



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
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	OH		
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)		(517)349-6000 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		Lansing, MI, 48909-7916 (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)		(517)349-6000 (Area Code) (Telephone Number)			
Internet Website Address	http://ddpoh.com/					
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA (Name)		(517)347-5405 (Area Code)(Telephone Number)(Extension)			
	gsimon@deltadentalmi.com (E-Mail Address)		(517)381-5572 (Fax Number)			

OFFICERS

Name	Title
Laura Linda Czelada, CPA	President & CEO
Frank Buzaki, Jr.	Secretary
James Robert Stahl, DDS	Treasurer
Bruce Randall Smith	Chairperson
Ann Marie Flermoen, DDS	Vice Chairperson
Douglas Robert Anderson, DDS, MS, JD	Immediate Past Chairperson

OTHERS

Goran Mike Jurkovic, CPA, CGMA, COO
Amy Lyn Basel, CPA, CGMA, SVP, CFO & CRO
Sue Ellen Jenkins, VP & General Counsel #

DIRECTORS OR TRUSTEES

Douglas Robert Anderson, DDS, MS, JD
Frank Buzaki, Jr.
Ann Marie Flermoen, DDS
Timothy Eldon Moffit, DBA
Bruce Randall Smith
James Robert Stahl, DDS
Michael Scott Stull
Carole Simonetti Watkins
Canise Yvette Wright-Bean, DMD #
Poe A Timmons, CPA #
Christopher Todd Fisher #

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) Goran Mike Jurkovic, CPA, CGMA (Printed Name) 1. COO (Title)	(Signature) Amy Lyn Basel, CPA, CGMA (Printed Name) 2. SVP, CFO & CRO (Title)	(Signature) Sue Ellen Jenkins (Printed Name) 3. VP & General Counsel (Title)
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Subscribed and sworn to before me this _____ day of _____, 2019

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	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	17,921					17,921
0299998 Premiums due and unpaid not individually listed	1,999,203	374,850	124,950	25,224	25,224	2,499,002
0299999 TOTAL Group	1,999,203	374,850	124,950	25,224	25,224	2,499,002
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) ..	2,017,124	374,850	124,950	25,224	25,224	2,516,923

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.....2,640,222	.....49,282	.....12,320	.....	.....	.....2,701,824
0499999 Subtotals .....	.....2,640,222	.....49,282	.....12,320	.....	.....	.....2,701,824
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....5,749,592
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	.....8,451,416
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 Indiana	8,177					8,177	
0199999 Total - Individually listed receivables	8,177					8,177	
0299999 Receivables not individually listed	37					37	
0399999 TOTAL Gross Amounts Receivable	8,214					8,214	

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 Michigan	Administrative Services Agreement	3,206,383	3,206,383	
0199999 Total - Individually Listed Payables	X X X	3,206,383	3,206,383	
0299999 Payables not Individually Listed	X X X	37,222	37,222	
0399999 TOTAL Gross Payables	X X X	3,243,605	3,243,605	

NONE

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
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>					
9999999 TOTALS X X X .....	..... X X X .....	..... X X X

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	910,504					910,504				
2. First Quarter	890,092					890,092				
3. Second Quarter	886,200					886,200				
4. Third Quarter	879,778					879,778				
5. Current Year	875,760					875,760				
6. Current Year Member Months	10,606,656					10,606,656				
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)	256,091,915					256,091,915				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	256,091,915					256,091,915				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	217,705,530					217,705,530				
18. Amount Incurred for Provision of Health Care Services	214,725,675					214,725,675				

(a) For health business: number of persons insured under PPO managed care products875,760 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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	910,504					910,504				
2. First Quarter	890,092					890,092				
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7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	256,091,915					256,091,915				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	256,091,915					256,091,915				
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17. Amount Paid for Provision of Health Care Services	217,705,530					217,705,530				
18. Amount Incurred for Provision of Health Care Services	214,725,675					214,725,675				

(a) For health business: number of persons insured under PPO managed care products875,760 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 Grand Total

