



47155202420100100

ANNUAL STATEMENT

For the Year Ended December 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code 0477 0477 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 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>Kristin Nielsen Merlo</u>	<u>President and CEO</u>
2.	<u>Cindy Hovis Boyle</u>	<u>Secretary</u>
3.	<u>Arnoud Derk Krijt</u>	<u>Treasurer</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>Thomas Burton Redd</u>	<u>Vice President of Professional Relations</u>	<u>David Edward Hawsey</u>	<u>VP, Marketing</u>
<u>Jimmy Sam Anthony</u>	<u>VP, Strategic Customer Solutions</u>	<u>Deborah Ann Lowtharp</u>	<u>VP, Finance & CFO</u>
<u>Jennifer Renee Morales</u>	<u>VP, Human Resources</u>	<u>Kathleen Lestage Mehdizadegan</u>	<u>VP, General Counsel</u>
<u>Bradley Jay Clothier</u>	<u>Executive VP & COO</u>	<u>Elizabeth Ann Jones</u>	<u>Director, Medicaid Operations</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

<u>Phillip Wayne Cox</u>	<u>Robbins Mark Bailey</u>	<u>Arnoud Derk Krijt</u>	<u>Cindy Hovis Boyle</u>
<u>Tamika Silverman Edwards</u>	<u>Joseph Wood Thompson</u>	<u>Sarah Jean Clark</u>	<u>Granville Wayne Callahan, Sr.</u>
<u>Nader Elias Alley</u>	<u>Paul Eugene Beahm, Jr.</u>	<u>Mark Alan Langston</u>	<u>Desiree Claire Melo #</u>
<u>David Keith Jones #</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>Kristin Nielsen Merlo</u> (Printed Name) President and CEO (Title)	_____ (Signature) (Printed Name) (Title)	_____ (Signature) <u>Arnoud Derk Krijt</u> (Printed Name) Treasurer (Title)
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Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2025, 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 or Offset 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 from 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
0199999	Individually listed payable			
0299999	Payables not individually listed	1,068,580	1,068,580	
0399999	Total gross payables	1,068,580	1,068,580	

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,901,580		1,909,515	992,065	992,065	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	2,901,580		1,909,515	992,065	992,065	



47155202443004100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0477

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2024

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	829,389				162,087	381,498			285,804					
2. First Quarter	854,037				169,126	391,709			293,202					
3. Second Quarter	851,008				165,891	388,669			296,448					
4. Third Quarter	857,833				166,221	396,293			295,319					
5. Current Year	567,019				167,707	399,312								
6. Current Year Member Months	9,663,715				2,002,789	4,727,645			2,933,281					
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)	203,414,448				15,057,428	129,290,320			59,066,700					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	203,141,005				15,057,428	129,016,877			59,066,700					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	161,025,198				8,020,946	96,654,225			56,350,027					
18. Amount Incurred for Provision of Health Care Services	160,802,484				7,999,835	97,597,202			55,205,447					

(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.



47155202443059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0477

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2024

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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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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 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance	
NONE													
999999	Totals					XXX							

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		
NONE													
999999 Totals							X X X						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
NONE														
9999999 Totals														
										XXX				

34

(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				

SCHEDULE S – PART 6

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

	1	2	3	4	5
	2024	2023	2022	2021	2020
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
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)					

NONE

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)			
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)			
6. Total assets (Line 28)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
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)			
15. Total liabilities (Line 24)			
16. Total capital and surplus (Line 33)	NONE	X X X	
17. Total liabilities, capital and surplus (Line 34)			
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? (Yes/No)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					No	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.000	Renaissance Health Service Corporat	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.200	Renaissance Health Service Corporat	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.800	Renaissance Health Service Corporat	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.900	Renaissance Health Service Corporat	No	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.900	Renaissance Health Service Corporat	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.000	Renaissance Health Service Corporat	Yes	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.200	Renaissance Health Service Corporat	Yes	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of Ameri	IN	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corporat	No	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of Ameri	Ownership	100.000	Renaissance Health Service Corporat	No	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New Yo	NY	IA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Service Corporat	No	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporat	No	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporat	No	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporat	No	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporat	No	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	T4G Management, LLC	Board of Directors		Renaissance Health Service Corporat	No	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.000	Renaissance Health Service Corporat	Yes	
		0	47-2557772				The 4100 Group, Inc	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.000	Renaissance Health Service Corporat	Yes	
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	No	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corporat	Yes	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corporat	No	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.000	Renaissance Health Service Corporat	No	
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	No	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporat	No	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corporat	Yes	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Service Corporat	No	
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	No	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR	RE				Renaissance Health Service Corporat	No	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	100.000	Renaissance Health Service Corporat	No	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporat	No	
		00000	83-0862670				Dental Choice Holdings, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	27-3207545				The Incorporated PAC of Delta Dental Plan of Arkansas, I	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Services Corpor	No	
		00000	37-1962356				Roosevelt Solutions, LLC	MI	IA	Roosevelt Innovations, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	34-1891243				Gries Financial, LLC	OH	NIA	T4G Financial Services, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	84-4189189				Ancillary Choice, LLC	KY	NIA	Dental Choice Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	81-5265121				Logix Investments, LLC	DE	NIA	Gries Financial, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-0875564				Dental Choice Properties LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-2720512				Roosevelt Innovations, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-2600883				Oso Insurance Options, Inc.	NM	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	20-0969468				Dentist Direct, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	26-2114217				Direct Access Plans, LLC	UT	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	87-4045357				Delta Dental of Kentucky Foundation, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	86-3099188				DCH Distribution, LLC	KY	NIA	Dental Choice Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-1391091				Dental Choice Ancillary, Inc.	KY	NIA	Dental Choice, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-0574945				Ancillary Choice Life, Inc.	KY	NIA	Dental Choice, Inc.	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-4271021				T4G Management, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	92-1020583				T4G Financial Services, LLC	MI	NIA	T4G Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	92-1012982				T4G Health Holdings, LLC	MI	NIA	T4G Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	47-1654054				Smile 180 Foundation	TN	NIA	Delta Dental of Tennessee	Influence		Renaissance Health Services Corpor	No	
		00000	93-2747487				T4G Fund Management, LLC	MI	NIA	The 4100 Group, Inc	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	93-4527543	000000000	000000000		Dyntl, Inc	DE	NIA	T4G Health Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	88-2628037				Red Cedar SRI GP, LLC	DE	NIA	Red Cedar Investment Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	93-2945609	000000000			Arcis Fund I, LLC	DE	NIA	Renaissance Holding Company	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	99-0915381				Joyn Health, Inc	DE	NIA	T4G Health Holdings, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	
		00000	99-4952135				Sylvason, LLC dba Dent-Well	TX	NIA	T4G Health Holdings, LLC	Ownership	60.000	Renaissance Health Services Corpor	No	
		00000	99-4541334				Concorde Investment Holdings, LLC	DE	NIA	Omega Administrators, Inc.	Ownership	50.000	Renaissance Health Services Corpor	No	
		00000	84-2566842				Jet Dental Holdings, LLC	DE	NIA	Concorde Investment Holdings, LLC	Ownership	49.124	Renaissance Health Services Corpor	No	
		00000	33-1884322				T4G Real Estate Holdings, LLC	MI	NIA	T4G Management, LLC	Ownership	100.000	Renaissance Health Services Corpor	No	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000 00000	33-1948478 33-1403805				T4G MFO Holdings, LLC Delta Dental Foundation of North Carolina	MI NC	NIA NIA	T4G Financial Services, LLC Delta Dental of North Carolina	Ownership Ownership	100.000 100.000	Renaissance Health Services Corpor Renaissance Health Services Corpor	No No	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
1	RHSC became DDAR's sole corporate member on August 1, 2012 pursuant to an Affiliation Agreement filed with the Arkansas Insurance Department; however, the Affiliation and resulting transition of corporate membership was not determined to result in a change of control for DDAR under Arkansas law based on review and discussion at that time.

