



HEALTH QUARTERLY STATEMENT

As of March 31, 2002
of the Condition and Affairs of the

SUPERIOR DENTAL CARE, INC.

NAIC Group Code..... ,
(Current

Period) (Prior Period)

NAIC

Company C06280.

Employer's

ID Number1:1119867

Organized under the Laws of OHIO

State

of Domicile or Port of Entry

Country of Domicile

US

Licensed as Business Type Life, Accident & Health []

Property/Casualty []

Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation [X]

Vision Service Corporation []

Health Maintenance Organization []

Other []

Is HMO Federally Qualified? Yes []

No []

Date Incorporated or Organized..... November 30, 1984

Date

Commenced Business1986

Statutory Home Office

6683 CENTERVILLE-BUSINESS PARKWAY .. DAYTON OH 45459

(Street and Number) (City or Town, State and Zip Code)

Address of Main Administrative Office

6683 CENTERVILLE-BUSINESS PARKWAY .. DAYTON OH 45459

(Street and Number) (City or Town, State and Zip Code) (Area

937-438-0283

Code) (Telephone Number)

Mail Address

6683 CENTERVILLE-BUSINESS PARKWAY .. DAYTON OH 45459

(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

6683 CENTERVILLE-BUSINESS PARKWAY .. DAYTON OH 45459

(Street and Number) (City or Town, State and Zip Code) (Area

937-438-0283

Code) (Telephone Number)

Internet Website Address

WWW.SUPERIORDENTAL.COM

Statement Contact

WENDY GLOVER

(Name) (Area

937-438-0283

Code) (Telephone Number) (Extension

WGLOVER@SUPERIORDENTAL.COM

937-291-5690

(E-Mail Address) (Fax)

Policyowner Relations Contact

6683 CENTERVILLE-BUSINESS PARKWAY .. DAYTON OH 45459

(Street and Number) (City or Town, State and Zip Code) (Area

937-438-0283

Code) (Telephone Number) (Extension)

OFFICERS

President THOMAS G PAVEY DMD

Treasurer

.....DOUGLAS R HOEFLING DDS

Secretary JAMES R MILLER DDS

VICE PRESIDENTS

REBECCA J YORK EXECUTIVE VP & CEO

RICHARD W PORTUNE DDS DENTAL DIRECTOR &VP

DIRECTORS OR TRUSTEES

Dennis A Burns DDS

Roger E Clark DDS #

Douglas R Hoefling DDS

Kenneth D Jones DDS

James R Miller DDS

Thomas G Pavey DMD

Richard W Portune DDS

L Don Shumaker DDS

Rebecca J York

State of..... OHIO

County of..... MONTGOMERY

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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 manuals 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.

(Signature)

THOMAS G PAVEY DMD
(Printed Name)
President

(Signature)

REBECCA J YORK_____
(Printed Name)
Executive VP and CEO

Subscribed and sworn to before me this
.....day of, 2002
.....

ASSETS

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			(a) 0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....1,153,034) and short-term investments (\$.....359,713).....	1,513,108	361	1,512,748	1,468,350
6. Other long-term invested assets.....	681,928	2,836	679,092	889,064
7. Receivable for securities.....			0	
8. Aggregate write-ins for invested assets.....	125,000	0	125,000	125,000
9. Subtotal, cash and invested assets (Lines 1 to 8).....	2,320,036	3,196	2,316,840	2,482,414
10. Accident and health premiums due and unpaid.....			0	
11. Health care receivables.....	227,066		227,066	409,142
12. Amounts recoverable from reinsurers.....			0	
13. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
14. Investment income due and accrued.....	10,501		10,501	26,518
15. Amounts due from parent, subsidiaries and affiliates.....	110,566	110,566	0	0
16. Amounts receivable relating to uninsured accident and health plans.....			0	
17. Furniture and equipment.....	137,920		137,920	147,013
18. Amounts due from agents.....			0	
19. Federal and foreign income tax recoverable and interest thereon (including \$.....0 net deferred tax asset).....			0	
20. Electronic data processing equipment and software.....	24,788		24,788	26,720
21. Other nonadmitted assets.....			0	
22. Aggregate write-ins for other than invested assets.....	348,517	129,528	218,989	217,629
23. Total assets (Lines 9 plus 10 through 22).....	3,179,394	243,290	2,936,103	3,309,435

