, 2018

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Robin L. Pierce, Notary Public
September 23, 2020

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	250,221		250,221	209,736
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$2,344,789 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	2,344,789		2,344,789	2,332,680
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,595,010	0	2,595,010	2,542,416
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	2,200		2,200	317
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,570	1,197	1,373	2,055
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	499		499	0
18.2 Net deferred tax asset.....	3,323		3,323	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	31,028		31,028	63,734
24. Health care (\$) and other amounts receivable.....	5,410	5,410	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,640,040	6,607	2,633,433	2,608,522
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,640,040	6,607	2,633,433	2,608,522
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	3,147		3,147	2,560
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	3		3	3
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	9,171		9,171	10,989
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance	7,568		7,568	10,117
9. General expenses due or accrued	74,982		74,982	79,797
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	6,524
10.2 Net deferred tax liability			0	408
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	94,871	0	94,871	110,398
25. Aggregate write-ins for special surplus funds	XXX	XXX	815	0
26. Common capital stock	XXX	XXX	6,000	6,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	1,310,599	1,310,599
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	500,000	500,000
31. Unassigned funds (surplus)	XXX	XXX	721,148	681,525
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,538,562	2,498,124
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,633,433	2,608,522
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Surplus appropriated for ACA Section 9010 Fee.....	XXX	XXX	815	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	815	0
3001. Statutory reserves.....	XXX	XXX	500,000	500,000
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	500,000	500,000

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	20,384	22,228
2. Net premium income (including \$0 non-health premium income).....	XXX	163,327	182,818
3. Change in unearned premium reserves and reserve for rate credits	XXX	1,818	1,398
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	165,145	184,216
Hospital and Medical:			
9. Hospital/medical benefits			0
10. Other professional services		71,625	81,613
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs			0
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	71,625	81,613
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	71,625	81,613
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		1,071	(1)
21. General administrative expenses.....		30,549	36,660
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	103,245	118,272
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	61,900	65,944
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,705	6,511
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,705	6,511
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	1
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	65,605	72,456
31. Federal and foreign income taxes incurred	XXX	28,869	25,919
32. Net income (loss) (Lines 30 minus 31)	XXX	36,736	46,537
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Other tax penalties.....			1
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	2,498,124	2,449,461
34. Net income or (loss) from Line 32	36,736	46,537
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	3,731	(2,357)
39. Change in nonadmitted assets	(29)	4,483
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	40,438	48,663
49. Capital and surplus end of reporting year (Line 33 plus 48)	2,538,562	2,498,124
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	160,291	184,212
2. Net investment income	1,572	9,357
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	161,863	193,569
5. Benefit and loss related payments	71,038	82,412
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	36,435	(22,374)
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	35,892	16,769
10. Total (Lines 5 through 9)	143,365	76,807
11. Net cash from operations (Line 4 minus Line 10)	18,498	116,762
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	210,000	35,000
12.2 Stocks	0	4,145,301
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	210,000	4,180,301
13. Cost of investments acquired (long-term only):		
13.1 Bonds	250,235	0
13.2 Stocks	0	4,145,301
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	250,235	4,145,301
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(40,235)	35,000
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	33,846	(55,952)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	33,846	(55,952)
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)	12,109	95,810
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,332,680	2,236,870
19.2 End of year (Line 18 plus Line 19.1)	2,344,789	2,332,680

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UNITED DENTAL CARE OF NEW MEXICO, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	163,327	0	0	163,327	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	1,818			1,818						
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	165,145	0	0	165,145	0	0	0	0	0	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	71,625			71,625						XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14)	71,625	0	0	71,625	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	71,625	0	0	71,625	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses.....	1,071			1,071						
20. General administrative expenses	30,549			30,549						
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	103,245	0	0	103,245	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	61,900	0	0	61,900	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				.0
2. Medicare Supplement				.0
3. Dental only.....	163,327			163,327
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan				.0
6. Title XVIII - Medicare				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	163,327	.0	.0	163,327
10. Life				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	163,327	0	0	163,327

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UNITED DENTAL CARE OF NEW MEXICO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	71,038			71,038						
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	71,038	0	0	71,038	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	3,147	0	0	3,147	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	3,147	0	0	3,147	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,560	0	0	2,560	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,560	0	0	2,560	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	71,625	0	0	71,625	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	71,625	0	0	71,625	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ 5,410 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	.0									
1.2. Reinsurance assumed	.0									
1.3. Reinsurance ceded	.0									
1.4. Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	.69			.69						
2.2. Reinsurance assumed	.0									
2.3. Reinsurance ceded	.0									
2.4. Net	.69	.0	.0	.69	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	3,078			3,078						
3.2. Reinsurance assumed	.0									
3.3. Reinsurance ceded	.0									
3.4. Net	3,078	.0	.0	3,078	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	3,147	.0	.0	3,147	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	3,147	.0	.0	3,147	.0	.0	.0	.0	.0	.0

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 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)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....		71,038		3,147	0	2,560
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	0	71,038	0	3,147	0	2,560
10. Healthcare receivables (a).....					0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	0	71,038	0	3,147	0	2,560

(a) Excludes \$5,410 loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UNITED DENTAL CARE OF NEW MEXICO, INC.

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

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	.0	.0	.0	.0	.0
2. 2013	.115	.115	.115	.115	.115
3. 2014	XXX	.107	.107	.107	.107
4. 2015	XXX	XXX	.95	.95	.95
5. 2016	XXX	XXX	XXX	.82	.82
6. 2017	XXX	XXX	XXX	XXX	.71

Section B – Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	.0	.0	.0	.0	.0
2. 2013	.119	.115	.115	.115	.115
3. 2014	XXX	.112	.107	.107	.107
4. 2015	XXX	XXX	.98	.95	.95
5. 2016	XXX	XXX	XXX	.85	.83
6. 2017	XXX	XXX	XXX	XXX	.74

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013.....	259	.115	.0	.0.0	.115	44.4			.115	44.4
2. 2014.....	251	.107	.0	.0.0	.107	42.6			.107	42.6
3. 2015.....	222	.95	.1	1.1	.96	43.2			.96	43.2
4. 2016.....	184	.82	.0	0.0	.82	44.6			.82	44.6
5. 2017	165	.71	1	1.4	.72	43.6	3	0	.75	45.5

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	.0	.0	.0	.0	.0
2. 2013	.115	.115	.115	.115	.115
3. 2014	XXX	.107	.107	.107	.107
4. 2015	XXX	XXX	.95	.95	.95
5. 2016	XXX	XXX	XXX	.82	.82
6. 2017	XXX	XXX	XXX	XXX	.71

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	.0	.0	.0	.0	.0
2. 2013	.119	.115	.115	.115	.115
3. 2014	XXX	.112	.107	.107	.107
4. 2015	XXX	XXX	.98	.95	.95
5. 2016	XXX	XXX	XXX	.85	.83
6. 2017	XXX	XXX	XXX	XXX	.74

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	259	.115	.0	.0 .0	.115	.44 .4	.0	.0	.115	.44 .4
2. 2014	251	.107	.0	.0 .0	.107	.42 .6	.0	.0	.107	.42 .6
3. 2015	222	.95	.1	.1 .1	.96	.43 .2	.0	.0	.96	.43 .2
4. 2016	184	.82	.0	.0 .0	.82	.44 .6	.0	.0	.82	.44 .6
5. 2017	165	.71	1	1 .4	.72	.43 .6	3	0	.75	.45 .5

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XV
NONE

Part 2C - Sn C - Claims Expense Ratio XI
NONE

Part 2C - Sn C - Claims Expense Ratio OT
NONE

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	9,171			9,171					
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	9,171	.0	.0	9,171	.0	.0	.0	.0	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	9,171	0	0	9,171	0	0	0	0	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross)	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	0	28	0	0	28
2. Salaries, wages and other benefits	0	668	0	0	668
3. Commissions (less \$ceded plus \$assumed)	0	0	6,942	0	6,942
4. Legal fees and expenses	0	2	0	0	2
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	8,120	0	8,120
7. Traveling expenses	0	2	0	0	2
8. Marketing and advertising	0	0	0	0	0
9. Postage, express and telephone	0	23	0	0	23
10. Printing and office supplies	0	5	0	0	5
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software	0	2	0	0	2
14. Outsourced services including EDP, claims, and other services	0	303	0	0	303
15. Boards, bureaus and association fees	0	0	0	0	0
16. Insurance, except on real estate	0	0	0	0	0
17. Collection and bank service charges	0	0	8,274	0	8,274
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	33	0	33
23.2 State premium taxes	0	0	6,538	0	6,538
23.3 Regulatory authority licenses and fees	0	0	640	0	640
23.4 Payroll taxes	0	38	0	0	38
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	0	0
25. Aggregate write-ins for expenses	0	0	2	0	2
26. Total expenses incurred (Lines 1 to 25)	0	1,071	30,549	0	(a)31,620
27. Less expenses unpaid December 31, current year	0	3	74,982	0	74,985
28. Add expenses unpaid December 31, prior year	0	3	79,797	0	79,800
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	1,071	35,364	0	36,435
DETAILS OF WRITE-INS					
2501. Miscellaneous charges.....	0	0	2	0	2
2502.		0	0	0	0
2503.		0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	2	0	2

(a) Includes management fees of \$(53,353) to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....875	2,837
1.1	Bonds exempt from U.S. tax	(a).....	
1.2	Other bonds (unaffiliated)	(a).....	
1.3	Bonds of affiliates	(a).....0	
2.1	Preferred stocks (unaffiliated)	(b).....0	
2.11	Preferred stocks of affiliates	(b).....0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c).....	
4.	Real estate	(d).....	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e).....946	868
7.	Derivative instruments	(f).....	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	1,821	3,705
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		3,705
DETAILS OF WRITE-INS			
0901.		0	0
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$264 accrual of discount less \$14 amortization of premium and less \$1,213 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	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			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,197	28	(1,169)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	5,410	6,550	1,140
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,607	6,578	(29)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,607	6,578	(29)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	1,848	1,767	1,706	1,713	1,619	20,384
7. Total	1,848	1,767	1,706	1,713	1,619	20,384
DETAILS OF WRITE-INS						
0601. Dental.....	1,848	1,767	1,706	1,713	1,619	20,384
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	1,848	1,767	1,706	1,713	1,619	20,384

NOTES TO FINANCIAL STATEMENTS

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of United Dental Care of New Mexico, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the New Mexico Office of Superintendent of Insurance (“OSI”).

