



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002  
of the Condition and Affairs of the

## Dental Care Plus, Inc.

NAIC Group Code..... ,0000, (Current Period) (Prior Period) NAIC Company Code..... 96265 Employer's ID Number..... 31-1185262

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile United States of America

Licensed as Business Type Specialty Health Care

Is HMO Federally Qualified? Yes [ ] No [ x ]

Date Incorporated or Organized..... January 6, 1986 Date Commenced Business..... March 1, 1988

Statutory Home Office 4500 Lake Forest Drive, Suite 512 ..... Cincinnati ..... OH ..... 45242  
(Street and Number) (City or Town, State and Zip Code)

Address of Main Administrative Office 4500 Lake Forest Drive, Suite 512 ..... Cincinnati ..... OH ..... 45242 513-554-1100  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 4500 Lake Forest Drive, Suite 512 ..... Cincinnati ..... OH ..... 45242  
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 4500 Lake Forest Drive, Suite 512 ..... Cincinnati ..... OH ..... 45242 513-554-1100  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address Dentalcareplus.com

Statement Contact Mark William Wetenkamp 513-554-1100  
(Name) (Area Code) (Telephone Number) (Extension)  
MWetenkamp@msn.com 513-554-3187  
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 4500 Lake Forest Drive, Suite 512 ..... Cincinnati ..... OH ..... 45242 513-554-1100  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

President ..... Anthony A. Cook Treasurer ..... Fred H. Peck D.D.S. Secretary ..... Mary Ellen Wynn D.D.S.

### VICE PRESIDENTS

### DIRECTORS OR TRUSTEES

Fred Bronson D.D.S. Molly Meakin Rogers C.P.A. Mark Zigoris D.D.S. Ross Geiger  
Sanford S. Scheingold D.D.S. Roger Highley D.D.S. Stephen Schuler D.M.D. Donald J. Peak C.P.A.  
Jack Cook M.H.A. David A. Kreyling D.M.D.

State of..... Ohio  
County of..... Hamilton

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.

_____ (Signature) Anthony A. Cook _____ (Printed Name) President	_____ (Signature) Mary Ellen Wynn D.D.S. _____ (Printed Name) Secretary	_____ (Signature) Fred H. Peck D.D.S. _____ (Printed Name) Treasurer
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Subscribed and sworn to before me this  
.....day of ....., 2003  
.....

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

**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>A&amp;H Premiums Due and Unpaid</b>						
0199999. Total individuals.....	370					
0299998. Premiums due and unpaid not individually listed.....	370,423					370,423
0299999. Total group.....	370,423	0	0	0	0	370,423
0599999. Accident and health premiums due and unpaid (Page 2, Line 10).....	370,793	0	0	0	0	370,423

**EXHIBIT 4 - 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
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**NONE**

**EXHIBIT 5 - 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
<b>Claims Payable (Reported)</b>						
IBNR.....	1,818,000	341,000	107,000	46,000	88,000	2,400,000
0199999. Individually listed claims payable.....	1,818,000	341,000	107,000	46,000	88,000	2,400,000
0499999. Subtotals.....	1,818,000	341,000	107,000	46,000	88,000	2,400,000
0799999. Total claims payable.....						2,400,000

**Ex. 6**  
**NONE**

**Ex. 7**  
**NONE**

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....		0.0		0.0		
2. Intermediaries.....		0.0		0.0		
3. All other providers.....		0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service.....		0.0	XXX	XXX		
6. Contractual fee payments.....		0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service.....		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	26,125,415	100.0	XXX	XXX	26,125,415	
9. Non-contingent salaries.....		0.0	XXX	XXX		
10. Aggregate cost arrangements.....		0.0	XXX	XXX		
11. All other payments.....		0.0	XXX	XXX		
12. Total other payments.....	26,125,415	100.0	XXX	XXX	26,125,415	0
13. Total (Line 4 plus Line 12).....	26,125,415	100.0	XXX	XXX	26,125,415	0

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**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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**NONE**

### EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	109,130		94,625	14,505		14,505
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	109,130	0	94,625	14,505	0	14,505



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION....Dental Care Plus, Inc.