DETAILS OF WRITE-INS

0801. Restricted Assets.....	125,000		125,000	125,000
0802.			0	
0803.			0	
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	125,000	0	125,000	125,000
2201. Prepaid Expenses.....	78,428	78,428	0	0
2202. Deferred Income Taxes.....	51,100	51,100	0	
2203. Supplemental Company Trust Fund.....	164,175		164,175	164,175
2298. Summary of remaining write-ins for Line 22 from overflow page.....	54,814	0	54,814	53,453
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	348,517	129,528	218,989	217,629

(a) \$.....0 health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	806,519	.....	.....806,519	1,473,127
2. Accrued medical incentive pool and bonus payments.....	.....	.....	.....0	.....
3. Unpaid claims adjustment expenses.....	.....	.....	.....0	.....
4. Aggregate policy reserves.....	.....	.....	.....0	.....
5. Aggregate claim reserves.....	.....	.....	.....0	.....
6. Premiums received in advance.....	281,642	.....	.....281,642	300,471
7. General expenses due or accrued.....	191,668	.....	.....191,668	119,433
8. Federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) (including \$.....0 net deferred tax liability).....	.....	.....	.....0	.....
9. Amounts withheld or retained for the account of others.....	.....	.....	.....0	.....
10. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....	.....	.....	.....0	.....
11. Amounts due to parent, subsidiaries and affiliates.....	.....	.....	.....0	.....
12. Payable for securities.....	.....	.....	.....0	.....
13. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....	.....	.....	.....0	.....
14. Reinsurance in unauthorized companies.....	.....	.....	.....0	.....
15. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....	.....	.....0	.....
16. Liability for amounts held under uninsured accident and health plans.....	.....	.....	.....0	.....
17. Aggregate write-ins for other liabilities (including \$.....0 current).....	154,658	0	154,658	154,658
18. Total liabilities (Lines 1 to 17).....	1,434,487	0	1,434,487	2,047,688
19. Common capital stock.....	XXX	XXX	274,800	276,450
20. Preferred capital stock.....	XXX	XXX	.....	.....
21. Gross paid in and contributed surplus.....	XXX	XXX	(91,494)	(86,628)
22. Surplus notes.....	XXX	XXX	.....	.....
23. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
24. Unassigned funds (surplus).....	XXX	XXX	1,318,311	1,071,924
25. Less treasury stock at cost:				
25.1 ....0.000 shares common (value included in Line 19 \$.....0).....	XXX	XXX	.....	.....
25.2 ....0.000 shares preferred (value included in Line 20 \$.....0).....	XXX	XXX	.....	.....
26. Total capital and surplus (Lines 19 to 24 less 25).....	XXX	XXX	1,501,617	1,261,746
27. Total liabilities, capital and surplus (Lines 18 and 26).....	XXX	XXX	2,936,103	3,309,434

DETAILS OF WRITE-INS

1701. Deferred Compensation Payable.....	154,658	.....	.....154,658	154,658
1702. ....	.....	.....	.....0	.....
1703. ....	.....	.....	.....0	.....
1798. Summary of remaining write-ins for Line 17 from overflow page.....	0	0	0	0
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above).....	154,658	0	154,658	154,658
2301.	XXX	XXX	.....	.....
2302.	XXX	XXX	.....	.....
2303.	XXX	XXX	.....	.....
2398. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year-to-Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	267,328.....	1,224,294.....
2. Net premium income.....	XXX.....	3,909,498.....	14,999,803.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....
7. Total revenues (Lines 2 to 6).....	XXX.....	3,909,498.....	14,999,803.....
Medical and Hospital:			
8. Hospital/medical benefits.....			
9. Other professional services.....		2,808,183.....	11,847,444.....
10. Outside referrals.....			
11. Emergency room and out-of-area.....			
12. Prescription Drugs.....			
13. Aggregate write-ins for other medical and hospital.....	0.....	0.....	0.....
14. Incentive pool and withhold adjustments.....			
15. Subtotal (Lines 8 to 14).....	0.....	2,808,183.....	11,847,444.....
Less:			
16. Net reinsurance recoveries.....			
17. Total medical and hospital (Lines 15 minus 16).....	0.....	2,808,183.....	11,847,444.....
18. Claims adjustment expenses.....			
19. General administrative expenses.....		877,129.....	3,343,891.....
20. Increase in reserves for accident and health contracts.....			
21. Total underwriting deductions (Lines 17 through 20).....	0.....	3,685,312.....	15,191,335.....
22. Net underwriting gain or (loss) (Lines 7 minus 21).....	XXX.....	224,186.....	(191,532).....
23. Net investment income earned.....		14,269.....	101,858.....
24. Net realized capital gains or (losses).....		26.....	(12,132).....
25. Net investment gains or (losses) (Lines 23 plus 24).....	0.....	14,295.....	89,726.....
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
27. Aggregate write-ins for other income or expenses.....	0.....	0.....	202,928.....
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27).....	0.....	238,481.....	101,122.....
29. Federal and foreign income taxes incurred.....	XXX.....	72,400.....	26,140.....
30. Net income (loss) (Lines 28 minus 29).....	XXX.....	166,081.....	74,982.....

DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....
1301.			
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0.....	0.....	0.....
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above).....	0.....	0.....	0.....
2701. Other Income.....			202,928.....
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0.....	0.....	0.....
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0.....	0.....	202,928.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year-to-Date	2 Prior Year
31. Capital and surplus prior reporting period.....	1,261,746	1,421,393
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30.....	166,081	74,982
33. Change in valuation basis of aggregate policy and claim reserves.....		
34. Net unrealized capital gains and losses.....		
35. Change in net unrealized foreign exchange capital gain or (loss).....		
36. Change in net deferred income tax.....		
37. Change in nonadmitted assets.....	(117,273)	(126,017)
38. Change in unauthorized reinsurance.....		
39. Change in treasury stock.....		
40. Change in surplus notes.....		
41. Cumulative effect of changes in accounting principles.....		
42. Capital changes:		
42.1 Paid in.....	(1,650)	(23,400)
42.2 Transferred from surplus (Stock Dividend).....		
42.3 Transferred to surplus.....		
43. Surplus adjustments:		
43.1 Paid in.....	192,713	(85,212)
43.2 Transferred to capital (Stock Dividend).....		
43.3 Transferred from capital.....		
44. Dividends to stockholders.....		
45. Aggregate write-ins for gains or (losses) in surplus.....	0	0
46. Net change in capital and surplus (Lines 32 to 45).....	239,871	(159,647)
47. Capital and surplus end of reporting period (Line 31 plus 46).....	1,501,617	1,261,746

DETAILS OF WRITE-INS		
4501.		
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums and revenues collected net of reinsurance.....	3,890,669	15,080,504
2. Claims and claims adjustment expenses.....	3,474,790	11,829,689
3. General administrative expenses paid.....	804,894	3,374,789
4. Other underwriting income (expenses).....		(202,928)
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	(389,016)	(326,903)
6. Net Investment income.....	30,287	101,517
7. Other income (expenses).....	81,891	(49,950)
8. Federal and foreign income taxes (paid) recovered.....	(72,400)	(26,140)
9. Net cash from operations (Lines 5 to 8).....	(349,238)	(301,475)
CASH FROM INVESTMENTS		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds.....		
10.2 Stocks.....		
10.3 Mortgage loans.....		
10.4 Real estate.....		
10.5 Other invested assets.....	450,000	
10.6 Net gains or (losses) on cash and short-term investments.....		
10.7 Miscellaneous proceeds.....		
10.8 Total investment proceeds (Lines 10.1 to 10.7).....	450,000	0
11. Cost of investments acquired (long-term only):		
11.1 Bonds.....		
11.2 Stocks.....		
11.3 Mortgage loans.....		
11.4 Real estate.....		
11.5 Other invested assets.....	242,948	(87,806)
11.6 Miscellaneous applications.....		
11.7 Total investments acquired (Lines 11.1 to 11.6).....	242,948	(87,806)
12. Net cash from investments (Line 10.8 minus Line 11.7).....	207,052	87,806
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in.....	(6,516)	
13.2 Net transfers from affiliates.....	0	
13.3 Borrowed funds received.....		
13.4 Other cash provided.....	193,100	
13.5 Total (Lines 13.1 to 13.4).....	186,584	0
14. Cash applied:		
14.1 Dividends to stockholders paid.....		
14.2 Net transfers to affiliates.....		0
14.3 Borrowed funds repaid.....		
14.4 Other applications.....		26,483
14.5 Total (Lines 14.1 to 14.4).....	0	26,483
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5).....	186,584	(26,483)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15).....	44,398	(240,153)
17. Cash and short-term investments:		
17.1 Beginning of period.....	1,468,349	1,708,502
17.2 End of period (Line 16 plus Line 17.1).....	1,512,747	1,468,349