The New Mexico OSI recognizes only statutory practices prescribed or permitted by the state of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the New Mexico Insurance Law. The National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of New Mexico. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, including limits on the ratio of marketing and administrative expenses to prepaid charges that reduce the amount of general insurance expenses incurred. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Mexico is shown below:

	SSAP #	F/S Page	F/S Line #	12/31/2017	12/31/2016
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)				\$ 36,736	\$ 46,537
(2) State Prescribed Practices that increase/(decrease) NAIC SAP (a):	00	4	21	81,457	93,423
Tax benefit (b):	00	4	31	(28,510)	(32,698)
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				-	-
(4) NAIC SAP (1-2a-2b-3=4)				<u>\$ (16,211)</u>	<u>\$ (14,188)</u>
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)				\$ 2,538,562	\$ 2,498,124
(6) State Prescribed Practices that increase/(decrease) NAIC SAP - Statutory Reserve:				-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)				<u>\$ 2,538,562</u>	<u>\$ 2,498,124</u>

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts 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 expense during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums billed to individual and group subscribers are recognized as revenue in the month in which subscribers are entitled to receive dental care. Uncollected premiums over 90 days past due are nonadmitted and excluded from surplus. The Company contracts with dentists (providers) for dental services to be provided to its subscribers. Provider capitation consists of monthly fees paid to providers and is expensed in the month in which the provider is obligated to render dental services. Emergency services to members while temporarily out of their provider’s area, as well as specialty services not covered by capitation fees, are recorded as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost, which approximates fair value.
- (2) Bonds, mandatory convertible securities, and SVO-identified investments identified in SSAP No. 26R, not backed by other loans, are stated at amortized cost using the scientific method, except for those securities which are other-than-temporarily impaired or where the NAIC rating has fallen to 6 and the fair value has fallen below amortized cost, in which case they are carried at fair value.
- (3) Common stocks are stated at fair value.
- (4) The Company does not have investments in preferred stocks.
- (5) The Company does not have investments in mortgage loans.
- (6) The Company does not have investments in loan-backed securities.
- (7) The Company does not own any shares of an upstream or intermediate parent or affiliate, either directly or indirectly.
- (8) The Company does not have investments in joint ventures, partnerships or limited liability companies.

NOTES TO FINANCIAL STATEMENTS

(9) The Company does not have investments in derivative instruments.

(10) The Company does not have health premium deficiency liabilities at December 31, 2017. Anticipated investment income was used in the calculation.

(11) The reserve for costs expected to be incurred for services approved during the year, as well as costs incurred but not reported, are actuarial estimates based on historical claims data. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) Fixed assets are not material to the Company's operations. The Company has not modified its capitalization policy from the prior year.

(13) The Company does not have pharmaceutical rebate receivables.

D. Going concern

Management has evaluated the Company's financial position and determined that no conditions or events have occurred that would raise doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Effective December 31, 2017, the Company adopted SSAP No. 2R — Cash, Drafts and Short-term Investments ("SSAP No. 2R"). With the adoption of SSAP No. 2R, investments in money market mutual funds are now reported in Schedule E – Part 2; Cash Equivalents are carried at fair value with changes in fair value recorded as unrealized gains or losses in the Statement of Revenue and Expenses. Exempt money market mutual funds, as identified by the NAIC Securities Valuation Office (SVO) are no longer considered bonds and therefore are excluded from Schedule D – Part 1A.

The Company did not have any corrections of errors during the statement year.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

On March 1, 2016, after receiving all required regulatory approvals, Sun Life Assurance Company of Canada ("SLOC") acquired substantially all of the U.S. employee benefits business of Assurant, Inc., including all of the issued and outstanding stock of the Company.

B. Statutory Merger

The Company was not a part of any statutory mergers during the statement year.

C. Assumption Reinsurance

The Company did not enter into any assumption reinsurance agreements during the statement year.

D. Impairment Loss

The Company did not recognize any impairment losses on any of the transactions described above during the statement year.

4. Discontinued Operations

The Company did not have any discontinued operations during the statement year.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not have any mortgage loans or real estate for the statement year.

B. Debt Restructuring

The Company has no debt restructuring for the statement year.

C. Reverse Mortgages

The Company has no reverse mortgage investments for the statement year.

D. Loan-Backed Securities

The Company does not hold loan-backed securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company does not have dollar repurchase agreements and does not participate in a securities lending program.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company does not have repurchase agreements transactions accounted for as secured borrowing.

NOTES TO FINANCIAL STATEMENTS

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company does not have reverse repurchase agreements transactions accounted for as secured borrowing.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company does not have repurchase agreements transactions accounted for as a sale.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company does not have reverse repurchase agreements transactions accounted for as a sale.

J. Real Estate

The Company does not have any real estate holdings.

K. Investments in Low Income Housing Tax Credits

The Company does not have any low income housing tax credits.

L. Restricted Assets

(1) Restricted Assets (including Pledged)

Restricted Asset Category			1	2	3	4	5	6	7
			Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Collateral held under security lending agreements		-	-	-	-	-	-	-
c.	Subject to repurchase agreements		-	-	-	-	-	-	-
d.	Subject to reverse repurchase agreements		-	-	-	-	-	-	-
e.	Subject to dollar repurchase agreements		-	-	-	-	-	-	-
f.	Subject to dollar reverse repurchase agreements		-	-	-	-	-	-	-
g.	Placed under option contracts		-	-	-	-	-	-	-
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock		-	-	-	-	-	-	-
i.	FHLB capital stock		-	-	-	-	-	-	-
j.	On deposit with states		210,185	209,736	449	-	210,185	8.0%	8.0%
k.	On deposit with other regulatory bodies		-	-	-	-	-	-	-
l.	Pledged collateral to FHLB (including assets backing funding)		-	-	-	-	-	-	-
m.	Pledged as collateral not captured in other categories		-	-	-	-	-	-	-
n.	Other restricted assets		-	-	-	-	-	-	-
o.	Total Restricted Assets		\$ 210,185	\$ 209,736	\$ 449	\$ -	\$ 210,185	8.0%	8.0%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company does not have assets pledged as collateral not captured in other categories.

(3) The Company does not have any other restricted assets.

M. Working Capital Finance Investments

The Company does not have working capital finance programs.

N. Offsetting and Netting of Assets and Liabilities

The Company has no offsetting or netting of assets and liabilities.

O. Structured Notes

Not applicable.

P. 5* Securities

The Company does not hold 5* securities.

Q. Short Sales

The Company does not have any short sale transactions for the statement year.

R. Prepayment Penalty and Acceleration Fees

The Company did not incur any prepayment penalties or acceleration fees during the statement year.

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

The Company does not hold any ownership interests in joint ventures, partnerships or limited liability companies.

B. Write-downs for Impairments

Not applicable.

7. Investment Income

A. Due and accrued income is excluded from surplus on the following basis:

The Company excludes all investment income due and accrued with amounts over 90 days past due.

B. The total amount of investment income due and accrued excluded from surplus for the statement year was \$0.

8. Derivative Instruments

The Company does not hold any derivative instruments.

9. Income Taxes

A. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance, if necessary, to reduce the deferred tax asset to an amount that is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. Although the realization is not assured, management believes it is more likely than not that the deferred tax assets will be realized. Therefore, the Company has not recorded a valuation allowance as of December 31, 2017, and December 31, 2016.

U.S. tax reform legislation was signed into law on December 22, 2017 and took effect on January 1, 2018. The legislation includes a permanent reduction to the federal corporate income tax rate from 35% to 21% for tax years beginning after 2017. The gross deferred tax assets and liabilities at 12/31/2017 are revalued at the tax rate of 21% with a corresponding net tax expense recorded through change in net deferred income tax in surplus.

