



QUARTERLY STATEMENT AS OF JUNE 30, 2022 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[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[] Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[] Other[X] Is HMO Federally Qualified? Yes[] No[] N/A[X]					
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)	(517)381-5572 (Area Code) (Telephone Number)		
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 Web Site 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
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.
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
27th day of July, 2022


(Notary Public Signature)

ELIZABETH BALMER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF INGHAM
My Commission Expires March 30, 2023
Acting in the County of _____

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[]





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STATE OF OHIO
COUNTY OF OHIO
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