

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Northwest Dental Benefits LLC



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Northwest Dental Benefits

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 18445 Employer's ID Number 82-1451933

Organized under the Laws of Idaho State of Domicile or Port of Entry ID

Country of Domicile United States of America

Licensed as business type: Dental Service Corporation

Is HMC Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/17/2017 Commenced Business 08/16/2018

Statutory Home Office 1015 W. Ironwood Dr Coeur d'Alene, ID, US 83814
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1015 W. Ironwood Dr
(Street and Number) 208-618-6932
Coeur d'Alene, ID, US 83814 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Mail Address PO Box 2317 Hayden, ID, US 83835
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1015 W. Ironwood Dr
(Street and Number) 208-618-6932
Coeur d'Alene, ID, US 83814 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Internet Website Address www.northwestdentalbenefits.com

Statutory Statement Contact James Patrick Westfall 425-691-3321
(Name) (Area Code) (Telephone Number)
james@northwestdentalbenefits.com (E-mail Address) (FAX Number)

OFFICERS

President, Director Kory J. Wilson Director James A. Robson
CFO, Director James P. Westfall Director Robert D. Barnett

OTHER

Hadi B. Rogers, Director

DIRECTORS OR TRUSTEES

State of Idaho SS
County of Kootenai

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.

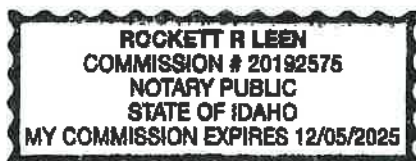
Kory J. Wilson
Kory Wilson
President and CEO

James P. Westfall
James Westfall
CFO

Subscribed and sworn to before me this 10th day of February 2022

[Signature]

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



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Statutory Statement Contact James Patrick Westfall 425-881-3321
(Name) (Area Code) (Telephone Number)
james@northwestdentalbenefits.com (E-mail Address) (FAX Number)

OFFICERS

President, Director Kory J. Wilson Director James A. Robson
CFO, Director James P. Westfall Director Robert D. Barrett

OTHER

Heidi B. Rogers, Director

DIRECTORS OR TRUSTEES

State of Idaho SS
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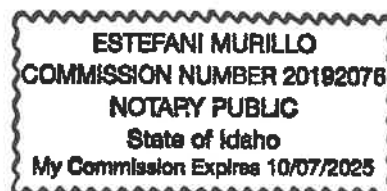
Kory Wilson
President and CEO

James Westfall
CFO

Subscribed and sworn to before me this 17th day of February 2022

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

STATE OF Idaho
COUNTY OF Blaine
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 17th DAY OF February 2022
BY James Patrick Westfall
Notary Public commission expires 10/07/2025
NOTARY PUBLIC



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)			0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$260,026 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	260,026		260,026	225,119
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	1	0	1	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	260,027	0	260,027	225,119
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,617		7,617	88,616
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	160,280	160,280	0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	427,923	160,280	267,643	313,735
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	427,923	160,280	267,643	313,735
DETAILS OF WRITE-INS				
1101. Reconcile	1		1	
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1	0	1	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	58,181		58,181	0
9. General expenses due or accrued	82,463		82,463	4,247
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	836		836	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	1	0	1	84,651
24. Total liabilities (Lines 1 to 23)	141,481	0	141,481	88,898
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	625,000	445,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(498,838)	(220,163)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	126,162	224,837
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	267,643	313,735
DETAILS OF WRITE-INS				
2301. Premiums, Unearned			0	84,651
2302. Reconcile	1		1	
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	1	0	1	84,651
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	33,975	22,263
2. Net premium income (including \$ non-health premium income).....	XXX	1,131,893	745,533
3. Change in unearned premium reserves and reserve for rate credits	XXX	.0	
4. Fee-for-service (net of \$ medical expenses).....	XXX	.0	
5. Risk revenue	XXX	.0	
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	1,131,893	745,533
Hospital and Medical:			
9. Hospital/medical benefits		848,920	559,168
10. Other professional services .....		.0	.0
11. Outside referrals .....		.0	
12. Emergency room and out-of-area .....		.0	
13. Prescription drugs .....		.0	
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts .....		.0	
16. Subtotal (Lines 9 to 15) .....	.0	848,920	559,168
Less:			
17. Net reinsurance recoveries .....		.0	
18. Total hospital and medical (Lines 16 minus 17) .....	.0	848,920	559,168
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$0 cost containment expenses .....		.0	.0
21. General administrative expenses		401,368	277,074
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....		.0	.0
23. Total underwriting deductions (Lines 18 through 22).....	.0	1,250,287	836,242
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(118,394)	(90,709)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....			.0
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	.0	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(118,394)	(90,709)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(118,394)	(90,709)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0