1. The components of deferred tax assets ("DTAs") and deferred tax liabilities ("DTLs") as of December 31, 2017, and December 31, 2016, are as follows:

Description	12/31/2017			12/31/2016			Change		
	(1)	(2)	(3)	(1)	(2)	(3)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 1+2) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross deferred tax assets	\$ 5,347	\$ -	\$ 5,347	\$ 2,302	\$ -	\$ 2,302	\$ 3,045	\$ -	\$ 3,045
(b) Statutory valuation allowance adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted gross deferred tax assets (1a-1b)	5,347	-	5,347	2,302	-	2,302	3,045	-	3,045
(d) Deferred tax assets nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal net admitted deferred tax assets (1c-1d)	5,347	-	5,347	2,302	-	2,302	3,045	-	3,045
(f) Deferred tax liabilities	2,024	-	2,024	2,495	215	2,710	(471)	(215)	(686)
(g) Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 3,323	\$ -	\$ 3,323	\$ (193)	\$ (215)	\$ (408)	\$ 3,516	\$ 215	\$ 3,731

2. The following table provides component amounts of the Company's net admitted DTA calculation by tax character of paragraphs 11.a., 11.b.i, 11.b.ii., 11.c. of SSAP 101 and the risk-based capital level used to determine the recovery period and threshold limitation amount.

Description	12/31/2017			12/31/2016			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
Admission Calculation Components									
SSAP No. 101									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 3,702	\$ -	\$ 3,702	\$ -	\$ -	\$ -	\$ 3,702	\$ -	\$ 3,702
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	-	-	-	-	-	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	-	-	380,286	-	-	374,719	-	-	5,567
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities.	(379)	-	(379)	(193)	(215)	(408)	(186)	215	29
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 3,323	\$ -	\$ 3,323	\$ (193)	\$ (215)	\$ (408)	\$ 3,516	\$ 215	\$ 3,731

NOTES TO FINANCIAL STATEMENTS

3. Adjusted capital and surplus

	12/31/2017	12/31/2016
a.) Ratio percentage used to determine recovery period and threshold limitation amount	9473%	9456%
b.) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation In 2(b)2 above	\$ 2,535,239	\$ 2,498,124

4. The following table provides the impact of tax-planning strategies, if used in the Company's SSAP No. 101 calculation, on adjusted gross and net admitted DTAs.

Description	12/31/2017		12/31/2016		Change	
	(1)	(2)	(4)	(5)	(7)	(8)
	Ordinary	Capital	Ordinary	Capital	(Col 1-4) Ordinary	(Col 2-5) Capital
Impact of Tax Planning Strategies						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred assets, by tax charater as a percentage						
1 Adjusted gross DTAs amount from Note 9A1(c)	\$ 5,347	\$ -	\$ 2,302	\$ -	\$ 3,045	\$ -
2 Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3 Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 5,347	\$ -	\$ 2,302	\$ -	\$ 3,045	\$ -
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes	No X				

B. Not applicable.

C. The following tables provide the Company's significant components of income taxes incurred and the changes in DTAs and DTLs.

1. Current Income Tax	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change
(a) Federal	\$ 28,869	\$ 25,919	\$ 2,950
(b) Foreign	-	-	-
(c) Subtotal	28,869	25,919	2,950
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of loss carryforwards	-	-	-
(f) Prior period adjustment	-	-	-
(g) Federal and foreign income taxes incurred	\$ 28,869	\$ 25,919	\$ 2,950

2. Deferred Tax Assets:	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change
(a) Ordinary			
(1) Unassigned capitation	\$ -	\$ -	\$ -
(2) Nonadmitted assets	1,387	2,302	(915)
(3) Accrued audit fees	3,960	-	3,960
(4) Other (including items <5% of total ordinary tax assets)	-	-	-
(99) Subtotal	5,347	2,302	3,045

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change
Deferred Tax Assets (Continued):			
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	5,347	2,302	3,045
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	-	-	-
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,347	\$ 2,302	\$ 3,045
	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Prepaid capitation	1,136	2,293	(1,157)
(5) Other (including items <5% of total ordinary tax liabilities)	888	202	686
(99) Subtotal	2,024	2,495	(471)
(b) Capital:			
(1) Investments	-	215	(215)
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	215	(215)
(c) Deferred tax liabilities (3a99+3b99)	\$ 2,024	\$ 2,710	\$ (686)
4. Net deferred tax assets/liabilities (2i-3c)	\$ 3,323	\$ (408)	\$ 3,731
5. The change in net deferred income taxes was comprised of the following:			
	(1)	(2)	(3)
Description	12/31/2017	12/31/2016	(Col 1-2) Change
(a) Total deferred tax assets	\$ 5,347	\$ 2,302	\$ 3,045
(b) Total deferred tax liabilities	2,024	2,710	(686)
(c) Net deferred tax asset	\$ 3,323	\$ (408)	\$ 3,731
(d) Statutory valuation allowance	-	-	-
(e) Net deferred tax assets/liabilities	\$ 3,323	\$ (408)	\$ 3,731
(f) Tax effect of unrealized (gains)/losses			-
(g) Prior period adjustment			-
(h) Change in net deferred income tax			\$ 3,731

NOTES TO FINANCIAL STATEMENTS

- D. The provision for federal income taxes incurred for the current year is different from that which would be obtained by applying the statutory federal income tax rate of 35% to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @ 35%	Effective Tax Rate
(a) Income before taxes	\$ 65,605	\$ 22,962	35.0%
(b) Pre-tax capital gains - pre IMR	-	-	0.0%
(c) Dividends received deduction	-	-	0.0%
(d) Non-deductible expenses	(81)	(28)	0.0%
(e) Change in tax contingency reserves	-	-	0.0%
(f) IMR	-	-	0.0%
(g) Change in nonadmitted assets	(29)	(10)	0.0%
(h) Prior year over/under accrual	-	-	0.0%
(i) Change in federal income tax rate for deferred tax assets and liabilities	-	2,215	3.3%
(j) Change in statutory valuation allowance	-	-	0.0%
(k) Miscellaneous	-	(1)	0.0%
(l) Total statutory income taxes		<u>\$ 25,138</u>	<u>38.3%</u>
(m) Federal and foreign income taxes incurred		\$ 28,869	44.0%
(n) Change in net deferred income taxes		(3,731)	-5.7%
(o) Total statutory income taxes		<u>\$ 25,138</u>	<u>38.3%</u>

- E. (1) At December 31, 2017, the Company has no net operating loss carryforward.
- (2) At December 31, 2017, the Company has no capital loss carryforward.
- (3) The following are income tax expenses incurred from the periods after acquisition that are available for recoupment in the event of future net losses:

2017	\$26,542
2016	\$18,901

- F. (1) For the year ended December 31, 2017, the Company will file a stand-alone federal income tax return as an insurance company.

(1) Not applicable.

- G. As of December 31, 2017, there are no positions for which management believes it to be reasonably possible that total amounts of tax contingencies will significantly increase or decrease within 12 months of the reporting date.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. B. & C. On March 1, 2016, after receiving all required regulatory approvals, SLOC acquired substantially all of the U.S. employee benefits business of Assurant, Inc., including all of the issued and outstanding stock of the Company. The Company is a wholly owned direct subsidiary of SLOC and a wholly owned indirect subsidiary of Sun Life Financial Inc.
- D. The Company had \$0 and \$0 due to related parties at December 31, 2017 and 2016, respectively, under the terms of various management and service contracts which provide for cash settlements on a quarterly or more frequent basis. The Company had \$31,028 and \$63,734 due from related parties at December 31, 2017 and 2016, respectively.
- E. The Company has not entered into any guarantees or undertakings for the benefit of an affiliate, which will result in an actual contingent exposure of the Company’s assets to liability, other than insurance contracts, entered into in the ordinary course of business.
- F. Material management and service contracts and all cost sharing arrangements involving the Company and any related party are as follows:
- An administrative services agreement between the Company and SLOC, under which SLOC provides general administrative support services to the Company on a cost reimbursement basis. (Reference: GSA-98)
- An investment advisory agreement between the Company and Sun Life Institutional Investments (U.S.) LLC (formerly, Sun Capital Advisers LLC), under which Sun Life Institutional Investments (U.S.) LLC acts as investment manager for certain of the Company’s portfolios. (Reference: ISA-37)
- G. The Company is a wholly owned direct subsidiary of SLOC and a wholly owned indirect subsidiary of Sun Life Financial Inc.
- H. The Company does not own any shares of an upstream or intermediate parent, either directly or indirectly.
- I. The Company does not own any shares in an affiliate or other related entity.
- J. The Company did not recognize any impairment write-downs for its investments in subsidiary, controlled and affiliated (“SCA”) entities.
- K. The Company does not own any shares in foreign investments.

NOTES TO FINANCIAL STATEMENTS

- L. The Company does not have any investments in downstream non-insurance holding companies.
- M. The Company has no investments in non-insurance SCA entities.
- N. The Company has no investments in insurance SCA entities.

11. Debt

- A. The Company had no debt obligations during the statement year.
- B. The Company had no borrowing agreements through the Federal Home Loan Bank.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.-D. Defined Benefit Plans

The Company does not have any Defined Benefit Plans.

E. Defined Contribution Plans

The Company participates in the Sun Advantage Savings and Investment Plan, sponsored by Sun Life Services, that qualifies under Section 401(k) of the Internal Revenue Code (the "401(k) Plan") and includes a retirement investment account feature that qualifies under Section 401(a) of the Internal Revenue Code (the "RIA"). Income and expenses under the 401(k) Plan and the RIA are allocated to participating companies pursuant to approved inter-company agreements. The (income) and expenses allocated to the Company under the 401(k) plan and the RIA for the years ended December 31, 2017 and 2016 were \$(1,370) and \$117, respectively.

