

ANNUAL STATEMENT

OF THE

Willamette Dental of Idaho, Inc.

of **Boise**
in the state of **Idaho**

TO THE

Insurance Department

OF THE

Idaho

FOR THE YEAR ENDED

December 31, 2024

HEALTH

2024



95819202420100100

ANNUAL STATEMENT

For the Year Ended December 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Willamette Dental of Idaho Inc.

NAIC Group Code

3503

3503

NAIC Company Code

95819

Employer's ID Number

93-1253100

Organized under the Laws of

Idaho

State of Domicile or Port of Entry

ID

Country of Domicile

US

Licensed as business type:

Life, Accident & Health

[]

Property/Casualty

[]

Hospital, Medical & Dental Service or Indemnity

[]

Dental Service Corporation

[X]

Vision Service Corporation

[]

Health Maintenance Organization

[]

Other

[]

Is HMO Federally Qualified?

Yes [] No [X]

Incorporated/Organized

July 22, 1998

Commenced Business

October 4, 1999

Statutory Home Office

8950 W. Emerald Street Suite 108

Boise, ID, US

83704

Main Administrative Office

6950 NE Campus Way

Hillsboro, OR, US

97124-5611

503-952-2000

Mail Address

6950 NE Campus Way

Hillsboro, OR, US

97124-5611

Primary Location of Books and Records

6950 NE Campus Way

Hillsboro, OR, US

97124-5611

503-952-2000

Internet Web Site Address

www.willamettedental.com

Statutory Statement Contact

Elena Blaga

503-952-2355

eblaga@willamettedental.com

503-640-5324

OFFICERS

	Name	Title
1.	Eugene Constantine Skourtes D.M.D.	President
2.	Eugene Constantine Skourtes D.M.D.	Secretary
3.	Wee Yuen Chin	Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

Eugene Constantine Skourtes D.M.D.	Diane Rae Keys	Wendy Jo Tippetts	Jennifer Taylor
Wee Yuen Chin			

State of Oregon
County of Washington 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.

Eugene Constantine Skourtes D.M.D.

(Signature)

Eugene Constantine Skourtes D.M.D.

(Printed Name)

1.

President

(Title)

Eugene Constantine Skourtes D.M.D.

(Signature)

Eugene Constantine Skourtes D.M.D.

(Printed Name)

2.

Secretary

(Title)

Wee Yuen Chin

(Signature)

Wee Yuen Chin

(Printed Name)

3.

Treasurer

(Title)

Subscribed and sworn to (or affirmed) before me this on this 25th day of February, 2025, by
Lyssa Nicole Greene

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

1

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)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	52,137,152		52,137,152	46,625,922
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 2,008,823, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	2,008,823		2,008,823	1,870,715
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				1
12. Subtotals, cash and invested assets (Lines 1 to 11)	54,145,975		54,145,975	48,496,638
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	365,010		365,010	330,543
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	11,275		11,275	7,966
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	631,687		631,687	216,817
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	55,153,947		55,153,947	49,051,964
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	55,153,947		55,153,947	49,051,964

DETAILS OF WRITE-IN LINES				
1101. Rounding				1
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				1
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Services Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	365,144		365,144	263,138
9. General expenses due or accrued	30,618		30,618	25,299
10.1. Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	16,062		16,062	
10.2. Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	816		816	1,056
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified \$ (0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	(1)		(1)	(1)
24. Total liabilities (Lines 1 to 23)	412,639		412,639	289,492
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	174,482	174,482
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	3,215,594	3,215,594
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	51,351,232	45,372,396
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	54,741,308	48,762,472
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	55,153,947	49,051,964

DETAILS OF WRITE-IN LINES				
2301. Rounding		(1)	(1)	(1)
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		(1)	(1)	(1)
2501.		X X X	X X X	
2502.		X X X	X X X	
2503.		X X X	X X X	
2598. Summary of remaining write-ins for Line 25 from overflow page		X X X	X X X	
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		X X X	X X X	
3001.		X X X	X X X	
3002.		X X X	X X X	
3003.		X X X	X X X	
3098. Summary of remaining write-ins for Line 30 from overflow page		X X X	X X X	
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		X X X	X X X	

NONE

NONE

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	348,148	341,565
2. Net premium income (including \$ 0 non-health premium income)	X X X	14,810,298	13,604,008
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		(1)
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	14,810,298	13,604,007
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		13,374,198	12,285,388
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		13,374,198	12,285,388
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		13,374,198	12,285,388
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 0 cost containment expenses			
21. General administrative expenses		849,031	799,619
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		14,223,229	13,085,007
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	587,069	519,000
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	587,069	519,000
31. Federal and foreign income taxes incurred	X X X	119,463	114,663
32. Net income (loss) (Lines 30 minus 31)	X X X	467,606	404,337

DETAILS OF WRITE-IN LINES			
0601. Rounding	X X X		(1)
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X		(1)
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	48,762,472	43,549,833
34. Net income or (loss) from Line 32	467,606	404,337
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	5,511,230	4,808,301
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets		
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		1
48. Net change in capital and surplus (Lines 34 to 47)	5,978,836	5,212,639
49. Capital and surplus end of reporting year (Line 33 plus 48)	54,741,308	48,762,472

DETAILS OF WRITE-IN LINES		
4701. Rounding		1
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		1

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
1. Premiums collected net of reinsurance	14,877,837	13,520,889
2. Net investment income		
3. Miscellaneous income		
4. Total (Lines 1 through 3)	14,877,837	13,520,889
5. Benefit and loss related payments	13,374,198	12,285,388
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	843,712	802,444
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	103,401	114,663
10. Total (Lines 5 through 9)	14,321,311	13,202,495
11. Net cash from operations (Line 4 minus Line 10)	556,526	318,394
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(418,418)	(302,931)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(418,418)	(302,931)
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)	138,108	15,463
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,870,715	1,855,252
19.2 End of year (Line 18 plus Line 19.1)	2,008,823	1,870,715

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only							
1. Net premium income	14,810,298					14,810,298								
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$ 0 medical expenses)														X X X
4. Risk revenue														X X X
5. Aggregate write-ins for other health care related revenues														X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. Total revenues (Lines 1 to 6)	14,810,298					14,810,298								X X X
8. Hospital/medical benefits														X X X
9. Other professional services	13,374,198					13,374,198								X X X
10. Outside referrals														X X X
11. Emergency room and out-of-area														X X X
12. Prescription drugs														X X X
13. Aggregate write-ins for other hospital and medical														X X X
14. Incentive pool, withhold adjustments and bonus amounts														X X X
15. Subtotal (Lines 8 to 14)	13,374,198					13,374,198								X X X
16. Net reinsurance recoveries														X X X
17. Total hospital and medical (Lines 15 minus 16)	13,374,198					13,374,198								X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$ 0 cost containment expenses														
20. General administrative expenses	849,031					849,031								
21. Increase in reserves for accident and health contracts														X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. Total underwriting deductions (Lines 17 to 22)	14,223,229					14,223,229								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	587,069					587,069								

DETAILS OF WRITE-IN LINES															
050														XXX	
050				NONE										XXX	
050														XXX	
059	Summary of remaining write-ins for Line 05 from overflow page													XXX	
059	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)													XXX	
060		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
060		XXX	XXX	NONE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
060		XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
069	Summary of remaining write-ins for Line 06 from overflow page													XXX	
069	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)													XXX	
130				NONE										XXX	
130															XXX
130															XXX
139	Summary of remaining write-ins for Line 13 from overflow page													XXX	
139	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)													XXX	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS

Line of Business	1	2	3	4
	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual				
2. Comprehensive (hospital and medical) group				
3. Medicare Supplement				
4. Vision only				
5. Dental only	14,810,298			14,810,298
6. Federal Employees Health Benefits Plan				
7. Title XVIII – Medicare				
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health				
13. Health subtotal (Lines 1 through 12)	14,810,298			14,810,298
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	14,810,298			14,810,298

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Individual	Group											
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	13,374,198					13,374,198								
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	13,374,198					13,374,198								
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year														
6. Net healthcare receivables (a)														
7. Amounts recoverable from reinsurers December 31, current														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct														
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net														
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year														
11. Amounts recoverable from reinsurers December 31, prior ye														
12. Incurred benefits:														
12.1 Direct	13,374,198					13,374,198								
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net	13,374,198					13,374,198								
13. Incurred medical incentive pools and bonuses														

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

NONE Underwriting and Investment Exhibit - Part 2A

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) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only						
5. Dental only		13,374,198				
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)		13,374,198				
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)		13,374,198				

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
Hospital & Medical

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020	13,318	13,318	13,318	13,318	13,318
3. 2021	X X X	13,203	13,203	13,203	13,203
4. 2022	X X X	X X X	12,595	12,595	12,595
5. 2023	X X X	X X X	X X X	12,285	12,285
6. 2024	X X X	X X X	X X X	X X X	13,374

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020	13,318	13,318	13,318	13,318	13,318
3. 2021	X X X	13,203	13,203	13,203	13,203
4. 2022	X X X	X X X	12,595	12,595	12,595
5. 2023	X X X	X X X	X X X	12,285	12,285
6. 2024	X X X	X X X	X X X	X X X	13,374

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2020	14,800	13,318			13,318	89.986			13,318	89.986
2. 2021	14,663	13,203			13,203	90.043			13,203	90.043
3. 2022	13,954	12,595			12,595	90.261			12,595	90.261
4. 2023	13,604	12,285			12,285	90.304			12,285	90.304
5. 2024	14,810	13,374			13,374	90.304			13,374	90.304

Section A – Paid Health Claims

NONE

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior						
2. 2020						
3. 2021						
4. 2022		X X X				
5. 2023		X X X	X X X			
6. 2024		X X X	X X X	X X X	X X X	

NONE

[illegible]

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021					
4. 2022	X X X				
5. 2023	X X X	X X X			
6. 2024	X X X	X X X	X X X		

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	X X X				
4. 2022	X X X	X X X			
5. 2023	X X X	X X X	X X X		
6. 2024	X X X	X X X	X X X	X X X	

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

[illegible]

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021					
4. 2022	X X X				
5. 2023	X X X	X X X			
6. 2024	X X X	X X X	X X X		

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	X X X				
4. 2022	X X X	X X X			
5. 2023	X X X	X X X	X X X		
6. 2024	X X X	X X X	X X X	X X X	

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

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
 Fed Emp Health Benefits Plan

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX				
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

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

[illegible]

Section A – Paid Health Claims

NONE

NONE

NONE

NONE

[illegible]

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	X X X				
4. 2022	X X X	X X X			
5. 2023	X X X	X X X	X X X		
6. 2024	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	X X X				
4. 2022	X X X	X X X			
5. 2023	X X X	X X X	X X X		
6. 2024	X X X	X X X	X X X	X X X	

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

[illegible]

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020	13,318	13,318	13,318	13,318	13,318
3. 2021	X X X	13,203	13,203	13,203	13,203
4. 2022	X X X	X X X	12,595	12,595	12,595
5. 2023	X X X	X X X	X X X	12,285	12,285
6. 2024	X X X	X X X	X X X	X X X	13,374

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020	13,318	13,318	13,318	13,318	13,318
3. 2021	X X X	13,203	13,203	13,203	13,203
4. 2022	X X X	X X X	12,595	12,595	12,595
5. 2023	X X X	X X X	X X X	12,285	12,285
6. 2024	X X X	X X X	X X X	X X X	13,374

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2020	14,800	13,318			13,318	89.986			13,318	89.986
2. 2021	14,663	13,203			13,203	90.043			13,203	90.043
3. 2022	13,954	12,595			12,595	90.261			12,595	90.261
4. 2023	13,604	12,285			12,285	90.304			12,285	90.304
5. 2024	14,810	13,374			13,374	90.304			13,374	90.304

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A & H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including													
\$.00 for investment income)													
5. Aggregate write-ins for other policy reserves													
6. Totals (gross)													
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)													
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													

DETAILS OF WRITE-IN LINES													
0501													
0502													
0503													
0598 Summary of remaining write-ins for Line 05 from overflo													
0599 Totals (Lines 0501 through 0503 plus 0598) (Line 05 ab													
1101													
1102													
1103													
1198 Summary of remaining write-ins for Line 11 from overflo													
1199 Totals (Lines 1101 through 1103 plus 1198) (Line 11 ab													

