



54402201820100100

2018

Document Code: 201

**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)	
Primary Location of Books and Records	4100 Okemos Road (Street and Number)		4100 Okemos Road (City or Town, State, Country and Zip Code)		Lansing, MI, 48909-7916 (Area Code) (Telephone Number)	
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA (Name) gsimon@deltadentalmi.com (E-Mail Address)		Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		(517)347-5405 (Area Code)(Telephone Number)(Extension) (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)

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 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 .....	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
<b>Individually listed receivables</b>							
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 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Delta Dental Plan of Michigan .....	Administrative Services Agreement .....	3,206,383	3,206,383	.....
0199999 Total - Individually Listed Payables .....	XXX .....	3,206,383	3,206,383	.....
0299999 Payables not Individually Listed .....	XXX .....	37,222	37,222	.....
0399999 TOTAL Gross Payables .....	XXX .....	3,243,605	3,243,605	.....

## 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 .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
<b>Other Payments:</b>						
5. Fee-for-service .....	11,326,824	5.203	XXX	XXX	.....	11,326,824
6. Contractual fee payments .....	206,378,706	94.797	XXX	XXX	206,378,706	.....
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 .....	217,705,530	100.000	XXX	XXX	206,378,706	11,326,824
13. TOTAL (Line 4 plus Line 12) .....	217,705,530	100.000	XXX	XXX	206,378,706	11,326,824

## 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>N O N E</b>					
9999999 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 .....						



## 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
<b>TOTAL Members at end of:</b>										
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			
<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) .....	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 products .....875,760 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:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 0477	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
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			
<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) .....	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 products .....875,760 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

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	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names 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	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		0	38-1675667			Renaissance Health Service Corporation	MI	UDP						N	
		0	46-1376165			Renaissance Family Foundation, Inc.	IN	NIA						N	
		0	41-2177193			Renaissance Holding Company	MI	NIA							
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership		58.0	Renaissance Health Service Corporation	Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership		4.2	Renaissance Health Service Corporation	Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership		5.8	Renaissance Health Service Corporation	Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership		8.9	Renaissance Health Service Corporation	N	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership		5.9	Renaissance Health Service Corporation	Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership		4.0	Renaissance Health Service Corporation	Y	
		0	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	61700	47-0397286			Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	32-0485124			RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of America	Ownership		100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	15638	13-4098096			Renaissance Life & Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	46-4534401			DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	32669999			Dansk Tandforsikring Administration ApS		NIA	DNS Holding Company, LLC	Ownership		82.8	Renaissance Health Service Corporation	N	
		0	35804161			Global Dental Company A/S		NIA	DNS Holding Company, LLC	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	26-2403888			Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	38-3638865			Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership		100.0	Renaissance Health Service Corporation	N	
		0	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	52634	35-1545647			Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors			Renaissance Health Service Corporation	N	
		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	N	
		0	46-2667997			Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors			Renaissance Health Service Corporation	N	
		0	47-2557772			GLM Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership		75.0	Renaissance Health Service Corporation	Y	
		0	47-2557772			GLM Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership		25.0	Renaissance Health Service Corporation	Y	
		0	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

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

Asterisk	Explanation
0000001	.....

# SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
54305 ..	38-1791480 ..	DELTA DENTAL PLAN OF MI INC .....		(2,289,599)			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 ..	GLOBAAL 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 .....											
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 .....										XXX			

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



5440220183600000

2018

Document Code: 360

Health Life Supplement - March



2018

Document Code: 205

Schedule SIS



5440220184200000

2018

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



5440220183710000

2018

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



5440220183700000

2018

Document Code: 370

Medicare Part D Coverage Supplement



5440220183650000

2018

Document Code: 365

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



5440220182240000

2018

Document Code: 224

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



5440220182250000

2018

Document Code: 225

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



5440220182260000

2018

Document Code: 226

LTC Supplemental Interrogatories



5440220183060000

2018

Document Code: 306

Health Life Supplement - April



5440220182110000

2018

Document Code: 211

Supplemental Health Care Exhibit



5440220182160000

2018

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



5440220182170000

2018

Document Code: 217

LHA Guaranty Association Reconciliation



5440220182900000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



5440220183000000

2018

Document Code: 300

Management's Report of Internal Control over Financial Reporting



5440220182230000

2018

Document Code: 223



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