F. Multiemployer Plans

The Company does not participate in any multiemployer plans.

G. Consolidated/Holding Company Plans

Not applicable.

H. Postemployment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits

The Company has not experienced any impact due to the Medicare Modernization Act.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company is authorized to issue 5,000 shares of common stock, \$10.00 par value per share. 600 shares were issued and outstanding as of December 31, 2017.
- (2) The Company has no preferred stock outstanding.
- (3) The State of New Mexico has enacted laws governing the payment of dividends to stockholders by domestic insurers. Pursuant to New Mexico's laws, the Company may pay a shareholder dividend only from its earned surplus. In addition, the maximum amount of dividends and distributions that the Company may pay in any twelve month period without the prior approval of the Superintendent of Insurance is limited to the lesser of: (i) 10% of the Company's surplus as regards policyholders as of the most recent December 31; or (ii) the Company's net income, not including realized capital gains, for the preceding calendar year.
- (4) There were no dividends paid during the statement year.
- (5) Within the limitations of 13(3) above and applicable state corporate law, there are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to its stockholders.
- (6) Under New Mexico law, the Company is required to maintain statutory reserve amounting to 2% of prepaid charges collected from members for the plan, until such reserve totals \$500,000. In accordance with the law, the Company maintained a reserve of \$500,000 at December 31, 2017, which has been reported as a restricted component of capital and surplus in the accompanying financial statements.
- (7) The Company does not have any advances to surplus.
- (8) The Company does not hold any preferred stock, employee stock options or stock purchase warrants.
- (9) The Company holds a special surplus fund of \$815 related to the Federal Affordable Care Act (ACA).
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and (losses) excluding deferred tax was \$0 at December 31, 2017.
- (11) The Company did not issue any surplus debenture or similar obligations during the periods covered by this statement.
- (12) The Company did not participate in any quasi reorganization during the statement year.

NOTES TO FINANCIAL STATEMENTS

(13) The Company has not participated in any quasi reorganization in the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company did not have any material contingent liabilities or guarantees for the statement year.

B. Assessments

The Company has not been notified of any insolvency that will result in a guaranty fund assessment against the Company at some future date.

The Company has not established an asset for premium tax credits or policy surcharges, as the amount of recoveries is unknown and cannot be reasonably estimated.

C. Gain Contingencies

The Company did not have any gain contingencies for the statement year.

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming From Lawsuits

The Company did not have claims-related extra contractual obligation or bad faith losses stemming from lawsuits for the statement year.

E. Joint and Several Liabilities

The Company did not have any joint and several liabilities for the statement year.

F. All Other Contingencies

Occasionally, in the ordinary course of its business, the Company may be threatened with litigation or be a party to it. While it is not possible to predict when such threats or litigation may arise, or the outcome of them, management believes, based upon currently available information, that there are no pending matters that, when ultimately resolved, would be materially adverse to the Company's financial position, results of operations or cash flows.

In the normal course of its business, the Company enters into agreements that include indemnities in favor of third parties, such as contracts with advisors and consultants, outsourcing agreements, underwriting and agency agreements, information technology agreements, distribution agreements, and service agreements. The Company has also agreed to indemnify its directors and certain of its officers and employees in accordance with the Company's by-laws. The Company believes that any potential liability under these agreements is neither probable nor estimable; therefore, the Company has not recorded any associated liability.

15. Leases

A. Lessee Leasing Arrangements

The Company has no lease commitments.

B. Lessor Leasing Arrangements

The Company did not participate in any lessor leasing arrangements or hold any leveraged leases during the statement year.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

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

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

A. Transfer of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

The Company had no wash sales for the statement year.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

The Company does not administer ASO business.

NOTES TO FINANCIAL STATEMENTS

B. Administrative Services Contract (ASC) Plans

The Company does not administer ASC business.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The Company does not administer any Medicare or similarly structured cost based reimbursement contracts.

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

The Company did not have direct written premium generated through managing general agents or third party administrator during the statement year.

20. Fair Value Measurements

A. Assets Measured at Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Company uses various methods including market, income and cost approaches. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

- (1) The Company transfers assets into or out of levels at the fair value as of the beginning of the reporting period. Transfers made are the result of changes in the level of observability of inputs used to price assets as well as changes in NAIC ratings. No transfers between levels 1 and 2 have occurred for the year ended December 31, 2017.

The Company did not hold assets measured at fair value at December 31, 2017.

- (2) There were no assets measured at fair value that are categorized as level 3 for the year ended December 31, 2017. See Note 20(A)(1) for a description of the Company's policy related to transfers between levels.
- (3) The Company had no transfers into or out of level 3 during the statement year. See Note 20(A)(1) for a description of the Company's policy related to transfers between levels.
- (4) The Company has categorized the fair value of its financial instruments into a three-level hierarchy based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument.

Financial assets and liabilities recorded at fair value in the Company's balance sheet are categorized as follows:

Level 1 - Unadjusted quoted prices for identical assets or liabilities in an active market. The types of assets and liabilities utilizing Level 1 valuations include U.S. Treasury and agency securities and investments in publicly-traded mutual funds with quoted market prices.

Level 2 - Quoted prices in markets that are not active or significant inputs that are observable either directly or indirectly. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in non-active markets,
- Inputs other than quoted market prices that are observable, and
- Inputs that are derived principally from or corroborated by observable market data through correlation or other means.

The types of assets and liabilities utilizing Level 2 valuations generally include U.S. Government securities not backed by the full faith and credit of the U.S. Government, municipal bonds, structured notes and certain asset-backed securities ("ABS") including collateralized debt obligations, residential mortgage-backed securities ("RMBS"), commercial mortgage-backed securities ("CMBS"), certain corporate debt and certain private equity investments.

Level 3 - Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. They reflect management's opinions regarding the assumptions a market participant would use in pricing the asset or liability. Generally, the types of assets and liabilities utilizing Level 3 valuations are certain ABS, RMBS, and CMBS, certain corporate debt, certain private equity investments and certain mutual fund holdings and certain derivatives.

There have been no significant changes made in valuation techniques for the statement period.

- (5) The Company does not hold derivative instruments

B. Presentation of Fair Value Information

The Company has combined fair value disclosure requirements from other accounting pronouncements within Note 20.

NOTES TO FINANCIAL STATEMENTS

C. Aggregate Fair Value of all Financial Instruments

The following table presents the carrying amounts and estimated fair values of the Company's financial instruments as of December 31, 2017:

Type of financial instrument	Aggregate Fair Value	Carrying Value	Level 1
Financial assets:			
Debt securities	\$ 248,263	\$ 250,221	\$ 248,263
Equity securities	-	-	-
Cash, cash equivalents and short-term investments	2,344,789	2,344,789	2,344,789
Total financial assets	<u>\$ 2,593,052</u>	<u>\$ 2,595,010</u>	<u>\$ 2,593,052</u>

The Company did not have any Level 2 or Level 3 financial instruments.

The methods and assumptions that the Company uses in determining the estimated fair value of its financial instruments are summarized below:

Debt securities: The Company determines the fair value of its publicly-traded fixed maturity securities using three primary pricing methods: third-party pricing services, non-binding broker quotes and pricing models. Prices are first sought from third-party pricing services with the remaining unpriced securities priced using one of the other two methods. Third-party pricing services derive the security prices through recently reported trades for identical or similar securities with adjustments for trading volumes and market observable information through the reporting date. In the event that there are no recent market trades, pricing services and brokers may use pricing models to develop a security price based on future expected cash flows discounted at an estimated market rate using collateral performance and vintages. The Company generally does not adjust quotes or prices obtained from brokers or pricing services.

Equity securities: The fair value of the Company's equity securities is first based on quoted market prices. Similar to fixed maturity securities, the Company uses pricing services and broker quotes to price the equity securities for which the quoted market price is not available.

Cash, cash equivalents and short-term investments: The carrying value for cash, cash equivalents and short-term investments approximates fair value due to the short-term nature and liquidity of the balances.

D. Not Practicable to Estimate Fair Value

The Company held no financial instruments where it was not practicable to estimate fair value.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items to disclose during the statement year.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring for debtors during the statement year.

C. Other Disclosures

The Company did not have any other disclosures during the statement year.

D. Business Interruption Insurance Recoveries

The Company did not receive any business interruption insurance recoveries during the statement year.

E. State Transferable and Non-Transferable Tax Credits

The Company does not have any state transferable or non-transferable tax credits.

F. Sub-prime Mortgage Related Risk Exposure

The Company did not have any direct or indirect exposure to residential sub-prime mortgages for the statement year.

G. Retained Assets

The Company does not have retained asset accounts for beneficiaries.

22. Events Subsequent

Risk Sharing Provisions of the Affordable Care Act

In 2018, the Company will be subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA), as the moratorium placed on ACA fees for the 2017 calendar year by the United States Congress has been lifted. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA Assessment, expects to conduct health insurance business in

NOTES TO FINANCIAL STATEMENTS

2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$815. This amount is reflected in special surplus. This assessment is not expected to impact the ACL risk based capital (RBC) ratio. Reporting the ACA Assessment as of December 31, 2017 would not have triggered an RBC action level.

