



ANNUAL STATEMENT

For the Year Ended December 31, 2014
of the Condition and Affairs of the

Dental Care Plus, Inc.

NAIC Group Code..... 0, 0
(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 US

Licensed as Business Type.....Health Maintenance Organization

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

Incorporated/Organized..... January 6, 1986

Commenced Business..... March 1, 1988

Statutory Home Office

100 Crowne Point Place..... Cincinnati OH 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

100 Crowne Point Place..... Cincinnati OH 45241
(Street and Number) (City or Town, State, Country and Zip Code)

513-554-1100
(Area Code) (Telephone Number)

Mail Address

100 Crowne Point Place..... Cincinnati OH 45241
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

100 Crowne Point Place..... Cincinnati OH 45241
(Street and Number) (City or Town, State, Country and Zip Code)

513-554-1100
(Area Code) (Telephone Number)

Internet Web Site Address

www2.Dentalcareplus.com

Statutory Statement Contact

Robert Carr Hodgkins Jr.
(Name)

513-554-1100
(Area Code) (Telephone Number) (Extension)

rhodgkins@dentalcareplus.com
(E-Mail Address)

513-554-3187
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Anthony A. Cook	President & CEO	2. Robert Carr Hodgkins Jr.	Vice President & CFO
3. David A. Kreyling D.M.D.	Secretary	4. Michael J. Carl D.D.S.	Treasurer

OTHER

Timothy P. Berghoff F.S.A., M.A.A.A

Consulting Actuary

DIRECTORS OR TRUSTEES

Mark E. Bronson D.D.S.	Molly Meakin Rogers C.P.A.	Robert E. Hamilton D.D.S.	James T. Foley
Ronald L. Poulos D.D.S.	Stephen T. Schuler D.M.D.	Donald J. Peak C.P.A.	Jack M. Cook M.H.A.
David A. Kreyling D.M.D.	Fred H. Peck D.D.S.	Michael J. Carl D.D.S.	James E. Kroeger M.B.A., C.P.A
Anthony A. Cook M.B.A, M.S.			

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. 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)	(Signature)	(Signature)
Anthony A. Cook	Robert Carr Hodgkins Jr.	David A. Kreyling D.M.D.
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	Vice President & CFO	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of February 2015

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	7,377,461		7,377,461	6,529,017
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
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).....			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 (\$.....7,297,922, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	7,297,922		7,297,922	6,558,617
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	74,696	74,696	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,750,079	74,696	14,675,383	13,087,634
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	58,297		58,297	48,938
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	861,909		861,909	674,743
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	199,770		199,770	44,031
18.2 Net deferred tax asset.....	86,352	30,294	56,058	206,951
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	63,971	8,013	55,958	76,310
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....1,245) and other amounts receivable.....	1,245		1,245	1,381
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,021,623	113,003	15,908,620	14,139,988
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	16,021,623	113,003	15,908,620	14,139,988

DETAILS OF WRITE-INS				
1101. Prepaid Expenses.....	74,696	74,696	0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	74,696	74,696	0	0
2501. Prepaid Expenses.....			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	.....2,948,681	.....	.....2,948,681	.....2,179,640
2. Accrued medical incentive pool and bonus amounts.....	.....	.....	.....0	.....
3. Unpaid claims adjustment expenses.....	.....48,932	.....	.....48,932	.....40,085
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	.....	.....	.....0	.....
5. Aggregate life policy reserves.....	.....	.....	.....0	.....
6. Property/casualty unearned premium reserve.....	.....	.....	.....0	.....
7. Aggregate health claim reserves.....	.....	.....	.....0	.....
8. Premiums received in advance.....	.....1,082,585	.....	.....1,082,585	.....1,585,072
9. General expenses due or accrued.....	.....1,563,160	.....	.....1,563,160	.....1,293,745
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....10,152 on realized capital gains (losses)).....	.....	.....	.....0	.....
10.2 Net deferred tax liability.....	.....	.....	.....0	.....
11. Ceded reinsurance premiums payable.....	.....	.....	.....0	.....
12. Amounts withheld or retained for the account of others.....	.....	.....	.....0	.....
13. Remittances and items not allocated.....	.....	.....	.....0	.....
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....	.....	.....	.....0	.....
15. Amounts due to parent, subsidiaries and affiliates.....	.....545,807	.....	.....545,807	.....359,130
16. Derivatives.....	.....	.....	.....0	.....
17. Payable for securities.....	.....	.....	.....0	.....
18. Payable for securities lending.....	.....	.....	.....0	.....
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....	.....	.....	.....0	.....
20. Reinsurance in unauthorized and certified (\$.....0) companies.....	.....	.....	.....0	.....
21. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....	.....	.....0	.....
22. Liability for amounts held under uninsured plans.....	.....30,275	.....	.....30,275	.....121,874
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.....0	.....0	.....0	.....0
24. Total liabilities (Lines 1 to 23).....	.....6,219,440	.....0	.....6,219,440	.....5,579,546
25. Aggregate write-ins for special surplus funds.....	.....XXX	.....XXX	.....773,882	.....274,930
26. Common capital stock.....	.....XXX	.....XXX	.....1,365,663	.....1,365,663
27. Preferred capital stock.....	.....XXX	.....XXX	.....	.....
28. Gross paid in and contributed surplus.....	.....XXX	.....XXX	.....1,773,089	.....1,773,089
29. Surplus notes.....	.....XXX	.....XXX	.....	.....
30. Aggregate write-ins for other than special surplus funds.....	.....XXX	.....XXX	.....0	.....0
31. Unassigned funds (surplus).....	.....XXX	.....XXX	.....5,776,545	.....5,146,759
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	.....XXX	.....XXX	.....	.....
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	.....XXX	.....XXX	.....	.....
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	.....XXX	.....XXX	.....9,689,179	.....8,560,441
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.....XXX	.....XXX	.....15,908,619	.....14,139,987

DETAILS OF WRITE-INS

2301. ....	.....	.....	.....0	.....
2302. ....	.....	.....	.....0	.....
2303. ....	.....	.....	.....0	.....
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.....0	.....0	.....0	.....0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.....0	.....0	.....0	.....0
2501. Gain on sale of building.....	.....XXX	.....XXX	.....244,382	.....274,930
2502. Reclassification of surplus for Federal Premium Tax - SSAP 35R.....	.....XXX	.....XXX	.....529,500	.....
2503. ....	.....XXX	.....XXX	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....XXX	.....XXX	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....XXX	.....XXX	.....773,882	.....274,930
3001. ....	.....XXX	.....XXX	.....	.....
3002. ....	.....XXX	.....XXX	.....	.....
3003. ....	.....XXX	.....XXX	.....	.....
3098. Summary of remaining write-ins for Line 30 from overflow page.....	.....XXX	.....XXX	.....0	.....0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	.....XXX	.....XXX	.....0	.....0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....2,948,6812,948,6812,179,640
2. Accrued medical incentive pool and bonus amounts.....0
3. Unpaid claims adjustment expenses.....48,93248,93240,085
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....0
5. Aggregate life policy reserves.....0
6. Property/casualty unearned premium reserve.....0
7. Aggregate health claim reserves.....0
8. Premiums received in advance.....1,082,5851,082,5851,585,072
9. General expenses due or accrued.....1,563,1601,563,1601,293,745
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....10,152 on realized capital gains (losses)).....0
10.2 Net deferred tax liability.....0
11. Ceded reinsurance premiums payable.....0
12. Amounts withheld or retained for the account of others.....0
13. Remittances and items not allocated.....0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....0
15. Amounts due to parent, subsidiaries and affiliates.....545,807545,807359,130
16. Derivatives.....0
17. Payable for securities.....0
18. Payable for securities lending.....0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....0
20. Reinsurance in unauthorized and certified (\$.....0) companies.....0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....0
22. Liability for amounts held under uninsured plans.....30,27530,275121,874
23. Aggregate write-ins for other liabilities (including \$.....0 current).....0000
24. Total liabilities (Lines 1 to 23).....6,219,44006,219,4405,579,546
25. Aggregate write-ins for special surplus funds.....XXXXXX773,882274,930
26. Common capital stock.....XXXXXX1,365,6631,365,663
27. Preferred capital stock.....XXXXXX
28. Gross paid in and contributed surplus.....XXXXXX1,773,0891,773,089
29. Surplus notes.....XXXXXX
30. Aggregate write-ins for other than special surplus funds.....XXXXXX00
31. Unassigned funds (surplus).....XXXXXX5,776,5455,146,759
32. Less treasury stock at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....XXXXXX
32.20.000 shares preferred (value included in Line 27 \$.....0).....XXXXXX
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....XXXXXX9,689,1798,560,441
34. Total liabilities, capital and surplus (Lines 24 and 33).....XXXXXX15,908,61914,139,987