(a) Includes \$.00 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ 0 for occupancy of own building)			8,568		8,568
2. Salaries, wages and other benefits			310,644		310,644
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)			312,161		312,161
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			38,160		38,160
7. Traveling expenses					
8. Marketing and advertising			87,492		87,492
9. Postage, express and telephone			1,705		1,705
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges			13,525		13,525
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			9,148		9,148
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes			24,528		24,528
23.5 Other (excluding federal income and real estate taxes)			43,101		43,101
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			(1)		(1)
26. Total expenses incurred (Lines 1 to 25)			849,031	(a)	849,031
27. Less expenses unpaid December 31, current year			30,618		30,618
28. Add expenses unpaid December 31, prior year			25,299		25,299
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)			843,712		843,712

DETAILS OF WRITE-IN LINES					
2501. Miscellaneous Expense			(1)		(1)
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			(1)		(1)

(a) Includes management fees of \$ 460,392 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	NONE	
2.21 Common stocks of affiliates		
3. Mortgage loans		
4. Real estate		
5. Contract loans		
6. Cash, cash equivalents and short-term investments		
7. Derivative instruments		
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income		
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		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		

DETAILS OF WRITE-IN LINES		
0901.	NONE	
0902.		
0903.		
0998. Summary of remaining write-ins for Line 09 from overflow page		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
1501.	NONE	
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (b)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued dividends on purchases.
- (c)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (d)

Includes \$

0

for company's occupancy of its own buildings; and excludes \$

0

interest on encumbrances.
- (e)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (f)

Includes \$

0

accrual of discount less \$

0

amortization of premium.
- (g)

Includes \$

0

investment expenses and \$

0

investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h)

Includes \$

0

interest on surplus notes and \$

0

interest on capital notes.
- (i)

Includes \$

0

depreciation on real estate and \$

0

depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates				5,511,230	
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)				5,511,230	

DETAILS OF WRITE-IN LINES					
0901.	NONE				
0902.					
0903.					
0998. Summary of remaining write-ins for Line 09 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)					

EXHIBIT OF NONADMITTED ASSETS

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

NONE

DETAILS OF WRITE-IN LINES			
1101. Rounding			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

NONE

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	28,529	28,600	29,225	29,326	29,194	348,148
7. Total	28,529	28,600	29,225	29,326	29,194	348,148

DETAILS OF WRITE-IN LINES						
0601. Dental (Only)	28,529	28,600	29,225	29,326	29,194	348,148
0602.						
0603.						
0698. Summary of remaining write-ins for Line 06 from overflow page						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	28,529	28,600	29,225	29,326	29,194	348,148

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and going concern:

A. Accounting Practices

The accompanying financial statements of Willamette Dental of Idaho, Inc. have been prepared in conformity with the NAIC Accounting Practices and Procedures Manual or permitted by the Idaho Statement Insurance Department.

NET INCOME

		SSAP #	F/S Page	F/S Line #	2024	2023	
(1)	Willamette Dental of Idaho Inc. state basis (Page 4, Line 32, Columns 2 & 4)	\$	X X X	X X X	X X X	467,606	404,337
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
	Details of Depreciation of Fixed Assets		SSAP #	F/S Page	F/S Line #	2024	2023
	Totals (Lines 01A0201 through 01A0225)	\$					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
	Details of Depreciation of Home Office Property		SSAP #	F/S Page	F/S Line #	2024	2023
	Totals (Lines 01A0301 through 01A0325)	\$					
(4)	NAIC SAP (1 - 2 - 3 = 4)	\$	X X X	X X X	X X X	467,606	404,337
SURPLUS							
		SSAP #	F/S Page	F/S Line #	2024	2023	
(5)	Willamette Dental of Idaho Inc. state basis (Page 3, Line 33, Columns 3 & 4)	\$	X X X	X X X	X X X	54,741,308	48,762,472
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
	e.g., Goodwill, net, Fixed Assets, Net		SSAP #	F/S Page	F/S Line #	2024	2023
	Totals (Lines 01A0601 through 01A0625)	\$					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
	Home Office Property		SSAP #	F/S Page	F/S Line #	2024	2023
	Totals (Lines 01A0701 through 01A0725)	\$					
(8)	NAIC SAP (5 - 6 - 7 = 8)	\$	X X X	X X X	X X X	54,741,308	48,762,472

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

The preparation of these statutory basis financial statements requires management to make estimates and assumptions that affect the reported amounts of admitted assets, liabilities and surplus and disclosures of contingent admitted assets and liabilities at the date of the financial statements, as well as the amounts of premiums earned and underwriting expenses reported during the period. The Company bases its estimates on historical experience and on various other assumptions that are believed to be reasonable under the circumstances. The results of which forms the basis for making judgments about the carrying value of admitted assets and liabilities that are not readily apparent from other sources. Actual results could differ from these estimates.

C. Accounting Policy

The following are the accounting policies that materially affect the Assets, liabilities, capital and surplus or the results of operation:

- (1) The short-term investments are stated at their fair values.
- (2) The Bonds: N/A.
- (3) The Common Stock: N/A.
- (4) Preferred Stocks: N/A
- (5) Mortgage Loans: N/A
- (6) Loan – Backed Securities: N/A.
- (7) Investments in subsidiaries are accounted for at fair (market) value. The difference between the cost and the market value (capital and surplus) of

NOTES TO FINANCIAL STATEMENTS

the subsidiaries, as reported by the respective subsidiaries in their most recently filed statement with the domiciliary state commissioner is taken to the capital and surplus section as unrealized gain/(loss).

- (8) Investment in Joint Ventures, Partnerships and LLC: N/A.
- (9) Derivatives: N/A.
- (10) Whether or not the reporting entity utilizes anticipated investment income as a factor in premium deficiency calculation: N/A.
- (11) A summary of Management’s policies and methodologies for estimating the liabilities for losses /claim adjustment expenses: N/A.
- (12) If the Capitalization policy and the resultant predefined thresholds changed from the prior period, the reason for the change: N/A.
- (13) The method used to estimate pharmaceutical rebate receivables: N/A.