	<u>Current Year</u>		<u>Prior Year</u>	
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes		Yes	
B. ACA fee assessment payable for the upcoming year	\$	815	\$	-
C. ACA fee assessment paid	\$	-	\$	3,797
D. Premium written subject to ACA 9010 assessment	\$	163,327	\$	-
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical, Line 14)	\$	2,538,562	\$	2,498,124
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical, Line 14 minus Line 22B above)	\$	2,537,747	\$	2,498,124
G. Authorized Control Level (Five-Year Historical, Line 15)	\$	26,762	\$	26,418
H. Would reporting the ACA assessment as of Dec. 31, 2017 triggered an RBC action level (YES/NO)?	No		No	

Subsequent events were evaluated through February 16, 2017. No additional subsequent events were noted.

23. Reinsurance

A. Ceded Reinsurance Report

Section I – General Interrogatories

(1) Are any of the reinsurers, listed on Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.

Not applicable.

b. What is the total amount of reinsurance credits taken whether as an asset or as a reduction of liability for these agreements in this statement?

Not applicable.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement data may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this

NOTES TO FINANCIAL STATEMENTS

statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

- B. Uncollectible Reinsurance

None.

- C. Commutation of Reinsurance Reflected in Income and Expenses

None.

- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A.-D. Retrospectively Rated Contracts Including Medical Loss Ratio Rebates

The Company has no retrospectively rated contracts.

- E. Risk Sharing Provisions of the Affordable Care Act

The Company did not write any accident and health insurance premium that was subject to the Affordable Care Act risk-sharing provisions.

25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves as of December 31, 2016 were \$2,563. As of December 31, 2017, \$0 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the dental care line of insurance. Therefore, there has been a \$2,563 favorable prior-year development since December 31, 2016 to December 31, 2017. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The Company did not experience any prior year loss development on retrospectively rated policies.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses during the statement year.

26. Intercompany Pooling Arrangements

The Company did not participate in any inter-company pooling arrangements during the statement year.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

The Company does not have pharmaceutical rebate receivables.

- B. Risk Sharing Receivables

The Company does not have risk sharing receivables.

29. Participating Policies

The Company does not have participating policies.

30. Premium Deficiency Reserves

- | | |
|---|------------------|
| 1. Liability carried for premium deficiency reserves | \$0 |
| 2. Date of the most recent evaluation of this liability | 12/31/2017 |
| 3. Was anticipated investment income utilized in the calculation? | Yes (X) No () |

NOTES TO FINANCIAL STATEMENTS

31. Anticipated Salvage and Subrogation

The Company does not have anticipated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☐ No ☐ N/A ☒
- 1.3

State Regulating?

New Mexico.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2016
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2016
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....12/15/2017
- 3.4

By what department or departments? New Mexico Office of the Superintendent of Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes ☐ No ☒
- 4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes ☐ No ☒
- 4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

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

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

- 6.1

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

Yes ☐ No ☒
- 6.2

If yes, give full information
- 7.1

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

Yes ☒ No ☐
- 7.2

If yes,
- 7.21

State the percentage of foreign control

.....100.0
- 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
Canada.....	Corporat ion.....
.....	
.....	
.....	
.....	

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 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 [☐]
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Bentall Kennedy (U.S.) Limited Partnership.....	Seattle, WA.....				YES.....
Sun Life Institutional Distributors (U.S.) LLC.....	San Francisco, CA.....				YES.....
Massachusetts Financial Services Company.....	Boston, MA.....				YES.....
MFS Fund Distributors, Inc.....	Boston, MA.....				YES.....
MFS Institutional Advisors, Inc.....	Boston, MA.....				YES.....
MFS Service Center, Inc.....	Quincy, MA.....				YES.....
Prime Advisors, Inc.....	Redmond, WA.....				YES.....
Ryan Labs Asset Management Inc.....	New York, NY.....				YES.....
Sun Life Institutional Investments (U.S.) LLC.....	Wellesley Hills, MA.....				YES.....
Sun Life Financial Distributors, Inc.....	Wellesley Hills, MA.....				YES.....

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte & Touche LLP, 200 Berkeley Street, Boston, MA 02116.....
- 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 [☒]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [☐] No [☒]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☒] No [☐] N/A [☐]
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Eric S. Vandenberg, FSA, MAAA, Appointed Actuary, 2323 Grand Boulevard, Kansas City, MO 64108.....
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒]

12.11

Name of real estate holding company

.....

12.12

Number of parcels involved

.....0

12.13

Total book/adjusted carrying value

\$.....
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐] No [☐]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☐]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☐]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒] 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 [☐]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s)

See footnote 14.21.....
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
			0

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 \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....31,028

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 [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [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 [] NA [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

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

210,185

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [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
State Street Bank and Trust Company.....	801 Pennsylvania Avenue, Kansas City, MO 64105.....

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
Sun Life Institutional Investments (U.S.) LLC.....	A.....
.....	
.....	

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109684.....	Sun Life Institutional Investments (U.S.) LLC.....		SEC.....	DS.....

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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001.		
29.2002.		
29.2999 TOTAL		0

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	250,221	248,263	(1,958)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	250,221	248,263	(1,958)

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

See Notes to Financial Statements, Note 20.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a.Documentation necessary to permit a full credit analysis of the security does not exist.
 - b.Issuer or obligor is current on all contracted interest and principal payments.
 - c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

- 34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$794
- 34.2 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
NAIC.....	\$.....235
NM Office of Superintendent of Insurance.....	\$.....400

- 35.1 Amount of payments for legal expenses, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
None.....	\$.....

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

1 Name	2 Amount Paid
None.....	\$.....

FN 14.21 - Effective December 18, 2017, the Company adopted a revised Sun Life Code of Business Conduct. The Code of Business Conduct is routinely reviewed and updated as necessary. Current updates include, but not limited to, clearer guidance with regard to client and employee focus, expectations of leaders and managers, avoidance of corruption and conflicts of interest, and promoting a strong risk framework.

FN 34, 35 & 36 - Payments made directly by the Company differ from expense amounts, which include allocations.

GENERAL INTERROGATORIES
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?

\$

1.31 Reason for excluding

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

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$163,327	\$	182,818
2.2	Premium Denominator	\$163,327	\$	182,818
2.3	Premium Ratio (2.1/2.2)	1.000		1.000
2.4	Reserve Numerator	\$12,318	\$	13,549
2.5	Reserve Denominator	\$12,318	\$	13,549
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]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

The Company operates as prepaid dental and does not retain claim risk.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [] No [X]

7.2 If no, give details

Not applicable as the Company operates as prepaid dental.

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....46

8.2 Number of providers at end of reporting year

.....53

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

.....32,665

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]
- 10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

New Mexico.....
- 11.4 If yes, show the amount required.

\$.....500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [X] No []
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of New Mexico.....
.....
.....
.....
.....
- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [X N/A []]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written (prior to reinsurance ceded)

\$.....

15.2 Total incurred claims

\$.....

15.3 Number of covered lives

.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,633,433	2,608,522	2,497,767	2,458,483	2,380,029
2. Total liabilities (Page 3, Line 24)	94,871	110,398	48,306	66,242	50,215
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	500,000
4. Total capital and surplus (Page 3, Line 33)	2,538,562	2,498,124	2,449,461	2,392,241	2,329,814
Income Statement (Page 4)					
5. Total revenues (Line 8)	165,145	184,216	222,212	251,488	259,063
6. Total medical and hospital expenses (Line 18)	71,625	81,613	93,838	107,252	114,093
7. Claims adjustment expenses (Line 20)	1,071	(1)	521	192	379
8. Total administrative expenses (Line 21)	30,549	36,660	39,173	46,219	51,275
9. Net underwriting gain (loss) (Line 24)	61,900	65,944	88,680	97,825	93,316
10. Net investment gain (loss) (Line 27)	3,705	6,511	1,710	2,496	2,768
11. Total other income (Lines 28 plus 29)	0	1	0	(150)	0
12. Net income or (loss) (Line 32)	36,736	46,537	56,528	64,707	66,076
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	18,498	116,762	41,174	84,316	69,963
Risk-Based Capital Analysis					
14. Total adjusted capital.....	2,538,562	2,498,124	2,449,461	2,392,241	2,329,814
15. Authorized control level risk-based capital.....	26,762	26,418	26,267	26,279	26,336
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,619	1,848	2,073	2,337	2,515
17. Total members months (Column 6, Line 7)	20,384	22,228	26,119	30,005	30,620
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)	43.4	44.3	42.2	42.6	44.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.6	0.0	0.2	0.0	0.1
22. Total underwriting deductions (Line 23)	62.5	64.2	60.1	61.1	64.0
23. Total underwriting gain (loss) (Line 24)	37.5	35.8	39.9	38.9	36.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	0	480	1	1
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,560	3,359	4,746	4,487	5,141
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	L	163,327						163,327	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	N							0	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....		XXX	163,327	0	0	0	0	0	163,327	0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							0	
61.	Total (Direct Business)	(a)	1	163,327	0	0	0	0	0	163,327	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page.....		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

(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.

Explanation of basis of allocation by states, premiums by state, etc. Premiums are assigned to the state based on the situs of contract.