DETAILS OF WRITE-INS

2301.0
2302.0
2303.0
2398. Summary of remaining write-ins for Line 23 from overflow page.....0000
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....0000
2501. Gain on sale of building.....XXXXXX244,382274,930
2502. Reclassification of surplus for Federal Premium Tax - SSAP 35R.....XXXXXX529,500
2503.XXXXXX
2598. Summary of remaining write-ins for Line 25 from overflow page.....XXXXXX00
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....XXXXXX773,882274,930
3001.XXXXXX
3002.XXXXXX
3003.XXXXXX
3098. Summary of remaining write-ins for Line 30 from overflow page.....XXXXXX00
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....XXXXXX00

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	3,648,224	3,459,203
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	64,514,518	60,241,481
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.....	2,508,949	2,314,833
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	67,023,467	62,556,314
Hospital and Medical:			
9. Hospital/medical benefits.....		48,647,079	45,695,993
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....0		0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	48,647,079	45,695,993
Less:			
17. Net reinsurance recoveries.....		(5,287)	(28,224)
18. Total hospital and medical (Lines 16 minus 17).....	0	48,652,366	45,724,217
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		1,460,488	1,185,134
21. General administrative expenses.....		15,324,293	13,998,816
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	0	65,437,147	60,908,167
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	1,586,320	1,648,147
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		195,569	154,996
26. Net realized capital gains or (losses) less capital gains tax of \$....10,152.....		19,707	(1,188)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	215,276	153,808
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....		(37,225)	(19,190)
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	1,764,371	1,782,765
31. Federal and foreign income taxes incurred.....	XXX.....	607,902	591,660
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	1,156,469	1,191,105
DETAILS OF WRITE-INS			
0601. Self Insured.....	XXX.....	2,508,949	2,314,833
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.....	2,508,949	2,314,833
0701. Other income.....	XXX.....		
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Other income.....			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	8,560,442	7,396,151
34. Net income or (loss) from Line 32.....	1,156,469	1,191,105
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	(151,825)	(8,739)
39. Change in nonadmitted assets.....	124,094	(18,075)
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....	30,548	30,548
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	(30,548)	(30,548)
48. Net change in capital and surplus (Lines 34 to 47).....	1,128,738	1,164,291
49. Capital and surplus end of reporting period (Line 33 plus 48).....	9,689,180	8,560,442

DETAILS OF WRITE-INS		
4701. Amortization of special surplus from gain on sale-leaseback.....	(30,548)	(30,548)
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	(30,548)	(30,548)

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	63,824,865	60,350,007
2. Net investment income.....	185,610	138,976
3. Miscellaneous income.....	2,508,949	2,314,833
4. Total (Lines 1 through 3).....	66,519,424	62,803,816
5. Benefit and loss related payments.....	47,883,189	45,634,518
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	16,635,343	15,050,327
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	773,793	540,000
10. Total (Lines 5 through 9).....	65,292,325	61,224,845
11. Net cash from operations (Line 4 minus Line 10).....	1,227,099	1,578,971
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	901,860	688,641
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	901,860	688,641
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,719,845	2,920,852
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....	74,696	
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,794,541	2,920,852
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(892,681)	(2,232,211)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	404,887	(71,506)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	404,887	(71,506)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	739,305	(724,746)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	6,558,617	7,283,363
19.2 End of year (Line 18 plus Line 19.1).....	7,297,922	6,558,617
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001 .....	.....	.....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	64,514,518			64,514,518						
2. Change in unearned premium reserves and reserve for rate credit.....	0									
3. Fee-for-service (net of \$.....0 medical expenses).....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	2,508,949	0	0	0	0	0	0	0	2,508,949	XXX
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	67,023,467	0	0	64,514,518	0	0	0	0	2,508,949	0
8. Hospital/medical benefits.....	48,647,079			48,647,079						XXX
9. Other professional services.....	0									XXX
10. Outside referrals.....	0									XXX
11. Emergency room and out-of-area.....	0									XXX
12. Prescription drugs.....	0									XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14).....	48,647,079	0	0	48,647,079	0	0	0	0	0	XXX
16. Net reinsurance recoveries.....	(5,287)			(5,287)						XXX
17. Total hospital and medical (Lines 15 minus 16).....	48,652,366	0	0	48,652,366	0	0	0	0	0	XXX
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....0 cost containment expenses.....	1,460,488			1,048,692					411,796	
20. General administrative expenses.....	15,324,293			13,105,499					2,218,794	
21. Increase in reserves for accident and health contracts.....	0									XXX
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	65,437,147	0	0	62,806,557	0	0	0	0	2,630,590	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	1,586,320	0	0	1,707,961	0	0	0	0	(121,641)	0

DETAILS OF WRITE-INS

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical).....				0
2.	Medicare supplement.....				0
3.	Dental only.....	64,514,518			64,514,518
4.	Vision only.....				0
5.	Federal employees health benefits plan.....				0
6.	Title XVIII - Medicare.....				0
7.	Title XIX - Medicaid.....				0
8.	Other health.....				0
9.	Health subtotal (Lines 1 through 8).....	64,514,518	0	0	64,514,518
10.	Life.....				0
11.	Property/casualty.....				0
12.	Totals (Lines 9 to 11).....	64,514,518	0	0	64,514,518

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	47,876,549			47,876,549						
1.2 Reinsurance assumed.....	6,776			6,776						
1.3 Reinsurance ceded.....	0									
1.4 Net.....	47,883,325	0	0	47,883,325	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	2,948,681			2,948,681						
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	2,948,681	0	0	2,948,681	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,178,151			2,178,151						
8.2 Reinsurance assumed.....	1,489			1,489						
8.3 Reinsurance ceded.....	0									
8.4 Net.....	2,179,640	0	0	2,179,640	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	48,647,079	0	0	48,647,079	0	0	0	0	0	0
12.2 Reinsurance assumed.....	5,287	0	0	5,287	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	48,652,366	0	0	48,652,366	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	2,948,681			2,948,681						
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	2,948,681	0	0	2,948,681	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	2,948,681	0	0	2,948,681	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	2,948,681	0	0	2,948,681	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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.....	2,291,249	45,592,076	2,075	2,946,606	2,293,324	2,179,640
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,291,249	45,592,076	2,075	2,946,606	2,293,324	2,179,640
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	2,291,249	45,592,076	2,075	2,946,606	2,293,324	2,179,640

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	2,485	2,489	2,489	2,489	2,485
2. 2010.....	40,373	43,172	43,177	43,177	43,177
3. 2011.....	.XXX	39,178	41,828	41,829	41,829
4. 2012.....	.XXX	.XXX	40,774	42,772	42,773
5. 2013.....	.XXX	.XXX	.XXX	43,637	45,927
6. 2014.....	.XXX	.XXX	.XXX	.XXX	45,592

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	2,485	2,485	2,485	2,485	2,485
2. 2010.....	43,099	43,172	43,177	43,177	43,177
3. 2011.....	.XXX	41,928	41,828	41,829	41,829
4. 2012.....	.XXX	.XXX	42,863	42,775	42,773
5. 2013.....	.XXX	.XXX	.XXX	45,816	45,929
6. 2014.....	.XXX	.XXX	.XXX	.XXX	48,541