D. Going Concern: N/A

- 2. Accounting Changes and Corrections of Errors: N/A.
- 3. Business Combinations and Goodwill: N/A.
 - A. Statutory Purchase Method: N/A
 - B. Statutory Merger: N/A
 - C. Assumption Reinsurance: N/A
 - D. Impairment Loss: N/A
- 4. Discontinued Operations: N/A.
 - A. Discontinue Operation disposed of or classified as held for Sale: N/A
 - B. Change in plan of sale of discontinued operation: N/A
 - C. Nature of any significant Continuing involvement with discontinued operations after disposal: N/A
 - D. Equity interest retained in the discontinued operation after disposal: N/A
- 5. Investments:
 - A. Mortgage Loans, including Mezzanine Real Estate Loans: N/A.
 - B. Debt Restructuring: N/A.
 - C. Reverse Mortgages: N/A.
 - D. Loan-Backed Securities: N/A.
 - E. Dollar Repurchase Agreements and/or Securities Lending Transaction: N/A.
 - F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A
 - G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A
 - H. Repurchase Agreement Transactions Accounted for as sale: N/A
 - I. Reverse Repurchase Agreements Transactions Accounted for as a sale: N/A
 - J. Real Estate: N/A.
 - K. Low-income housing tax credits (LIHTC): N/A.
 - L. Restricted Assets: Statutory deposit with the State of Idaho for the policy holders and creditors in the amount of \$105,005 held by US Bank NA.

NOTES TO FINANCIAL STATEMENTS

1 Restricted Assets (Including Pledged)							
Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 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	\$ 105,005	105,005			105,005	0.190%	0.190%
k. On deposit with other regulatory bodies	\$						
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$						
m. Pledged as collateral not captured in other categories	\$						
n. Other restricted Assets	\$						
o. Total Restricted Assets	\$ 105,005	105,005			105,005	0.190%	0.190%
(a) Column 1 divided by Asset Page, Column 1. Line 28							
(b) Column 1 divided by Asset Page, Column 3. Line 28							

2 Details of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in Aggregate)						
Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)						
(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should rqual 5L(1)m Column 5.						

3 Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)						
Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)						
(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should rqual 5L(1)n Column 5.						

04. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statement.								
	#	2	3	4				
	Book/Adjusted Carrying Value (BACV)		% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets**				
Collateral Assets		Fair Value						
a. Cash, Cash Equivalents and Short-Term Investments	\$							
b. Schedule D, Part 1	\$							
c. Schedule D, Part 2, Section 1	\$							
d. Schedule D, Part 2, Section 2	\$							
e. Schedule B	\$							
f. Schedule A	\$							
g. Schedule BA, Part 1	\$							
h. Schedule DL, Part 1	\$							
i. Other	\$							
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$							
Column 1 divided by Asset Page, Line 26 (Column 1)								
Column 1 divided by Asset Page, Line 27 (Column 1)								
k. Recognized Obligation to Return Collateral Assets (General Account)	\$	<table><tr><th>Amount</th><th>% of Liability to Total Liabilities*</th></tr><tr><td></td><td></td></tr></table>			Amount	% of Liability to Total Liabilities*		
Amount	% of Liability to Total Liabilities*							
u = Column 1 divided by Liability Page, Line 26 (Column 1)								
v = Column 1 divided by Liability Page, Line 27 (Column 1)								

- M. Working Capital Finance Investment: N/A.
- N. Offsetting & Netting of Assets and Liabilities: N/A
- O. 5 GI Securities: N/A
- P. Short Sales: N/A
- Q. Prepayment Penalty and Acceleration Fees: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies: N/A.

- A. For Investments in Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets of the reporting entity, disclose the following information: N/A

NOTES TO FINANCIAL STATEMENTS

- B. For impaired investments in Joint Ventures, Partnerships and Limited Liability Companies disclosed in the year of an impairment write-down the following:
N/A
7. Investment Income: N/A
A. Due and accrued income was excluded from surplus: N/A.
B. The total amount excluded: N/A
8. Derivative Instruments: N/A.
A. Derivatives under SSAP No. 86: N/A
B. Derivatives under SSAP No. 108: N/A
9. Income Taxes:
A. The components of the net deferred tax asset/ (liability) at December 31 are as follows:

(1)	12/31/2024			12/31/2023		
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total
a. Gross Deferred Tax Assets	\$					
b. Statutory Valuation Allowance Adjustments	\$					
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	\$					
d. Deferred Tax Assets Nonadmitted	\$					
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$					
f. Deferred Tax Liabilities	\$					
g. Net Admitted Deferred Tax Assets / (Net Deferred Tax Liability) (1e - 1f)	\$					

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

NOTES TO FINANCIAL STATEMENTS

(2)	12/31/2024			12/31/2023		
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total
Admission Calculation Components SSAP No. 101						
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.						
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 to be Realized Following the Balance Sheet Date.						
2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold						
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.						
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))						

(2)	Change		
	(1)	(2)	(3)
	(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.			
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 to be Realized Following the Balance Sheet Date.			
2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
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.			
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))			

(3)	2024	2023
a. Ratio Percentage Used to Determine Recover Period And Threshold Limitation Amount.		
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.		

(4)	12/31/2024		12/31/2023		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
Impact of Tax-Planning Strategies						
a. Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1 Adjusted Gross DTAs Amount From Note 9A1(c)						
2 Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact of Tax Planning Strategies						
3 Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)						
4 Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Attributable To The Impact of Tax Planning Strategies						
b. Does the Company's Tax-planning Strategies include the use of reinsurance?	YES					

- B. To the extent that DTLs are not recognized for amounts described in Paragraph 31 of FAS 109, disclose the following: N/A
- C. Current income taxes incurred consist of the following major components:

(1)			
	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1 - 2) Change
Current Income Tax			
a. Federal	\$ 119,463	114,663	4,800
b. Foreign	\$		
c. Subtotal	\$ 119,463	114,663	4,800
d. Federal Income Tax on net capital gains	\$		
e. Utilization of capital loss carry-forwards	\$		
f. Other	\$		
g. Federal and foreign income taxes incurred	\$ 119,463	114,663	4,800

