



47155201320100100

# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

## Delta Dental Plan of Arkansas, Inc.

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  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 501-835-3400  
 (City or Town, State, Country and Zip Code) (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 Website Address www.deltadentalar.com

Statutory Statement Contact Phyllis L Rogers 501-992-1616  
 (Name) (Area Code) (Telephone Number) (Extension)  
progers@deltadentalar.com 501-992-1617  
 (E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
1. <u>Eddie Allen Choate</u>	<u>President and CEO</u>
2. <u>Mel Taylor Collazo</u>	<u>Secretary</u>
3. <u>Susan Jane Fletcher Smith</u>	<u>Vice Chair and 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>Herman Eldon Hurd</u>	<u>Vice President of Provider Relations</u>	<u>Allen Dale Moore</u>	<u>Vice President of Information Technology</u>
<u>Melissa C Masingill #</u>	<u>Vice President of Public Affairs</u>	<u>James W Couch #</u>	<u>Vice President and General Counsel</u>
<u>Jay Reavis #</u>	<u>Vice President of Sales &amp; Marketing</u>		

### DIRECTORS OR TRUSTEES

<u>Harold Wayne Perrin</u>	<u>Robert Howard Gladden</u>	<u>Ebb Weldon Johnson</u>	<u>James Talbert Johnston</u>
<u>Susan Jane Fletcher Smith</u>	<u>Mel Taylor Collazo</u>	<u>Ronald Paul Ownbey</u>	<u>Terri Anderson Miller</u>
<u>Troy John Dryden Bartels</u>	<u>Sarah Clark</u>	<u>Granville Wayne Callahan, Sr.</u>	<u>Mark Bailey #</u>
<u>Robert Mason #</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.

(Signature) <u>Eddie Allen Choate</u>	(Signature) <u>Mel Taylor Collazo</u>	(Signature) <u>Susan Jane Fletcher Smith</u>
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
<u>President and CEO</u>	<u>Secretary</u>	<u>Vice Chair and Treasurer</u>
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014 by \_\_\_\_\_

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



**NONE Exhibit 3 - Health Care Receivables**

**NONE Exhibit 3A - Analysis of Health Care Receivables Collected and  
Accrued**





### EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Delta Dental of Michigan, Inc.	Administrative Fees	594,044	594,044	
0199999 Individually listed payable		594,044	594,044	
0299999 Payables not individually listed				
0399999 Total gross payables		594,044	594,044	



### 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	1,625,480		1,524,209	101,271	101,271	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,625,480		1,524,209	101,271	101,271	



47155201343004100

**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 2013**

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	226,449				42,970	183,479				
2. First Quarter	233,254				44,351	188,903				
3. Second Quarter	234,163				44,968	189,195				
4. Third Quarter	233,996				44,625	189,371				
5. Current Year	232,447				44,009	188,438				
6. Current Year Member Months	2,797,962				532,715	2,265,247				
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)	108,562,593				5,817,516	102,745,077				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	108,562,593				5,817,516	102,745,077				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	84,680,312				3,073,512	81,606,800				
18. Amount Incurred for Provision of Health Care Services	85,236,831				3,046,820	82,190,011				

(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.



47155201343059100

**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 2013**

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	226,449				42,970	183,479				
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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
81396 69868	94-2761537 47-0322111	01/14/2008 08/15/2009	Delta Dental Insurance Company - VA Project HERO Dental Progr Mutual of Omaha Insurance Company and United of Omaha Life In	DE NE	QA/G&I QA/G	25,924 15,639,748	2,398	925,000	(3,684,919)		
0899999	Non-Affiliates - U.S. Non-Affiliates					15,665,672	2,398	925,000	(3,684,919)		
1099999	Non-Affiliates - Total Non-Affiliates					15,665,672	2,398	925,000	(3,684,919)		
9999999	Total					15,665,672	2,398	925,000	(3,684,919)		

### 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
<b>NONE</b>						
999999 Total						

### 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	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
11163	86-0960007	01/01/2008	Avesis Insurance Incorporated	Phoenix, Arizona	QA/G&I	2,908,761		93,419				
1999999	General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates					2,908,761		93,419				
2199999	General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates					2,908,761		93,419				
2299999	General Account - Unauthorized - Total General Account Unauthorized					2,908,761		93,419				
6999999	Total U.S.					2,908,761		93,419				
9999999	Totals					2,908,761		93,419				

### SCHEDULE S - PART 4

#### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number(a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
11163	86-0960007	01/01/2008	Avesis Insurance Incorporated			93,419	93,419							
2099999	General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					93,419	93,419		X X X					
2199999	General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates					93,419	93,419		X X X					
2299999	General Account - Accident and Health - Total Accident and Health					93,419	93,419		X X X					
2399999	General Account - Total General Account					93,419	93,419		X X X					
3699999	Total Non-U.S.					93,419	93,419		X X X					
9999999	Total					93,419	93,419		X X X					