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	52,106	45,583	1,142	2.5	46,725	89.7			46,725	89.7
2. 2011.....	52,159	44,731	1,143	2.6	45,874	88.0			45,874	88.0
3. 2012.....	55,353	45,518	3,322	7.3	48,840	88.2			48,840	88.2
4. 2013.....	60,241	45,815	1,225	2.7	47,040	78.1			47,040	78.1
5. 2014.....	64,515	47,883	1,460	3.0	49,343	76.5	2,949	49	52,341	81.1

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Hospital & Medical
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Hospital & Medical
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Hospital & Medical
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	2,485	2,489	2,489	2,489	2,485
2. 2010.....	40,373	43,172	43,177	43,177	43,177
3. 2011.....	XXX	39,178	41,828	41,829	41,829
4. 2012.....	XXX	XXX	40,774	42,772	42,773
5. 2013.....	XXX	XXX	XXX	43,637	45,927
6. 2014.....	XXX	XXX	XXX	XXX	45,592

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	2,485	2,485	2,485	2,485	2,485
2. 2010.....	43,099	43,172	43,177	43,177	43,177
3. 2011.....	XXX	41,928	41,828	41,829	41,829
4. 2012.....	XXX	XXX	42,863	42,775	42,773
5. 2013.....	XXX	XXX	XXX	45,816	45,929
6. 2014.....	XXX	XXX	XXX	XXX	48,541

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	52,106	45,583	1,142	2.5	46,725	89.7			46,725	89.7
2. 2011.....	52,159	44,731	1,143	2.6	45,874	88.0			45,874	88.0
3. 2012.....	55,353	45,518	3,322	7.3	48,840	88.2			48,840	88.2
4. 2013.....	60,241	45,815	1,225	2.7	47,040	78.1			47,040	78.1
5. 2014.....	64,515	47,883	1,460	3.0	49,343	76.5	2,949	49	52,341	81.1

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE**

**U & I Ex.-Pt.2D
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....317,458	.....	.....317,458
2. Salaries, wages and other benefits.....0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....4,027,916	.....	.....4,027,916
4. Legal fees and expenses.....56,327	.....	.....56,327
5. Certifications and accreditation fees.....0
6. Auditing, actuarial and other consulting services.....0
7. Traveling expenses.....0
8. Marketing and advertising.....0
9. Postage, express and telephone.....153,604	.....	.....153,604
10. Printing and office supplies.....0
11. Occupancy, depreciation and amortization.....0
12. Equipment.....2,254	.....	.....2,254
13. Cost or depreciation of EDP equipment and software.....78,876	.....	.....78,876
14. Outsourced services including EDP, claims, and other services.....95,053	.....218,288	.....	.....313,341
15. Boards, bureaus and association fees.....7,572	.....	.....7,572
16. Insurance, except on real estate.....0
17. Collection and bank service charges.....145,661	.....	.....145,661
18. Group service and administration fees.....1,365,435	.....10,019,250	.....	.....11,384,685
19. Reimbursements by uninsured plans.....(1,275,135)	.....	.....(1,275,135)
20. Reimbursements from fiscal intermediaries.....0
21. Real estate expenses.....1,548	.....	.....1,548
22. Real estate taxes.....0
23. Taxes, licenses and fees:
23.1 State and local insurance taxes.....1,906	.....	.....1,906
23.2 State premium taxes.....579,389	.....	.....579,389
23.3 Regulatory authority licenses and fees.....65,766	.....	.....65,766
23.4 Payroll taxes.....0
23.5 Other (excluding federal income and real estate taxes).....0
24. Investment expenses not included elsewhere.....0
25. Aggregate write-ins for expenses.....	.....0	.....0	.....923,613	.....0	.....923,613
26. Total expenses incurred (Lines 1 to 25).....	.....0	.....1,460,488	.....15,324,293	.....0	(a)....16,784,781
27. Less expenses unpaid December 31, current year.....48,932	.....1,563,160	.....	.....1,612,092
28. Add expenses unpaid December 31, prior year.....40,085	.....1,293,745	.....	.....1,333,830
29. Amounts receivable relating to uninsured plans, prior year.....0
30. Amounts receivable relating to uninsured plans, current year.....0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	.....0	.....1,451,641	.....15,054,878	.....0	.....16,506,519

DETAILS OF WRITE-INS

2501. Network Access Fees.....	.....	.....	.....454,240	.....	.....454,240
2502. Federal Premium Tax.....	.....	.....	.....334,510	.....	.....334,510
2503. Operating Lease.....	.....	.....	.....126,148	.....	.....126,148
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....8,715	.....0	.....8,715
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....0	.....0	.....923,613	.....0	.....923,613

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....3,237	.....2,020
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....176,479	.....193,369
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....	.....
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	(e).....180	.....180
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	.....0	.....0
10.	Total gross investment income.....	.....179,896	.....195,569
11.	Investment expenses.....	.....	(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13.	Interest expense.....	.....	(h).....
14.	Depreciation on real estate and other invested assets.....	.....	(i).....0
15.	Aggregate write-ins for deductions from investment income.....	.....	.....0
16.	Total deductions (Lines 11 through 15).....	.....	.....0
17.	Net investment income (Line 10 minus Line 16).....	.....	.....195,569

DETAILS OF WRITE-INS

0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....0
(a)	Includes \$.....6,779 accrual of discount less \$.....6,179 amortization of premium and less \$.....2,890 paid for accrued interest on purchases.	.....	.....
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.	.....	.....
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.	.....	.....
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.	.....	.....
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.	.....	.....
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.	.....	.....
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.	.....	.....

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....	.....	.....0	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated).....	.....29,858	.....29,858	.....	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	.....	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0
10.	Total capital gains (losses).....	.....29,858	.....0	.....29,858	.....0

DETAILS OF WRITE-INS

0901.	.....	.....	.....0	.....	.....
0902.	.....	.....	.....0	.....	.....
0903.	.....	.....	.....0	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page...	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.....0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.....0
2.2 Common stocks.....			.....0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.....0
3.2 Other than first liens.....			.....0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.....0
4.2 Properties held for the production of income.....			.....0
4.3 Properties held for sale.....			.....0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.....0
6. Contract loans.....			.....0
7. Derivatives (Schedule DB).....			.....0
8. Other invested assets (Schedule BA).....			.....0
9. Receivables for securities.....			.....0
10. Securities lending reinvested collateral assets (Schedule DL).....			.....0
11. Aggregate write-ins for invested assets.....	.....0	.....0	.....0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....0	.....0	.....0
13. Title plants (for Title insurers only).....			.....0
14. Investment income due and accrued.....			.....0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.....0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.....0
15.3 Accrued retrospective premiums.....			.....0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.....0
16.2 Funds held by or deposited with reinsured companies.....			.....0
16.3 Other amounts receivable under reinsurance contracts.....			.....0
17. Amounts receivable relating to uninsured plans.....			.....0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.....0
18.2 Net deferred tax asset.....	.....30,294	.....31,226	.....932
19. Guaranty funds receivable or on deposit.....			.....0
20. Electronic data processing equipment and software.....	.....8,013	.....104,878	.....96,865
21. Furniture and equipment, including health care delivery assets.....		.....7,965	.....7,965
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.....0
23. Receivables from parent, subsidiaries and affiliates.....			.....0
24. Health care and other amounts receivable.....			.....0
25. Aggregate write-ins for other than invested assets.....	.....74,696	.....93,027	.....18,331
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....113,003	.....237,096	.....124,093
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0
28. TOTALS (Lines 26 and 27).....	.....113,003	.....237,096	.....124,093

DETAILS OF WRITE-INS

1101. ....			.....0
1102. ....			.....0
1103. ....			.....0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....0	.....0	.....0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0
2501. Prepaid Expenses.....	.....74,696	.....93,027	.....18,331
2502. ....			.....0
2503. ....			.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....74,696	.....93,027	.....18,331

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	237,463	241,573	240,917	240,475	242,059	2,893,727
2. Provider service organizations.....						
3. Preferred provider organizations.....	50,595	55,900	60,447	60,129	60,060	701,527
4. Point of service.....						
5. Indemnity only.....	3,907	3,930	4,514	4,777	4,879	52,970
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	291,965	301,403	305,878	305,381	306,998	3,648,224

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Dental Care Plus Inc., (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the "State or ODI"). The Company is a wholly owned subsidiary of DCP Holding Company (the "Parent or DCPH").

