



ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2023
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	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		4100 Okemos Road (Street and 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	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		4100 Okemos Road (Street and Number)			
Internet Website Address	http://ddpoh.com/		(517)349-6000 (Area Code) (Telephone Number)			
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	Chairperson	
Amy Lyn Basel, CPA, CGMA	EVP, CFO, CRO, & Treasurer	
Sue Ellen Jenkins	EVP, CLO, CAO, & Secretary	

OTHERS

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

DIRECTORS OR TRUSTEES

Christopher Todd Fisher
Frank Buzaki, Jr.
Timothy Eldon Moffit, DBA
Canise Yvette Wright-Bean, DMD
Michael Scott Stull
Carole Simonetti Watkins
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. EVP, CFO, CRO & Treasurer (Title)	(Signature) Sue Ellen Jenkins (Printed Name) 3. EVP, CLO, CAO, & Secretary (Title)
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Subscribed and sworn to before me this _____ day of _____, 2024

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	61,150					61,150
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	3,161,721	592,823	197,608	42,291	42,291	3,952,152
0299999 TOTAL Group	3,161,721	592,823	197,608	42,291	42,291	3,952,152
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) ..	3,222,871	592,823	197,608	42,291	42,291	4,013,302

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	3,026,922	35,859	7,969	2,391	1,594	3,074,735
0499999 Subtotals	3,026,922	35,859	7,969	2,391	1,594	3,074,735
0599999 Unreported claims and other claim reserves						9,070,165
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						12,144,900
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	9,614					9,614	
0399999 TOTAL Gross Amounts Receivable	9,614					9,614	

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, Inc.	Administrative Services Agreement	4,516,666	4,516,666	
Red Cedar Investment Management, LLC	Investment Management Agreement	216,849	216,849	
Renaissance Life & Health Insurance Company of America	Administrative Services Agreement	165,539	165,539	
0199999 Individually Listed Payables	X X X	4,899,054	4,899,054	
0299999 Payables not Individually Listed	X X X	3,225	3,225	
0399999 TOTAL Gross Payables	X X X	4,902,279	4,902,279	

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

30 Ohio

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	932,303				4,560	927,743								
2. First Quarter	1,076,269				13,122	1,063,147								
3. Second Quarter	1,098,252				15,568	1,082,684								
4. Third Quarter	1,112,819				17,460	1,095,359								
5. Current Year	1,111,436				18,392	1,093,044								
6. Current Year Member Months	13,191,193				190,341	13,000,852								
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)	344,929,012				1,060,567	343,868,445								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	344,929,012				1,060,567	343,868,445								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	307,011,068				633,885	306,377,183								
18. Amount Incurred for Provision of Health Care Services	308,966,118				672,885	308,293,233								

(a) For health business: number of persons insured under PPO managed care products1,111,436 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

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
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(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

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 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? (Yes/No)	*
41		00	38-1675667				Renaissance Health Service Corporation	MI	UDP					No	
		00	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					No	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporation	Yes	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporation	Yes	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporation	Yes	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporation	No	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporation	Yes	
		00	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporation	Yes	
		00	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	
		00	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	
	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	
		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	
		00	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	No	
		00	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	T4G Management, LLC	Board of Directors		Renaissance Health Service Corporation	No	
		00	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.0	Renaissance Health Service Corporation	Yes	
		00	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.0	Renaissance Health Service Corporation	Yes	
		00	38-3300595				Dewpoint, Inc.	MI	NIA	T4G Management, LLC	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	
		00	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	Yes	
		00	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	No	
		00	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	
		00	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	Yes	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	No	
	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	
		00	04-3740469				Omega Administrators, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	100.0	Renaissance Health Service Corporation	No	
		00	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	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	T4G Financial Services, LLC	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	84-4189189				Ancillary Choice, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	81-5265121				Logix Investments, LLC	DE	NIA	Gries Financial, LLC	Ownership	100.0	Renaissance Health Services Corporation	No	
		00000	87-0875564				Dental Choice Properties LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Services Corporation	No	

