96265201920100103

HEALTH QUARTERLY STATEMENT

As of September 30, 2019
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 OH State of Domicile or Port of Entry OH 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 C. Hodgkins Jr. *(Name)*	513-554-1100 *(Area Code) (Telephone Number) (Extension)*
	rhodgkins@dentalcareplus.com *(E-Mail Address)*	513-554-3189 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Robert C. Hodgkins Jr.	President & CEO	2. David Abelman	Secretary
3. Jeffrey C. Brown	Treasurer	4.	

OTHER

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

DIRECTORS OR TRUSTEES

Steven J. Pollock Alan L. Madison David Abelman Jeffrey C. Brown
Robert C. Hodgkins Jr.

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)
Robert C. Hodgkins Jr.	David Abelman	Jeffrey C. Brown
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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 Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	7,541,976		7,541,976	9,581,308
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
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 $.....0 encumbrances)			0	
5. Cash ($.....3,941,461), cash equivalents ($.....1,412,299) and short-term investments ($.....0)	5,353,760		5,353,760	11,828,632
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	12,895,736	0	12,895,736	21,409,939
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	78,938		78,938	80,354
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,257,374		1,257,374	1,213,981
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) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts	111,100		111,100	
17. Amounts receivable relating to uninsured plans			0	165,620
18.1 Current federal and foreign income tax recoverable and interest thereon	68,569		68,569	12,640
18.2 Net deferred tax asset	212,172		212,172	122,476
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	1,746,132	1,621,325	124,807	157,492
21. Furniture and equipment, including health care delivery assets ($.....0)	58,754	58,754	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	1,336,228		1,336,228	
24. Health care ($.....0) and other amounts receivable	841		841	420
25. Aggregate write-ins for other than invested assets	44,217	44,217	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	17,810,061	1,724,296	16,085,765	23,162,922
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	17,810,061	1,724,296	16,085,765	23,162,922

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	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	44,217	44,217	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)	44,217	44,217	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)	2,813,518		2,813,518	2,555,303
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	67,933		67,933	57,514
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	2,341,272		2,341,272	1,997,709
9.	General expenses due or accrued	1,635,252		1,635,252	2,024,685
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized 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 $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	177,056		177,056	1,899,244
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans	184,320		184,320	178,881
23.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	7,219,351	0	7,219,351	8,713,336
25.	Aggregate write-ins for special surplus funds	XXX	XXX	106,917	122,191
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	2,773,089	2,773,089
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	4,620,745	10,188,641
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	8,866,414	14,449,584
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	16,085,765	23,162,920

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	106,917	122,191
2502.	Reclassification of surplus for Federal Premium Tax	XXX	XXX		
2503.					
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	106,917	122,191
3001.					
3002.					
3003.					
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

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months	XXX	3,479,037	3,301,252	4,399,829
2.	Net premium income (including $.....0 non-health premium income)	XXX	60,049,252	59,905,464	79,495,926
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	2,461,382	2,192,372	2,872,922
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	62,510,634	62,097,836	82,368,848
Hospital and Medical:					
9.	Hospital/medical benefits				
10.	Other professional services		44,641,572	43,005,550	56,631,712
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	0
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0	44,641,572	43,005,550	56,631,712
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	44,641,572	43,005,550	56,631,712
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....0 cost containment expenses		2,004,648	1,909,685	2,535,970
21.	General administrative expenses		15,409,315	16,064,901	21,047,310
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	62,055,535	60,980,136	80,214,992
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	455,099	1,117,700	2,153,856
25.	Net investment income earned		220,230	193,588	189,391
26.	Net realized capital gains (losses) less capital gains tax of $.....0		6,612	(5,009)	(5,833)
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	226,842	188,579	183,558
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]		(27,602)	(55,709)	(79,105)
29.	Aggregate write-ins for other income or expenses	0	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	654,339	1,250,570	2,258,309
31.	Federal and foreign income taxes incurred	XXX	183,312	275,259	581,723
32.	Net income (loss) (Lines 30 minus 31)	XXX	471,027	975,311	1,676,586

DETAILS OF WRITE-INS

0601.	Self Insured	XXX	2,461,382	2,192,372	2,872,922
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	2,461,382	2,192,372	2,872,922
0701.	Other income	XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.	Other income				
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	14,449,582	14,799,691	14,799,691
34. Net income or (loss) from Line 32	471,027	975,311	1,676,586
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (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	77,065	(47,649)	85,745
39. Change in nonadmitted assets	(591,260)	(542,371)	(695,137)
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		52,697	52,697
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	22,911	22,911	30,548
46. Dividends to stockholders	(5,540,000)		(1,470,000)
47. Aggregate write-ins for gains or (losses) in surplus	(22,911)	(22,911)	(30,548)
48. Net change in capital and surplus (Lines 34 to 47)	(5,583,168)	437,988	(350,109)
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,866,414	15,237,679	14,449,582

DETAILS OF WRITE-INS

4701. Amortization of special surplus from gain on sale-leaseback	(22,911)	(22,911)	(30,548)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	(22,911)	(22,911)	(30,548)

