



54402202320100100

2023

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**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 (Current Period)	0477	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 (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 (Area Code) (Telephone Number)		
Internet Website Address	http://ddpoh.com/		(517)349-6000 (Area Code) (Telephone Number)		
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	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  
Canisse 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)

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2024

- 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 .....	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 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 .....	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 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
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 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
<b>Other Payments:</b>						
5. Fee-for-service .....	20,163,418	6.568	XXX	XXX	.....	20,163,418
6. Contractual fee payments .....	286,847,650	93.432	XXX	XXX	286,847,650	.....
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments .....	307,011,068	100.000	XXX	XXX	286,847,650	20,163,418
13. TOTAL (Line 4 plus Line 12) .....	307,011,068	100.000	XXX	XXX	286,847,650	20,163,418

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>N O N E</b>					
9999999 TOTALS .....					
			XXX	XXX	XXX

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
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						
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. <b>TOTAL</b> .....														
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 products .....1,111,436 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 Company Code 54402

NAIC Group Code 0477

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
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						
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<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. <b>TOTAL</b> .....														
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 products .....1,111,436 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**

States, Etc.	Direct Business only					
	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 .....	.....	.....	.....	.....	.....	.....

## 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- tionship 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	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 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	
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	MI . 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	T4G Management, LLC		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	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	
		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	
477	Renaissance Health Service Corporation	47287	85-0224562			Liquid Corn, LLC	TN . NIA	Delta Dental of Tennessee		Ownership		100.0	Renaissance Health Service Corporation	No	
						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	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						Renaissance Health Services Corporation	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	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 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)	*
		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	.....	0000000000	T4G Fund Management, LLC	MI	NIA	T4G Health Holdings, LLC	Ownership	100.0	Renaissance Health Services Corporation	No	.....	
		00000	93-4527543	0000000000	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	0000000000	.....	Arcis Fund I, LLC	DE	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 change of control for DDAR under Arkansas law based on review and discussion at that time.
0000002	

# SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 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 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 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
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



5440220233600000

2023

Document Code: 360

Health Life Supplement - March



2023

Document Code: 205

Schedule SIS



5440220234200000

2023

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



5440220237100000

2023

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



5440220237000000

2023

Document Code: 370

Medicare Part D Coverage Supplement



54402202336500000

2023

Document Code: 365

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



54402202322400000

2023

Document Code: 224

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



54402202322500000

2023

Document Code: 225

Approval for Relief related to Require. for Audit Committees



54402202322600000

2023

Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



54402202360000000

2023

Document Code: 600

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

LTC Supplemental Interrogatories



5440220233060000

2023

Document Code: 306

Health Life Supplement - April



5440220232110000

2023

Document Code: 211

Supplemental Health Care Exhibit



5440220232160000

2023

Document Code: 216

LHA Guaranty Association Reconciliation



5440220232900000

2023

Document Code: 290

Management's Report of Internal Control over Financial Reporting



5440220232230000

2023

Document Code: 223

