



54402201920100100

2019

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2019**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**DELTA DENTAL PLAN OF OHIO, INC.**

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

**OFFICERS**

| Name                          | Title                        |
|-------------------------------|------------------------------|
| Goran Mike Jurkovic CPA, CGMA | President & CEO #            |
| Frank Buzaki, Jr.             | Secretary/Treasurer #        |
| James Robert Stahl, DDS       | Vice Chairperson #           |
| Bruce Randall Smith           | Immediate Past Chairperson # |
| Ann Marie Flermoen, DDS       | Chairperson #                |

**OTHERS**

Anthony Darrell Robinson, SVP & CMO  
 Amy Lyn Basel, CPA, CGMA, SVP, CFO & CRO  
 Sue Ellen Jenkins, SVP, CLO, CAO, & Assistant Secretary  
 Jeffery Walter Johnston, DDS, MS, SVP & CSO #

**DIRECTORS OR TRUSTEES**

Christopher Todd Fisher  
 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 Allison Timmons, CPA

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)  
 Goran Mike Jurkovic, CPA, CGMA  
 (Printed Name)  
 1.  
 President & CEO  
 (Title)

(Signature)  
 Amy Lyn Basel, CPA, CGMA  
 (Printed Name)  
 2.  
 SVP, CFO & CRO  
 (Title)

(Signature)  
 Sue Ellen Jenkins  
 (Printed Name)  
 3.  
 SVP, CLO, CAO, & Assistant Secretary  
 (Title)

Subscribed and sworn to before me this  
 day of \_\_\_\_\_, 2020

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<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 TOTAL Individuals .....   | 18,463           | .....             | .....             | .....             | .....            | 18,463        |
| 0299997 Subtotal - Group Subscribers: .....                                 | .....            | .....             | .....             | .....             | .....            | .....         |
| 0299998 Premiums due and unpaid not individually listed .....               | 1,136,332        | 213,062           | 71,021            | 6,160             | 6,160            | 1,420,415     |
| 0299999 TOTAL Group .....   | 1,136,332        | 213,062           | 71,021            | 6,160             | 6,160            | 1,420,415     |
| 0399999 Premiums due and unpaid from Medicare entities .....                | .....            | .....             | .....             | .....             | .....            | .....         |
| 0499999 Premiums due and unpaid from Medicaid entities .....                | .....            | .....             | .....             | .....             | .....            | .....         |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..... | 1,154,795        | 213,062           | 71,021            | 6,160             | 6,160            | 1,438,878     |

**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<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered ..... | .....            | .....             | .....             | .....              | .....              | .....      |
| 0399999 Aggregate Accounts Not Individually Listed - Covered .....   | 3,763,131        | 83,720            | 6,752             | 2,701              | 1,350              | 3,857,654  |
| 0499999 Subtotals .....  | 3,763,131        | 83,720            | 6,752             | 2,701              | 1,350              | 3,857,654  |
| 0599999 Unreported claims and other claim reserves .....             |                  |                   |                   |                    |                    | 5,242,446  |
| 0699999 TOTAL Amounts Withheld .....                                 |                  |                   |                   |                    |                    |            |
| 0799999 TOTAL Claims Unpaid .....                                    |                  |                   |                   |                    |                    | 9,100,100  |
| 0899999 Accrued Medical Incentive Pool and Bonus Amounts .....       |                  |                   |                   |                    |                    |            |

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Name of Affiliate                            | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | Admitted     |                  |
|---|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
|   |                  |                   |                   |                   |                  | 7<br>Current | 8<br>Non-Current |
| 0299999 Receivables not individually listed ..... | 207              | .....             | .....             | .....             | .....            | 207          | .....            |
| 0399999 TOTAL Gross Amounts Receivable .....      | 207              | .....             | .....             | .....             | .....            | 207          | .....            |

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

| 1<br>Affiliate   | 2<br>Description                        | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|--|---|-------------|--------------|------------------|
| <b>Individually Listed Payables</b>                          |   |             |              |                  |
| Delta Dental Plan of Michigan .....                          | Administrative Services Agreement ..... | 5,339,472   | 5,339,472    | .....            |
| Red Cedar Investment Management, LLC .....                   | Administrative Services Agreement ..... | 64,800      | 64,800       | .....            |
| Renaissance Life & Health Insurance Company of America ..... | Administrative Services Agreement ..... | 45,193      | 45,193       | .....            |
| 0199999 Total - Individually Listed Payables .....           | XXX .....                               | 5,449,465   | 5,449,465    | .....            |
| 0299999 Payables not Individually Listed .....               | XXX .....                               | 7,257       | 7,257        | .....            |
| 0399999 TOTAL Gross Payables .....                           | XXX .....                               | 5,456,722   | 5,456,722    | .....            |