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

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

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names 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)	Is an SCA Filing Required? (Y/N)	*
41		000	38-1675667 46-1376165 41-2177193				Renaissance Health Service Corporation Renaissance Family Foundation, Inc. Renaissance Holding Company	MI IN MI	UDP NIA NIA					N N	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporation	Y	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporation	Y	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporation	Y	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporation	N	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporation	Y	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporation	Y	
		000	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Corporation	N	
	477 Renaissance Health Service Corporation	617000	47-0397286 32-0485124				Renaissance Life & Health Insurance Company of America RGL Agency, LLC	IN IN	IA NIA	Renaissance Holding Company Renaissance Life & Health Insurance Company of America	Ownership	100.0	Renaissance Health Service Corporation	N	
	477 Renaissance Health Service Corporation	156380	13-4098096 46-4534401				Renaissance Life & Health Insurance Company of New York DNS Holding Company, LLC	NY MI	IA NIA	Renaissance Holding Company Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		000	32669999				Dansk Tandforsikring Administration ApS		NIA	DNS Holding Company, LLC	Ownership	82.8	Renaissance Health Service Corporation	N	
		000	35804161				Global Dental Company A/S		NIA	DNS Holding Company, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
		000	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
		000	38-3638865				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		000	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
	477 Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
	477 Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
	477 Renaissance Health Service Corporation	526340	35-1545647 38-2337000				Delta Dental Plan of Indiana, Inc. Delta Dental Fund dba Delta Dental Foundation	IN MI	IA NIA	Delta Dental Plan of Michigan, Inc. Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
		000	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporation	N	
		000	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.0	Renaissance Health Service Corporation	Y	
		000	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.0	Renaissance Health Service Corporation	Y	
		000	38-3300595				Dewpoint, Inc.	MI	NIA	GLM Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	

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

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-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)	Is an SCA Filing Required? (Y/N)	*
. 477 .	Renaissance Health Service Corporation	54526 . 0 .	62-0812197 20-4116122	.....	.....	.....	Delta Dental of Tennessee Fore Holding Corporation .....	.. TN . .. TN .	... IA NIA ..	Renaissance Health Service Corporation Delta Dental of Tennessee	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
.....	.....	. 0 .	11-3662057	.....	.....	.....	Premier Insurance Services, LLC .....	.. TN .	... NIA ..	Delta Dental of Tennessee	Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... Y ....	.....
.....	.....	. 0 .	20-3349680	.....	.....	.....	Liquid Corn, LLC .....	.. TN .	... NIA ..	Delta Dental of Tennessee	Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
. 477 .	Renaissance Health Service Corporation	47287	85-0224562	.....	.....	.....	Delta Dental Plan of New Mexico, Inc. ....	.. NM .	... IA ...	Renaissance Health Service Corporation	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
. 477 .	Renaissance Health Service Corporation	54674 . 0 .	61-0659432 61-1336003	.....	.....	.....	Delta Dental of Kentucky, Inc. Dental Choice Agency, Inc. ....	.. KY . .. KY .	... IA NIA ..	Renaissance Health Service Corporation Delta Dental of Kentucky, Inc.	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
.....	.....	48127	61-1105118	.....	.....	.....	Dental Choice Inc. ....	.. KY .	... NIA ..	Delta Dental of Kentucky, Inc.	Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... Y ....	.....
. 477 .	Renaissance Health Service Corporation	54658	56-1018068	.....	.....	.....	Delta Dental of North Carolina .....	.. NC .	... RE ..	Renaissance Health Service Corporation	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
. 477 .	Renaissance Health Service Corporation	47155 . 0 .	71-0561140 04-3740469	.....	.....	.....	Delta Dental Plan of Arkansas, Inc. Omega Administrators, Inc. ....	.. AR . .. AR .	... IA NIA ..	Renaissance Health Service Corporation Delta Dental Plan of Arkansas, Inc.	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
.....	.....	. 0 .	26-1569324	.....	.....	.....	Delta Dental of Arkansas Foundation, Inc. ....	.. AR .	... NIA ..	Delta Dental Plan of Arkansas, Inc.	Board of Directors Ownership .....	..... 100.0	Renaissance Health Service Corporation .....	... N ....	.....
.....	.....	00000	83-0862670	.....	.....	.....	Dental Choice Holdings, LLC .....	.. KY .	... NIA ..	Delta Choice Inc.	Ownership .....	..... 100.0	Renaissance Health Services Corporation .....	... N ....	.....
.....	.....	00000	20-00661957	.....	.....	.....	Chesme, LLC .....	.. MI .	... NIA ..	GLM Holding Company	Ownership .....	..... 79.0	Renaissance Health Services Corporation .....	... N ....	.....
.....	.....	00000	27-3207545	.....	.....	.....	PAC of Delta Dental Plan of Arkansas, Inc. ....	.. AR .	... DS ..	Delta Dental Plan of Arkansas, Inc.	Board of Directors Ownership .....	..... 100.0	Renaissance Health Services Corporation .....	... N ....	.....

