



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL PLAN OF OHIO, INC.

NAIC Group Code	0477 <small>(Current Period)</small>	0477 <small>(Prior Period)</small>	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 <small>(Street and Number)</small>		Dublin, OH, 43017 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	Okemos, MI, 48864 <small>(City or Town, State, Country and Zip Code)</small>		4100 Okemos Road <small>(Street and Number)</small>		(517)349-6000 <small>(Area Code) (Telephone Number)</small>	
Mail Address	P.O. Box 30416 <small>(Street and Number or P.O. Box)</small>		Lansing, MI, 48909-7916 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	Okemos, MI, 48864 <small>(City or Town, State, Country and Zip Code)</small>		4100 Okemos Road <small>(Street and Number)</small>		(517)349-6000 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	http://ddpoh.com/					
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA <small>(Name)</small>		(517)347-5405 <small>(Area Code)(Telephone Number)(Extension)</small>			
	gsimon@deltadentalmi.com <small>(E-Mail Address)</small>		(517)381-5572 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Goran Mike Jurkovic, CPA, CGMA	President & CEO
James Robert Stahl, DDS	Chairperson #
Amy Lyn Basel, CPA, CGMA	SVP, CFO, CRO, & Treasurer #
Sue Ellen Jenkins	SVP, CLO, CAO, & Secretary

OTHERS

Anthony Darrell Robinson, SVP & CMO
Jeffery Walter Johnston, DDS, MS, SVP & CSO

DIRECTORS OR TRUSTEES

Christopher Todd Fisher
Frank Buzaki, Jr.
Ann Marie Fiermoen, DDS
Timothy Eldon Moffit, DBA
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)
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

Subscribed and sworn to before me this _____ day of _____, 2022

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	41,878					41,878
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	2,219,992	416,249	138,750	11,320	11,320	2,774,991
0299999 TOTAL Group	2,219,992	416,249	138,750	11,320	11,320	2,774,991
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	2,261,870	416,249	138,750	11,320	11,320	2,816,869

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,548,318	28,848	4,039	1,154	577	1,582,936
0499999 Subtotals	1,548,318	28,848	4,039	1,154	577	1,582,936
0599999 Unreported claims and other claim reserves						6,538,968
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						8,121,904
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	8,603					8,603	
0399999 TOTAL Gross Amounts Receivable	8,603					8,603	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Delta Dental Plan of Michigan, Inc	Administrative Services Agreement	3,846,679	3,846,679	
Red Cedar Investment Management, LLC	Administrative Services Agreement	137,548	137,548	
Renaissance Life & Health Insurance Company of America	Administrative Services Agreement	68,454	68,454	
0199999 Total - Individually Listed Payables	X X X	4,052,681	4,052,681	
0299999 Payables not Individually Listed	X X X	34	34	
0399999 TOTAL Gross Payables	X X X	4,052,715	4,052,715	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	12,565,694	5.608	X X X	X X X		12,565,694
6. Contractual fee payments	211,488,553	94.392	X X X	X X X	211,488,553	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	224,054,247	100.000	X X X	X X X	211,488,553	12,565,694
13. TOTAL (Line 4 plus Line 12)	224,054,247	100.000	X X X	X X X	211,488,553	12,565,694

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

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						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL						

N O N E



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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	841,568					841,568				
2. First Quarter	857,371					857,371				
3. Second Quarter	853,274					853,274				
4. Third Quarter	853,430					853,430				
5. Current Year	854,269					854,269				
6. Current Year Member Months	10,249,909					10,249,909				
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)	264,582,564					264,582,564				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	264,582,564					264,582,564				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	224,054,247					224,054,247				
18. Amount Incurred for Provision of Health Care Services	222,867,751					222,867,751				

(a) For health business: number of persons insured under PPO managed care products854,269 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0477

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 54402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	841,568					841,568				
2. First Quarter	857,371					857,371				
3. Second Quarter	853,274					853,274				
4. Third Quarter	853,430					853,430				
5. Current Year	854,269					854,269				
6. Current Year Member Months	10,249,909					10,249,909				
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)	264,582,564					264,582,564				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	264,582,564					264,582,564				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	224,054,247					224,054,247				
18. Amount Incurred for Provision of Health Care Services	222,867,751					222,867,751				

(a) For health business: number of persons insured under PPO managed care products854,269 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

36 Schedule S - Part 6 NONE

37 Schedule S - Part 7 NONE

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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 Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					No	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporation	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporation	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporation	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporation	No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporation	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporation	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Corporation	Yes	
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	No	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of America	Ownership	100.0	Renaissance Health Service Corporation	No	
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	No	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	No	
		0	32669999				Dansk Tandforsikring Administration ApS		NIA	DNS Holding Company, LLC	Ownership	82.8	Renaissance Health Service Corporation	No	
		0	35804161				Global Dental Company A/S		NIA	DNS Holding Company, LLC	Ownership	100.0	Renaissance Health Service Corporation	No	
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	No	
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	No	
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	No	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation		NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	No	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporation	No	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.0	Renaissance Health Service Corporation	Yes	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.0	Renaissance Health Service Corporation	Yes	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	The 4100 Group, Inc	Ownership	100.0	Renaissance Health Service Corporation	No	
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	No	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	Yes	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	No	