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method  | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payments | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>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 .....  | 11,766,900                          | 5.198                                  | XXX                        | XXX                                   | .....   | 11,766,900  |
| 6. Contractual fee payments .....                               | 214,613,906                         | 94.802                                 | XXX                        | XXX                                   | 214,613,906   | .....   |
| 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 .....                                  | 226,380,806                         | 100.000                                | XXX                        | XXX                                   | 214,613,906   | 11,766,900  |
| 13. TOTAL (Line 4 plus Line 12) .....                           | 226,380,806                         | 100.000                                | XXX                        | XXX                                   | 214,613,906   | 11,766,900  |

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code       | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>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<br>Cost | 2<br>Improvements | 3<br>Accumulated<br>Depreciation | 4<br>Book Value<br>Less<br>Encumbrances | 5<br>Assets<br>Not<br>Admitted | 6<br>Net<br>Admitted<br>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 .....   | 875,760     |                                    |       |                     |             | 875,760     |  |                      |                    |       |
| 2. First Quarter .....  | 913,131     |                                    |       |                     |             | 913,131     |  |                      |                    |       |
| 3. Second Quarter .....   | 913,563     |                                    |       |                     |             | 913,563     |  |                      |                    |       |
| 4. Third Quarter .....  | 927,628     |                                    |       |                     |             | 927,628     |  |                      |                    |       |
| 5. Current Year .....   | 928,017     |                                    |       |                     |             | 928,017     |  |                      |                    |       |
| 6. Current Year Member Months .....                             | 11,049,714  |                                    |       |                     |             | 11,049,714  |  |                      |                    |       |
| <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) .....                           | 268,413,987 |                                    |       |                     |             | 268,413,987 |  |                      |                    |       |
| 13. Life Premiums Direct .....                                  |             |                                    |       |                     |             |             |  |                      |                    |       |
| 14. Property/Casualty Premiums Written .....                    |             |                                    |       |                     |             |             |  |                      |                    |       |
| 15. Health Premiums Earned .....                                | 268,413,987 |                                    |       |                     |             | 268,413,987 |  |                      |                    |       |
| 16. Property/Casualty Premiums Earned .....                     |             |                                    |       |                     |             |             |  |                      |                    |       |
| 17. Amount Paid for Provision of Health Care Services .....     | 226,380,806 |                                    |       |                     |             | 226,380,806 |  |                      |                    |       |
| 18. Amount Incurred for Provision of Health Care Services ..... | 227,029,491 |                                    |       |                     |             | 227,029,491 |  |                      |                    |       |

(a) For health business: number of persons insured under PPO managed care products .....928,017 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 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 |
| <b>TOTAL Members at end of:</b>                                 |             |                                    |       |                     |             |             |  |                      |                    |       |
| 1. Prior Year .....   | 875,760     |                                    |       |                     |             | 875,760     |  |                      |                    |       |
| 2. First Quarter .....  | 913,131     |                                    |       |                     |             | 913,131     |  |                      |                    |       |
| 3. Second Quarter .....   | 913,563     |                                    |       |                     |             | 913,563     |  |                      |                    |       |
| 4. Third Quarter .....  | 927,628     |                                    |       |                     |             | 927,628     |  |                      |                    |       |
| 5. Current Year .....   | 928,017     |                                    |       |                     |             | 928,017     |  |                      |                    |       |
| 6. Current Year Member Months .....                             | 11,049,714  |                                    |       |                     |             | 11,049,714  |  |                      |                    |       |
| <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) .....                           | 268,413,987 |                                    |       |                     |             | 268,413,987 |  |                      |                    |       |
| 13. Life Premiums Direct .....                                  |             |                                    |       |                     |             |             |  |                      |                    |       |
| 14. Property/Casualty Premiums Written .....                    |             |                                    |       |                     |             |             |  |                      |                    |       |
| 15. Health Premiums Earned .....                                | 268,413,987 |                                    |       |                     |             | 268,413,987 |  |                      |                    |       |
| 16. Property/Casualty Premiums Earned .....                     |             |                                    |       |                     |             |             |  |                      |                    |       |
| 17. Amount Paid for Provision of Health Care Services .....     | 226,380,806 |                                    |       |                     |             | 226,380,806 |  |                      |                    |       |
| 18. Amount Incurred for Provision of Health Care Services ..... | 227,029,491 |                                    |       |                     |             | 227,029,491 |  |                      |                    |       |