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plans	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	104,289					104,289				
2. First Quarter.....	89,786					89,786				
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	89,786					89,786				
6. Current Year Member Months.....	267,328					267,328				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Premiums Collected.....	4,069,541					4,069,541				
13. Premiums Earned.....	3,909,498					3,909,498				
14. Amount Paid for Provision of Health Care Services.....	3,115,950					3,115,950				
15. Amount Incurred for Provision of Health Care Services.....	3,337,439					3,337,439				

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported)						
	607,074	86,436	50,962	22,137	39,910	806,519
0199999. Individually Listed Claims Payable.....	607,074	86,436	50,962	22,137	39,910	806,519
0499999. Subtotals.....	607,074	86,436	50,962	22,137	39,910	806,519
0799999. Total Claims Payable.....						806,519

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (Hospital and Medical).....	.....	.....	.....	.....	.....0	.....
2.	Medicare Supplement.....	.....	.....	.....	.....	.....0	.....
3.	Dental only.....	539,906	2,576,044	45,124	761,395	585,030	1,473,127
4.	Vision only.....	.....	.....	.....	.....	.....0	.....
5.	Federal Employees Health Benefits Plan Premiums.....	.....	.....	.....	.....	.....0	.....
6.	Title XVIII - Medicare.....	.....	.....	.....	.....	.....0	.....
7.	Title XIX - Medicaid.....	.....	.....	.....	.....	.....0	.....
8.	Other.....	.....	.....	.....	.....	.....0	.....
9.	Subtotal	539,906	2,576,044	45,124	761,395	585,030	1,473,127
10.	Medical incentive pools, accruals and disbursements.....	.....	.....	.....	.....	.....0	.....
11.	Totals.....	539,906	2,576,044	45,124	761,395	585,030	1,473,127

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1999.....

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1999.....

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/31/1999.....

7.4 By what department or departments?..... OHIO DEPARTMENT OF INSURANCE

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:

GENERAL INTERROGATORIES (continued)
INVESTMENT

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.

12. Amount of real estate and mortgages held in short-term investments: \$.

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds.....	\$.0	\$.0
13.22 Preferred Stock.....	\$.0	\$.0
13.23 Common Stock.....	\$.0	\$.0
13.24 Short-Term Investments.....	\$.0	\$.0
13.25 Mortgages, Loans or Real Estate.....	\$.0	\$.0
13.26 All Other.....	\$.0	\$.0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$.0	\$.0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$.0	\$.0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above.....	\$.0	\$.0

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	0	0	0	.....
2. Increase (decrease) by adjustment.....				
3. Cost of acquired.....				
4. Cost of additions to and permanent improvements.....				
5. Total profit (loss) on sales.....				
6. Increase (decrease) by foreign exchange adjustment.....				
7. Amount received on sales.....				
8. Book/adjusted carrying value at end of current period.....	0	0	0	0
9. Total valuation allowance.....				
10. Subtotal (Lines 8 plus 9).....	0	0	0	0
11. Total nonadmitted amounts.....				
12. Statement value, current period (Page 2, real estate lines, current period).....	0	0	0	0

