



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) rhodgkins@dentalcareplus.com (E-Mail Address)	513-554-1100 (Area Code) (Telephone Number) (Extension) 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	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2015	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
HAMILTON COUNTY, OHIO.....	229,719	-	-	-		229,719
SIEMENS ENERGY & AUTOMATION.....	51,042	10,567	-	-		61,609
XAVIER UNIVERSITY.....	37,780	-	-	-		37,780
MILFORD EXEMPTED VILLAGE SCHOOLS.....	37,163	-	-	-		37,163
FRANKLIN COUNTY SCHOOL DISTRICT.....	13,434	2,679	-	-		16,113
PRIMED PHYSICIANS.....	5,594	9,363	0	-		14,957
SOUTHWEST HEALTHCARE OF BROWN COUNTY, OHIO, LLC DBA BROWN CO.....	7,178	7,403	-	-		14,581
CINCINNATI EYE INSTITUTE.....	13,940	-	-	-		13,940
CITY OF BLUE ASH.....	12,486	-	-	-		12,486
PENDLETON COUNTY BOARD OF EDUCATION-HMO.....	10,948	-	-	-		10,948
CHASE INDUSTRIES, INC-HMO.....	9,285	1,019	-	-		10,304
0299997. Group subscribers subtotal.....	428,569	31,032	0	0	0	459,601
0299998. Premiums due and unpaid not individually listed.....	375,351	26,957				402,308
0299999. Total group.....	803,920	57,989	0	0	0	861,909
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	803,920	57,989	0	0	0	861,909

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	1,245					1,245
0699999. Total Other Receivables.....	1,245	0	0	0	0	1,245
0799999. Gross Health Care Receivables.....	1,245	0	0	0	0	1,245

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....					0	
2. Claim overpayment receivables.....					0	
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	1,359	13,548		1,244	1,359	1,381
7. Totals (Lines 1 through 6).....	1,359	13,548	0	1,244	1,359	1,381

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
IBNR.....	2,358,280	248,269	130,219	67,544	144,370	2,948,681
0199999. Individually listed claims unpaid.....	2,358,280	248,269	130,219	67,544	144,370	2,948,681
0499999. Subtotals.....	2,358,280	248,269	130,219	67,544	144,370	2,948,681
0799999. Total claims unpaid.....						2,948,681

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Due to DCP Holding Company.....	Due to DCP Holding Company (Management Fee true up).....	535,327	535,327	
Due to Adenta (affiliate).....	Commissions payable to affiliate.....	7,330	7,330	
Due to Insurance Associates Plus.....	Commissions payable to affiliate.....	3,149	3,149	
0199999. Individually listed payables.....		545,807	545,807	0
0399999. Total gross payables.....		545,807	545,807	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0	.....	.....	.....	.....
2. Intermediaries.....	0	0.0	.....	.....	.....	.....
3. All other providers.....	0	0.0	.....	.....	.....	.....
4. Total capitation payments.....	0	0.0	0	.....	.....0	0
Other Payments:						
5. Fee-for-service.....	5,445,201	11.4	XXX	XXX	.....	.....5,445,201
6. Contractual fee payments.....	0	0.0	XXX	XXX	.....	.....
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	42,431,349	88.6	XXX	XXX	42,431,349	.....
9. Non-contingent salaries.....	0	0.0	XXX	XXX	.....	.....
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX	.....	.....
11. All other payments.....	0	0.0	XXX	XXX	.....	.....
12. Total other payments.....	47,876,550	100.0	XXX	XXX	42,431,349	5,445,201
13. Total (Line 4 plus Line 12).....	47,876,550	100.0	XXX	XXX	42,431,349	5,445,201

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
-----------------------	----------------------------------	-----------------------------	---	--	--

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	222,998		222,998			0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	222,998	0	222,998	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Dental Care Plus, Inc. 2. Cincinnati, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....0

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	291,965					291,965				
2. First quarter.....	301,403					301,403				
3. Second quarter.....	305,878					305,878				
4. Third quarter.....	305,381					305,381				
5. Current year.....	306,998					306,998				
6. Current year member months.....	3,648,224					3,648,224				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	.0									
8. Non-physician.....	.0									
9. Totals.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Hospital patient days incurred.....	.0									
11. Number of inpatient admissions.....	.0									
12. Health premiums written (b).....	64,514,518					64,514,518				
13. Life premiums direct.....	.0									
14. Property/casualty premiums written.....	.0									
15. Health premiums earned.....	63,431,934					63,431,934				
16. Property/casualty premiums earned.....	.0									
17. Amount paid for provision of health care services.....	47,876,550					47,876,550				
18. Amount incurred for provision of health care services.....	48,647,080					48,647,080				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....3,273,739.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Dental Care Plus, Inc. 2. Cincinnati, OH

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

(Location)

NAIC Group Code.....0

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	347					347				
2. First quarter.....	514					514				
3. Second quarter.....	643					643				
4. Third quarter.....	760					760				
5. Current year.....	872					872				
6. Current year member months.....	7,985					7,985				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	213,998					213,998				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	210,843					210,843				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	152,735					152,735				
18. Amount incurred for provision of health care services.....	155,193					155,193				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Dental Care Plus, Inc. 2. Cincinnati, OH

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

(Location)

NAIC Group Code.....0

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	31,929					31,929				
2. First quarter.....	29,127					29,127				
3. Second quarter.....	30,694					30,694				
4. Third quarter.....	31,158					31,158				
5. Current year.....	32,637					32,637				
6. Current year member months.....	366,500					366,500				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	8,943,307					8,943,307				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	8,792,730					8,792,730				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	4,229,061					4,229,061				
18. Amount incurred for provision of health care services.....	4,297,124					4,297,124				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Dental Care Plus, Inc. 2. Cincinnati, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....0