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)	*
.....	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 ...	.....
.....	00000	87-4045357	.....	.....	.....	Delta Dental of Kentucky Foundation, Inc. ....	.. KY .	... NIA ..	Delta Dental of Kentucky, Inc.	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	86-3099188	.....	.....	.....	DCH Distribution, LLC .....	.. KY .	... NIA ..	Dental Choice Holdings, LLC	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	88-1391091	.....	.....	.....	Dental Choice Ancillary, Inc. ....	.. KY .	... NIA ..	Dental Choice, Inc	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	88-0574945	.....	.....	.....	Ancillary Choice Life, Inc. ....	.. KY .	... NIA ..	Dental Choice, Inc	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	88-4271021	.....	.....	.....	T4G Management, LLC .....	.. MI .	... NIA ..	The 4100 Group, Inc	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	92-1020583	.....	.....	.....	T4G Financial Services, LLC .....	.. MI .	... NIA ..	T4G Management, LLC	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	92-1012982	.....	.....	.....	T4G Health Holdings, LLC .....	.. MI .	... NIA ..	T4G Management, LLC	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	47-1654054	.....	.....	.....	Smile 180 Foundation .....	.. TN .	... NIA ..	Delta Dental of Tennessee	Influence .....	.....	Renaissance Health Services Corporation	... No ...	.....
.....	00000	93-2747487	.....	.....	.....	T4G Fund Management, LLC .....	.. MI .	... NIA ..	T4G Health Holdings, LLC	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	93-4527543	000000000	0000000000	.....	Dyntl, Inc .....	.. DE .	... NIA ..	T4G Health Holdings, LLC	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	88-2628037	.....	.....	.....	Red Cedar SRI GP, LLC .....	.. DE .	... NIA ..	Red Cedar Investment Management, LLC ...	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....
.....	00000	93-2945609	000000000	.....	.....	Arcis Fund I, LLC .....	.. DE .	... NIA ..	Renaissance Holding Company	Ownership .....	..... 100.0	Renaissance Health Services Corporation	... No ...	.....

41.1

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		(15,000,000)			79,462,842				64,462,842	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(500,000)			(50,114,467)				(50,614,467)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		(500,000)			(19,559,326)				(20,059,326)	
54526	62-0812197	DELTA DENTAL PLAN OF TN					(6,022,087)				(6,022,087)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					6,513,383				6,513,383	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC					(3,845,932)				(3,845,932)	
54658	56-1018068	DELTA DENTAL OF NC					(10,913,327)				(10,913,327)	
00000	38-2337000	DELTA DENTAL FUND		2,500,000			(1,305,642)				1,194,358	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATION					135,004				135,004	
54674	61-0659432	DELTA DENTAL OF KY INC		(9,575,308)			(2,437,754)				(12,013,062)	
15638	13-4098096	RENAISSANCE LIFE & HEALTH INS CO OF NY					(4,797,081)				(4,797,081)	
00000	41-2177193	RENAISSANCE HOLDING CO					(90,516)				(90,516)	
00000	46-2668799	RED CEDAR INVESTMENT MANAGEMENT LLC					4,633,424				4,633,424	
00000	47-2557772	THE 4100 GROUP, LLC					(37,692)				(37,692)	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION, INC.					(2,500)				(2,500)	
00000	38-3300595	DEWPOINT, INC.					18,977,828				18,977,828	
00000	20-4116122	FORE HOLDING CORPORATION										
00000	11-3662057	PREMIER INSURANCE SERVICES, LLC										
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(3,570,334)			(8,626,083)				(12,196,417)	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION		3,570,334							3,570,334	
00000	611105118	DENTAL CHOICE, INC.		1,230,000							1,230,000	
00000	815265121	DH LOGIX, LLC										
00000	830862670	DENTAL CHOICE HOLDINGS, LLC					(1,739,596)				(1,739,596)	
00000	874045357	DELTA DENTAL OF KENTUCKY FOUNDATION, INC		5,325,308							5,325,308	
00000	870875564	DENTAL CHOICE PROPERTIES, LLC										
00000	872720512	ROOSEVELT INNOVATIONS, LLC		13,500,000			(606,731)				12,893,269	
00000	341891243	GRIES FINANCIAL, LLC					192,419				192,419	
00000	200969468	DENTIST DIRECT, LLC					444,312				444,312	
00000	262114217	DIRECT ACCESS PLANS, LLC					(260,478)				(260,478)	
17503	88-0574945	ANCILLARY CHOICE LIFE INC		3,010,000							3,010,000	
45100	88-1391091	DENTAL CHOICE ANCILLARY, INC.		10,000							10,000	
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
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

RESPONSES

REQUIRED FILINGS

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

SUPPLEMENTAL FILINGS

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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and 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 and 2) 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



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



54402202330600000

2023

Document Code: 306

Health Life Supplement - April



54402202321100000

2023

Document Code: 211

Supplemental Health Care Exhibit



54402202321600000

2023

Document Code: 216

LHA Guaranty Association Reconciliation



54402202329000000

2023

Document Code: 290

Management's Report of Internal Control over Financial Reporting



54402202322300000

2023

Document Code: 223

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