(a) For health business: number of persons insured under PPO managed care products .....928,017 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<br>Life<br>(Group and<br>Individual) | 2<br>Annuities<br>(Group and<br>Individual) | 3<br>Disability<br>Income<br>(Group and<br>Individual) | 4<br>Long-Term<br>Care<br>(Group and<br>Individual) | 5<br>Deposit-Type<br>Contracts | 6<br>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 .....                        |  |   |  |   |                                |             |

**N O N E**

## 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? | *  |
|            |  | 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                  | 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                          |    |
| 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 |              |     | The 4100 Group, Inc.   | MI  | NIA                  | Delta Dental Plan of Michigan, Inc.                    |  | Ownership  | 75.0                            | Renaissance Health Service Corporation       | Y                          |    |
|            |  | 0                 | 47-2557772 |              |     | The 4100 Group, Inc.   | MI  | NIA                  | Delta Dental Plan of Ohio, Inc.                        |  | Ownership  | 25.0                            | Renaissance Health Service Corporation       | Y                          |    |
|            |  | 0                 | 38-3300595 |              |     | Dewpoint, Inc.   | MI  | NIA                  | The 4100 Group, Inc.                                   |  | Ownership  | 100.0                           | Renaissance Health Service Corporation       | N                          |    |
| 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       | N                          |    |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name                        | 3<br>NAIC Comp-<br>any Code | 4<br>ID Number | 5<br>FEDERAL RSSD | 6<br>CIK | 7<br>Name of<br>Securities<br>Exchange<br>if Publicly<br>Traded (U.S.<br>or International) | 8<br>Names of<br>Parent,<br>Subsidiaries<br>or<br>Affiliates | 9<br>Domic-<br>iliary<br>Loca-<br>tion | 10<br>Rela-<br>tion-<br>ship to<br>Report-<br>ing<br>Entity | 11<br>Directly<br>Controlled<br>by<br>(Name of<br>Entity /<br>Person) | 12<br>Type of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence, Other) | 13<br>If Control<br>is<br>Ownership<br>Provide<br>Percentage | 14<br>Ultimate<br>Controlling<br>Entity(ies)<br>/ Person(s) | 15<br>Is an<br>SCA<br>Filing<br>Required?<br>(Y/N) | 16<br>* |
|-----------------|--|-----------------------------|----------------|-------------------|----------|--|--|--|---|---|---|--|---|--|---------|
|                 |  | 0                           | 20-4116122     |                   |          | Fore Holding Corporation   |  | TN                                     | NIA   | Delta Dental of Tennessee   | Ownership   | 100.0  | Renaissance Health Service Corporation                      | Y  |         |
|                 |  | 0                           | 11-3662057     |                   |          | Premier Insurance Services, LLC  |  | TN                                     | NIA   | Delta Dental of Tennessee   | Ownership   | 100.0  | Renaissance Health Service Corporation                      | N  |         |
|                 |  | 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  |  | Renaissance Health Service Corporation                      | N  |         |
| 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                      | N  |         |
|                 |  | 0                           | 61-1336003     |                   |          | Dental Choice Agency, Inc.   |  | KY                                     | NIA   | Delta Dental of Kentucky, Inc.  | Ownership   | 100.0  | Renaissance Health Service Corporation                      | Y  |         |
|                 |  | 48127                       | 61-1105118     |                   |          | Dental Choice Inc.   |  | KY                                     | NIA   | Delta Dental of Kentucky, Inc.  | Ownership   | 100.0  | Renaissance Health Service Corporation                      | N  |         |
| 477             | Renaissance Health Service Corporation | 54658                       | 56-1018068     |                   |          | Delta Dental of North Carolina   |  | NC                                     | RE  | Renaissance Health Service Corporation                                | Board of Directors  |  | Renaissance Health Service Corporation                      | N  |         |
| 477             | Renaissance Health Service Corporation | 47155                       | 71-0561140     |                   |          | Delta Dental Plan of Arkansas, Inc.  |  | AR                                     | IA  |   |   |  | Renaissance Health Service Corporation                      | N  |         |
|                 |  | 0                           | 04-3740469     |                   |          | Omega Administrators, Inc.   |  | AR                                     | NIA   | Delta Dental Plan of Arkansas, Inc.                                   | 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  |  | 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                       | 20-0661957     |                   |          | Chesme, LLC  |  | MI                                     | NIA   | The 4100 Group, Inc.  | Ownership   | 79.0   | Renaissance Health Services Corporation                     | N  |         |
|                 |  | 00000                       | 27-3207545     |                   |          | PAC of Delta Dental Plan of Arkansas, Inc.   |  | AR                                     | NIA   | Delta Dental Plan of Arkansas, Inc.                                   | Board of Directors  |  | Renaissance Health Services Corporation                     | N  |         |
|                 |  | 00000                       | 91-3453425     |                   |          | Norsk  |  | DNK                                    | NIA   | Dansk Tandforsikring Administration ApS                               | Ownership   | 100.0  | Renaissance Health Services Corporation                     | N  |         |
|                 |  | 00000                       | 51-64116245    |                   |          | Svensk   |  | SWE                                    | NIA   | Dansk Tandforsikring Administration ApS                               | Ownership   | 100.0  | Renaissance Health Services Corporation                     | N  |         |
|                 |  | 00000                       | 37-1962356     |                   |          | Roosevelt Solutions, LLC   |  | MI                                     | IA  | Delta Dental Plan of Michigan, Inc.                                   | Board of Directors  |  | Renaissance Health Services Corporation                     | N  |         |

