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**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2025**  
**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			4100 Okemos Road (Street and Number)		(517)349-6000 (Area Code) (Telephone Number)	
	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)				Lansing, MI, 48909-7916 (City or Town, State, Country and Zip Code)	
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)					
Primary Location of Books and Records			4100 Okemos Road (Street and Number)		(517)349-6000 (Area Code) (Telephone Number)	
	Okemos, MI, 48864 (City or Town, State, Country and Zip Code)					
Internet Web Site Address	http://ddpoh.com/					
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA (Name) gsimon@deltadentalmi.com (E-Mail Address)				(517)347-5405 (Area Code)(Telephone Number)(Extension) (517)381-5572 (Fax Number)	

**OFFICERS**

Name	Title
Goran Mike Jurkovic CPA, CGMA	President & CEO
Carole Simonetti Watkins	Chairperson
Amy Lyn Basel, CPA, CGMA	EVP, CFO, CRO, & Treasurer
Sue Ellen Jenkins	EVP, CLO, CAO, & Secretary

**OTHERS**

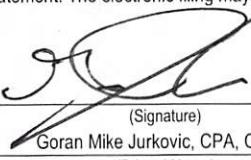
Anthony Darrell Robinson, EVP, CMO & CRO  
 Jeffery Walter Johnston, DDS, MS, SVP & CSO

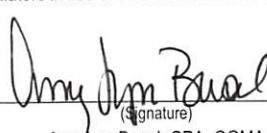
**DIRECTORS OR TRUSTEES**

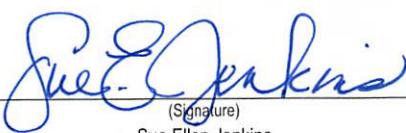
Christopher Todd Fisher  
 Canise Yvette Wright-Bean, DMD  
 Michael Scott Stull  
 Carole Simonetti Watkins  
 Poe Allison Timmons, CPA  
 Mark Edward Bronson DDS

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.

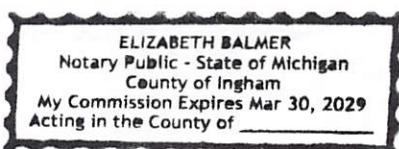
  
 (Signature)  
 Goran Mike Jurkovic, CPA, CGMA  
 (Printed Name)  
 1.  
 President & CEO  
 (Title)

  
 (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  
25<sup>th</sup> day of July, 2025

  
 (Notary Public Signature)



Yes[X] No[ ]

\_\_\_\_\_  
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 b. If no: 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached