

Amended Explanation Page

Amendment #1 - 7 pages = Reclass between General and Claim Adjustment Expenses.



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2020

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>			
	Other <input checked="" type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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) gsimon@deltadentalmi.com (E-Mail Address)				(517)347-5405 (Area Code)(Telephone Number)(Extension) (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 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)
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Subscribed and sworn to before me this
 day of _____, 2021

a. Is this an original filing?
 b. If no: 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes No
 1
 03/22/2021
 7

(Notary Public Signature)