The Company recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual*, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Company did not have any Ohio prescribed practices that would have a reconciling difference between NAIC SAP and the state.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	Ohio	2014	2013
NET INCOME			
(1) State basis (Page 4, Line 32, Columns 2 & 3)		\$1,156,469	\$1,191,105
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:		\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP:		\$ -	\$ -
(4) NAIC SAP (1-2-3=4)		\$1,156,469	\$1,191,105
SURPLUS			
(5) State basis (Page 3, Line 33, Columns 3 & 4)		\$9,689,179	\$8,560,441
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:		\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP:		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)		\$9,689,179	\$8,560,441

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The amount of dividends to be paid to policyholders is determined annually by the Company’s Board of Directors. The aggregate amount of policyholders’ dividends is related to actual interest and expense experience for the year and judgment as to the appropriate level of statutory surplus to be retained by the Company. There were no dividends declared or paid in 2014 and 2013.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized cost using the interest method.
3. Common stocks are stated at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis. The Company did not have any investments in common stocks at December 31, 2014 and 2013.
4. Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32. The Company did not have any investments in preferred stocks at December 31, 2014 and 2013.

Mortgage loans on real estate are stated at the aggregate carrying value less accrued interest. The Company did not have any investments in mortgage loans on real estate at December 31, 2014 and 2013.
5. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method. The Company did not have any investments in loan-backed securities at December 31, 2014 and 2013.
6. The Company does not have any Goodwill.

NOTES TO FINANCIAL STATEMENTS

- 7. The Company does not have any minor ownership interests any joint ventures.
- 8. All derivatives would be stated at fair value. The Company did not have any derivatives at December 31, 2014.
- 9. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- 10. Unpaid losses and loss adjustment expenses include an amount determined from loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 11. The Company has not modified its capitalization policy from the prior period.

Note 2 - Accounting Changes and Corrections of Errors

Not applicable. DCP had no accounting changes or corrections of errors to report.

Note 3 - Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

Note 5 - Investments

Not applicable. The Company did not have any investments in mortgage loans, debt restructuring, reverse mortgages, loan backed securities, or repurchase agreements for the years ended December 31, 2014 and 2013.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable. The Company has no Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets as of December 31, 2014 and 2013.

Note 7 - Investment Income

Not applicable. The Company did not have any excluded (nonadmitted) investment income due and accrued as of December 31, 2014 and 2013.

Note 8 - Derivative Instruments

Not applicable. There were no derivative instruments at December 31, 2014 and December 31, 2013.

Note 9 - Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

	Description	2014			2013			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1a.	Gross Deferred Tax Assets	360,089	-	360,089	342,657	-	342,657	17,432	-	17,432
1b.	Statutory Valuation Allowance	-	-	-	-	-	-	-	-	-
1c.	Adjusted Gross Deferred Tax Assets	360,089	-	360,089	342,657	-	342,657	17,432	-	17,432
1d.	Deferred Tax Assets Nonadmitted	30,294	-	30,294	31,226	-	31,226	(932)	-	(932)
1e.	Subtotal Net Admitted Deferred Tax Asset	329,794	-	329,794	311,431	-	311,431	18,364	-	18,364
1f.	Deferred Tax Liabilities	273,737	-	273,737	104,480	-	104,480	169,257	-	169,257
1g.	Net Admitted Deferred Tax Asset (Net Deferred Tax Liability)	56,058	-	56,058	206,951	-	206,951	(150,893)	-	(150,893)

NOTES TO FINANCIAL STATEMENTS

		2014			2013			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	326,998	-	326,998	308,634	-	308,634	18,364	-	18,364
2a.	To Be Realized (Excluding The Amount Of Deferred Tax Assets From Above) After Application Of The Threshold Limitation (The Lesser of i. and ii. Below)	932	-	932	932	-	932	0	-	0
2b.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following The Balance Sheet Date	932	-	932	932	-	932	0	-	0
i.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	1,444,387		1,444,387	1,238,850		1,238,850			
ii.	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From (a) And (b) Above) Offset By Gross Deferred Tax Liabilities	1,864	-	1,864	1,864	-	1,864	0	-	0
2c.	Deferred Tax Assets Admitted As The Result Of Application Of SSAP No. 101	329,794	-	329,794	311,431	-	311,431	18,364	-	18,364
	Total Admitted Adjusted Gross Deferred Tax Assets	329,794	-	329,794	311,431	-	311,431			
	Deferred Tax Liability	273,737	-	273,737	104,480	-	104,480	18,364	-	18,364
	Net Admitted Deferred Tax Assets	56,058	-	56,058	206,951	-	206,951	(150,893)	-	(150,893)
	Nonadmitted Deferred Tax Assets	30,294	-	30,294	31,226	-	31,226	(932)	-	(932)

	2014	2013		
Ratio percentage used to determine recovery period and threshold limitation amounts	579%	507%		
Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)ii above	9,629,249	8,259,001		
Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:				
Description	2014			
	Ordinary	Capital	Total	
Adjusted gross DTAs - Amount	-	-	-	
Adjusted gross DTAs - Percentage	0%	0%	0%	
Net admitted DTAs - Amount	-	-	-	
Net admitted DTAs - Percentage	0%	0%	0%	

The Company does not use reinsurance based tax planning strategies.

B. Unrecognized Deferred Tax Liabilities- There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2014 and 2013.

C. Current Tax and Change in Deferred Tax- Current income taxes incurred consisted of the following major components at December 31, 2014 and 2013 are as follows:

Description	2014	2013
Current income tax expense	597,138	596,477
Tax on capital gains/(losses)	10,152	(612)
Prior year underaccrual/(overaccrual)	612	(4,817)
Federal income taxes incurred	607,902	591,048

NOTES TO FINANCIAL STATEMENTS

The tax effects of temporary differences that give rise to significant portions of the deferred taxes at December 31, 2014 and 2013 are as follows:

		December 31,	December 31,	
		2014	2013	
DTAs Resulting from Book/Tax Differences In				
Change				
Ordinary:				
Unearned premiums		73,616	107,785	(34,169)
Net Operating Loss		-	-	-
Unpaid losses and LAE		9,001	8,021	980
Accrued commission		218,922	166,610	52,312
Accrued Professional Fees		-	-	-
Basis difference in fixed assets		-	-	-
Deferred intercompany loss on building		34,955	35,887	(932)
Basis difference on fixed assets		-	-	-
Allowance for doubtful accounts		4,586	2,613	1,973
Prepaid insurance		19,008	21,741	(2,733)
Capital leases		-	-	-
Nonadmitted assets		-	-	-
Gross ordinary DTAs		360,089	342,657	17,432
Statutory valuation adjustment adjustment - ordinary		-	-	-
Nonadmitted ordinary DTAs		(30,294)	(31,226)	932
Admitted ordinary DTAs		329,794	311,431	18,364
Capital:				
Unrealized loss		-	-	-
Gross capital DTAs		-	-	-
Statutory valuation adjustment adjustment - capital		-	-	-
Nonadmitted capital DTAs		-	-	-
Admitted capital DTAs		-	-	-
Admitted DTAs		329,794	311,431	18,364
		December 31,	December 31,	
		2014	2013	
DTLs Resulting from Book/Tax Differences In				
Change				
Ordinary:				
Basis difference in fixed assets		(249,937)	(80,680)	(169,257)
Deferred intercompany gain on land		(23,800)	(23,800)	-
Ordinary DTLs		(273,737)	(104,480)	(169,257)
Capital:				
Unrealized gain		-	-	-
Capital DTLs		-	-	-
DTLs		(273,737)	(104,480)	(169,257)
Net admitted deferred tax asset (liability)		56,058	206,951	(150,893)

The change in net deferred tax assets is comprised of the following:

		December 31,	December 31,	
		2014	2013	
Description				
Change				
Total deferred tax assets		360,089	342,657	17,432
Total deferred tax liabilities		(273,737)	(104,480)	(169,257)
Net deferred tax asset		86,352	238,177	(151,825)
Tax effect of unrealized (gains)/losses				-
Change in net deferred income tax (charge)/benefit				(151,825)

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of Federal Income Tax Rate to Actual Effective Tax Rate

The Company’s income tax expense differs from the amount obtained by applying the statutory rate of 34% to pretax net income for the following reasons at December 31:

				Effective
Description	Amount	Tax	Effect	Tax Rate
Income (loss) before taxes	1,776,821	604,119		34.0%
Nondeductible Federal Premium Tax	334,510	113,733		6.4%
Change in nonadmitted assets	123,162	41,875		2.4%
Other	-	-		0.0%
	<u>2,234,493</u>	<u>759,728</u>		<u>42.76%</u>
Federal income taxes incurred				597,750
Tax on capital gains/(losses)				10,152
Change in net deferred income taxes				151,825
Total statutory income taxes				<u>759,728</u>

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

At December 31, 2014, the Company had no operating loss, capital loss or AMT carry forwards to utilize in future years.

