



47155201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code 0000 0000 NAIC Company Code 47155 Employer's ID Number 71-0561140
(Current Period) (Prior Period)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Ar

Country of Domicile US

Licensed as business type: **Life, Accident & Health** [] **Property/Casualty** [] **Hospital, Medical & Dental Service or Indemnity** [X]
Dental Service Corporation [] **Vision Service Corporation** [] **Health Maintenance Organization** []
Other [] **Is HMO Federally Qualified?** Yes [] No []

Incorporated/Organized March 15, 1982 Commenced Business August 1, 1982

Statutory Home Office 1513 Country Club Road, Sherwood, AR, US 72120
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1513 Country Club Road (Street and Number)
Sherwood, AR, US 72120 (City or Town, State, Country and Zip Code)
501-835-3400 (Area Code) (Telephone Number)

Mail Address 1513 Country Club Road, Sherwood, AR, US 72120
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1513 Country Club Road Sherwood, AR, US 72120 501-835-3400
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.deltadentalar.com

Statutory Statement Contact Deborah Ann Lowtharp 501-992-1634
(Name) (Area Code) (Telephone Number) (Extension)
dlowtharp@deltadentalar.com 501-992-1635
(E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	<u>Eddie Allen Choate</u>	<u>President and CEO</u>
2.	<u>Sarah Jean Clark #</u>	<u>Secretary</u>
3.	<u>Phillip Wayne Cox</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Ina Lynn Harbert</u>	<u>Senior Vice President and COO</u>	<u>Phyllis Lynn Rogers</u>	<u>Senior Vice President and CFO</u>
<u>James Wayne Couch</u>	<u>Senior Vice President and General Counsel</u>	<u>Ashley Lynne Riddle</u>	<u>VP of Sales & Account Management</u>
<u>Robert Allen Mason</u>	<u>Vice President of Professional Relations</u>	<u>Kelly Terese Carney</u>	<u>Vice President of Human Resources</u>
<u>Ebb Weldon Johnson</u>	<u>VP, Exec Director, DDAR Foundation</u>	<u>David Edward Hawsey</u>	<u>VP, Marketing</u>
<u>John Garrett Norman #</u>	<u>VP, Information Technology</u>		

DIRECTORS OR TRUSTEES

<u>Mel Taylor Collazo</u>	<u>Phillip Wayne Cox</u>	<u>Robbins Mark Bailey</u>	<u>Troy John Dryden Bartels</u>
<u>Arnoud Krijt #</u>	<u>Susan Jane Fletcher Smith</u>	<u>Terri Anderson Miller</u>	<u>Joseph Wood Thompson</u>
<u>Sarah Jean Clark</u>	<u>James Talbert Johnston</u>	<u>Granville Wayne Callahan, Sr.</u>	<u>Doug Robert Anderson #</u>
<u>Cindy Hovis Boyle #</u>	<u>Tamika Silverman Edwards #</u>		

State of Arkansas

County of Pulaski 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.

<u>(Signature)</u> <u>Eddie Allen Choate</u> <u>(Printed Name)</u> <u>1.</u> <u>President and CEO</u> <u>(Title)</u>	<u>(Signature)</u> <u>Sarah Jean Clark</u> <u>(Printed Name)</u> <u>2.</u> <u>Secretary</u> <u>(Title)</u>	<u>(Signature)</u> <u>Phillip Wayne Cox</u> <u>(Printed Name)</u> <u>3.</u> <u>Treasurer</u> <u>(Title)</u>
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Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2018, by _____

a. Is this an original filing? [X] Yes [] No
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
079999 Gross Health Care Receivables						

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Total (Lines 1 through 6)						

NONE

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Renaissance Life & Health Insurance Company of America Delta Dental of Michigan, Inc.	Administrative Fees Administrative Fees	56,691 2,011,876	56,691 2,011,876	
0199999 Individually listed payable		2,068,567	2,068,567	
0299999 Payables not individually listed				
0399999 Total gross payables		2,068,567	2,068,567	

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	1,732,250		1,564,152	168,098	168,098	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,732,250		1,564,152	168,098	168,098	



47155201743004100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2017

NAIC Company Code 47155

30 AR

	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	265,714				49,954	215,760				
2. First Quarter	261,712				48,131	213,581				
3. Second Quarter	264,537				50,705	213,832				
4. Third Quarter	268,830				52,215	216,615				
5. Current Year	275,868				55,852	220,016				
6. Current Year Member Months	3,202,293				612,373	2,589,920				
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)	127,398,964				7,547,951	119,851,013				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	127,398,964				7,547,951	119,851,013				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	96,137,366				4,093,466	92,043,900				
18. Amount Incurred for Provision of Health Care Services	95,849,538				4,019,195	91,830,343				

(a) For health business: number of persons insured under PPO managed care products 0 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.