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1 - 2) Change
(2) Deferred Tax Assets:			
a. Ordinary			
1 Discounting of unpaid losses	\$		
2 Unearned premium reserve	\$		
3 Policyholder reserves	\$		
4 Investments	\$		
5 Deferred acquisition costs	\$		
6 Policyholder dividends accrual	\$		
7 Fixed assets	\$		
8 Compensation and benefits accrual	\$		
9 Pension accrual	\$		
10 Receivables - nonadmitted	\$		
11 Net operating loss carry-forward	\$		
12 Tax credit carry-forward	\$		
13 Other (including items <5% of total ordinary tax assets)	\$		
99 Subtotal	\$		
b. Statutory valuation allowance adjustment	\$		
c. Nonadmitted	\$		
d. Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$		
e. Capital:			
(1) Investments	\$		
(2) Net capital loss carry-forward	\$		
(3) Real estate	\$		
(4) Other (including items <5% of total capital tax assets)	\$		
(99) Subtotal	\$		
f. Statutory valuation allowance adjustment	\$		
g. Nonadmitted	\$		
h. Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$		
i. Admitted deferred tax assets (2d + 2h)	\$		

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1 - 2) Change
(3) Deferred Tax Liabilities:			
a. Ordinary			
1 Investments	\$		
2 Fixed assets	\$		
3 Deferred and uncollected premium	\$		
4 Policyholder reserves	\$		
5 Other (including items <5% of total ordinary tax liabilities)	\$		
99 Subtotal	\$		
b. Capital:			
1 Investments	\$		
2 Real Estate	\$		
3 Other (including items <5% of total capital tax liabilities)	\$		
99 Subtotal	\$		
c. Deferred tax liabilities (3a99 + 3b99)	\$		

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1 - 2) Change
(4) Net deferred tax assets/liabilities (2i - 3c)	\$		

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

	12/31/2024	Effective Tax Rate
Provision computed at statutory rate	123,284	21.00%
Relieve excess provision (year end adjustment after tax reconciliation)	(3,821)	-0.65%
Total Statutory Income Tax	119,463	20.35%

NOTES TO FINANCIAL STATEMENTS

- E. A reporting entity should also disclose the following: N/A
- (1). The amount, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purpose: N/A.
 - (2). The amount of federal income taxes incurred in the current year and each preceding year that are available for recoupment in the event of future net losses: N/A
 - (3). The aggregate amount of deposits admitted under section 6603 of the internal revenue service code: N/A
- F. If report entity's Federal Income tax return is consolidated with those of any other entities, provide the following:
- (1). Willamette Dental of Idaho, Inc. is included in a consolidated Federal income tax return with its subsidiaries, Willamette Dental Insurance, Inc. and Willamette Dental of Washington, Inc.
 - (2). Willamette Dental of Idaho, Inc. has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, Willamette Dental of Idaho, Inc. has the enforceable right to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Each of the subsidiaries shall be responsible for and shall reimburse the parent for its share of the consolidated tax liability.
- G. For any federal or foreign income tax loss contingencies as determined in accordance with SSAP No.5R, Liabilities, Contingencies and Impairment of Assets, with the modification provided in SSAP No. 101, Income Taxes – A replacement of SSAP no.10R and SSAP no. 10, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date, the reporting entity shall disclose an estimate of the range of the reasonably possible increase or a statement that estimate of the range cannot be made: N/A
10. Information Concerning Parent, Subsidiaries and Affiliates:
- A. Willamette Dental Management Corp. is a commonly owned affiliated management company.
 - B. Monthly administrative and management service fees to Willamette Dental Management Corp., and Monthly claim expenses to Willamette Dental Group P.C.
 - C. Claim expenses for 2024 paid Willamette Dental Group P.C. were \$13,374,198. Payments to Willamette Dental Management corp. for administrative and management service fees for 2024 were \$460,392.
 - D. At December 31, 2024, the company reported \$631,687 as amounts due from affiliates and \$816 as amounts due to affiliates. Amounts due from or to affiliates are normally settled within 30 days.
 - E. The Company has entered into an administrative and management service agreement with Willamette Dental Management Corp ("WDMC") whereby WDMC supplies management and administrative services as are necessary for day-to-day operations. These services include accounting, marketing, underwriting, as well as overall administrative support for the operations of the Company. Direct costs incurred by WDMC to administer the operations of the Company are billed to the Company for reimbursement.
 - F. Any guarantee or undertakings, written or otherwise, shall be disclosed in Note 14, in accordance with requirements of SSAP No. 5R: N/A
 - G. Willamette Dental of Idaho, Inc. and the management company, Willamette Dental Management Corp., share common ownership. The financial position of the reporting entity would not have been significantly different if the two entities were autonomous.
 - H. The amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity, in accordance with the *Purposes and*

NOTES TO FINANCIAL STATEMENTS

Procedures Manual of the NAIC Investment Analysis Office, “Procedures for Valuing Common Stocks and Stock Warrants.”: N/A

- I. For Investment in an SCA entity that exceeds 10% of admitted assets of the reporting entity, disclosed the following information
- (1)
- (i) Willamette Dental of Idaho, Inc. owns one hundred (100) percent of Willamette Dental Insurance, Inc. and one hundred (100) percent of Willamette Dental of Washington, Inc.
 - (ii) Willamette Dental of Idaho, Inc. accounts for its investments in subsidiaries at fair (market) value.
 - (iii) The difference between cost and the market value (capital and surplus) of the subsidiaries reported by the respective subsidiaries in their most recently filed statement with the domiciliary state commissioner is taken to the capital and surplus section as unrealized gain/(loss).
- (2) Disclose for each SCA entity for which a quoted market price is available, the aggregate value of each investment based on the quoted market price and the difference, if any, between the amount at which the investment is carried and the quoted market price. N/A
- (3) The summarized information for the SCA entities are as follows:
- Willamette Dental Insurance, Inc.**
Admitted Assets: \$24,587,624
Liabilities: \$3,633,614
Capital and Surplus: \$20,954,013
Net Income: \$1,992,394
- Willamette Dental of Washington, Inc.**
Admitted Assets: \$33,027,456
Liabilities: \$1,844,316
Capital and Surplus: \$31,183,139
Net Income: \$2,897,265
- (4) The material effects of possible conversions, exercises or contingent issuances: N/A
- (5) If elected, or required to change the valuation method as described in *SSAP No. 97—Investments in Subsidiary, Controlled and Affiliated Entities*, a description of the reason for the change and the amount of adjustment recorded as unrealized gains or losses shall be disclosed. Also, disclose whether or not commissioner approval was obtained. N/A
- J. For investments in impaired SCA entities disclose in the year of an impairment write-down the following: N/A
- (1) A description of the impaired assets and the facts and circumstances leading to the impairment: N/A
- (2) The amount of the impairment and how fair value was Determined: N/A
- K. If the investment in a foreign insurance subsidiary is calculated by adjusting annuity GAAP account value reserves using CARVM and the related Actuarial Guidelines, the interest rates and mortality assumptions used in the calculation as prescribed by the insurance department of the foreign country shall be disclosed: N/A
- L. If a reporting entity holds an investment in a downstream noninsurance holding company, the reporting entity may look-through the downstream noninsurance holding company to the value of (i) SCA entities having audited financial statements and/or (ii) joint ventures, partnerships, and/or limited liability companies having audited financial statements in which the downstream noninsurance holding company has a minor ownership interest or otherwise lacks control, i.e., ownership interest is less than 10% in lieu of obtaining an audit of the financial statements of the downstream noninsurance holding company (provided the limited exception to the audited financial statements