The following is income tax incurred for 2012, 2013 and 2014 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2012		11,576	11,576
2013	596,478	-	596,478
2014	597,138	10,152	607,290
Total	1,193,616	21,728	1,215,344

F. The Company's federal income tax return is consolidated with the following entities:

Dental Care Plus, Inc.
DCP Holding Company
Insurance Assoc. Plus, Inc.
Adenta, Inc.

The Company files its income tax return on a consolidated basis with its parent company, DCP Holding Company, and the two other wholly owned subsidiaries of its parent company, Insurance Associates Plus, Inc. and Adenta, Inc. The Company’s federal income tax expense and liability are calculated on a separate company basis. In keeping with the Company’s income tax allocation arrangement, the Company has a net federal income tax receivable (payable) at December 31, 2014 and 2013, of approximately \$210,000 and \$44,000, respectively, which includes \$412,000 related to federal tax payments made on behalf of DCP Holding Company, Insurance Associates Plus, Inc. and Adenta for the 2014 tax year. The Company’s policy is to settle this inter-company receivable within 30 days of the filing of its consolidated income tax return.

G. Accounting for tax contingencies

For the years ended December 31, 2014 and 2013, the Company did not have tax contingencies under the principles of SSAP No. 5, Liabilities, Contingencies and Impairments of Assets. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to U.S. federal and various U.S. state and local tax authorities. Tax years subsequent to 2009 remain open to examination by the Internal Revenue Service and 2008 remains open to state and local tax authorities. As of December 31, 2014, there are no U.S. federal or state returns under examination.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

- A.
- B. & C. The Company did not declare or pay any common stock dividends to the Parent in 2014 and 2013. There were no cash investments received from the Parent in 2014 and 2013.

NOTES TO FINANCIAL STATEMENTS

In December 2012, the Company entered into a sale-leaseback agreement of its real estate interest to the Parent with a fair market value purchase price of \$2,200,000. The Company paid its outstanding encumbrance of \$1,310,000 related to the real estate property and also recorded a gain on the sale of the asset of \$305,478, which is included in special surplus. The amount included in special surplus related to the sale-leaseback agreement was \$244,832 and \$274,930 at December 31, 2014 and 2013, respectively.

- D. At December 31, 2014, the Company reported \$535,327 as amounts due to DCPH. The terms of the settlement require that these amounts be settled within 30 days.
- E. The Company has a Management Services Agreement with DCPH to provide general administrative services to the Company. DCPH collected monthly management fees from the Company based on an apportionment of the DCPH costs incurred by the Company. The Company paid management fees to DCPH of 11,375,838 and 10,929,663 in 2014 and 2013, respectively.
- F. The Company pays Insurance Associates Plus, Inc. (“IAP”), an insurance agency that is an affiliate of the Company, commissions on collected premiums from employee groups serviced by IAP. The Company paid commissions to IAP totaling \$45,994 and \$45,414 in 2014 and 2013, respectively.

All outstanding shares of the Company are owned by the Parent.

- G. Not applicable. The Company does not own shares of the stock of Parent.
- H. Not applicable. The Company does not own any interest or investment, whose carrying value is equal to or exceeds 10% of the admitted assets of the Company.
- I. Not applicable. The Company does not invest in an affiliated company during the statement period.
- K. Not applicable. The Company does not invest in a foreign insurance company.
- L. Not applicable. The Company does not have any downstream non insurance holding company.

Note 11 - Debt

The Company does not have an outstanding encumbrance for the years ended December 31, 2014 and 2013.

The Company does not have any reverse repurchase agreements.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Effective July 1, 2005, the Company no longer has employees and the services are rendered by the employees of DCP Holding Company.

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- 1. The Company has 1,500 common shares authorized, 166 shares issued and shares outstanding as of December 31, 2014 and 2013.
- 2. The Company has no preferred stock outstanding.
- 3. Dividends paid by the Company to its shareholders cannot, without prior approval of the Department, exceed in any one year the lesser of (i) 10% of net worth (as of the preceding December 31), or (ii) net income for the prior year, and only if net worth exceeds \$250,000 and only out of positive capital and surplus.
- 4. The Company did not declare or pay any dividends in 2014 and 2013.
- 5. Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6. There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
- 7. Not applicable the Company is not a mutual reciprocal.
- 8. Not applicable there are not any stocks of affiliated companies held for any special purpose.

NOTES TO FINANCIAL STATEMENTS

9. In accordance with SSAP 22 par. 10, the Company recorded \$305,478 in special surplus as a result of the gain on the sale-leaseback for the real-estate that the Company previously owned. This amount will be amortized to unassigned surplus in conjunction with the rental agreement.
10. At December 31, 2014, there is no change in surplus due to a reversal of unrealized gains or losses.
11. The Company does not have any surplus debenture or similar obligations.
- 12-13. The Company does not have any quasi-reorganizations.

Note 14 - Contingencies

Litigation—Various litigation and claims against the Company are in process and pending. Based upon a review of open matters with legal counsel, management believes that the outcome of such matters will not have a material effect upon the Company’s financial position or results of operations.

Note 15 - Leases

The Company leases certain equipment and office space under non-cancelable operating leases. Rent expense under all operating leases was approximately \$ 450,577 and \$471,696 for the years ended December 31, 2014 and 2013, respectively.

At December 31, 2014, future approximate minimum annual lease payments under non-cancelable operating and office space lease are as reported

Years Ending		
December 31		
2015		577,011
2016		557,999
2017		455,418
2018		446,345
2019 and thereafter		1,245,158
Total		3,281,931

In 2014 and 2013, the Company entered into a sale-leaseback transaction with a leasing company. The Company sold certain fixed assets totaling \$516,394 and \$311,955, respectively. There was no gain or loss on either sale. The Company did not retain the benefits and risk to the property sold and the risk of ownership was transferred to the leasing company. The Company entered into four and three year non-cancelable operating leasing agreements with the leasing company in 2014 and 2013, respectively. The minimum lease payments are included in the minimum annual lease payments schedule.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company does not have any Financial Instruments that pose Off-Balance Sheet Risk or Financial Instruments with Concentrations of Credit Risk.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans - Not Applicable
- B. ASC Plans

The gain from operations from Administrative Service Contract (ASC) uninsured plans was as follows during 2014:

a. Gross reimbursement for medical cost incurred		\$ 25,548,819.65
b. Gross administrative fees accrued		\$ 1,247,891.00
c. Other income or expenses		\$ (3,878,481.00)
d. Gross expenses incurred (claims and administrative)		\$ 23,039,870.21
e. Total net gain or loss from operations		\$ (121,640.56)

- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - Not Applicable

NOTES TO FINANCIAL STATEMENTS

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Type of Business Written	Type of Authority Granted	Total Premiums Written/Produced By
DCP Holding Company (Parent) 100 Crowne Point Place Cincinnati, OH 45241	20-1291244	Yes	PPO, HMO, IND	C, CA, R, B, P, U	\$64,514,518

Note 20- Fair Value Measurements

The Company classifies the assets and liabilities that require measurement of fair value on a recurring basis based on the priority of the observable and market-based sources of data into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

- Level 1 – Valuations based on quoted prices in active markets for identical assets or liabilities that the entity has the ability to access.
- Level 2 – Valuations based on significant other observable inputs other than those included in Level 1 such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable data for substantially the full term of the assets or liabilities.
- Level 3 – Valuations based on unobservable inputs such as when observable inputs are not available or inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTES TO FINANCIAL STATEMENTS

The following table presents the aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall on the statements of admitted assets, liabilities, and capital and surplus as of December 31, 2014 and 2013:

	December 31, 2014				December 31, 2013		
			Total				Total
	Level 1	Level 2	Balance		Level 1	Level 2	Balance
Assets:							
Cash - Federally- Insured certificates of deposits		\$ 50,000	\$ 50,000			\$ 50,000	\$ 50,000
Short-term investments - Money Market Funds					\$ 17,967		\$ 17,967
Total Assets	\$ -	\$ 50,000	\$ 50,000		\$ 17,967	\$ 50,000	\$ 67,967
Liabilities:							
Total Liabilities	\$				\$		

The Company measures fair value using the following valuation methodologies. The Company uses quoted market prices in active markets to determine the fair value of exchange-traded money market securities; such items are classified as Level 1 of the fair-value hierarchy. The Company obtains and reviews the pricing service’s valuation methodologies and validates these prices using various inputs including quotes from other independent regulatory sources. When deemed necessary, the Company validates prices by replicating a sample using a discounted cash flow model and observable inputs. Such items are classified as Level 2 of the fair-value hierarchy. The Company obtains a price from an independent vendor to determine the fair value of the interest rate swap. The independent vendor uses a discounted cash flow method whereby the significant observable inputs include the replacement interest rates of similar swap instruments in the market and swap curves; such items are classified as Level 2 of the fair value hierarchy. The Company did not have any transfers between Level 1 and 2 for the years ended December 31, 2014 and 2013. The Company did not have any Level 3 financial instruments at December 31, 2014 and 2013.

Note 21 - Other Items

- A.

Extraordinary Items

NONE - Not applicable
- B.

Troubled Debt Restructuring: Debtors

NONE - Not applicable
- C.

Other Disclosures and Unusual Items

NONE - Not applicable
- D.

Business Interruption Insurance Recoveries

NONE - Not Applicable
- E.

State Transferable and Non-transferable Tax Credits

NONE - Not applicable
- F.

Subprime-Mortgage-Related Risk Exposure

NONE - Not Applicable
- G.

Retained Assets

NONE - Not Applicable

NOTES TO FINANCIAL STATEMENTS

Note 22 - Events Subsequent

In accordance with the provisions of the Affordable Care Act of 2010, effective January 1, 2015, the federal government imposed an annual assessment on all U.S. health insurers of approximately \$11.3 billion in 2015. This annual assessment will increase each year and is expected to be \$16.0 billion in 2019. This annual assessment is allocated to individual health insurers based on the ratio of the insurer’s net premiums written during the preceding calendar year to the total health insurance premiums for any U.S. risk premium written for that same year. The first \$25 million of a health insurer’s net premium written is exempt from the federal premium tax assessment. The net premium written by a health insurer from \$25 million to \$50 million is subject to 50% of the federal premium tax rate. Accordingly, in January of 2015, the Company established a liability for the federal premium tax of approximately \$530,000 that is payable to the United States Treasury in September 2015, along with an offsetting asset that will be amortized during 2015.

Note 23 - Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
- Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
- Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
- Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
- Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. not applicable

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
- Yes () No (X)

B. Uncollectible receivables- Not applicable.

C. Commutation of Ceded Reinsurance- Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

The cost of health care services provided to members is accrued in the period such services are provided based on the accumulation of estimates of claims reported prior to the end of a reporting period and of estimates of dental services provided but not reported to the Company.

Management’s estimates of dental services provided are based on the Company’s historical experience and current trends, with assistance from the Company’s consulting actuary. Estimated dental claims payable are reviewed regularly by management and are adjusted based on current information; however, final claim payments may differ from the established reserves. Any resulting adjustments are reflected in current operations.

Note 26 - Intercompany Pooling Arrangements

Not Applicable.

Note 27 - Structured Settlements

Not Applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserves

The Company reviews contracts with employers groups to determine the adequacy of premiums earned, and to be earned, relative to the total expected claims and claims adjustment expenses for the contracts. As of December 31, 2013 and 2012, the Company determined these contracts did not warrant the establishment of a premium deficiency reserve.

Note 31 - Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State regulating?
Ohio

2.1

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]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2012

3.2

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.

12/31/2012

3.3

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).

03/10/2014

3.4

By what department or departments?
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [X] No [] N/A []

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [] No [X]

4.12

renewals?

Yes [X] No []

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

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 the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

6.1

Has the 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?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

.....%

7.22

State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
DELOITTE & TOUCHE LLP, 250 EAST FIFTH STREET, SUITE 1900, CINCINNATI, OHIO 45202

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []

10.6

If the answer to 10.5 is no or n/a, please explain.

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
TIMOTHY P. BERGHOFF, MAAA, 8216 MILLVIEW DRIVE, CINCINNATI, OH 45249

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes []

No [X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

12.2

If yes, provide explanation.

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes []

No [X]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes []

No [X]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes []

No []

N/A [X]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X]

No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes []

No [X]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes []

No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes []

No [X]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes [X]

No []

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [X]

No []

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X]

No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes []

No [X]

20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$.....0

20.12

To stockholders not officers

\$.....0

20.13

Trustees, supreme or grand (Fraternal only)

\$.....0

20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$.....0

20.22

To stockholders not officers

\$.....0

20.23

Trustees, supreme or grand (Fraternal only)

\$.....0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes []

No [X]

21.2

If yes, state the amount thereof at December 31 of the current year:

21.21

Rented from others

21.22

Borrowed from others

21.23

Leased from others

21.24

Other

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes []

No [X]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

22.22

Amount paid as expenses

22.23

Other amounts paid

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes []

No [X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X]

No []

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [☐]No [☐]N/A [☒]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [☐]No [☐]N/A [☒]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [☐]No [☐]N/A [☒]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes [☐]No [☐]N/A [☒]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

.....

.....

.....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

Yes [☒]No [☐]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

25.32 Other

\$.....0

\$.....0

\$.....0

\$.....0

\$.....0

\$.....0

\$.....276,940

\$.....0

\$.....0

\$.....0

\$.....0

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [☐]No [☒]

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

Yes [☐]No [☐]N/A [☒]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [☐]No [☒]

27.2 If yes, state the amount thereof at December 31 of the current year:

.....

28. Excluding items in Schedule E-Part 3-Special Deposits, 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 Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [☒]No [☐]

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

1	2
Name of Custodian(s)	Custodian's Address

28.02 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [☐]No [☒]

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

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

28.05 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	2	3
Central Registration Depository Number(s)	Name	Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [☐]No [☒]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation

PART 1 - COMMON INTERROGATORIES - INVESTMENT

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	7,377,461	7,553,166	175,705
30.2 Preferred stocks.....			0
30.3 Totals.....	7,377,461	7,553,166	175,705

30.4 Describe the sources or methods utilized in determining the fair values:
Cusip trading price at end of period

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X]No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X]No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X]No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....26,817

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
A.M. Best Company, Inc	18,300
National Association of Dental Plans	8,517

34.1 Amount of payments for legal expenses, if any?

\$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....3,017

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
Indiana Department of Insurance	3,017

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐]

No [☒]

1.2

If yes, indicate premium earned on U.S. business only

\$.....0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

.....

1.31

Reason for excluding

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

.....

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

.....

1.62

Total incurred claims

.....

1.63

Number of covered lives

.....

All years prior to most current three years:

1.64

Total premium earned

.....

1.65

Total incurred claims

.....

1.66

Number of covered lives

.....

1.7

Group policies:

Most current three years:

1.71

Total premium earned

.....

1.72

Total incurred claims

.....