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Sun Life Financial Inc. – List of Subsidiaries and Affiliated Entities
Schedule Y as of December 31, 2017

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
98-0226074	Sun Life Financial Inc. – United States Operations		
20-8998687	SL Finance 2007-1, Inc.	100%	Non-Insurer
98-0226074	Sun Life Financial Inc. – Foreign Operations		
	10458465 Canada Inc.	100%	Non-Insurer
	10458481 Canada Inc.	100%	Non-Insurer
	6324983 Canada Inc.	100%	Non-Insurer
	Sun Life Assurance Company of Canada (Barbados) Limited	100%	Insurer
	Sun Life Canadian Commercial Mortgage Fund	29.324%	Non-Insurer
	Sun Life Financial (Bermuda) Reinsurance Ltd.	100%	Insurer
	Sun Life of Canada International Assurance Limited	100%	Insurer
	Sun Life Private Fixed Income Plus Fund	4.794%	Non-Insurer
	Sun Life Global Investments Inc. – United States Operations	100%	Non-Insurer
	Sun Life 2007-1 Financing Corp.	100%	Non-Insurer
	Sun Life (Luxembourg) Finance No. 1 Sàrl	100%	Non-Insurer
04-3401283	Sun Life Assurance Company of Canada - U.S. Operations Holdings, Inc.	100%	Non-Insurer
	SL Investment 2007-1 ULC	100%	Non-Insurer
04-3526207	Sun Life Financial (Japan), Inc.	100%	Non-Insurer
04-3579262	Sun Life Financial (U.S.) Holdings, Inc.	100%	Non-Insurer
04-3574531	Sun Life Financial (U.S.) Finance, Inc.	100%	Non-Insurer
	Sun Life Financial (U.S.) Investments LLC	100%	Non-Insurer
81-3468348	Bentall Kennedy U.S. Strategic Value Fund, L.P.	99.99%	Non-Insurer
	SVF Latham Square Reit, LLC	100%	Non-Insurer
	SVF Latham Square Owner, LLC	100%	Non-Insurer
91-1435190	Prime Advisors, Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
47-3503928	Ryan Labs Asset Management Inc.	100%	Non-Insurer
	Ryan Labs Fund Management, LLC	100%	Non-Insurer
	Ryan Labs TIPS Partners, L.P.	100%	Non-Insurer
61-1723752	Sun Life Institutional Distributors (U.S.) LLC	100%	Non-Insurer
68-0635051	Sun Life Investment Management U.S., Inc.	100%	Non-Insurer
20-5270592	Bentall Kennedy (U.S.) G.P. LLC	100%	Non-Insurer
20-5300937	Bentall Kennedy (U.S.) Limited Partnership	0.01%	Non-Insurer
20-5300937	Bentall Kennedy (U.S.) Limited Partnership	99.99%	Non-Insurer
32-0466479	Bentall Kennedy Holdings LLC	100%	Non-Insurer
20-1641876	Rushmore Partners LLC	100%	Non-Insurer
30-0872552	NewTower Trust Company	100%	Non-Insurer
81-4733550	Bentall Kennedy Daily Value Fund GP, LLC	100%	Non-Insurer
	NewTower Management GP LLC	100%	Non-Insurer
	NewTower Management LLC	100%	Non-Insurer
81-3502546	Bentall Kennedy U.S. Strategic Value Fund GP, L.L.C.	100%	Non-Insurer
81-3468348	Bentall Kennedy U.S. Strategic Value Fund, L.P.	0.01%	Non-Insurer
	SVF Latham Square, LLC	100%	Non-Insurer
	SVF REIT Manager, LLC	100%	Non-Insurer
90-0925083	BKUS Institutional Logistics Coinvestment LLC	100%	Non-Insurer
27-0410086 (Series VI) 27-0410216 (Series VII) 27-0411285 (Series IX)	Kennedy Management Investors LLC	100%	Non-Insurer
04-3401285	Sun Life of Canada (U.S.) Financial Services Holdings, Inc.	99.908%	Non-Insurer
04-2747644	Massachusetts Financial Services Company	94.742%	Non-Insurer
	MFS Bermuda Holdings Ltd.	100%	Non-Insurer
	MFS Development Funds, LLC	100%	Non-Insurer
04-2747644	MFS Exchange LLC	100%	Non-Insurer
04-3169826	MFS Fund Distributors, Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.2

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
02-0507414	MFS Heritage Trust Company	100%	Non-Insurer
04-3247425	MFS Institutional Advisors, Inc.	100%	Non-Insurer
	3060097 Nova Scotia Company	100%	Non-Insurer
	MFS Investment Management Canada Limited	100%	Non-Insurer
	MFS International Ltd.	100%	Non-Insurer
	MFS do Brasil Desenvolvimento de Mercado Ltda.	100%	Non-Insurer
	MFS International (Chile) SpA	100%	Non-Insurer
	MFS International (Hong Kong) Limited	100%	Non-Insurer
	MFS International Holdings Pty Ltd	100%	Non-Insurer
	MFS Financial Management Consulting (Shanghai) Co., Ltd.	100%	Non-Insurer
	MFS International (U.K.) Limited	100%	Non-Insurer
	MFS International Switzerland GmbH	100%	Non-Insurer
	MFS International Australia Pty Ltd	100%	Non-Insurer
	MFS International Singapore Pte. Ltd.	100%	Non-Insurer
	MFS Investment Management Company (LUX) S.à.r.l.	100%	Non-Insurer
	MFS Investment Management K.K.	100%	Non-Insurer
04-2864897	MFS Service Center, Inc.	100%	Non-Insurer
04-3365782	Sun Life of Canada (U.S.) Holdings, Inc.	100%	Non-Insurer
01-0483086	Disability Reinsurance Management Services, Inc.	100%	Non-Insurer
61-0403075 64602 DE	Independence Life and Annuity Company	100%	Insurer
46-1499557 15325 DE	Sun Life Financial (U.S.) Reinsurance Company II	100%	Insurer
59-0411385 68047 TX	Professional Insurance Company	100%	Insurer
04-3292937	Sun Canada Financial Co.	100%	Non-Insurer
06-1435452	Sun Life Administrators (U.S.), Inc.	100%	Non-Insurer
	Sun Life Financial (U.S.) Delaware Finance, LLC	100%	Non-Insurer
26-1292779 13051 VT	Sun Life Financial (U.S.) Reinsurance Company	100%	Insurer
26-3730703	Sun Life Financial (U.S.) Services Company, Inc.	100%	Non-Insurer
41-1694906	The Premier Dental Group, Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.3

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
20-1750874	Landmark Dental Alliance, Inc.	100%	Non-Insurer
20-5189428	Vuzion, Inc.	100%	Non-Insurer
04-2470476	Sun Life Financial Distributors, Inc.	100%	Non-Insurer
04-3132283	Sun Life Institutional Investments (U.S.) LLC	100%	Non-Insurer
	Sun Life Global Investments Inc. – Foreign Operations	100%	Non-Insurer
	BK Canada Holdings Inc.	100%	Non-Insurer
	Bentall Kennedy (Canada) G.P. Ltd.	100%	Non-Insurer
	Bentall Kennedy (Canada) Limited Partnership	0.01%	Non-Insurer
	Bentall Kennedy (Canada) Limited Partnership	99.99%	Non-Insurer
	0936543 BC Ltd.	100%	Non-Insurer
	550 Burrard Street Ltd.	100%	Non-Insurer
	10 Dundas Street Ltd.	100%	Non-Insurer
	1090 Pender Properties Ltd.	100%	Non-Insurer
	121 King Street West Ltd.	100%	Non-Insurer
	1600 Rene-Levesque Ltd.	100%	Non-Insurer
	1687 Cliveden Avenue Holdings Ltd.	100%	Non-Insurer
	2025 Willingdon Avenue Holdings Ltd.	100%	Non-Insurer
	715-725 Eaton Way Holdings Ltd.	100%	Non-Insurer
	787 Cliveden Place Holdings Ltd.	100%	Non-Insurer
	8400 River Road Holdings Ltd.	100%	Non-Insurer
	Bentall Kennedy Holdings (Canada) Ltd.	100%	Non-Insurer
	Bentall Kennedy Holdings (U.S.) Inc.	100%	Non-Insurer
	Bentall Kennedy Luxembourg Holdings Ltd.	100%	Non-Insurer
	Bentall Kennedy (Luxembourg) G.P. Sarl	100%	Non-Insurer
	Bentall Kennedy Prime Canadian Property Fund GP Inc.	100%	Non-Insurer
	Bentall Kennedy Prime Canadian Property Pool GP Inc.	100%	Non-Insurer
	Bentall Property Fund VI General Partner Inc.	100%	Non-Insurer
	Bentall Property Fund VI Holdings Inc.	100%	Non-Insurer
	Bentall Property Services (Ontario) Ltd.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.4