Asterisk	Explanation
0000001	

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	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		(2,289,599)			29,041,029	(192,095)			26,559,335	(133,759)
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(842,222)			(33,483,505)				(34,325,727)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		105,156			(12,354,541)				(12,249,385)	
54526	62-0812197	DELTA DENTAL PLAN OF TN		236,800			(5,790,373)				(5,553,573)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					(794,941)				(794,941)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC		131,556			(2,111,009)				(1,979,453)	
54658	56-1018068	DELTA DENTAL OF NC		(2,756,113)			(3,881,579)				(6,637,692)	
00000	38-2337000	DELTA DENTAL FUND		5,125,000			(870,098)				4,254,902	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION					(37,529)				(37,529)	
54674	61-0659432	DELTA DENTAL OF KY INC		289,422			(3,493,647)				(3,204,225)	
15638	13-4098096	RENAISSANCE LIFE & HEALTH INS CO OF NY					(419,422)				(419,422)	
00000	41-2177193	RENAISSANCE HOLDING CO					(29,139)				(29,139)	
00000	46-4534401	DNS HOLDING COMPANY, LLC					(700,061)				(700,061)	
00000	32-669999	DANSK TANDFORSIKRING ADMINISTRATION, ApS					1,313,766				1,313,766	
00000	35-804161	GLOBAL DENTAL INSURANCE A/S					(1,313,766)				(1,313,766)	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC					1,954,229				1,954,229	
00000	46-2668799	RED CEDAR INVESTMENT MANAGEMENT LLC					391,810				391,810	
00000	20-0661957	CHESME, LLC					92,108				92,108	
00000	47-2557772	GLM HOLDING COMPANY										
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION, INC.					(3,599)				(3,599)	
00000	38-3300595	DEWPOINT, INC.					39,872,194				39,872,194	
00000	20-4116122	FORE HOLDING COMPANY										
00000	11-3662057	PREMIER INSURANCE SERVICES, LLC										
00000	38-3638865	RENAISSANCE ELECTRONIC SERVICES, LLC					874,987				874,987	
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(1,931,053)			(7,932,669)	192,095			(9,671,627)	133,759
00000	04-3740469	OMEGA ADMINISTRATORS, INC.										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION		1,931,053							1,931,053	
00000	611105118	DENTAL CHOICE, INC.					(324,245)				(324,245)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Delta Dental Plan of Michigan cedes 3.0% of the overall TRDP contract to Delta Dental Plan of Arkansas, Inc.

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. 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
18. 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
19. 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	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. 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
23. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) 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

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



54402201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



54402201830600000

2018

Document Code: 306

Health Life Supplement - April



54402201821100000

2018

Document Code: 211

Supplemental Health Care Exhibit



54402201821600000

2018

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



54402201821700000

2018

Document Code: 217

LHA Guaranty Association Reconciliation



54402201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



54402201830000000

2018

Document Code: 300

Management's Report of Internal Control over Financial Reporting



54402201822300000

2018

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

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