



54402201320100100

2013

Document Code: 201

ANNUAL STATEMENT
For the Year Ending December 31, 2013
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, Country and Zip Code)			
Main Administrative Office	4100 Okemos Road (Street and Number)		Okemos, MI, 48864 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	4100 Okemos Road (Street and Number)		Okemos, MI, 48864 (City or Town, State, Country and Zip Code)			
Internet Website Address	http://ddpoh.com/					
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
Laura Linda Czelada, CPA	President & Chief Executive Officer
Ann Marie Flermoen, DDS	Secretary
Bruce Randall Smith	Treasurer
Michael Thomas Schaffer, DDS	Chairperson
Douglas Robert Anderson, DDS, MS, JD	Vice Chairperson
James Price Hallan	Immediate Past Chairperson

OTHERS

Goran Mike Jurkovic, CPA, Vice President & Chief Financial Officer
 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
 Timothy Eldon Moffit, DBA
 Michael Thomas Schaeffer, DDS
 Bruce Randall Smith
 James Robert Stahl, DDS

State of Michigan
 County of Ingham 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
 (Printed Name)
 1.
 President & CEO
 (Title)

(Signature)
 Ann Marie Flermoen, DDS
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 Bruce Randall Smith
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of February, 2014

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
Group Subscribers:						
Miscellaneous groups	1,444,959	270,930	90,310	5,579	5,579	1,806,199
0299997 Subtotal - Group Subscribers:	1,444,959	270,930	90,310	5,579	5,579	1,806,199
0299999 Total group	1,444,959	270,930	90,310	5,579	5,579	1,806,199
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,444,959	270,930	90,310	5,579	5,579	1,806,199

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

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
0499999 Subtotals
0599999 Unreported claims and other claim reserves	6,337,100
0799999 Total Claims Unpaid	6,337,100
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	1,129,147					1,129,147	
0199999 Total - Individually listed receivables	1,129,147					1,129,147	
0399999 Total gross amounts receivable	1,129,147					1,129,147	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Renaissance Life & Health Insurance Company of America	Administrative Services Agreement	451	451	.....
0199999 Total - Individually listed payables	XXX	451	451	.....
0399999 Total gross payables	XXX	451	451	.....

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 .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service	8,909,197	6.289	XXX	XXX	.....	8,909,197
6. Contractual fee payments	132,765,045	93.711	XXX	XXX	132,765,045	.....
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	141,674,242	100.000	XXX	XXX	132,765,045	8,909,197
13. TOTAL (Line 4 plus Line 12)	141,674,242	100.000	XXX	XXX	132,765,045	8,909,197

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
N O N E					
99999999 Totals					
			XXX	XXX	XXX

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	545,458					545,458				
2. First Quarter	555,356					555,356				
3. Second Quarter	563,677					563,677				
4. Third Quarter	557,687					557,687				
5. Current Year	554,603					554,603				
6. Current Year Member Months	6,682,012					6,682,012				
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)	167,041,466					167,041,466				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	167,041,466					167,041,466				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	141,674,242					141,674,242				
18. Amount Incurred for Provision of Health Care Services	141,853,212					141,853,212				

(a) For health business: number of persons insured under PPO managed care products554,603 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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	545,458					545,458				
2. First Quarter	555,356					555,356				
3. Second Quarter	563,677					563,677				
4. Third Quarter	557,687					557,687				
5. Current Year	554,603					554,603				
6. Current Year Member Months	6,682,012					6,682,012				
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)	167,041,466					167,041,466				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	167,041,466					167,041,466				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	141,674,242					141,674,242				
18. Amount Incurred for Provision of Health Care Services	141,853,212					141,853,212				

(a) For health business: number of persons insured under PPO managed care products554,603 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

31	Schedule S - Part 1 - Section 2	NONE
32	Schedule S - Part 2	NONE
33	Schedule S - Part 3 - Section 2	NONE
34	Schedule S - Part 4	NONE
35	Schedule S - Part 5	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

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 (CAN)
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)	*
477	Renaissance Health Service Corporation	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	
		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	UDP	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 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	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	61-1105118	.....	.....	Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation .....	.....
	.....	0	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	26-1569324	.....	.....	Delta Dental of Arkansas Foundation, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors .....	.....	Renaissance Health Service Corporation .....	.....

411

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		(23,000,000)			44,301,929			(6,000,000)	15,301,929	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,258,550				1,258,550	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC			(2,000,000)			(23,254,046)			(25,254,046)	
52634	35-1545647	DELTA DENTAL PLAN OF IN			(3,000,000)			(8,938,466)			(11,938,466)	
54526	62-0812197	DELTA DENTAL PLAN OF TN			(5,000,000)			(5,665,149)			(10,665,149)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER						(2,943,407)			(2,943,407)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC			(2,000,000)			(1,668,913)			(3,668,913)	
54658	56-1018068	DELTA DENTAL OF NC						(1,846,351)			(1,846,351)	
00000	38-2337000	DELTA DENTAL FUND						(170,060)			6,000,000	5,829,940
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION						(125,004)				
54674	61-0659432	DELTA DENTAL OF KY INC			(3,000,000)			(1,827,648)			(4,827,648)	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY						(142,292)			(142,292)	
00000	41-2177193	RENAISSANCE HOLDING CO			45,000,000			(308,923)			44,691,077	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC						1,845,265			1,845,265	
00000	01-0862825	MAVEREST DENTAL NETWORK, LLC						(18,122)			(18,122)	
00000	11-3774096	RENAISSANCE ELECTRONIC SERVICES, LLC						(3,996)			(3,996)	
47155	71-0561140	DELTA DENTAL PLAN OF AR INC			(7,000,000)			(1,376,216)			(3,433,301)	(11,809,517)
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION										
00000	20-4116122	FORE HOLDING CORPORATION										
00000	04-3740469	OMEGA ADMINISTRATORS, INC.						919,639			919,639	
00000	26-0665787	OMEGA VENTURES, INC										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION									3,433,301	3,433,301
00000	45-4734479	ELECTRONIC LOCKBOX SERVICES, LLC						(13,049)			(13,049)	
00000	611105118	DENTAL CHOICE, INC.						(23,741)			(23,741)	
999999 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?	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
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Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



5440220133600000

2013

Document Code: 360

Health Property / Casualty Supplement



5440220132070000

2013

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



5440220133710000

2013

Document Code: 371

Medicare Part D Coverage Supplement



5440220133650000

2013

Document Code: 365

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



5440220132250000

2013

Document Code: 225

Health Life Supplement



5440220132050000

2013

Document Code: 205

Schedule SIS



5440220134200000

2013

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



5440220133700000

2013

Document Code: 370

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



5440220132240000

2013

Document Code: 224

Approval for Relief related to Require. for Audit Committees



5440220132260000

2013

Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



5440220133060000

2013

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



5440220132130000

2013

Document Code: 213

Supplemental Health Care Exhibit's Expense Allocation Report



5440220132170000

2013

Document Code: 217

Health Life Supplement - LHA Guaranty Association Reconciliation



5440220132110000

2013

Document Code: 211

Supplemental Health Care Exhibit



5440220132160000

2013

Document Code: 216

Management's Report of Internal Control over Financial Reporting



5440220132230000

2013

Document Code: 223

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14