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	BK Prime False Creek Residences Holdings Ltd.	100%	Non-Insurer
	BK Prime GP Holdco Inc.	100%	Non-Insurer
	10 Ronrose Drive GP Inc.	100%	Non-Insurer
	121 King Street West I GP Inc.	100%	Non-Insurer
	121 King Street West II GP Inc.	100%	Non-Insurer
	121 King Street West III GP Inc.	100%	Non-Insurer
	13th Avenue SE GP Inc.	100%	Non-Insurer
	13th Avenue SW GP Inc.	100%	Non-Insurer
	1600 Rene-Levesque GP Inc.	100%	Non-Insurer
	1642 Merivale Road GP Inc.	100%	Non-Insurer
	18 Parkshore Drive GP Inc.	100%	Non-Insurer
	1855 and 1875 Buckhorn Gate GP Inc.	100%	Non-Insurer
	2-8 St. Thomas Street GP Inc.	100%	Non-Insurer
	2-8 St. Thomas Holdings Inc.	50%	Non-Insurer
	290-300 King George Road GP Inc.	100%	Non-Insurer
	5100 Spectrum Way GP Inc.	100%	Non-Insurer
	52nd Street Business Centre GP Inc.	100%	Non-Insurer
	550 Burrard I GP Inc.	100%	Non-Insurer
	550 Burrard II GP Inc.	100%	Non-Insurer
	5825 Explorer Drive GP Inc.	100%	Non-Insurer
	5875 Explorer Drive GP Inc.	100%	Non-Insurer
	77 Metcalfe Street II GP Inc.	100%	Non-Insurer
	Airport 407 Business Campus GP Inc.	100%	Non-Insurer
	BK Prime Alberta I GP Inc.	100%	Non-Insurer
	BK Prime British Columbia I GP Inc.	100%	Non-Insurer
	BK Prime False Creek Residences GP Inc.	100%	Non-Insurer
	BK Prime Foothills North GP Inc.	100%	Non-Insurer
	BK Prime Kelowna Property Holdings GP Inc.	100%	Non-Insurer
	BK Prime Ontario I GP Inc.	100%	Non-Insurer
	1467 Bathurst Holdings Inc.	50%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.5

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	BK Prime Quebec I GP Inc.	100%	Non-Insurer
	600 de Maisonneuve Ltée/600 de Maisonneuve Ltd.	100%	Non-Insurer
	7277733 Canada Inc.	50%	Non-Insurer
	Capilano Business Park II GP Inc.	100%	Non-Insurer
	CareLife Fleetwood GP Inc.	100%	Non-Insurer
	CareLife Maple Ridge GP Inc.	100%	Non-Insurer
	Champlain Square GP Inc.	100%	Non-Insurer
	Churchill 403 Business Campus GP Inc.	100%	Non-Insurer
	Dalhousie Station GP Inc.	100%	Non-Insurer
	Eastgate Square GP Inc.	100%	Non-Insurer
	Gateway Business Campus GP Inc.	100%	Non-Insurer
	H Business Park (A&B) GP Inc.	100%	Non-Insurer
	H Business Park (G&H) GP Inc.	100%	Non-Insurer
	Hazeldean Mall GP Inc.	100%	Non-Insurer
	Hillside Centre I GP Inc.	100%	Non-Insurer
	Hillside Centre II GP Inc.	100%	Non-Insurer
	Lakeshore Streetfront Retail Properties GP Inc.	100%	Non-Insurer
	Lakeshore Streetfront Retail Properties II GP Inc.	100%	Non-Insurer
	Milton Mall GP Inc.	100%	Non-Insurer
	Milton Mall II GP Inc.	100%	Non-Insurer
	Mission Hill GP Inc.	100%	Non-Insurer
	PCDL (St-Laurent Portfolio) GP Inc.	100%	Non-Insurer
	Pearson Corporate Centre GP Inc.	100%	Non-Insurer
	Peterborough Retail Portfolio GP Inc.	100%	Non-Insurer
	PG Village Shopping Centre GP Inc.	100%	Non-Insurer
	Precidio Court and Corporation Drive GP Inc.	100%	Non-Insurer
	Viceroy Road Portfolio GP Inc.	100%	Non-Insurer
	West Pender I GP Inc.	100%	Non-Insurer
	West Pender II GP Inc.	100%	Non-Insurer
	West Pender III GP Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.6

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Westpen 10 Dundas GP Inc.	100%	Non-Insurer
	Westpen 10201 Jasper Avenue GP Inc.	100%	Non-Insurer
	Westpen 10303 Jasper Avenue GP Inc.	100%	Non-Insurer
	Westpen North Hill GP Inc.	100%	Non-Insurer
	White Oaks Mall I GP Inc.	100%	Non-Insurer
	White Oaks Mall II GP Inc.	100%	Non-Insurer
	WO Mall GP Inc.	100%	Non-Insurer
	West Oaks Mall Ltd.	50%	Non-Insurer
	Yellowhead Crossing I GP Inc.	100%	Non-Insurer
	Yellowhead Crossing II GP Inc.	100%	Non-Insurer
	Yellowhead Crossing Development Ltd.	50%	Non-Insurer
	Yellowhead Crossing III GP Inc.	100%	Non-Insurer
	Yellowhead Crossing Development Ltd.	50%	Non-Insurer
	BKC Capital Inc.	100%	Non-Insurer
	BKCB Services Ltd.	100%	Non-Insurer
	BKCG Services Ltd.	100%	Non-Insurer
	BKCP Residential G.P. LTD.	100%	Non-Insurer
	BKCP Residential Limited Partnership	0.01%	Non-Insurer
	BKCP Residential Limited Partnership	99.99%	Non-Insurer
	BKCP Retail G.P. LTD.	100%	Non-Insurer
	BKCP Retail Limited Partnership	0.01%	Non-Insurer
	BKCP Retail Limited Partnership	99.99%	Non-Insurer
	BKCP SS G.P. LTD.	100%	Non-Insurer
	BKCP SS Limited Partnership	0.01%	Non-Insurer
	BKCP SS Limited Partnership	99.99%	Non-Insurer
	BKHY Fund I GP Inc.	100%	Non-Insurer
	BKHY Fund I GP Limited Partnership	0.01%	Non-Insurer
	BKHY Fund I GP Limited Partnership	99.99%	Non-Insurer
	Bentall Kennedy High Yield Canadian Property Fund I Limited Partnership	0.001%	Non-Insurer
	Capilano Business Park Holdings Ltd.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.7

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Doyle Avenue Holdings Ltd.	100%	Non-Insurer
	High Plains Boulevard Holdings Ltd.	100%	Non-Insurer
	Hillside Centre Holdings Inc.	100%	Non-Insurer
	P&T Shopping Centre Holdings Ltd.	100%	Non-Insurer
	Parkgate Village Holdings Ltd.	100%	Non-Insurer
	Penreal Property Fund V Holdings Inc.	100%	Non-Insurer
	Penreal Property Fund V General Partner Inc.	100%	Non-Insurer
	PenRetail Management Limited Partnership	99.99%	Non-Insurer
	PenRetail Management Ltd.	100%	Non-Insurer
	PenRetail Management Limited Partnership	0.01%	Non-Insurer
	SynchroSERV Inc.	100%	Non-Insurer
	SynchroSERV Limited Partnership	0.01%	Non-Insurer
	SynchroSERV Limited Partnership	99.99%	Non-Insurer
	Ten 201 Jasper Avenue Ltd.	100%	Non-Insurer
	Ten 303 Jasper Avenue Ltd.	100%	Non-Insurer
	White Oaks Mall Holdings Ltd.	100%	Non-Insurer
	Sun Life Global Investments (Canada) Inc.	100%	Non-Insurer
	Sun Life Institutional Investments (Canada) Inc.	100%	Non-Insurer
	Sun Life Canadian Commercial Mortgage GP Inc.	100%	Non-Insurer
	Sun Life Canadian Commercial Mortgage Fund	0.01%	Non-Insurer
	Sun Life Core FI GP Inc.	100%	Non-Insurer
	Sun Life Core Fixed Income Fund	0.01%	Non-Insurer
	Sun Life Long Term Core FI GP Inc.	100%	Non-Insurer
	Sun Life Long Term Core Fixed Income Fund	0.01%	Non-Insurer
	Sun Life Long Term PFIP GP Inc.	100%	Non-Insurer
	Sun Life PFIP GP Inc.	100%	Non-Insurer
	Sun Life Private Fixed Income Plus Fund	0.01%	Non-Insurer
	Sun Life Short Term PFIP GP Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.8

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
38-1082080 80802 (CN)	Sun Life Assurance Company of Canada (including the United States Branch) – United States Operations	100%	Insurer
13-3830846	Dental Health Alliance, LLC	100%	Non-Insurer
59-3063687	Denticare of Alabama, Inc.	100%	Insurer
95-6092426	Fairview Water Company	55%	Non-Insurer
26-4183712	SL Investment US-RE Holdings 2009-1, Inc.	100%	Non-Insurer
	Sun 521 Morehead, LLC	100%	Non-Insurer
	Morehead Parking Facility, LLC	50%	Non-Insurer
06-0893662 80926 CT	Sun Life and Health Insurance Company (U.S.)	100%	Insurer
	Sun Life Financial International Holdings (MC), LLC	100%	Non-Insurer
	Sun MetroNorth, LLC	100%	Non-Insurer
45-2424030	Solidify Software, LLC	100%	Non-Insurer
33-0360239	UDC Dental California, Inc.	100%	Insurer
74-2609036 52022 OH	UDC Ohio, Inc.	100%	Insurer
58-1099945	Union Security DentalCare of Georgia, Inc.	100%	Insurer
52-1565653 11244 NJ	Union Security DentalCare of New Jersey, Inc.	100%	Insurer
86-0517444 47708 AZ	United Dental Care of Arizona, Inc.	100%	Insurer
86-0631335 52032 CO	United Dental Care of Colorado, Inc.	100%	Insurer
38-2833988 11111 MI	United Dental Care of Michigan, Inc.	100%	Insurer
75-2481527 47044 MO	United Dental Care of Missouri, Inc.	100%	Insurer
86-0384270 47042 NM	United Dental Care of New Mexico, Inc.	100%	Insurer
75-2076282 95142 TX	United Dental Care of Texas, Inc.	100%	Insurer
75-2635404 95450 UT	United Dental Care of Utah, Inc.	100%	Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.9

