



# ANNUAL STATEMENT

## For the Year Ending December 31, 2012

### OF THE CONDITION AND AFFAIRS OF THE

# DELTA DENTAL PLAN OF OHIO, INC.

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

### OFFICERS

Name	Title	#
Laura Linda Czelada, CPA	President & CEO	#
Ann Marie Flermoen, DDS	Secretary	
Douglas Robert Anderson, DDS, MS, JD	Treasurer	#
James Price Hallan	Chairperson	
Kelly Jubb Scheiderer, RHIA, MHA	Immediate Past Chairperson	
Michael Thomas Schaeffer, DDS	Vice Chairperson	

### OTHERS

Goran Mike Jurkovic, CPA, Vice President & CFO  
Jonathan Stong Groat, Vice President & General Counsel

### 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  
Timothy Eldon Moffit, DBA #

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) Laura Linda Czelada, CPA <small>(Printed Name)</small> 1. President & CEO <small>(Title)</small>	(Signature) Ann Marie Flermoen, DDS <small>(Printed Name)</small> 2. Secretary <small>(Title)</small>	(Signature) Douglas Robert Anderson, DDS, MS, JD <small>(Printed Name)</small> 3. Treasurer <small>(Title)</small>
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Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2013

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 .....						
<b>Group Subscribers:</b>						
Premium Recievable .....	1,410,300	264,431	88,144	11,918	11,918	1,762,875
0299997 Subtotal - Group Subscribers: .....	1,410,300	264,431	88,144	11,918	11,918	1,762,875
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	1,410,300	264,431	88,144	11,918	11,918	1,762,875
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) ..	1,410,300	264,431	88,144	11,918	11,918	1,762,875

### 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
<b>N O N E</b>						
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 .....	.....	.....	.....	.....	.....	6,158,130
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	6,158,130
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
<b>Individually listed receivables</b>							
Delta Dental Plan of Michigan .....	709,059					709,059	
0199999 Total - Individually listed receivables .....	709,059					709,059	
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....	709,059					709,059	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
Delta Dental Plan of Indiana .....	Administrative Service Agreement .....	10,681	10,681	
Renaissance Life & Health Insurance Company of America .....	Administrative Service Agreement .....	1,551	1,551	
0199999 Total - Individually listed payables .....	X X X .....	12,232	12,232	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	12,232	12,232	

### 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
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....	17,681	0.013	89	0.016	17,681	
4. TOTAL Capitation Payments .....	17,681	0.013	89	0.016	17,681	
<b>Other Payments:</b>						
5. Fee-for-service .....	9,330,850	6.852	X X X	X X X		9,330,850
6. Contractual fee payments .....	126,820,468	93.135	X X X	X X X	126,820,468	
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 .....	136,151,318	99.987	X X X	X X X	126,820,468	9,330,850
13. TOTAL (Line 4 plus Line 12) .....	136,168,999	100.000	X X X	X X X	126,838,149	9,330,850

### 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
<b>NONE</b>					
9999999 Totals .....			X X X	X X X	X X X

### EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description		1	2	3	4	5	6
		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 .....	<b>N O N E</b>					
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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	514,641					514,641				
2. First Quarter .....	542,737					542,737				
3. Second Quarter .....	541,419					541,419				
4. Third Quarter .....	546,807					546,807				
5. Current Year .....	545,458					545,458				
6. Current Year Member Months .....	6,514,837					6,514,837				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	159,643,731					159,643,731				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	159,643,731					159,643,731				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	136,168,999					136,168,999				
18. Amount Incurred for Provision of Health Care Services .....	136,617,589					136,617,589				

(a) For health business: number of persons insured under PPO managed care products .....545,369 and number of persons insured under indemnity only products .....0.  
 (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:

NAIC Group Code 0477

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 54402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	514,641					514,641				
2. First Quarter .....	542,737					542,737				
3. Second Quarter .....	541,419					541,419				
4. Third Quarter .....	546,807					546,807				
5. Current Year .....	545,458					545,458				
6. Current Year Member Months .....	6,514,837					6,514,837				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	159,643,731					159,643,731				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	159,643,731					159,643,731				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	136,168,999					136,168,999				
18. Amount Incurred for Provision of Health Care Services .....	136,617,589					136,617,589				

(a) For health business: number of persons insured under PPO managed care products .....545,369 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

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 5 (continued) ..... NONE

36 Schedule S - Part 6 ..... NONE

37 Schedule S - Part 7 ..... 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 (CAN)						
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)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UIP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	62.1	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.0	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.3	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	7.6	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.4	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	3.8	Renaissance Health Service Corporation	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	11.8	Renaissance Health Service Corporation	
41	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				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, 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	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	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	

## 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)	*
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	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	
			48127				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	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	
		0	04-3740469				Omega Administrators, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	100.0	Renaissance Health Service Corporation	
			0				Delta Dental of Arkansas Foundation, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporation	

41.1

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		1,350,000	16,250,724		44,940,649				62,541,373	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,316,312				1,316,312	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(750,000)			(25,126,856)				(25,876,856)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		1,150,000			(9,250,454)				(8,100,454)	
54526	62-0812197	DELTA DENTAL PLAN OF TN		200,000			(5,578,087)				(5,378,087)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER		(1,000,000)			(3,073,742)				(4,073,742)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC		250,000			(1,224,917)				(974,917)	
54658	56-1018068	DELTA DENTAL OF NC		(5,000,000)			(1,387,797)				(6,387,797)	
00000	38-2337000	DELTA DENTAL FUND		2,000,000			(157,050)				1,842,950	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION			(16,250,724)		(125,004)				(16,375,728)	
54674	61-0659432	DELTA DENTAL OF KY INC		550,000			(115,599)				434,401	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY					(102,647)				(102,647)	
00000	41-2177193	RENAISSANCE HOLDING CO		8,900,000			(70,500)				8,829,500	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC					(40,000)				(40,000)	
00000	01-0862825	MAVEREST DENTAL NETWORK, LLC										
00000	11-3774096	RENAISSANCE ELECTRONIC SERVICES, LLC										
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(8,900,000)			14,701,524			(1,765,956)	4,035,568	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION		1,000,000							1,000,000	
00000	20-4116122	FORE HOLDING CORPORATION		250,000							250,000	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.					(13,347,660)				(13,347,660)	
00000	26-0665787	OMEGA VENTURES, INC					(1,358,172)				(1,358,172)	
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION								1,765,956	1,765,956	
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 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?                              | No |
| 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? | No |

**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



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



5440220123060000 2012 Document Code: 306

Analysis of Annuity Operations by Lines of Business



54402201221400000 2012 Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



54402201221300000 2012 Document Code: 213

Supplemental Health Care Exhibit



54402201221600000 2012 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



54402201221700000 2012 Document Code: 217

Management's Report of Internal Control over Financial Reporting



54402201222300000 2012 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

**UNDERWRITING AND INVESTMENT EXHIBIT**  
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