



54402201120100100

2011

Document Code: 201

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	4100 Okemos Road (Street and Number)		Okemos, MI 48864 (City or Town, State and Zip Code)			
Primary Location of Books and Records	4100 Okemos Road (Street and Number)		Okemos, MI 48864 (City or Town, State and Zip Code)			
Internet Website Address	http://ddpoh.com/		(Area Code) (Telephone Number)			
Statutory Statement Contact	Glenn R. Simon, CPA gsimon@deltadentalmi.com (Name) (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 Flermoehn, 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 Flermoehn, 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 Flermoehn, DDS
 (Printed Name)
 2.
 Secretary/Treasurer
 (Title)

(Signature)
 James Price Hallan
 (Printed Name)
 3.
 Chairperson
 (Title)

Subscribed and sworn to before me this
 _____ day of February, 2012

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
Group Subscribers:						
Premium receivables	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
0799999 Gross health care receivables						

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
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 Affiliate	2 Description	3 Amount	4 Current	5 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	XXX	40,401	40,401	.....
0299999 Payables not individually listed	XXX .....			.....
0399999 Total gross payables	XXX	40,401	40,401	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....
99999999 Totals	XXX	XXX	XXX

N O N E

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

N O N E



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 Company Code 54402

NAIC Group Code 0477

	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

States, Etc.	Direct Business only					
	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

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)	*
		0	38-1675667			Renaissance Health Service Corporation		MI	UIP	Delta Dental Plan of Michigan, Inc.				
		0	41-2177193			Renaissance Holding Company		MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	41.7	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Holding Company		MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	4.5	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Holding Company		MI	NIA	Fore Holding Corporation	Ownership	6.0	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Holding Company		MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	8.6	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Holding Company		MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	6.2	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Holding Company		MI	NIA	Renaissance Health Service Corporation	Ownership	4.3	Renaissance Health Service Corporation	
		0	41-2177193			Renaissance Life & Health Insurance Company of America		IN	IA	Renaissance Holding Company	Ownership	28.7	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	61700	47-0397286			Renaissance Health Insurance Company of New York		NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	15638	13-4098096			TML, LLC		MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	26-2403888			Renaissance Health Networks, LLC		MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	11-3774096			Renaissance Dental Network, LLC		MI	NIA	Renaissance Health Networks, LLC	Ownership	100.0	Renaissance Health Service Corporation	
		0	42-1749772			Dental Wellness Network, LLC		MI	NIA	Renaissance Health Networks, LLC	Ownership	100.0	Renaissance Health Service Corporation	
		0	01-0862825			Delta Dental Plan of Michigan, Inc.		MI	UDP	Delta Dental Plan of Michigan, Inc.	Board of Directors	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	54305	38-1791480			Delta Dental Plan of Ohio, Inc.		OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	54402	31-0685339			Delta Dental Plan of Indiana, Inc.		IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	52634	35-1545647			Delta Dental Fund dba Delta Dental Foundation		MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors	100.0	Renaissance Health Service Corporation	
		0	38-2337000			Renaissance Systems and Services, LLC		MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	100.0	Renaissance Health Service Corporation	
		0	38-3638865			Delta Dental of Tennessee		TN	IA	Renaissance Health Service Corporation	Board of Directors	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	54526	62-0812197			Fore Holding Corporation		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
		0	20-4116122			Premier Insurance Services, LLC		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
		0	11-3662057			Liquid Corn, LLC		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	
		0	20-3349680			Delta Dental Plan of New Mexico, Inc.		NM	IA	Renaissance Health Service Corporation	Board of Directors	100.0	Renaissance Health Service Corporation	
477	Renaissance Health Service Corporation	47287	85-0224562											

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *	
477	Renaissance Health Service Corporation	54674	61-0659432	0	61-1336003	.....	.....	.....	.....	Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation .....	.....	Renaissance Health Service Corporation
		48127	61-1105118	0	.....	.....	.....	.....	.....	Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	.....	Renaissance Health Service Corporation
										Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	.....	Renaissance Health Service Corporation
										Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	.....	Renaissance Health Service Corporation
477	Renaissance Health Service Corporation	54658	56-1018068	.....	.....	.....	.....	.....	.....	Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation .....	.....	Renaissance Health Service Corporation
													Board of Directors .....	.....	.....

Asterisk	Explanation
0000001	Footnote

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 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										XXX		

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 filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the 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
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Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



5440220113600000

2011

Document Code: 360

Health Property / Casualty Supplement



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Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



5440220113710000

2011

Document Code: 371

Medicare Part D Coverage Supplement



5440220113650000

2011

Document Code: 365

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



5440220112250000

2011

Document Code: 225

Health Life Supplement



5440220112050000

2011

Document Code: 205

Schedule SIS



5440220114200000

2011

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



5440220113700000

2011

Document Code: 370

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



5440220112240000

2011

Document Code: 224

Approval for Relief related to Require. for Audit Committees



5440220112260000

2011

Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



5440220113060000

2011

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



54402201121300000

2011

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Health Life Supplement - LHA Guaranty Association Reconciliation



54402201121100000

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Management's Report of Internal Control over Financial Reporting



54402201122300000

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