NONE

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period.....	0	0	0	.....
2. Amount loaned during period:				
2.1 Actual cost at time of acquisitions.....				
2.2 Additional investment made after acquisitions.....				
3. Accrual of discount and mortgage interest points and commitment fees.....				
4. Increase (decrease) by adjustment.....				
5. Total profit (loss) on sale.....				
6. Amounts paid on account or in full during the period.....				
7. Amortization of premium.....				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0	0	0	0
10. Total valuation allowance.....				
11. Subtotal (Lines 9 plus 10).....	0	0	0	0
12. Total nonadmitted amounts.....				
13. Statement value of mortgages owned at end of current period.....	0	0	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period.....	889,082	0	0	1,082,256
2. Cost of acquisitions during period:				
2.1 Actual cost at time of acquisitions.....	238,381			789,074
2.2 Additional investment made after acquisitions.....				
3. Accrual of discount.....				
4. Increase (decrease) by adjustment.....	4,466			
5. Total profit (loss) on sale.....				
6. Amounts paid on account or in full during the period.....	450,000			982,248
7. Amortization of premium.....				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book/adjusted carrying value of long-term invested assets at end of current period.....	681,928	0	0	889,082
10. Total valuation allowance.....				
11. Subtotal (Lines 9 plus 10).....	681,928	0	0	889,082
12. Total nonadmitted amounts.....	2,836			18
13. Statement value of long-term invested assets at end of current period.....	679,092	0	0	889,064

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1.....								
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	0	0	NONE		0	0	0	0
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	0	0	0	0	0	0	0	0

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals.....	359,713	XXX.....	360,074	8,402	1,779

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	329,322	0	0	218,543
2. Cost of short-term investments acquired.....	248,452	.....	.....	.....437,404
3. Increase (decrease) by adjustment.....	.....	.....	.....	.....
4. Increase (decrease) by foreign exchange adjustment.....	.....	.....	.....	.....
5. Total profit (loss) on disposal of short-term investments.....	.....	.....	.....	.....
6. Consideration received on disposal of short-term investments.....	217,699	.....	.....	.....326,625
7. Book/adjusted carrying value, current period.....	360,074	0	0	329,322
8. Total valuation allowance.....	.....	.....	.....	.....
9. Subtotal (Lines 7 plus 8).....	360,074	0	0	329,322
10. Total nonadmitted amounts.....	361	.....	.....	.....(233)
11. Statement value (Lines 9 minus 10).....	359,714	0	0	329,554
12. Income collected during period.....	8,402	.....	.....	.....
13. Income earned during period.....	1,779	.....	.....	.....6,572

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. S
NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama.....AL	No.....	No.....				
2. Alaska.....AK	No.....	No.....				
3. Arizona.....AZ	No.....	No.....				
4. Arkansas.....AR	No.....	No.....				
5. California.....CA	No.....	No.....				
6. Colorado.....CO	No.....	No.....				
7. Connecticut.....CT	No.....	No.....				
8. Delaware.....DE	No.....	No.....				
9. District of Columbia.....DC	No.....	No.....				
10. Florida.....FL	No.....	No.....				
11. Georgia.....GA	No.....	No.....				
12. Hawaii.....HI	No.....	No.....				
13. Idaho.....ID	No.....	No.....				
14. Illinois.....IL	No.....	No.....				
15. Indiana.....IN	No.....	Yes.....				
16. Iowa.....IA	No.....	No.....				
17. Kansas.....KS	No.....	No.....				
18. Kentucky.....KY	No.....	Yes.....	12,206			
19. Louisiana.....LA	No.....	No.....				
20. Maine.....ME	No.....	No.....				
21. Maryland.....MD	No.....	No.....				
22. Massachusetts.....MA	No.....	No.....				
23. Michigan.....MI	No.....	No.....				
24. Minnesota.....MN	No.....	No.....				
25. Mississippi.....MS	No.....	No.....				
26. Missouri.....MO	No.....	No.....				
27. Montana.....MT	No.....	No.....				
28. Nebraska.....NE	No.....	No.....				
29. Nevada.....NV	No.....	No.....				
30. New Hampshire.....NH	No.....	No.....				
31. New Jersey.....NJ	No.....	No.....				
32. New Mexico.....NM	No.....	No.....				
33. New York.....NY	No.....	No.....				
34. North Carolina.....NC	No.....	No.....				
35. North Dakota.....ND	No.....	No.....				
36. Ohio.....OH	No.....	Yes.....	3,897,291			
37. Oklahoma.....OK	No.....	No.....				
38. Oregon.....OR	No.....	No.....				
39. Pennsylvania.....PA	No.....	No.....				
40. Rhode Island.....RI	No.....	No.....				
41. South Carolina.....SC	No.....	No.....				
42. South Dakota.....SD	No.....	No.....				
43. Tennessee.....TN	No.....	No.....				
44. Texas.....TX	No.....	No.....				
45. Utah.....UT	No.....	No.....				
46. Vermont.....VT	No.....	No.....				
47. Virginia.....VA	No.....	No.....				
48. Washington.....WA	No.....	No.....				
49. West Virginia.....WV	No.....	No.....				
50. Wisconsin.....WI	No.....	No.....				
51. Wyoming.....WY	No.....	No.....				
52. American Samoa.....AS	No.....	No.....				
53. Guam.....GU	No.....	No.....				
54. Puerto Rico.....PR	No.....	No.....				
55. U.S. Virgin Islands.....VI	No.....	No.....				
56. Canada.....CN	No.....	XXX.....				
57. Aggregate Other alien.....OT	XXX.....	XXX.....	0	0	0	0
58. Total (Direct Business).....	XXX.....	(a).....3	3,909,498	0	0	0