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
38-1082080 80802 (CN)	Sun Life Assurance Company of Canada – Foreign Operations	100%	Insurer
	6965083 Canada Inc.	100%	Non-Insurer
	7037457 Canada Inc.	100%	Non-Insurer
	7647913 Canada Inc.	100%	Non-Insurer
	7647930 Canada Inc.	100%	Non-Insurer
	Annemasse Boisbriand Holdings L.P.	1%	Non-Insurer
	8744831 Canada Inc.	100%	Non-Insurer
	SLCRE Top GP Inc.	100%	Non-Insurer
	90 Harbour Limited Partnership	30%	Non-Insurer
	One York Street Inc.	100%	Non-Insurer
	901 King West Nominee Inc.	50%	Non-Insurer
	Annemasse Boisbriand Holdings L.P.	99%	Non-Insurer
	Faubourg Boisbriand Shopping Centre G.P. Inc.	50%	Non-Insurer
	Faubourg Boisbriand Shopping Centre L.P.	49.999%	Non-Insurer
	Faubourg Boisbriand Shopping Centre Holdings Inc.	100%	Non-Insurer
	Bentall Kennedy High Yield Canadian Property Fund I Limited Partnership	30.82%	Non-Insurer
	BestServe Financial Limited	100%	Non-Insurer
	Canadian Environmental Energy Corporation	32.22%	Non-Insurer
	Chapais Electrique Limitée	100%	Non-Insurer
	Country Lane Enterprises Ltd.	100%	Non-Insurer
	Crescent Asia Limited	25%	Non-Insurer
	Global Online Financial Solutions Limited	100%	Non-Insurer
	Lifestyle Project Management Pte. Ltd.	100%	Non-Insurer
	Lifestyle Project Management Vietnam Company Limited	100%	Non-Insurer
	Hullmark Sun Life (100 Broadview) LP	50%	Non-Insurer
	Hullmark Sun Life (100 Broadview) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (340 Dufferin) LP	50%	Non-Insurer
	Hullmark Sun Life (360 Dufferin) LP	50%	Non-Insurer
	Hullmark Sun Life (376 Dufferin) LP	50%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.10

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Hullmark Sun Life (545 King) LP	50%	Non-Insurer
	Hullmark Sun Life (545 King) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (619 Queen) LP	50%	Non-Insurer
	Hullmark Sun Life (619 Queen) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (Atlantic) LP	50%	Non-Insurer
	Hullmark Sun Life (Atlantic) Ltd.	50%	Non-Insurer
	Mississauga Executive Enterprises Limited	50%	Non-Insurer
	PT. Cakrawala Solusi Lintas	47.24%	Insurer
	PT. Sun Life Financial Indonesia	97.61%	Insurer
	PT. Sun Life Indonesia Services	100%	Non-Insurer
	PT. Cakrawala Solusi Lintas	52.76%	Insurer
	PT. Sun Life Financial Indonesia	2.39%	Insurer
	PVS Preferred Vision Services Inc.	40%	Non-Insurer
	SECLON Inc.	30%	Non-Insurer
	seclonLogic Inc.	30%	Non-Insurer
	SLF of Canada UK Limited	100%	Non-Insurer
	Sun Life Assurance Company of Canada (U.K.) Limited	100%	Insurer
	Barnwood Properties Limited	100%	Non-Insurer
	Sun Life of Canada UK Holdings Limited	100%	Non-Insurer
	Laurtrust Limited	100%	Non-Insurer
	SLFC Assurance (UK) Limited	100%	Non-Insurer
	SLFC Services Company (UK) Limited	100%	Non-Insurer
	Southpointe Common Corp.	33.33%	Non-Insurer
	Southpointe Plaza Inc.	33.33%	Non-Insurer
	Sun Life (India) AMC Investments Inc.	100%	Non-Insurer
	Aditya Birla Sun Life AMC Limited	49%	Non-Insurer
	Aditya Birla Sun Life AMC (Mauritius) Limited	100%	Non-Insurer
	Aditya Birla Sun Life Asset Management Company Ltd.	100%	Non-Insurer
	Aditya Birla Sun Life Asset Management Company Pte. Ltd.	100%	Non-Insurer
	India Advantage Fund Limited	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.11

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Aditya Birla Sun Life Trustee Private Limited	49%	Non-Insurer
	Sun Life (India) Distribution Investments Inc.	100%	Non-Insurer
	Sun Life (Luxembourg) Finance No. 2 Sàrl	100%	Non-Insurer
	Sun Life Canadian Commercial Mortgage Fund	70.666%	Non-Insurer
	Sun Life Canadian RE GP Inc.	100%	Non-Insurer
	Sun Life Canadian Real Estate Fund	0.01%	Non-Insurer
	Sun Life Canadian Real Estate Fund	99.99%	Non-Insurer
	8750840 Canada Inc.	100%	Non-Insurer
	Sun Life Capital Trust	100%	Non-Insurer
	Sun Life Capital Trust II	100%	Non-Insurer
	Sun Life Core Fixed Income Fund	99.99%	Non-Insurer
	Sun Life Everbright Life Insurance Company Limited	24.99%	Insurer
	Sun Life Everbright Asset Management Co., Ltd.	99%	Non-Insurer
	Sun Life Financial (India) Insurance Investments Inc.	100%	Non-Insurer
	Aditya Birla Sun Life Insurance Company Limited	49%	Insurer
	Aditya Birla Sun Life Pension Management Limited	100%	Non-Insurer
	Sun Life Financial Advisory Inc.	100%	Non-Insurer
	Sun Life Financial Asia Services Limited	100%	Non-Insurer
	Sun Life Financial Distributors (Bermuda) Ltd.	100%	Non-Insurer
	Sun Life Financial Distributors (Canada) Inc.	100%	Non-Insurer
	Sun Life Financial Investment Services (Canada) Inc.	100%	Non-Insurer
	Sun Life Financial Investments (Bermuda) Ltd.	100%	Non-Insurer
	Sun Life Financial of Canada (U.K.) Overseas Investments Limited	100%	Non-Insurer
	Sun Life of Canada (Netherlands) B.V.	50%	Non-Insurer
	Sun Life Financial Philippine Holding Company, Inc.	100%	Non-Insurer
	Sun Life Grepa Financial, Inc.	49%	Insurer
	Great Life Financial Assurance Corporation	100%	Insurer
	Grepa Realty Holdings Corporation	51%	Non-Insurer
	Grepalife Asset Management Corporation	100%	Non-Insurer
	Grepalife Balanced Fund Corporation	65.53%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.12

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Sun Life of Canada (Philippines), Inc.	100%	Insurer
	Sun Life Asset Management Company, Inc.	100%	Non-Insurer
	DECA Homebuilder Fund, Inc.	100%	Non-Insurer
	Sun Life Prosperity Dollar Starter Fund, Inc.	63.65%	Non-Insurer
	Sun Life Prosperity Dollar Wellspring Fund, Inc.	37.27%	Non-Insurer
	Sun Life Prosperity Philippine Stock Index Fund, Inc.	26.29%	Non-Insurer
	Sun Life Prosperity World Voyager Fund, Inc.	25.99%	Non-Insurer
	Sun Life Financial Plans, Inc.	100%	Non-Insurer
	Sun Life Prosperity Dynamic Fund, Inc.	23.26%	Non-Insurer
	Sun Life Financial Trust Inc.	100%	Non-Insurer
	Sun Life Hong Kong Limited	100%	Insurer
	Sun Life Asset Management (HK) Limited	100%	Non-Insurer
	Sun Life Financial Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Pension Trust Limited	20%	Non-Insurer
	Sun Life Hong Kong Services Limited	100%	Non-Insurer
	Sun Life Pension Trust Limited	20%	Non-Insurer
	Sun Life Investment Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Pension Trust Limited	20%	Non-Insurer
	Sun Life Management Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Pension Trust Limited	20%	Non-Insurer
	Sun Life Pension Trust Limited	20%	Non-Insurer
	Sun Life Trustee Company Limited	100%	Non-Insurer
	Sun Life India Service Centre Private Limited	100%	Non-Insurer
	Sun Life Information Services Canada, Inc.	100%	Non-Insurer
	Sun Life Information Services Ireland Limited	100%	Non-Insurer
	Sun Life Insurance (Canada) Limited	100%	Insurer
	SLI General Partner Limited	100%	Non-Insurer
	SLI Investments LP	0.1%	Non-Insurer
	SLI Investments LP	99.9%	Non-Insurer
	6425411 Canada Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Sun Life Investments LLC	100%	Non-Insurer
	Sun Life Long Term Core Fixed Income Fund	99.99%	Non-Insurer
	Sun Life Malaysia Assurance Berhad	49%	Insurer
	Sun Life Malaysia Takaful Berhad	49%	Insurer
	Sun Life of Canada (Netherlands) B.V.	50%	Non-Insurer
	Sun Life Private Fixed Income Plus Fund	12.839%	Non-Insurer
	Sun Life Vietnam Insurance Company Limited	100%	Insurer

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