NOTES TO FINANCIAL STATEMENTS

- requirement contained in SSAP No. 97— *Investments in Subsidiary, Controlled and Affiliated Entities* applies): N/A
 - M. All SCA investments: N/A
 - N. Investment in Insurance SCAs: N/A
 - O. SCA and SSAP No. 48 Entity Loss Tracking: N/A
11. Debt: N/A.
- A. Disclose the following items related to debt, including capital notes: N/A
 - B. For FHLB agreements, the following information shall be disclosed for the current year and prior year-end: N/A
12. Retirement Plans, Deferred Compensation, post-employment benefit and compensated absences and other post-retirement benefit plans: N/A
- A. Defined Benefit Plan: N/A
 - B. A narrative description of investment policies and strategies: N/A
 - C. The fair value of each class of plan assets as of each date for which a statement of financial position is presented. Asset classes shall be based on the nature and risks of assets in a reporting entity’s plan(s): N/A
 - D. A narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption, such as the general approach used, the extent to which the overall rate-of-return-on-assets assumption was based on historical returns, the extent to which adjustments were made to those historical returns in order to reflect expectations of future returns, and how those adjustments were determined: N/A
 - E. Defined Contribution Plans: N/A
 - F. Multiemployer Plans: N/A
 - G. Consolidated/Holding Company Plans: N/A
 - H. Postemployment Benefits and Compensated Absences: N/A
 - I. Impact of Medicare Modernization Act on Postretirement benefits: N/A
13. Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations:
- A. Willamette Dental of Idaho, Inc. is an Idaho C corporation with 174,482 authorized and 174,482 outstanding shares of \$1 par value common stock.
 - B. The company has no preferred stock outstanding.
 - C. Dividends to shareholders are limited to the statutory capital and surplus requirements.
 - D. Dividend Paid: N/A
 - E. Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - F. There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
 - G. For mutual reciprocals, and similarly organized entities, the total amount of advances to surplus not repaid: N/A
 - H. The total amount of stock held by the reporting entity, including stock of affiliated entities, for special purposes: N/A
 - I. A description of the reasons for changes in the balances of any special surplus funds from the prior period: N/A
 - J. The unassigned funds (surplus) was represented or reduced by the cumulative unrealized gains and losses are \$5,511,230
 - K. Surplus Notes: N/A
 - L. The impact of the restatement in a quasi-reorganization as long as financial statements for the period of the reorganization are presented: N/A
 - M. The effective date of a quasi-reorganization for a period of ten years following the reorganization: N/A
14. Liabilities, Contingencies and Assessments: N/A
- A. Contingent Commitments: N/A
 - B. Assessments: N/A
 - C. Gain Contingencies: N/A

NOTES TO FINANCIAL STATEMENTS

- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: N/A
- E. Joint and Several Liabilities: N/A
- F. All Other Contingencies: N/A
15. Leases: N/A
- A. Disclose the items related to lessee leasing arrangements (Refer to SSAP No. 22): N/A
- B. When leasing is a significant part of the lessor’s business activities in terms of revenue, net income or assets, disclose information with respect to lease: N/A
16. Information about Financial Instruments with Off Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: N/A
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:
- A. Transfers of Receivables Reported as sales: N/A
- B. Transfers & Servicing of Financial Assets: N/A
- C. Wash Sales: N/A
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: N/A
- A. ASO Plans: N/A
- B. ASC Plans: N/A
- C. Medicare or Similarly Structured cost Based Reimbursement contract: N/A
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None
20. Fair Value Measurements:
- As of Dec 31, 2024, WDofID utilized the best available information in measuring fair value:
- A. N/A
- B. N/A
- C. N/A
- D. Not Practicable to estimate Fair Value:

Type or Class of Financial Instrument		Carrying Value	Effective Interest Rate	Maturity Date	Explanation
01.	Common Stock of Affiliate	\$ 52,137,152			It is not practicable to estimate the fair value of common stock because of affiliate companies
		\$ 52,137,152			

E.N/A

21. Other Items:
- A. Unusual or Infrequent Items: N/A.
- B. Troubled Debt Restructuring: N/A.
- C. Other Disclosures: N/A.
- D. Business Interruption Insurance Recoveries: N/A.
- E. State transferable and Non-transferable tax credits: N/A.
- F. Subprime-Mortgage-Related Risk Exposure: N/A
- G. Retained Assets: N/A
- H. Insurance-Linked Securities (ILS) contract: N/A
22. Subsequent events occurred after Dec 31, 2024 that would have a material effect upon the financial statements: N/A

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance: N/A
- A. Ceded Reinsurance report: N/A
 - B. Uncollectible Reinsurance: N/A
 - C. Commutation of Ceded Reinsurance: N/A
 - D. Certified Reinsurer Rating downgraded or Status Subject to Revocation: N/A
 - E. Reinsurance Credit: N/A
24. Retrospectively Rated Contracts and Contracts Subject to Re-determination:
- A. Disclose the method used by the reporting entity to estimate accrued retrospective premium adjustment: N/A
 - B. Disclose whether accrued retrospective premium are recorded through written premium or as an adjustment to earned premium: N/A
 - C. Disclose amount of net premiums written that is subject to retrospective rating features, as well as the corresponding % to total net premium written: N/A
 - D. Disclose amounts for medical loss ratio rebates required pursuant to the public health service act: N/A
 - E. Risk-Sharing Provision of the Affordable Care Act (ACA):
 - (1). Willamette Dental Of Idaho, Inc. writes accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions. The company had zero balances for the risk corridors program.
 - (2). Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year: N/A
 - (3). Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance: N/A
 - (4). Roll-Forward of Risk corridors asset & liability balance by program benefit year: N/A
 - (5). ACA risk corridors receivable as of reporting date: N/A
25. Change in incurred Claims and Claim Adjustment Expenses: N/A
- A. N/A
 - B. N/A
26. Inter-company Pooling Arrangements: N/A
- A. N/A
 - B. N/A
 - C. N/A
 - D. N/A
 - E. N/A
 - F. N/A
 - G. N/A
27. Structured Settlements: N/A
28. Health Care Receivables:
- A. Pharmaceutical Rebate Receivable: N/A
 - B. Risk-Sharing Receivable: N/A
29. Participating Policies: N/A
30. Premium Deficiency Reserves: N/A
31. Anticipated Salvage and Subrogation: N/A