DETAILS OF WRITE-INS

5701.				
5702.				
5703.				
5798. Summary of remaining write-ins for line 57 from overflow page.....	0	0	0	0
5799. Total (Lines 5701 thru 5703 plus 5798) (Line 57 above).....	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 ORGANIZATIONAL CHART

SUPERIOR DENTAL CARE, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

	RESPONSE
1. Will the SVO Compliance Certification be filed with this statement?	YES

EXPLANATION:

BAR CODE:

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
2204. Receivable Other.....	13,888	.....	.....13,888	11,122
2205. Leasehold Improvements.....	40,925	.....	.....40,925	42,331
2297. Summary of remaining write-ins for Line 22 from Assets.....	54,814	0	54,814	53,453

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1 Number of Units and Description	Location		4 Name of Vendor	5 Date Acquired	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Increase (Decrease) by Adjustment	10 Increase (Decrease) by Foreign Exchange Adjustment
	2 City	3 State							
Any Other Class of Admitted Asset									
FHLB3133MEB67.....			FIFTH THIRD BANK.....	..01/29/2002...	125,000				
3259685.....			BANK ONE.....		113,381				
1499999. Total - Any Other Class of Admitted Asset.....					238,381	0	0	0	0
9999999. Totals.....					238,381	0	0	0	0

E03

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1 Number of Units and Description	Location		4 Name of Purchaser or Nature of Disposition	5 Date Acquired	6	7	8	9	10	11	12	13
	2 City	3 State			Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/ Adjusted Carrying Value Less Encumbrances at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
Any Other Class of Admitted Assets												
FHLB 3133MHUS1.....			FIFTH THIRD CALLED.....	10/15/2001	125,000	.....	.....	.....125,000	125,000	.....	.....	.....0
FNMA 31359MBC6.....			FIFTH THIRD.....	12/01/2000	125,000	.....	.....	.....125,000	125,000	.....	.....	.....0
3259685.....			BANK ONE.....	03/10/2000	100,000	.....	.....	.....100,000	100,000	.....	.....	.....0
FHLB3133MKBR7.....			FIFTH THIRD.....	12/18/2001	100,000	.....	.....	.....100,000	100,000	.....	.....	.....0
1499999. Total - Any Other Class of Admitted Assets.....					450,000	0	0	450,000	450,000	0	0	0
9999999. Totals.....					450,000	0	0	450,000	450,000	0	0	0

Sch. D-Part 3
NONE

Sch. D-Part 4
NONE

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
FIFTH THIRD BANK.....	.....	.....978	.....	.....728,802	207,536	723,745	.....
MONEY FUND.....	.....	.....1,162	.....	.....326,316	326,862	428,990	.....
0199999. Total Open Depositories.....	XXX.....	2,140	0	1,055,118	534,398	1,152,734	XXX
0399999. Total Cash on Deposit.....	XXX.....	2,140	0	1,055,118	534,398	1,152,734	XXX
0499999. Cash in Company's Office.....	XXX.....	XXX	XXX	300	300	300	XXX
0599999. Total Cash.....	XXX.....	2,140	0	1,055,418	534,698	1,153,034	XXX