



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 (Current Period)	0477 (Prior Period)	NAIC Company Code	54402	Employer's ID Number	31-0685339
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[X]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	03/06/1960		Commenced Business	04/01/1964		
Statutory Home Office	5600 Blazer Pkwy., Suite 150 (Street and Number)		Dublin, OH, 43017 (City or Town, State, Country and Zip Code)			
Main Administrative Office			4100 Okemos Road (Street and Number)			
	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		(517)349-6000 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		Lansing, MI, 48909-7916 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			4100 Okemos Road (Street and Number)			
	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		(517)349-6000 (Area Code) (Telephone Number)			
Internet Website Address	http://ddpoh.com/					
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA (Name)		(517)347-5405 (Area Code)(Telephone Number)(Extension)			
	gsimon@deltadentalmi.com (E-Mail Address)		(517)381-5572 (Fax Number)			

OFFICERS

Name	Title	
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)	(Signature)	(Signature)
Goran Mike Jurkovic, CPA, CGMA	Amy Lyn Basel, CPA, CGMA	Sue Ellen Jenkins
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President & CEO	SVP, CFO & CRO	SVP, CLO, CAO, & Assistant Secretary
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes[X] No[ ]

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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  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
0299999 Receivables not individually listed .....	207					207	
0399999 TOTAL Gross Amounts Receivable .....	207					207	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Delta Dental Plan of Michigan .....	Administrative Services Agreement .....	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 .....	X X X .....	5,449,465	5,449,465	
0299999 Payables not Individually Listed .....	X X X .....	7,257	7,257	
0399999 TOTAL Gross Payables .....	X X X .....	5,456,722	5,456,722	

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## 24

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR  
NAIC Group Code 0477 NAIC Company Code 54402

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	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				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	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 Group Code 0477 NAIC Company Code 54402

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year .....	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				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	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

30 Grand Total

31 Schedule S - Part 1 - Section 2 ..... NONE

32 Schedule S - Part 2 ..... NONE

33 Schedule S - Part 3 - Section 2 ..... NONE

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

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

37 Schedule S - Part 7 ..... NONE

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts
						6  Totals
1.	Alabama (AL) .....					
2.	Alaska (AK) .....					
3.	Arizona (AZ) .....					
4.	Arkansas (AR) .....					
5.	California (CA) .....					
6.	Colorado (CO) .....					
7.	Connecticut (CT) .....					
8.	Delaware (DE) .....					
9.	District of Columbia (DC) .....					
10.	Florida (FL) .....					
11.	Georgia (GA) .....					
12.	Hawaii (HI) .....					
13.	Idaho (ID) .....					
14.	Illinois (IL) .....					
15.	Indiana (IN) .....					
16.	Iowa (IA) .....					
17.	Kansas (KS) .....					
18.	Kentucky (KY) .....					
19.	Louisiana (LA) .....					
20.	Maine (ME) .....					
21.	Maryland (MD) .....					
22.	Massachusetts (MA) .....					
23.	Michigan (MI) .....					
24.	Minnesota (MN) .....					
25.	Mississippi (MS) .....					
26.	Missouri (MO) .....					
27.	Montana (MT) .....					
28.	Nebraska (NE) .....					
29.	Nevada (NV) .....					
30.	New Hampshire (NH) .....					
31.	New Jersey (NJ) .....					
32.	New Mexico (NM) .....					
33.	New York (NY) .....					
34.	North Carolina (NC) .....					
35.	North Dakota (ND) .....					
36.	Ohio (OH) .....					
37.	Oklahoma (OK) .....					
38.	Oregon (OR) .....					
39.	Pennsylvania (PA) .....					
40.	Rhode Island (RI) .....					
41.	South Carolina (SC) .....					
42.	South Dakota (SD) .....					
43.	Tennessee (TN) .....					
44.	Texas (TX) .....					
45.	Utah (UT) .....					
46.	Vermont (VT) .....					
47.	Virginia (VA) .....					
48.	Washington (WA) .....					
49.	West Virginia (WV) .....					
50.	Wisconsin (WI) .....					
51.	Wyoming (WY) .....					
52.	American Samoa (AS) .....					
53.	Guam (GU) .....					
54.	Puerto Rico (PR) .....					
55.	U.S. Virgin Islands (VI) .....					
56.	Northern Mariana Islands (MP) .....					
57.	Canada (CAN) .....					
58.	Aggregate other alien (OT) .....					
59.	TOTALS .....					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		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

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.1		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														
	477	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
		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														
	477	54658	56-1018068				Delta Dental of North Carolina	NC	RE	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
		47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	IA					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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54305	38-1791480	DELTA DENTAL PLAN OF MI INC		(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	GLOBAL 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.										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION		2,108,209							2,108,209	
00000	611105118	DENTAL CHOICE, INC.					1,249,506				1,249,506	
9999999 Control Totals									X X X			

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

5440220192050000 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



54402201922600000

2019

Document Code: 226

LTC Supplemental Interrogatories



54402201930600000

2019

Document Code: 306

Health Life Supplement - April



54402201921100000

2019

Document Code: 211

Supplemental Health Care Exhibit



54402201921600000

2019

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



54402201921700000

2019

Document Code: 217

LHA Guaranty Association Reconciliation



54402201929000000

2019

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



54402201930000000

2019

Document Code: 300

Management's Report of Internal Control over Financial Reporting



54402201922300000

2019

Document Code: 223

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