1.73

Number of covered lives

.....

All years prior to most current three years:

1.74

Total premium earned

.....

1.75

Total incurred claims

.....

1.76

Number of covered lives

.....

2.

Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	.....64,514,518	.....60,241,481
2.2 Premium Denominator.....	.....64,514,518	.....60,241,481
2.3 Premium Ratio (2.1/2.2).....	.....100.0	.....100.0
2.4 Reserve Numerator.....		
2.5 Reserve Denominator.....	.....2,948,681	.....2,179,640
2.6 Reserve Ratio (2.4/2.5).....	.....0.0	.....0.0

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits?

Yes [☐]

No [☒]

3.2

If yes, give particulars:

.....

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [☒]

No [☐]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☒]

No [☐]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☐]

No [☒]

5.2

If no, explain:

Dental HMO, Indemnity and PPO are not required to have a stop loss coverage

5.3

Maximum retained risk (see instructions):

5.31

Comprehensive medical

\$.....0

5.32

Medical only

\$.....0

5.33

Medicare supplement

\$.....0

5.34

Dental and vision

\$.....0

5.35

Other limited benefit plan

\$.....0

5.36

Other

\$.....0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Provider agreements call for providers to o nly collect deductibles and coinsurance even if the Company becomes insolvent

In addition, providers are obligated to continue with all current patients treatments to completion.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [☒]

No [☐]

7.2

If no, give details:

.....

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

.....5,198

8.2

Number of providers at end of reporting year

.....5,458

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [☒]

No [☐]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

\$.....6,871,620

9.22

Business with rate guarantees over 36 months

\$.....0

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts?

Yes [☒]

No [☐]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$.....0

10.22

Amount actually paid for year bonuses

\$.....0

10.23

Maximum amount payable withholds

\$.....0

10.24

Amount actually paid for year withholds

\$.....0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or

11.14 A Mixed Model (combination of above)?

Yes []

No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X]

No []

11.3 If yes, show the name of the state requiring such net worth.

OH, KY, IN

11.4 If yes, show the amount required.

\$.....5,776,545

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [X]

No []

11.6 If the amount is calculated, show the calculation:

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Adams, IN
Allen, IN
Bartholomew, IN
Benton, IN
Blackford, IN
Boone, IN
Brown, IN
Carroll, IN
Cass, IN
Clark, IN
Clay, IN
Clinton, IN
Crawford, IN
Daviess, IN
Dearborn, IN
Decatur, IN
DeKalb, IN
Delaware, IN
Dubois, IN
Elkhart, IN
Fayette, IN
Floyd, IN
Fountain, IN
Franklin, IN
Fulton, IN
Gibson, IN
Grant, IN
Greene, IN
Hamilton, IN
Hancock, IN
Harrison, IN
Hendricks, IN
Henry, IN
Howard, IN
Huntington, IN
Jackson, IN
Jasper, IN
Jay, IN
Jefferson, IN
Jennings, IN
Johnson, IN
Knox, IN
Kosciusko, IN
La Porte, IN
Lagrange, IN
Lake, IN
Lawrence, IN
Madison, IN
Marion, IN
Marshall, IN
Martin, IN
Miami, IN
Monroe, IN
Montgomery, IN
Morgan, IN
Newton, IN
Noble, IN
Ohio, IN
Orange, IN
Owen, IN
Parke, IN
Perry, IN
Pike, IN
Porter, IN
Posey, IN
Pulaski, IN
Putnam, IN
Randolph, IN
Ripley, IN
Rush, IN
Scott, IN
Shelby, IN
Spencer, IN
St. Joseph, IN
Starke, IN
Steuben, IN
Sullivan, IN
Switzerland, IN
Tippecanoe, IN
Tipton, IN
Union, IN
Vanderburgh, IN
Vermillion, IN
Vigo, IN

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

Wabash, IN
Warren, IN
Warrick, IN
Washington, IN
Wayne, IN
Wells, IN
White, IN
Whitley, IN
ADAMS, OH
ALLEN, OH
ASHLAND, OH
ASHTABULA, OH
ATHENS, OH
AUGLAIZE, OH
BELMONT, OH
BROWN, OH
BUTLER, OH
CARROLL, OH
CHAMPAIGN, OH
CLARK, OH
CLARKE, OH
CLERMONT, OH
CLINTON, OH
COLUMBIANA, OH
COSHOCTON, OH
CRAWFORD, OH
CUYAHOGA, OH
DARKE, OH
DEFIANCE, OH
DELAWARE, OH
ERIE, OH
FAIRFIELD, OH
FAYETTE, OH
FRANKLIN, OH
FULTON, OH
GALLIA, OH
GEAUGA, OH
GREENE, OH
GUERNSEY, OH
HAMILTON , OH
HANCOCK, OH
HARDIN, OH
HARRISON, OH
HENRY, OH
HIGHLAND, OH
HOCKING, OH
HOLMES, OH
HURON, OH
JACKSON, OH
JEFFERSON, OH
KNOX, OH
LAKE, OH
LAWRENCE, OH
LICKING, OH
LOGAN, OH
LORAIN, OH
LUCAS, OH
MADISON, OH
MAHONING, OH
MARION, OH
MEDINA, OH
MEIGS, OH
MERCER, OH
MIAMI, OH
MONROE, OH
MONTGOMERY, OH
MORGAN, OH
MORROW, OH
MUSKINGUM, OH
NOBLE, OH
OTTAWA, OH
PAULDING, OH
PERRY, OH
PICKAWAY, OH
PIKE, OH
PORTAGE, OH
PREBLE, OH
PUTNAM, OH
RICHLAND, OH
ROSS, OH
SANDUSKY, OH
SCIOTO, OH
SENECA, OH
SHELBY, OH
STARK, OH
SUMMIT, OH
TRUMBULL, OH

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

TUSCARAWAS, OH
UNION, OH
VAN WERT , OH
VINTON, OH
WARREN, OH
WASHINGTON, OH
WAYNE, OH
WILLIAMS, OH
WOOD, OH
WYANDOT, OH
ADAIR, KY
ALLEN, KY
Anderson, KY
BALLARD, KY
BARREN, KY
BATH, KY
BELL, KY
Boone, KY
Bourbon, KY
BOYD, KY
Boyle, KY
BRACKEN, KY
BREATHITT, KY
BRECKENRIDGE, KY
Bullitt, KY
BUTLER, KY
CALDWELL, KY
CALLOWAY, KY
Campbell, KY
CARLISLE, KY
Carroll, KY
CARTER, KY
CASEY, KY
CHRISTIAN, KY
Clark, KY
CLAY, KY
CLINTON, KY
CRITTENDEN, KY
CUMBERLAND, KY
DAVIESS, KY
EDMONSON, KY
ELLIOTT, KY
Estill, KY
Fayette, KY
FLEMING, KY
FLOYD, KY
Franklin, KY
FULTON, KY
Gallatin, KY
Garrard, KY
Grant, KY
GRAVES, KY
GRAYSON, KY
GREEN, KY
GREENUP, KY
HANCOCK, KY
HARDIN, KY
HARLAN, KY
Harrison, KY
HART, KY
HENDERSON, KY
Henry, KY
HICKMAN, KY
HOPKINS, KY
JACKSON, KY
Jefferson, KY
Jessamine, KY
JOHNSON, KY
Kenton, KY
KNOTT, KY
KNOX, KY
LARUE, KY
LAUREL, KY
LAWRENCE, KY
LEE, KY
LESLIE, KY
LETCHER, KY
LEWIS, KY
Lincoln, KY
LIVINGSTON, KY
LOGAN, KY
LYON, KY
Madison, KY
MAGOFFIN, KY
MARION, KY
MARSHALL, KY
MARTIN, KY

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

MASON, KY
MCCRACKEN, KY
MCCREARY, KY
MCLEAN, KY
MEADE, KY
MENIFEE, KY
Mercer, KY
METCALFE, KY
MONROE, KY
MONTGOMERY, KY
MORGAN, KY
MUHLENBERG, KY
NELSON, KY
Nicholas, KY
OHIO, KY
Oldham, KY
Owen, KY
OWSLEY, KY
Pendleton, KY
PERRY, KY
PIKE, KY
Powell, KY
PULASKI, KY
ROBERTSON, KY
ROCKCASTLE, KY
ROWAN, KY
RUSSELL, KY
Scott, KY
Shelby, KY
SIMPSON, KY
Spencer, KY
TAYLOR, KY
TODD, KY
TRIGG, KY
Trimble, KY
UNION, KY
WARREN, KY
WASHINGTON, KY
WAYNE, KY
WEBSTER, KY
WHITLEY, KY
WOLFE, KY
Woodford, KY

- 13.1 Do you act as a custodian for health savings account?