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(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
<b>NONE</b>				



**SCHEDULE S – PART 6**Five-Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1	2	3	4	5
	2013	2012	2011	2010	2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums	2,909	2,702	2,268	1,690	1,134
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance	1,196	1,105	935	698	477
5. Total hospital and medical expenses	1,523	1,454	1,196	930	637
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable	93	107	80		
8. Reinsurance recoverable on paid losses				59	28
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	633	608			
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			X X X	X X X	X X X
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust			X X X	X X X	X X X
18. Funds deposited by and withheld from (F)			X X X	X X X	X X X
19. Letters of credit (L)			X X X	X X X	X X X
20. Trust agreements (T)			X X X	X X X	X X X
21. Other (O)			X X X	X X X	X X X

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	64,812,344		64,812,344
2. Accident and health premiums due and unpaid (Line 15)	718,630	729,496	1,448,126
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	(296,564)	(296,564)
5. All other admitted assets (Balance)	14,335,556	200,184	14,535,740
6. Total assets (Line 28)	79,866,530	633,116	80,499,646
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	5,199,252	332,719	5,531,971
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,064,146		2,064,146
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)	93,419		93,419
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)	13,468,547	300,397	13,768,944
15. Total liabilities (Line 24)	20,825,364	633,116	21,458,480
16. Total capital and surplus (Line 33)	59,041,166	X X X	59,041,166
17. Total liabilities, capital and surplus (Line 34)	79,866,530	633,116	80,499,646
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid	332,719		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables	300,397		
23. Total ceded reinsurance recoverables	633,116		
24. Premiums receivable	729,496		
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	200,184		
30. Total ceded reinsurance payables/offsets	929,680		
31. Total net credit for ceded reinsurance	(296,564)		

**NONE Schedule T - Part 2**

## 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
Group Code	Group Name	NAIC Company Code	Federal 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)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	5800.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	420.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	580.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	890.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	590.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	400.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	1320.0	Renaissance Health Service Cor	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of	IN	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Cor	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New Y	NY	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Cor	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Cor	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Cor	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Cor	
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 Cor	
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 Cor	
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 Cor	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Cor	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Cor	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Cor	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Cor	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Cor	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Cor	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Cor	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Cor	
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 Cor	
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 Cor	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Cor	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Cor	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Cor	
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 Cor	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Cor	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	10000.0	Renaissance Health Service Cor	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Cor	



## 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	Federal ID Number	Names of Insurers and Parents, 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)
54305	38-1791480	DELTA DENTAL PLAN OF MI INC		(23,000,000)			44,301,929			(6,000,000)	15,301,929	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,258,550				1,258,550	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(2,000,000)			(23,254,046)				(25,254,046)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		(3,000,000)			(8,938,466)				(11,938,466)	
54526	62-0812197	DELTA DENTAL PLAN OF TN		(5,000,000)			(5,665,149)				(10,665,149)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					(2,943,407)				(2,943,407)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC		(2,000,000)			(1,668,913)				(3,668,913)	
54658	56-1018068	DELTA DENTAL OF NC					(1,846,351)				(1,846,351)	
00000	38-2337000	DELTA DENTAL FUND					(170,060)			6,000,000	5,829,940	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATIO					(125,004)				(125,004)	
42 54674	61-0659432	DELTA DENTAL OF KY INC		(3,000,000)			(1,827,648)				(4,827,648)	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY					(142,292)				(142,292)	
00000	41-2177193	RENAISSANCE HOLDING CO		45,000,000			(308,923)				44,691,077	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC					1,845,265				1,845,265	
00000	01-0862825	MAVEREST DENTAL NETWORK, LLC					(18,122)				(18,122)	
00000	11-3774096	RENAISSANCE ELECTRONIC SERVICES, LLC					(3,996)				(3,996)	
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(7,000,000)			(1,376,216)			(3,433,301)	(11,809,517)	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION										
00000	20-4116122	FORE HOLDING CORPORATION										
00000	04-3740469	OMEGA ADMINISTRATORS, INC.					919,639				919,639	
00000	26-0665787	OMEGA VENTURES, INC										
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION								3,433,301	3,433,301	
00000	45-4734479	ELECTRONIC LOCKBOX SERVICES, LLC					(13,049)				(13,049)	
00000	611105118	DENTAL CHOICE, INC.					(23,741)				(23,741)	
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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile 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.

<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....
15. 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?	.....
16. 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?	.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....
18. 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?	.....
19. 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?	.....
20. 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?	.....
<b>APRIL FILING</b>	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....
24. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	.....
25. 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?	.....
<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....

**Explanation:**

**Bar Code:**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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**OVERFLOW PAGE FOR WRITE-INS**

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