SCHEDULE Y

PART 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		(1,500,000)			101,519,356				100,019,356	
54402	31-0685339	DELTA DENTAL PLAN OF OH INC		(500,000)			(52,571,711)				(53,071,711)	
52634	35-1545647	DELTA DENTAL PLAN OF IN		(500,000)			(20,783,653)				(21,283,653)	
54526	62-0812197	DELTA DENTAL PLAN OF TN					(6,255,403)				(6,255,403)	
61700	47-0397286	RENAISSANCE L & H INS CO OF AMER					4,850,385				4,850,385	
47287	85-0224562	DELTA DENTAL PLAN OF NM INC					(4,197,314)				(4,197,314)	
54658	56-1018068	DELTA DENTAL OF NC		(175,000)			(12,279,541)				(12,454,541)	
00000	38-2337000	DELTA DENTAL FUND		2,675,000			(1,278,670)				1,396,330	
00000	38-1675667	RENAISSANCE HEALTH SERVICE CORPORATIO					(133,938)				(133,938)	
54674	61-0659432	DELTA DENTAL OF KY INC		(4,102,000)			(329,133)				(4,431,133)	
15638	13-4098096	RENAISSANCE LIFE & HEALTH INS CO OF NY					(2,726,841)				(2,726,841)	
00000	41-2177193	RENAISSANCE HOLDING CO					(85,892)				(85,892)	
00000	46-2668799	RED CEDAR INVESTMENT MANAGEMENT LLC					4,395,223				4,395,223	
00000	47-2557772	THE 4100 GROUP, LLC					(232,225)				(232,225)	
00000	46-1376165	RENAISSANCE FAMILY FOUNDATION, INC.					(3,000)				(3,000)	
00000	20-4116122	FORE HOLDING CORPORATION										
00000	11-3662057	PREMIER INSURANCE SERVICES, LLC										
47155	71-0561140	DELTA DENTAL PLAN OF AR INC		(12,597,063)			(6,341,225)				(18,938,288)	
00000	04-3740469	OMEGA ADMINISTRATORS, INC.		10,000,000							10,000,000	
00000	26-1569324	DELTA DENTAL OF AR FOUNDATION		2,597,063							2,597,063	
00000	611105118	DENTAL CHOICE, INC.		2,000,000							2,000,000	
00000	815265121	DH LOGIX, LLC										
00000	830862670	DENTAL CHOICE HOLDINGS, LLC					(3,654,063)				(3,654,063)	
00000	874045357	DELTA DENTAL OF KENTUCKY FOUNDATION, IN		2,102,000							2,102,000	
00000	870875564	DENTAL CHOICE PROPERTIES, LLC										
00000	872720512	ROOSEVELT INNOVATIONS, LLC					(720,458)				(720,458)	
00000	341891243	GRIES FINANCIAL, LLC					170,426				170,426	
00000	200969468	DENTIST DIRECT, LLC					734,090				734,090	
00000	262114217	DIRECT ACCESS PLANS, LLC					(76,413)				(76,413)	
17503	88-0574945	ANCILLARY CHOICE LIFE INC										
45100	881391091	DENTAL CHOICE ANCILLARY, INC.										
9999999	Control Totals								X X X			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	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

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2) be files with the state of domicile and the NAIC by April 1?	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation 10: N/A

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

Bar Code:



4715520243600000



4715520242050000



4715520242070000



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