



ANNUAL STATEMENT
For the Year Ending December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
DELTA DENTAL PLAN OF OHIO, INC.

NAIC Group Code	0477 (Current Period)	0477 (Prior Period)	NAIC Company Code	54402	Employer's ID Number	31-0685339
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[X]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	03/06/1960		Commenced Business	04/01/1964		
Statutory Home Office	5600 Blazer Pkwy., Suite 150 (Street and Number)		Dublin, OH 43017 (City or Town, State and Zip Code)			
Main Administrative Office	Okemos, MI 48864 (City or Town, State and Zip Code)		4100 Okemos Road (Street and Number)			
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		Lansing, MI 48909-7916 (City or Town, State and Zip Code)			
Primary Location of Books and Records	Okemos, MI 48864 (City or Town, State and Zip Code)		4100 Okemos Road (Street and Number)			
Internet Website Address	http://ddpoh.com/		(517)349-6000 (Area Code) (Telephone Number)			
Statutory Statement Contact	Glenn R. Simon, CPA (Name) gsimon@deltadentalmi.com (E-Mail Address)		(517)347-5405 (Area Code)(Telephone Number)(Extension) (517)381-5572 (Fax Number)			

OFFICERS

Name	Title
Thomas James Fleszar, DDS, MS	President & CEO
Ann Marie Flermoen, DDS	Secretary/Treasurer
James Price Hallan	Chairperson
Michael Thomas Schaeffer, DDS	Vice Chairperson
Kelly Jubb Scheiderer, RHIA, RHA	Immediate Past Chairperson

OTHERS

Laura Linda Czelada, CPA, Chief Operating Officer
Jonathan Stong Groat, Vice President & General Counsel
Goran Mike Jurkovic, CPA, Senior Vice President & CFO

DIRECTORS OR TRUSTEES

Douglas Robert Anderson, DDS, MS, JD	Frank Buzaki, Jr.
Patrick Thomas Cahill, JD	Ann Marie Flermoen, DDS
James Price Hallan	Michael Thomas Schaeffer, DDS
Kelly Jubb Scheiderer, RHIA, MHA	Bruce Randall Smith
James Robert Stahl, DDS	

State of Michigan
County of Eaton ss

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

(Signature) Thomas James Fleszar, DDS, MS (Printed Name) 1. President & CEO (Title)	(Signature) Ann Marie Flermoen, DDS (Printed Name) 2. Secretary/Treasurer (Title)	(Signature) James Price Hallan (Printed Name) 3. Chairperson (Title)
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Subscribed and sworn to before me this _____ day of February, 2012

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 _____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group Subscribers:						
Premium recevables	1,354,516	253,972	84,657	4,326	4,326	1,693,145
0299997 Subtotal - Group Subscribers:	1,354,516	253,972	84,657	4,326	4,326	1,693,145
0299998 Premium due and unpaid not individually listed						
0299999 Total group	1,354,516	253,972	84,657	4,326	4,326	1,693,145
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,354,516	253,972	84,657	4,326	4,326	1,693,145

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						5,709,540
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid						5,709,540
0899999 Accrued Medical Incentive Pool and Bonus Amounts

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Delta Dental Plan of Michigan	2,476,891					2,476,891	
0199999 Total - Individually listed receivables	2,476,891					2,476,891	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	2,476,891					2,476,891	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Delta Dental Plan of Indiana	Administrative Service Agreement	37,731	37,731	
Renaissance Life & Health Insurance Company of America	Administrative Service Agreement	2,670	2,670	
0199999 Total - Individually listed payables	X X X	40,401	40,401	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	40,401	40,401	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries						
3.	All other providers	15,721	0.013	68	0.013	15,721	
4.	TOTAL Capitation Payments	15,721	0.013	68	0.013	15,721	
Other Payments:							
5.	Fee-for-service	9,026,071	7.259	X X X	X X X		9,026,071
6.	Contractual fee payments	115,306,191	92.729	X X X	X X X	115,306,191	
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	124,332,262	99.987	X X X	X X X	115,306,191	9,026,071
13.	TOTAL (Line 4 plus Line 12)	124,347,983	100.000	X X X	X X X	115,321,912	9,026,071

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code 0477 NAIC Company Code 54402

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	457,114					457,114				
2. First Quarter	504,038					504,038				
3. Second Quarter	510,763					510,763				
4. Third Quarter	515,072					515,072				
5. Current Year	514,641					514,641				
6. Current Year Member Months	6,122,308					6,122,308				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	145,619,801					145,619,801				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	145,619,801					145,619,801				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	124,347,983					124,347,983				
18. Amount Incurred for Provision of Health Care Services	124,087,725					124,087,725				

(a) For health business: number of persons insured under PPO managed care products514,573 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0477 NAIC Company Code 54402

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	457,114					457,114				
2. First Quarter	504,038					504,038				
3. Second Quarter	510,763					510,763				
4. Third Quarter	515,072					515,072				
5. Current Year	514,641					514,641				
6. Current Year Member Months	6,122,308					6,122,308				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	145,619,801					145,619,801				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	145,619,801					145,619,801				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	124,347,983					124,347,983				
18. Amount Incurred for Provision of Health Care Services	124,087,725					124,087,725				

