



47155201420100100

ANNUAL STATEMENT

For the Year Ended December 31, 2014
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 Arkansas

Country of Domicile United States

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 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>Vice Chair and Secretary</u>
3.	<u>Ebb Weldon Johnson</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>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 & Marketing</u>		

DIRECTORS OR TRUSTEES

<u>Harold Wayne Perrin</u>	<u>Robert Howard Gladden</u>	<u>Ebb Weldon Johnson</u>	<u>James Talbert Johnson</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>

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> 1. <u>President and CEO</u> <u>(Title)</u>	<u>(Signature)</u> <u>Mel Taylor Collazo</u> <u>(Printed Name)</u> 2. <u>Vice Chair and Secretary</u> <u>(Title)</u>	<u>(Signature)</u> <u>Ebb Weldon Johnson</u> <u>(Printed Name)</u> 3. <u>Treasurer</u> <u>(Title)</u>
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Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2015, 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
Omega Administrators, Inc. Delta Dental of Michigan, Inc.	Administrative Fees Administrative Fees	7,350 943,487	7,350 943,487	
0199999 Individually listed payable		950,837	950,837	
0299999 Payables not individually listed				
0399999 Total gross payables		950,837	950,837	

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	1,640,330		1,567,690	72,640	72,640	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,640,330		1,567,690	72,640	72,640	



47155201443004100

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 2014

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	232,447				44,009	188,438				
2. First Quarter	237,083				45,123	191,960				
3. Second Quarter	236,615				45,957	190,658				
4. Third Quarter	236,515				46,518	189,997				
5. Current Year	240,715				47,616	193,099				
6. Current Year Member Months	2,846,887				552,862	2,294,025				
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)	111,579,162				6,457,843	105,121,319				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	111,579,162				6,457,843	105,121,319				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	84,566,660				3,305,075	81,261,585				
18. Amount Incurred for Provision of Health Care Services	84,596,127				3,390,152	81,205,975				

(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.



47155201443059100

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 2014

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	232,447				44,009	188,438				
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Total Member Ambulatory Encounters For Year:										
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18. Amount Incurred for Provision of Health Care Services	84,596,127				3,390,152	81,205,975				

(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 69868	38-1791480 47-0322111	01/01/2014 08/15/2009	Delta Dental Plan of Michigan Mutual of Omaha Insurance Company and United of Omaha Life Insurance Company	MI NE	QA/A/G QA/G	13,594,640 17,603,447	1,683	519,943	(14,194,538) (4,118,404)		
0899999	Non-Affiliates - U.S. Non-Affiliates					31,198,087	1,683	519,943	(18,312,942)		
1099999	Non-Affiliates - Total Non-Affiliates					31,198,087	1,683	519,943	(18,312,942)		
1199999	Total U.S.					31,198,087	1,683	519,943	(18,312,942)		
9999999	Total					31,198,087	1,683	519,943	(18,312,942)		

NONE Schedule S - Part 2

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 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	Phoenix, Arizona	QA/G&I	OH	3,228,922		135,958				
1999999	General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates					X X X	3,228,922		135,958				
2199999	General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates					X X X	3,228,922		135,958				
2299999	General Account - Unauthorized - Total General Account Unauthorized					X X X	3,228,922		135,958				
3499999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	3,228,922		135,958				
6999999	Total U.S.					X X X	3,228,922		135,958				
9999999	Totals					X X X	3,228,922		135,958				

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			135,958	135,958							
2099999	General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					135,958	135,958		X X X					
2199999	General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates					135,958	135,958		X X X					
2299999	General Account - Accident and Health - Total Accident and Health					135,958	135,958		X X X					
2399999	General Account - Total General Account					135,958	135,958		X X X					
3699999	Total Non-U.S.					135,958	135,958		X X X					
9999999	Total					135,958	135,958		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
NONE				