47155201743059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2017

NAIC Company Code 47155

30 GT

	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	265,714				49,954	215,760				
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(a) For health business: number of persons insured under PPO managed care products 0 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.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
54305	38-1791480	01/01/2014	Delta Dental Plan of Michigan	MI	QA/A/G	16,522,694			16,975,467		
0299999	Affiliates - U.S. - Other					16,522,694			16,975,467		
0399999	Affiliates - U.S. - Total					16,522,694			16,975,467		
0799999	Affiliates - Total Affiliates					16,522,694			16,975,467		
69868	47-0322111	08/15/2009	Mutual of Omaha Insurance Company and United of Omaha Life Insurance Company	NE	QA/G	25,471,163	713		5,992,972		
0899999	Non-Affiliates - U.S. Non-Affiliates					25,471,163	713		5,992,972		
1099999	Non-Affiliates - Total Non-Affiliates					25,471,163	713		5,992,972		
1199999	Total U.S.					41,993,857	713		22,968,439		
9999999	Totals					41,993,857	713		22,968,439		

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company
as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
NONE						

999999 Totals

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
11163	86-0960007	01/01/2008	Avesis Insurance Incorporated	AZ	QA/G	OH	8,918						
1399999	General Account - Unauthorized - Affiliates - U.S. - Other					XXX	8,918						
1499999	General Account - Unauthorized - Affiliates - U.S. - Total					XXX	8,918						
1899999	General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates					XXX	8,918						
2299999	General Account - Unauthorized - Total General Account Unauthorized					XXX	8,918						
3499999	General Account - Total General Account Authorized, Unauthorized and Certified					XXX	8,918						
6999999	Total U.S.					XXX	8,918						
9999999	Totals					XXX	8,918						

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 OMITTED)

	1	2	3	4	5
	2017	2016	2015	2014	2013
A. OPERATIONS ITEMS					
1. Premiums	9	3,679	3,514	3,229	2,909
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance		1,545	1,460	1,341	1,196
5. Total hospital and medical expenses	104	1,834	1,698	1,695	1,523
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable		134	108	136	93
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due		807	754	755	633
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	100,137,970		100,137,970
2. Accident and health premiums due and unpaid (Line 15)	4,092,668		4,092,668
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	16,509,200		16,509,200
6. Total assets (Line 28)	120,739,838		120,739,838
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	6,869,329		6,869,329
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,306,290		2,306,290
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	25,054,156		25,054,156
15. Total liabilities (Line 24)	34,229,775		34,229,775
16. Total capital and surplus (Line 33)	86,510,064	X X X	86,510,064
17. Total liabilities, capital and surplus (Line 34)	120,739,839		120,739,839
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

		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
States, Etc.							
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? (Y/N)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	NIA					N	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	5800.0	Renaissance Health Service Corporat	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	420.0	Renaissance Health Service Corporat	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	580.0	Renaissance Health Service Corporat	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	890.0	Renaissance Health Service Corporat	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	590.0	Renaissance Health Service Corporat	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	400.0	Renaissance Health Service Corporat	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	1320.0	Renaissance Health Service Corporat	Y	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of Americ	IN	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of Ameri	Ownership	10000.0	Renaissance Health Service Corporat	N	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New Yo	NY	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	32669999				Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	8280.0	Renaissance Health Service Corporat	N	
		0	35804161				Global Dental Company A/S	DK	NIA	DNS Holding Company, LLC	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	38-3638865				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	01-0862825				Renaissance Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporat	N	
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 Corporat	N	
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 Corporat	N	
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 Corporat	N	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporat	N	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporat	N	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	7500.0	Renaissance Health Service Corporat	Y	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	2500.0	Renaissance Health Service Corporat	Y	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	GLM Holding Company	Ownership	10000.0	Renaissance Health Service Corporat	N	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporat	N	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporat	Y	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporat	N	
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 Corporat	N	
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 Corporat	N	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporat	N	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporat	N	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporat	N	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	RE	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporat	N	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	10000.0	Renaissance Health Service Corporat	N	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporat	N	
		0	20-0661957				Chesme, LLC	MI	NIA	GLM Holding Company	Ownership	7900.0	Renaissance Health Service Corporat	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
	NONE

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/ (Disbursements) 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)
NONE												
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Responses
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
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	WAIVED

The following supplemental reports are required to be filed as part of your annual statement filing. 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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. 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
18. 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 with the NAIC by March 1?	NO
19. 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	
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 Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report 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 11: N/A

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 12: N/A
- Explanation 13: N/A
- Explanation 14: N/A
- Explanation 15: N/A
- Explanation 16: N/A
- Explanation 17: N/A
- Explanation 18: N/A
- Explanation 19: N/A
- Explanation 20: N/A
- Explanation 21: N/A
- Explanation 22: N/A
- Explanation 23: N/A
- Explanation 24: N/A

Bar Code:



47155201722200000



47155201736000000



47155201720500000



47155201720700000



47155201742000000



47155201737100000



47155201737000000



47155201736500000



47155201722400000



47155201722500000



47155201722600000



47155201730600000



47155201721100000



47155201721300000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



47155201721600000

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