Yes [☐]No [☒ X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [☐]No [☒ X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [☐]No [☐]N/A [☒ X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct written premium..... \$.....0
- 15.2 Total incurred claims..... \$.....0
- 15.3 Number of covered lives..... \$.....0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	15,908,620	14,139,988	12,382,728	11,862,122	11,107,143
2. Total liabilities (Page 3, Line 24).....	6,219,440	5,579,546	4,986,577	5,761,173	5,592,625
3. Statutory surplus.....	5,776,545	5,142,555	3,951,921	3,262,197	2,675,766
4. Total capital and surplus (Page 3, Line 33).....	9,689,179	8,560,441	7,396,151	6,100,949	5,514,518
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	67,023,467	62,556,314	57,509,737	54,256,010	54,129,288
6. Total medical and hospital expenses (Line 18).....	48,652,366	45,724,217	42,767,503	42,003,879	43,312,011
7. Claims adjustment expenses (Line 20).....	1,460,488	1,185,134	1,230,795	1,091,831	1,092,815
8. Total administrative expenses (Line 21).....	15,324,293	13,998,816	11,882,796	10,345,695	9,895,645
9. Net underwriting gain (loss) (Line 24).....	1,586,320	1,648,147	1,628,643	814,605	(171,183)
10. Net investment gain (loss) (Line 27).....	215,276	153,808	238,000	182,996	167,923
11. Total other income (Lines 28 plus 29).....	(37,225)	(19,190)	(72,993)	(31,905)	(17,916)
12. Net income or (loss) (Line 32).....	1,156,469	1,191,105	1,107,830	703,253	(94,226)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	1,227,099	1,578,971	42,079	998,427	1,514,805
Risk-Based Capital Analysis					
14. Total adjusted capital.....	9,689,179	8,560,441	7,396,151	6,100,949	5,514,518
15. Authorized control level risk-based capital.....	1,764,372	1,689,945	1,591,297	1,483,543	1,584,172
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	306,998	291,965	276,293	267,926	267,987
17. Total member months (Column 6, Line 7).....	3,648,224	3,459,203	3,286,556	3,195,557	3,212,150
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).	75.4	75.9	77.3	80.5	83.1
20. Cost containment expenses.....			0.1	0.1	0.1
21. Other claims adjustment expenses.....	2.3	2.0	2.1	2.0	2.0
22. Total underwriting deductions (Line 23).....	101.4	101.1	101.0	102.5	104.2
23. Total underwriting gain (loss) (Line 24).....	2.5	2.7	2.9	1.6	(0.3)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	2,293,324	2,001,603	2,654,534	2,803,442	2,484,792
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	2,179,640	2,090,647	2,750,409	2,727,213	2,271,421
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes[] No[]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama.....AL	N							.0	
2.	Alaska.....AK	N							.0	
3.	Arizona.....AZ	N							.0	
4.	Arkansas.....AR	N							.0	
5.	California.....CA	N							.0	
6.	Colorado.....CO	N							.0	
7.	Connecticut.....CT	N							.0	
8.	Delaware.....DE	N							.0	
9.	District of Columbia.....DC	N							.0	
10.	Florida.....FL	N							.0	
11.	Georgia.....GA	N							.0	
12.	Hawaii.....HI	N							.0	
13.	Idaho.....ID	N							.0	
14.	Illinois.....IL	N							.0	
15.	Indiana.....IN	L	213,998						213,998	
16.	Iowa.....IA	N							.0	
17.	Kansas.....KS	N							.0	
18.	Kentucky.....KY	L	8,943,307						8,943,307	
19.	Louisiana.....LA	N							.0	
20.	Maine.....ME	N							.0	
21.	Maryland.....MD	N							.0	
22.	Massachusetts.....MA	N							.0	
23.	Michigan.....MI	N							.0	
24.	Minnesota.....MN	N							.0	
25.	Mississippi.....MS	N							.0	
26.	Missouri.....MO	N							.0	
27.	Montana.....MT	N							.0	
28.	Nebraska.....NE	N							.0	
29.	Nevada.....NV	N							.0	
30.	New Hampshire.....NH	N							.0	
31.	New Jersey.....NJ	N							.0	
32.	New Mexico.....NM	N							.0	
33.	New York.....NY	N							.0	
34.	North Carolina.....NC	N							.0	
35.	North Dakota.....ND	N							.0	
36.	Ohio.....OH	L	55,357,213						55,357,213	
37.	Oklahoma.....OK	N							.0	
38.	Oregon.....OR	N							.0	
39.	Pennsylvania.....PA	N							.0	
40.	Rhode Island.....RI	N							.0	
41.	South Carolina.....SC	N							.0	
42.	South Dakota.....SD	N							.0	
43.	Tennessee.....TN	N							.0	
44.	Texas.....TX	N							.0	
45.	Utah.....UT	N							.0	
46.	Vermont.....VT	N							.0	
47.	Virginia.....VA	N							.0	
48.	Washington.....WA	N							.0	
49.	West Virginia.....WV	N							.0	
50.	Wisconsin.....WI	N							.0	
51.	Wyoming.....WY	N							.0	
52.	American Samoa.....AS	N							.0	
53.	Guam.....GU	N							.0	
54.	Puerto Rico.....PR	N							.0	
55.	U.S. Virgin Islands.....VI	N							.0	
56.	Northern Mariana Islands.....MP	N							.0	
57.	Canada.....CAN	N							.0	
58.	Aggregate Other alien.....OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal.....	XXX	64,514,518	.0	.0	.0	.0	.0	64,514,518	.0
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX							.0	
61.	Total (Direct Business).....	(a).....3	64,514,518	.0	.0	.0	.0	.0	64,514,518	.0

DETAILS OF WRITE-INS

58001. ....							.0	
58002. ....							.0	
58003. ....							.0	
58998. Summary of remaining write-ins for line 58.....	.0	.0	.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 thru 58003 + 58998).....	.0	.0	.0	.0	.0	.0	.0	.0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

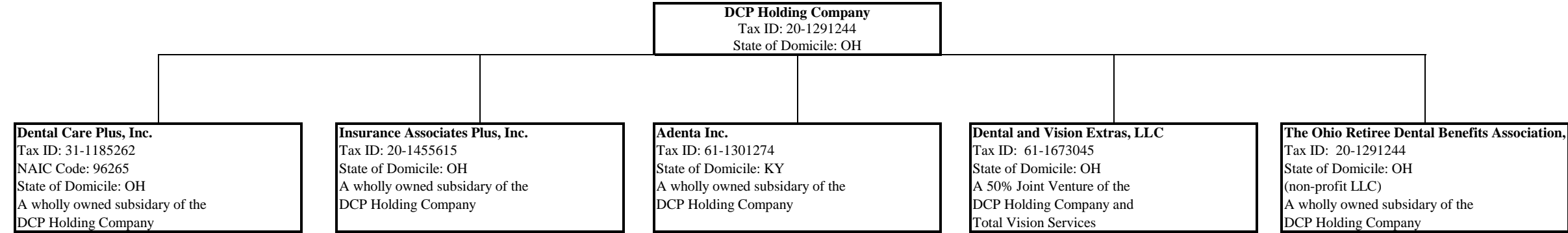
Explanation of basis of allocation by states, premiums by state, etc.

Dental Care Plus, Inc. allocates it premium revenue based on the situs or location of its employer group customers.

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUF

PART 1 - ORGANIZATIONAL CHART



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