| Asterisk | Explanation  |
|----------|--|
| 0000001  | RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time. |

## SCHEDULE Y

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage<br>Loans or Other<br>Investments | 7<br>Income/(Disburse-<br>ments) Incurred in<br>Connection with<br>Guarantees or<br>Undertakings<br>for the Benefit<br>of any Affiliate(s) | 8<br>Management<br>Agreements<br>and<br>Service<br>Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other<br>Material Activity<br>not in the<br>Ordinary<br>Course of<br>the Insurer's<br>Business | 12           | 13<br>Reinsurance<br>Recoverable/<br>(Payable)<br>on Losses<br>and/or Reserve<br>Credit Taken/<br>(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|---|--|--|--|---------|--|--------------|---|
| 54305                        | 38-1791480        | DELTA DENTAL PLAN OF MI INC                                      |                               | (641,947)                     |   |  | 13,251,430   |  |         |  | 12,609,483   |   |
| 54402                        | 31-0685339        | DELTA DENTAL PLAN OF OH INC                                      |                               | (1,668,469)                   |   |  | (39,299,661)   |  |         |  | (40,968,130) |   |
| 52634                        | 35-1545647        | DELTA DENTAL PLAN OF IN  |                               | (127,881)                     |   |  | (13,983,950)   |  |         |  | (14,111,831) |   |
| 54526                        | 62-0812197        | DELTA DENTAL PLAN OF TN  |                               | 52,259                        |   |  | (6,223,979)  |  |         |  | (6,171,720)  |   |
| 61700                        | 47-0397286        | RENAISSANCE L & H INS CO OF AMER                                 |                               |                               |   |  | 2,031,563  |  |         |  | 2,031,563    |   |
| 47287                        | 85-0224562        | DELTA DENTAL PLAN OF NM INC                                      |                               | 133,421                       |   |  | (2,844,313)  |  |         |  | (2,710,892)  |   |
| 54658                        | 56-1018068        | DELTA DENTAL OF NC   |                               | (1,501,146)                   |   |  | (5,069,618)  |  |         |  | (6,570,764)  |   |
| 00000                        | 38-2337000        | DELTA DENTAL FUND  |                               | 3,675,000                     |   |  | (868,809)  |  |         |  | 2,806,191    |   |
| 00000                        | 38-1675667        | RENAISSANCE HEALTH SERVICE CORPORATION                           |                               |                               |   |  | (14,813)   |  |         |  | (14,813)     |   |
| 54674                        | 61-0659432        | DELTA DENTAL OF KY INC   |                               | 78,763                        |   |  | (5,030,506)  |  |         |  | (4,951,743)  |   |
| 15638                        | 13-4098096        | RENAISSANCE LIFE & HEALTH INS CO OF NY                           |                               |                               |   |  | (2,777,416)  |  |         |  | (2,777,416)  |   |
| 00000                        | 41-2177193        | RENAISSANCE HOLDING CO   |                               |                               |   |  | (27,000)   |  |         |  | (27,000)     |   |
| 00000                        | 46-4534401        | DNS HOLDING COMPANY, LLC   |                               |                               |   |  | (746,026)  |  |         |  | (746,026)    |   |
| 00000                        | 32-669999         | DANSK TANDFORSIKRING ADMINISTRATION, ApS                         |                               |                               |   |  | 1,363,974  |  |         |  | 1,363,974    |   |
| 00000                        | 35-804161         | GLOBAAL DENTAL INSURANCE A/S                                     |                               |                               |   |  | (1,363,974)  |  |         |  | (1,363,974)  |   |
| 00000                        | 26-2403888        | TESIA CLEARINGHOUSE, LLC   |                               |                               |   |  | 3,990,652  |  |         |  | 3,990,652    |   |