(a) For health business: number of persons insured under PPO managed care products514,573 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Schedule S - Part 1 - Section 2 NONE

31 Schedule S - Part 2 NONE

32 Schedule S - Part 3 - Section 2 NONE

33 Schedule S - Part 4 NONE

34 Schedule S - Part 5 NONE

35 Schedule S - Part 6 NONE

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
39		0	38-1675667				Renaissance Health Service Corporation	MI	UIP					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	41.7	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.5	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	6.0	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.6	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	6.2	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.3	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Renaissance Health Service Corporation	Ownership	28.7	Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	26-2403888				TML, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	11-3774096				Renaissance Health Networks, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	42-1749772				Renaissance Dental Network, LLC	MI	NIA	Renaissance Health Networks, LLC	Ownership	100.0	Renaissance Health Service Corporation	
		0	01-0862825				Dental Wellness Network, LLC	MI	NIA	Renaissance Health Networks, LLC	Ownership	100.0	Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	UDP	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH		Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	100.0	Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
	477 Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
477	Renaissance Health Service Corporation	546740	61-0659432 . 61-1336003 .	.....	.....	.....	Delta Dental of Kentucky, Inc. Dental Choice Agency, Inc.	KY KY .....	... IA NIA ..	Renaissance Health Service Corporation .....	..... Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	.....
.....	.....	48127	61-1105118 .	.....	.....	.....	Dental Choice Inc.	KY .....	... NIA ..	Delta Dental of Kentucky, Inc. ...	..... Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	.....
.....	.....	0 .....	.....	.....	.....	.....	Dental Choice Properties, LLC	KY .....	... NIA ..	Delta Dental of Kentucky, Inc. ...	..... Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	.....
477	Renaissance Health Service Corporation	54658	56-1018068 .	.....	.....	.....	Delta Dental of North Carolina	NC .....	... IA ...	Renaissance Health Service Corporation .....	..... Board of Directors .....	.....	Renaissance Health Service Corporation .....	.....

Asterisk	Explanation
0000001	Footnote

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54305	38-1791480	DELTA DENTAL PLAN OF MI INC		(2,478,000)			40,562,920			(5,000,000)	33,084,920	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,503,952				1,503,952	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC					(24,632,635)			(5,000,000)	(29,632,635)	
52634	35-1545647	DELTA DENTAL PLAN OF IN					(9,222,362)				(9,222,362)	
54526	62-0812197	DELTA DENTAL PLAN OF TN					(3,900,515)				(3,900,515)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER		5,940,000			(2,454,275)				3,485,725	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC					(999,386)				(999,386)	
54658	56-1018068	DELTA DENTAL OF NC		(252,000)			(313,600)				(565,600)	
00000	38-2337000	DELTA DENTAL FUND					(165,000)			10,000,000	9,835,000	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION					(125,004)				(125,004)	
54674	61-0659432	DELTA DENTAL OF KY INC		(371,000)			(89,271)				(460,271)	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY					(85,299)				(85,299)	
00000	41-2177193	RENAISSANCE HOLDING CO		(2,839,000)			(38,496)				(2,877,496)	
00000	26-2403888	TML, LLC					(35,904)				(35,904)	
00000	01-0862825	DENTAL WELLNESS NETWORKS, LLC					(2,125)				(2,125)	
00000	11-3774096	RENAISSANCE HEALTH NETWORKS, LLC					(1,500)				(1,500)	
00000	42-1749772	RENAISSANCE DENTAL NETWORK LLC					(1,500)				(1,500)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

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

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

5440220113600000 2011 Document Code: 360

Health Life Supplement

5440220112050000 2011 Document Code: 205

Health Property / Casualty Supplement

5440220112070000 2011 Document Code: 207

Schedule SIS

5440220114200000 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

5440220113710000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

5440220113700000 2011 Document Code: 370

Medicare Part D Coverage Supplement

5440220113650000 2011 Document Code: 365

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

5440220112240000 2011 Document Code: 224

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

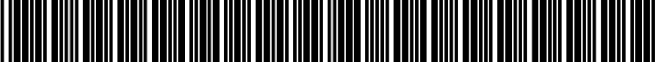
5440220112250000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees

5440220112260000 2011 Document Code: 226

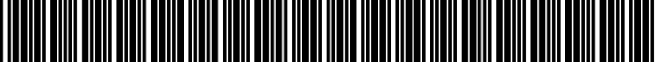
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



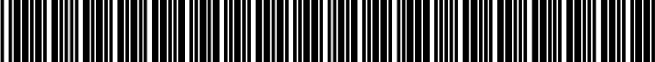
5440220113060000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



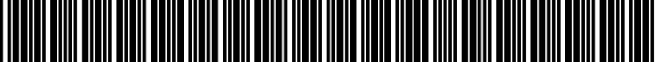
54402201121100000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



54402201121300000 2011 Document Code: 213

Management's Report of Internal Control over Financial Reporting



54402201122300000 2011 Document Code: 223

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