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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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	No	
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	No	
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	No	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	No	
			48127				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	Yes	
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	No	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	IA					No	
		0	04-3740469				Omega Administrators, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	100.0	Renaissance Health Service Corporation	No	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporation	No	
		00000	83-0862670				Dental Choice Holdings, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	27-3207545				The Incorporated PAC of Delta Dental Plan of Arkansas, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Services Corporation	No	
		00000	91-3453425				Norsk	DNK	NIA	Dansk Tandforsikring Administration ApS	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	51-64116245				Svensk	SWE	NIA	Dansk Tandforsikring Administration ApS	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	37-1962356				Roosevelt Solutions, LLC	MI	IA	Roosevelt Innovations, LLC	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	34-1891243				Gries Financial, LLC	OH	NIA	The 4100 Group, Inc	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	84-4189189				Ancillary Choice, LLC	KY	NIA	Delta Choice Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	81-5265121				DH Logix, LLC	FL	NIA	Gries Financial, LLC	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	87-0875564				Dental Properties LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	87-2720512				Roosevelt Innovations, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	87-2600883				Oso Insurance Options. Inc.	NM	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	20-0969468				Dentist Direct, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	26-2114217				Direct Access Plans, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Services Corporation	No	

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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
0000002	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		(4,000,000)			65,576,897				61,576,897	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(3,000,000)			(38,241,368)				(41,241,368)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		(3,000,000)			(15,108,703)				(18,108,703)	
54526	62-0812197	DELTA DENTAL PLAN OF TN		(100,000)			(5,933,099)				(6,033,099)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					1,880,316				1,880,316	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC					(3,268,042)				(3,268,042)	
54658	56-1018068	DELTA DENTAL OF NC		(100,000)			(6,566,828)				(6,666,828)	
00000	38-2337000	DELTA DENTAL FUND		10,100,000			(954,549)				9,145,451	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION					(87,843)				(87,843)	
54674	61-0659432	DELTA DENTAL OF KY INC		(3,000,000)			(2,600,668)				(5,600,668)	
15638	13-4098096	RENAISSANCE LIFE & HEALTH INS CO OF NY					(3,583,603)				(3,583,603)	
00000	41-2177193	RENAISSANCE HOLDING CO					(51,438)				(51,438)	
00000	46-4534401	DNS HOLDING COMPANY, LLC					(674,675)				(674,675)	
00000	32-669999	DANSK TANDFORSIKRING ADMINISTRATION, ApS					2,391,143				2,391,143	
00000	35-804161	GLOBAL DENTAL INSURANCE A/S					(2,391,143)				(2,391,143)	
00000	46-2668799	RED CEDAR INVESTMENT MANAGEMENT LLC					2,642,403				2,642,403	
00000	20-0661957	CHESME, LLC					(77,040)				(77,040)	
00000	47-2557772	THE 4100 GROUP, LLC					(2,787,883)				(2,787,883)	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION, INC.					(2,280)				(2,280)	
00000	38-3300595	DEWPOINT, INC.					19,571,423				19,571,423	
00000	20-4116122	FORE HOLDING CORPORATION		100,000							100,000	
00000	11-3662057	PREMIER INSURANCE SERVICES, LLC										
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(2,769,675)			(8,815,003)				(11,584,678)	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION		2,769,675							2,769,675	
00000	611105118	DENTAL CHOICE, INC.		3,000,000			(350)				2,999,650	
00000	815265121	DH LOGIX, LLC										
00000	830862670	DENTAL CHOICE HOLDINGS, LLC					(917,667)				(917,667)	
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.

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Delta Dental Plan of Michigan, Inc		%	No			%	No
Delta Dental Plan of Ohio, Inc		%	No			%	No
Delta Dental Plan of Indiana, Inc		%	No			%	No
Delta Dental Plan of New Mexico, Inc		%	No			%	No
Delta Dental of North Carolina		%	No			%	No
Delta Dental of Kentucky, Inc		%	No			%	No
Delta Dental Plan of Arkansas, Inc		%	No			%	No
Delta Dental of Tennessee		%	No			%	No
Global Dental Company A/S		%	No			%	No
Renaissance Life & Health Insurance Company of America	Renaissance Holding Company	100.0%	No	Reaniassance Health Service Corporation		%	No
Renaissance Life & Health Insurance Company of New York	Renaissance Holding Company	100.0%	No	Renaissance Health Service Corporation		%	No

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 |

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

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. 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 |
| 14. 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 |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. 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 |
| 17. 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 |
| 18. 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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. 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 |
| 22. 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 |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|----------------------------------------------------------------------------------------------------------------------------|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|----------------------------------------------------------------------------------------------------------------------------|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



54402202121100000

2021

Document Code: 211

Supplemental Health Care Exhibit



54402202121600000

2021

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



54402202121700000

2021

Document Code: 217

LHA Guaranty Association Reconciliation



54402202129000000

2021

Document Code: 290

Management's Report of Internal Control over Financial Reporting



54402202122300000

2021

Document Code: 223

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