2. DIVISION....Grand Total - Ohio & Kentucky

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code....0

NAIC Company Code....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior year.....	143,774					143,774				
2. First quarter.....	137,139					137,139				
3. Second quarter.....	136,674					136,674				
4. Third quarter.....	135,890					135,890				
5. Current year.....	138,322					138,322				
6. Current year member months.....	1,634,968					1,634,968				
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	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.....	31,478,761					31,478,761				
13. Premiums earned.....	24,914,309					24,914,309				
14. Amount paid for provision of health care services.....	26,125,415					26,125,415				
15. Amount incurred for provision of health care services.....	20,795,904					20,795,904				

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**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	_____
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	_____
2.2 Totals, Part 3, Column 7.....	_____
3. Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	_____
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	_____
4.2 Totals, Part 3, Column 9.....	_____
5. Total profit (loss) on sales, Part 3, Column 14.....	_____
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	_____
6.2 Totals, Part 3, Column 8.....	_____
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	_____
8. Book/adjusted carrying value at end of current period.....	0
9. Total valuation allowance.....	_____
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	_____
12. Statement value, current period (Page 2, real estate lines, current period).....	0

**NONE**

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	_____
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions.....	_____
2.2 Additional investment made after acquisitions.....	0
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 year.....	_____
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
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of mortgages owned at end of current period.....	0

**NONE**

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	_____
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	_____
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount.....	_____
4. Increase (decrease) by adjustment.....	_____
5. Total profit (loss) on sale.....	_____
6. Amounts paid on account or in full during the year.....	_____
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.....	0
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of long-term invested assets at end of current period.....	0

**NONE**

**Sch. D-Pt. 1A-Sn. 1  
NONE**

**Sch. D-Pt. 1A-Sn. 1  
NONE**

**Sch. D-Pt. 1A-Sn. 1  
NONE**

**Sch. D-Pt. 1A-Sn. 2  
NONE**

**Sch. D-Pt. 1A-Sn. 2  
NONE**

**Sch. D-Pt. 1A-Sn. 2  
NONE**

**Sch. DA-Pt. 2-Verification of Short-Term Investments Between Years  
NONE**

**Sch. DB-Pt.A-Verification Between Years  
NONE**

**Sch. DB-Pt.B-Verification Between Years  
NONE**

**Sch. DB-Pt.C-Verification Between Years  
NONE**

**Sch. DB-Pt.D-Verification Between Years  
NONE**

**Sch. DB-Pt.E-Verification  
NONE**

**Sch. DB-Pt. F-Sn. 1  
NONE**

**Sch. DB-Pt. F-Sn. 2  
NONE**

**Sch. S-Pt. 1-Sn. 2  
NONE**

**Sch. S-Pt. 2  
NONE**

**Sch. S-Pt. 3-Sn. 2  
NONE**

**Sch. S-Pt. 4  
NONE**

**Sch. S-Pt.5  
NONE**

**Sch. S-Pt.6  
NONE**

**SCHEDULE Y (Continued)**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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**NONE**

# 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.

**MARCH FILING**

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will an actuarial certification be filed with this statement by March 1?
4. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
5. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
6. Will the SVO Compliance Certification be filed by March 1?

**RESPONSES**

NO
YES
YES
YES
YES
YES

**APRIL FILING**

7. Will Management's Discussion and Analysis be filed by April 1?
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
9. Will the Investment Risk Interrogatories be filed by April 1?

YES
NO
YES

**JUNE FILING**

10. Will an audited financial report be filed by June 1?

YES
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**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page for Write-Ins**

**Additional Write-ins for Statement of Revenue:**

	1 Current Year	2 Prior Year
4504. Rounding Adjustment.....		
4597. Summary of remaining write-ins for Line 45.....	0	0

## Overflow Page for Write-Ins