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	259,689					259,689				
2. First quarter.....	271,762					271,762				
3. Second quarter.....	274,541					274,541				
4. Third quarter.....	273,463					273,463				
5. Current year.....	273,489					273,489				
6. Current year member months.....	3,273,739					3,273,739				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	55,357,213					55,357,213				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	54,428,361					54,428,361				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	43,494,754					43,494,754				
18. Amount incurred for provision of health care services.....	44,194,763					44,194,763				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....3,273,739.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0

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

Sch. S-Pt. 2
NONE

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

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 6
NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	14,675,383		14,675,383
2. Accident and health premiums due and unpaid (Line 15).....	861,909		861,909
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	371,328		371,328
6. Totals assets (Line 28).....	15,908,620	0	15,908,620
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,948,681		2,948,681
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	1,082,585		1,082,585
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	2,188,174		2,188,174
15. Total liabilities (Line 24).....	6,219,440	0	6,219,440
16. Total capital and surplus (Line 33).....	9,689,179	XXX	9,689,179
17. Total liabilities, capital and surplus (Line 34).....	15,908,619	0	15,908,619
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6 Totals	
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)		5 Deposit-Type Contracts
1.	Alabama.....	AL	NONE					0
2.	Alaska.....	AK						0
3.	Arizona.....	AZ						0
4.	Arkansas.....	AR						0
5.	California.....	CA						0
6.	Colorado.....	CO						0
7.	Connecticut.....	CT						0
8.	Delaware.....	DE						0
9.	District of Columbia.....	DC						0
10.	Florida.....	FL						0
11.	Georgia.....	GA						0
12.	Hawaii.....	HI						0
13.	Idaho.....	ID						0
14.	Illinois.....	IL						0
15.	Indiana.....	IN						0
16.	Iowa.....	IA						0
17.	Kansas.....	KS						0
18.	Kentucky.....	KY						0
19.	Louisiana.....	LA						0
20.	Maine.....	ME						0
21.	Maryland.....	MD						0
22.	Massachusetts.....	MA						0
23.	Michigan.....	MI						0
24.	Minnesota.....	MN						0
25.	Mississippi.....	MS						0
26.	Missouri.....	MO						0
27.	Montana.....	MT						0
28.	Nebraska.....	NE						0
29.	Nevada.....	NV						0
30.	New Hampshire.....	NH						0
31.	New Jersey.....	NJ						0
32.	New Mexico.....	NM						0
33.	New York.....	NY						0
34.	North Carolina.....	NC						0
35.	North Dakota.....	ND						0
36.	Ohio.....	OH						0
37.	Oklahoma.....	OK						0
38.	Oregon.....	OR						0
39.	Pennsylvania.....	PA						0
40.	Rhode Island.....	RI						0
41.	South Carolina.....	SC						0
42.	South Dakota.....	SD						0
43.	Tennessee.....	TN						0
44.	Texas.....	TX						0
45.	Utah.....	UT						0
46.	Vermont.....	VT						0
47.	Virginia.....	VA						0
48.	Washington.....	WA						0
49.	West Virginia.....	WV						0
50.	Wisconsin.....	WI						0
51.	Wyoming.....	WY						0
52.	American Samoa.....	AS						0
53.	Guam.....	GU						0
54.	Puerto Rico.....	PR						0
55.	US Virgin Islands.....	VI						0
56.	Northern Mariana Islands.....	MP						0
57.	Canada.....	CAN						0
58.	Aggregate Other Alien.....	OT						0
59.	Totals.....			0	0	0	0	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
.....			201291244...	.....	.....	.....	DCP Holding Company.....	OH.....	UDP.....	.....	Other.....	.....	.....	.....
.....			201455615...	.....	.....	.....	Insurance Associates Plus, Inc.....	OH.....	NIA.....	DCP Holding Company.....	Ownership.....	...100.000	DCP Holding Company.....	.....
.....			611301274...	.....	.....	.....	Adenta, Inc.....	OH.....	NIA.....	DCP Holding Company.....	Ownership.....	...100.000	DCP Holding Company.....	.....
.....			201291244...	.....	.....	.....	OH Retiree Dental Benefits Assoc., LLC.....	OH.....	NIA.....	DCP Holding Company.....	Ownership.....	...100.000	DCP Holding Company.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
.....	20-1291244.....	DCP Holding Company (parent).....	.....	.....	.....	.....	.....11,531,447	.....	.....	.....	.....11,531,447	.....
.....	20-1455615.....	Insurance Associates Plus, Inc.....	.....	.....	.....	.....	.....42,235	.....	.....	.....	.....42,235	.....
.....	61-1301274.....	Adenta Inc.....	.....	.....	.....	.....	.....85,452	.....	.....	.....	.....85,452	.....
96265.....	31-1185262.....	Dental Care Plus.....	.....	.....	.....	.....	.....(11,659,134)	.....	.....	.....	.....(11,659,134)	.....
9999999.	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.



* 9 6 2 6 5 2 0 1 4 3 6 0 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 0 5 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 0 7 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 3 7 1 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 3 7 0 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 3 6 5 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 2 4 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 2 5 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 2 6 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 3 0 6 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 1 1 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 1 3 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 1 6 0 0 0 0 0 *



* 9 6 2 6 5 2 0 1 4 2 1 7 0 0 0 0 0 *

Dental Care Plus, Inc.

Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Interest expense.....	.....	.....	.....8,715	.....	.....8,715
2597. Summary of remaining write-ins for Line 25.....	0	0	8,715	0	8,715

Overflow Page for Write-Ins

NONE

2014 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E28
Notes To Financial Statements	26	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	38
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	39
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14