| 00000                        | 46-2668799        | RED CEDAR INVESTMENT MANAGEMENT LLC                              |                               |                               |   |  | 1,286,372  |  |         |  | 1,286,372    |   |
| 00000                        | 20-0661957        | CHESME, LLC  |                               |                               |   |  | 81,143   |  |         |  | 81,143       |   |
| 00000                        | 47-2559292        | THE 4100 GROUP, LLC  |                               |                               |   |  | (605)  |  |         |  | (605)        |   |
| 00000                        | 46-1376165        | RENAISSANCE FAMILY FOUNDATION, INC.                              |                               |                               |   |  | (2,400)  |  |         |  | (2,400)      |   |
| 00000                        | 38-3300595        | DEWPOINT, INC.   |                               |                               |   |  | 63,577,073   |  |         |  | 63,577,073   |   |
| 00000                        | 20-4116122        | FORE HOLDING COMPANY   |                               |                               |   |  |  |  |         |  |              |   |
| 00000                        | 11-3662057        | PREMIER INSURANCE SERVICES, LLC                                  |                               |                               |   |  |  |  |         |  |              |   |
| 00000                        | 38-3638865        | RENAISSANCE ELECTRONIC SERVICES, LLC                             |                               |                               |   |  | (109,631)  |  |         |  | (109,631)    |   |
| 47155                        | 71-0561140        | DELTA DENTAL PLAN OF AR INC                                      |                               | (2,108,209)                   |   |  | (8,469,012)  |  |         |  | (10,577,221) |   |
| 00000                        | 04-3740469        | OMEGA ADMINISTRATORS, INC.                                       |                               | 2,108,209                     |   |  |  |  |         |  | 2,108,209    |   |
| 00000                        | 26-1569324        | DELTA DENTAL OF AR FOUNDATION                                    |                               |                               |   |  | 1,249,506  |  |         |  | 1,249,506    |   |
| 00000                        | 611105118         | DENTAL CHOICE, INC.  |                               |                               |   |  |  |  |         |  |              |   |
| 999999 Control Totals        |                   |  |                               |                               |   |  |  |  |         | XXX  |              |   |

Schedule Y Part 2 Explanation: RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

# 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



5440220193600000

2019

Document Code: 360

Health Life Supplement - March



2019

Document Code: 205

Schedule SIS



5440220194200000

2019

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



5440220193710000

2019

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



5440220193700000

2019

Document Code: 370

Medicare Part D Coverage Supplement



5440220193650000

2019

Document Code: 365

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



5440220192240000

2019

Document Code: 224

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



5440220192250000

2019

Document Code: 225

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



5440220192260000

2019

Document Code: 226

Health Life Supplement - April



5440220192110000

2019

Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report



5440220192170000

2019

Document Code: 217

LHA Guaranty Association Adjustment Exhibit



5440220193000000

2019

Document Code: 300

LTC Supplemental Interrogatories



5440220193060000

2019

Document Code: 306

Supplemental Health Care Exhibit



5440220192160000

2019

Document Code: 216

LHA Guaranty Association Reconciliation



5440220192900000

2019

Document Code: 290

Management's Report of Internal Control over Financial Reporting



5440220192230000

2019

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 2 - Verification Between Years .....  | SI15 |
| Schedule E - Part 3 - Special Deposits .....  | E28  |
| 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 - Part 1 - 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   |