NONE Schedule S - Part 5

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

	1	2	3	4	5
	2014	2013	2012	2011	2010
A. OPERATIONS ITEMS					
1. Premiums	3,229	2,909	2,702	2,268	1,690
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance	1,341	1,196	1,105	935	698
5. Total hospital and medical expenses	1,695	1,523	1,454	1,196	930
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	136	93	107	80	
8. Reinsurance recoverable on paid losses					59
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	755	633	608		
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				X X X	X X X
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				X X X	X X X
18. Funds deposited by and withheld from (F)				X X X	X X X
19. Letters of credit (L)				X X X	X X X
20. Trust agreements (T)				X X X	X X X
21. Other (O)				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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	73,455,226		73,455,226
2. Accident and health premiums due and unpaid (Line 15)	720,390	838,042	1,558,432
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	264,107	264,107
5. All other admitted assets (Balance)	23,291,099	(346,738)	22,944,361
6. Total assets (Line 28)	97,466,715	755,411	98,222,126
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	5,876,707	408,673	6,285,380
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,903,764		2,903,764
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)	135,958		135,958
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)	23,741,100	346,738	24,087,838
15. Total liabilities (Line 24)	32,657,529	755,411	33,412,940
16. Total capital and surplus (Line 33)	64,809,187	X X X	64,809,187
17. Total liabilities, capital and surplus (Line 34)	97,466,716	755,411	98,222,127
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	408,673		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables	346,738		
23. Total ceded reinsurance recoverables	755,411		
24. Premiums receivable	838,042		
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	(346,738)		
30. Total ceded reinsurance payables/offsets	491,304		
31. Total net credit for ceded reinsurance	264,107		

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	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	58.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Cor	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Cor	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of A	IA	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Cor	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New Yo	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Cor	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Cor	
		0	32669999				Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	61.7	Renaissance Health Service Cor	
		0	35804161				Global Dental Company A/S	DK	NIA	DNS Holding Company, LLC	Ownership	100.0	Renaissance Health Service Cor	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Cor	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Cor	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	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	100.0	Renaissance Health Service Cor	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	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	100.0	Renaissance Health Service Cor	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Cor	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	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	100.0	Renaissance Health Service Cor	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Cor	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	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	100.0	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	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)
54305	38-1791480	DELTA DENTAL PLAN OF MI INC		(250,000)			44,923,996			(2,000,000)	42,673,996	
00000	38-3638865	RENAISSANCE SYSTEM & SERVICES, LLC					1,824,892				1,824,892	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC					(24,189,172)			(3,600,000)	(27,789,172)	
52634	35-1545647	DELTA DENTAL PLAN OF IN					(8,770,213)			(2,000,000)	(10,770,213)	
54526	62-0812197	DELTA DENTAL PLAN OF TN					(4,474,768)				(4,474,768)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					(2,483,706)				(2,483,706)	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC					(1,592,394)				(1,592,394)	
54658	56-1018068	DELTA DENTAL OF NC					(1,946,790)				(1,946,790)	
00000	38-2337000	DELTA DENTAL FUND					(241,304)			7,600,000	7,358,696	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATIO					(125,004)				(125,004)	
42 54674	61-0659432	DELTA DENTAL OF KY INC					(2,971,744)				(2,971,744)	
15638	13-4098096	RENAISSANCE HEALTH INS CO OF NY					(429,746)				(429,746)	
00000	41-2177193	RENAISSANCE HOLDING CO					(504,218)				(504,218)	
00000	26-2403888	TESIA CLEARINGHOUSE, LLC					2,812,632				2,812,632	
47155	71-0561140	DELTA DENTAL PLAN OF AR INC					(2,724,880)			(3,216,858)	(5,941,738)	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.					1,055,974				1,055,974	
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION								3,216,858	3,216,858	
00000	611105118	DENTAL CHOICE, INC.					(124,332)				(124,332)	
00000	46-2668799	RED CEDAR INVESTMENT MANAGEMENT LLC		250,000			(39,223)				210,777	
9999999	Control Totals									X X X		

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 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.

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 the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
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?	NO
24. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
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?	NO
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 11: N/A
- 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
- Explanation 25: N/A
- Explanation 26: N/A

Bar Code:



47155201422200000



47155201436000000



47155201420500000



47155201420700000



47155201442000000



47155201437100000



47155201437000000



47155201436500000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



47155201422400000



47155201422600000



47155201421100000



47155201421600000



47155201422300000



47155201422500000



47155201430600000



47155201421300000



47155201421700000

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