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

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

Yes [X] No []

If yes, complete Schedule Y, Parts 1, 1A, 2 and 3

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

Yes [X] No [] N/A []

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

Yes [] No [X]

2.2 If yes, date of change:

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

12/31/2023

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.

12/31/2014

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

06/07/2016

3.4 By what department or departments?

Idaho Insurance Commissioner

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

Yes [] No [] N/A [X]

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

Yes [X] 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 [X]

4.12 renewals?

Yes [] No [X]

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

4.21 sales of new business?

Yes [] No [X]

4.22 renewals?

Yes [] No [X]

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

Yes [] No [X]

If yes, complete and file the merger history data file with the NAIC.

GENERAL INTERROGATORIES

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:
.
.
.
.

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

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

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.
.
.
.
.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Perkins & Company, P.C. 1211 SW 5th Ave, Suite 100, Portland, OR 97204-3710
.
.
.

GENERAL INTERROGATORIES

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.
The Board of Directors in their capacity reviews the audited financial statements and makes decisions as needed

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?
Lynn F. Dong, FSA, MAAA, Consulting Actuary at Milliman, Inc. 1301 5th Ave, Suite 3800, Seattle, WA 98101

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company
12.12 Number of parcels involved
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 [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

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?

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.

Yes ☒ No ☐

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).

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).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ☐ No ☒

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes ☒ No ☐

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes ☒ No ☐

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes ☒ No ☐

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ☐ No ☒

27.3

GENERAL INTERROGATORIES

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:

\$

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01 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 25.03)

Yes [] No [X]

25.02 If no, give full and complete information, relating thereto:

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk Based Capital Instructions.

\$

25.05 For the reporting entity's securities lending program report amount of collateral for other programs.

\$

GENERAL INTERROGATORIES

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

25.093 Total payable for securities lending reported on the liability page \$

26.1 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 25.03). Yes [X] No []

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

26.21	Subject to repurchase agreements	\$
26.22	Subject to reverse repurchase agreements	\$
26.23	Subject to dollar repurchase agreements	\$
26.24	Subject to reverse dollar repurchase agreements	\$
26.25	Placed under option agreements	\$
26.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
26.27	FHLB Capital Stock	\$
26.28	On deposit with states	\$ 105,005
26.29	On deposit with other regulatory bodies	\$
26.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$
26.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$
26.32	Other	\$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

GENERAL INTERROGATORIES

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

LINES 27.3 through 27.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41	Special accounting provision of SSAP No. 108	Yes [] No []
27.42	Permitted accounting practice	Yes [] No []
27.43	Other accounting guidance	Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 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]

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

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

29.01 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
.....
.....

29.02 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)
.....
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

29.05 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. This includes both primary and sub-advisors. 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 Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

29.06 For those firms or individuals listed in the table 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Managem Agreement (IMA) Filed

30.1 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]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		

30.3 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

31. 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 (+)
31.1 Bonds			
31.2 Preferred stocks			
31.3 Totals			

GENERAL INTERROGATORIES

31.4 Describe the sources or methods utilized in determining the fair values:
Fair Value is equivalent to market value at the date of reporting

32.1 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]

32.2 If the answer to 32.1 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 [X]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [X] No []

33.2 If no, list exceptions:

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

Yes [] No [X]

35 By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

GENERAL INTERROGATORIES

37. By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [] No [] N/A [X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [] No [X]

39.22 Immediately converted to U.S. dollars

Yes [] No [X]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any?

\$

40.2 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	2
Name	Amount Paid
	\$
	\$
	\$

41.1 Amount of payments for legal expenses, if any?

\$

41.2 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	2
Name	Amount Paid
	\$
	\$
	\$

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

\$

42.2 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	2
Name	Amount Paid
	\$
	\$
	\$

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.

\$

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.

\$

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$

1.62 Total incurred claims

\$

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned

\$

1.65 Total incurred claims

\$

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$

1.72 Total incurred claims

\$

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned

\$

1.75 Total incurred claims

\$

1.76 Number of covered lives

2. Health Test:

	1		2
	Current Year		Prior Year
2.1 Premium Numerator	\$ 14,810,298	\$	13,604,008
2.2 Premium Denominator	\$ 14,810,298	\$	13,604,008
2.3 Premium Ratio (2.1 / 2.2)	100.000		100.000
2.4 Reserve Numerator	\$	\$	
2.5 Reserve Denominator	\$	\$	
2.6 Reserve Ratio (2.4 / 2.5)			

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:

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:

In all events including but not limited to the insolvency of Willamette Dental of Idaho, Inc. or Willamette Dental Group, P.C., the provider company shall continue to provide service to members for the duration of the periods for which premiums have been

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

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:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

1

1

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

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

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,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes [] No [X]

Yes [] No [X]

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:

State of Idaho

11.4 If yes, show the amount required.

\$ 200,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation:

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

1		
Name of Service Area		

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, authorized reinsurers?

Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written

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)

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [☐] No [☒]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [☐] No [☒]

FIVE – YEAR HISTORICAL DATA

	1	2	3	4	5
	2024	2023	2022	2021	2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	55,153,947	49,051,964	43,939,249	40,174,026	34,917,049
2. Total liabilities (Page 3, Line 24)	412,639	289,492	389,416	108,088	97,274
3. Statutory minimum capital and surplus requirement	200,000	200,000	200,000	200,000	200,000
4. Total capital and surplus (Page 3, Line 33)	54,741,308	48,762,472	43,549,833	40,065,938	34,819,775
Income Statement (Page 4)					
5. Total revenues (Line 8)	14,810,298	13,604,007	13,954,448	14,662,986	14,800,181
6. Total medical and hospital expenses (Line 18)	13,374,198	12,285,388	12,594,748	13,203,280	13,318,362
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	849,031	799,619	865,941	1,159,037	1,120,905
9. Net underwriting gain (loss) (Line 24)	587,069	519,000	493,759	300,669	360,914
10. Net investment gain (loss) (Line 27)			1	120	946
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	467,606	404,337	395,119	237,559	244,358
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	556,526	318,394	787,900	(40,357)	125,847
Risk-Based Capital Analysis					
14. Total adjusted capital	54,741,308	48,762,472	43,549,833	40,065,938	34,819,775
15. Authorized control level risk-based capital	8,063,340	7,211,298	6,469,377	5,992,437	5,172,996
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	29,194	28,529	29,700	30,347	32,341
17. Total members months (Column 6, Line 7)	348,148	341,565	361,604	375,922	389,338
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 (Line 18 plus Line 19)	90.3	90.3	90.3	90.0	90.0
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. Total underwriting deductions (Line 23)	96.0	96.2	96.5	97.9	97.6
23. Total underwriting gain (loss) (Line 24)	4.0	3.8	3.5	2.1	2.4
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)					
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]					
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	52,137,152	46,684,526	41,817,621	38,733,236	33,420,389
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	52,137,152	46,684,526	41,817,621	38,733,236	33,420,389
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	10
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	N									
2. Alaska	AK	N									
3. Arizona	AZ	N									
4. Arkansas	AR	N									
5. California	CA	N									
6. Colorado	CO	N									
7. Connecticut	CT	N									
8. Delaware	DE	N									
9. District of Columbia	DC	N									
10. Florida	FL	N									
11. Georgia	GA	N									
12. Hawaii	HI	N									
13. Idaho	ID	L	14,810,298							14,810,298	
14. Illinois	IL	N									
15. Indiana	IN	N									
16. Iowa	IA	N									
17. Kansas	KS	N									
18. Kentucky	KY	N									
19. Louisiana	LA	N									
20. Maine	ME	N									
21. Maryland	MD	N									
22. Massachusetts	MA	N									
23. Michigan	MI	N									
24. Minnesota	MN	N									
25. Mississippi	MS	N									
26. Missouri	MO	N									
27. Montana	MT	N									
28. Nebraska	NE	N									
29. Nevada	NV	N									
30. New Hampshire	NH	N									
31. New Jersey	NJ	N									
32. New Mexico	NM	N									
33. New York	NY	N									
34. North Carolina	NC	N									
35. North Dakota	ND	N									
36. Ohio	OH	N									
37. Oklahoma	OK	N									
38. Oregon	OR	N									
39. Pennsylvania	PA	N									
40. Rhode Island	RI	N									
41. South Carolina	SC	N									
42. South Dakota	SD	N									
43. Tennessee	TN	N									
44. Texas	TX	N									
45. Utah	UT	N									
46. Vermont	VT	N									
47. Virginia	VA	N									
48. Washington	WA	N									
49. West Virginia	WV	N									
50. Wisconsin	WI	N									
51. Wyoming	WY	N									
52. American Samoa	AS	N									
53. Guam	GU	N									
54. Puerto Rico	PR	N									
55. U.S. Virgin Islands	VI	N									
56. Northern Mariana Islands	MP	N									
57. Canada	CAN	N									
58. Aggregate other alien	OT	X X X									
59. Subtotal		X X X	14,810,298							14,810,298	
60. Reporting entity contributions for Employee Benefit Plans		X X X									
61. Totals (Direct Business)		X X X	14,810,298							14,810,298	

DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

- (a) Active Status Counts
1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q - Qualified - Qualified or accredited reinsurer

5. N – None of the above - Not allowed to write business in the state or none of the above codes apply
- 1

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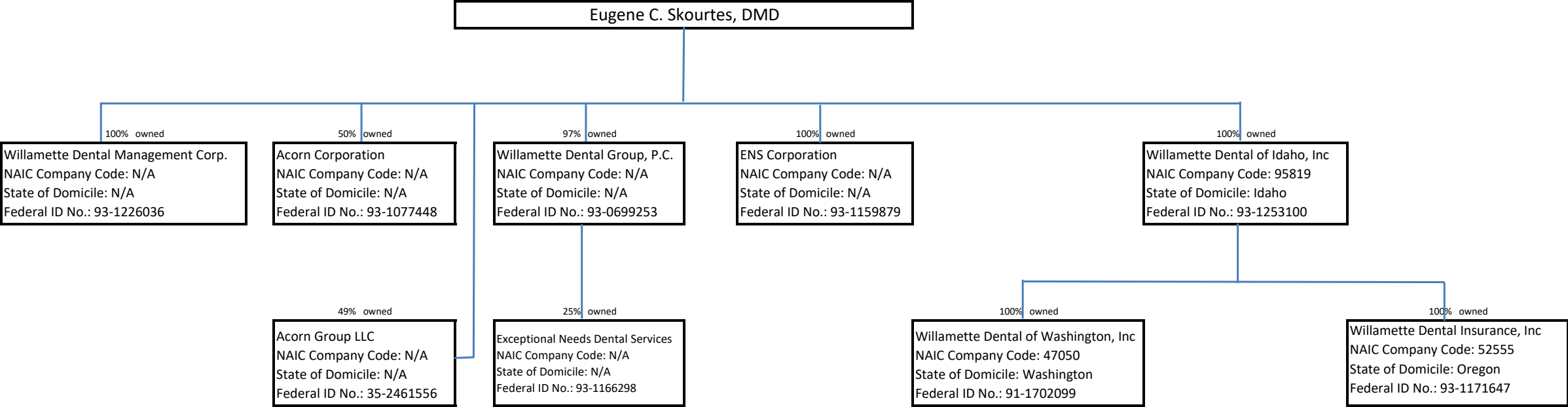
(b) Explanation of basis of allocation of premiums by states, etc.

Premiums are incurred by state based on the sites of the group contract. Premium received by Idaho domociled groups are recorded as Idaho Premium.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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OVERFLOW PAGE FOR WRITE-INS