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance	60,349,422	59,485,144	79,804,112
2. Net investment income	229,800	196,086	184,456
3. Miscellaneous income	2,461,382	2,192,372	2,872,922
4. Total (Lines 1 through 3)	63,040,604	61,873,602	82,861,490
5. Benefit and loss related payments	44,494,878	42,998,399	57,592,310
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	18,985,748	17,094,790	23,757,919
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	240,998	1,112,000	547,154
10. Total (Lines 5 through 9)	63,721,624	61,205,189	81,897,383
11. Net cash from operations (Line 4 minus Line 10)	(681,020)	668,413	964,107
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,186,797	1,707,771	1,990,188
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)	4,186,797	1,707,771	1,990,188
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,147,248	1,739,346	1,922,150
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,147,248	1,739,346	1,922,150
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	2,039,549	(31,575)	68,038
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	5,540,000		
16.6 Other cash provided (applied)	(2,293,401)	(351,443)	(123,641)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(7,833,401)	(351,443)	(123,641)
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)	(6,474,872)	285,396	908,505
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	11,828,632	10,920,128	10,920,128
19.2 End of period (Line 18 plus Line 19.1)	5,353,760	11,205,524	11,828,632

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	366,629					366,629				
2. First Quarter	391,658					391,658				
3. Second Quarter	383,158					383,158				
4. Third Quarter	379,091					379,091				
5. Current Year	3,479,037					3,479,037				
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	60,049,252					60,049,252				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	60,392,814					60,392,814				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	44,383,356					44,383,356				
18. Amount Incurred for Provision of Health Care Services	44,641,572					44,641,572				

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees $.....0.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
IBNR	1,875,356	399,575	203,514	114,217	220,856	2,813,518
0199999. Individually Listed Claims Unpaid	1,875,356	399,575	203,514	114,217	220,856	2,813,518
0499999. Subtotals	1,875,356	399,575	203,514	114,217	220,856	2,813,518
0799999. Total Claims Unpaid						2,813,518

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare Supplement					0	
3. Dental only	2,462,604	41,920,753	16,522	2,796,996	2,479,126	2,555,302
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)	2,462,604	41,920,753	16,522	2,796,996	2,479,126	2,555,302
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)	2,462,604	41,920,753	16,522	2,796,996	2,479,126	2,555,302

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

No significant change from December 31, 2018 and the statement has been completed in accordance with the Accounting Practices and Procedures Manual.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
NET INCOME					
(1) Dental Care Plus, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 471,027	$ 1,676,586
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ 471,027	$ 1,676,586
SURPLUS					
(5) Dental Care Plus, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 8,866,414	$ 14,449,584
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 8,866,414	$ 14,449,584

Note 2 – Accounting Changes and Corrections of Errors

Not applicable. Dental Care Plus, Inc. ("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 nine months ended September 30, 2019.

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 for the three months ended September 30, 2019.

Note 7 – Investment Income

Not applicable. The Company did not have any excluded (nonadmitted) investment income due and accrued for the three months ended September 30, 2019.

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

No significant changes

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.

NOTES TO FINANCIAL STATEMENTS

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

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

The Company did not have any securities sold and reacquired within 30 days of the sales.

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

No significant changes

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

No significant changes

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.

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 September 30, 2019 and December 31, 2018:

	September 30, 2019			December 31, 2018		
	Level 1	Level 2	Total Balance	Level 1	Level 2	Total Balance
Assets:						
Cash:						
Federally- Insured certificates of deposits		$ 75,318	$ 75,318		$ 75,085	$ 75,085
Bonds:						
Federally- Insured certificates of deposits		$ 900,284	$ 900,284		$ 900,005	$ 900,005
Investment grade corporate bonds		$ 5,507,461	$ 5,507,461		$ 6,701,288	$ 6,701,288
U.S. Government Securities	$ 1,745,801		$ 1,745,801	$ 1,774,174		$ 1,774,174
Short-term investments - Money Market Funds	$ 479,486		$ 479,486	$ 454,224		$ 454,224
Total Assets	$ 2,225,287	$ 6,483,063	$ 8,708,350	$ 2,228,398	$ 7,676,378	$ 9,904,776

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 nine months ended September 30, 2019 and the year ended December 31, 2018. The Company did not have any Level 3 financial instruments at September 30, 2019 or December 31, 2018.

Note 21 – Other Items

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 22 – Events Subsequent

Not applicable.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

No significant changes

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

Not applicable.

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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 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? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

DENTAQUEST, LLC, ACQUIRED 100% OF THE STOCK OF DCP HOLDING COMPANY EFFECTIVE JUNE 27, 2019. DCP HOLDING COMPANY, INC. OWNS 100% OF DENTAL CARE PLUS, INC.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide name of 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 Company Code	3 State of Domicile

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

6.2 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. 12/31/2017

6.3 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). 09/19/2018

6.4 By what department or departments?

6.5 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 [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with 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 the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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

9.1 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.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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

14.2 If yes, please complete the following:

		1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	0	0
14.24	Short-Term Investments	0	0
14.25	Mortgage Loans on Real Estate	0	0
14.26	All Other	0	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 0

17. 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 [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["…that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
Cincinnati Asset Management, Inc.	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104946	Cincinnati Asset Management, Inc.	801-34376	SEC	NO

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
    a. The security was purchased prior to January 1, 2018.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		74.4 %
	1.2 A&H cost containment percent		0.1 %
	1.3 A&H expense percent excluding cost containment expenses		27.7 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X]	No [ ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ]	No [ ]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama AL	L	115,136						115,136	
2. Alaska AK	N							0	
3. Arizona AZ	L	157,160						157,160	
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	L	1,047,703						1,047,703	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	L	417,786						417,786	
15. Indiana IN	L	1,237,020						1,237,020	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	L	9,531,043						9,531,043	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	L	317,231						317,231	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	L	550,143						550,143	
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	44,246,298						44,246,298	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	L	198,120						198,120	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	L	227,349						227,349	
44. Texas TX	L	1,175,158						1,175,158	
45. Utah UT	L							0	
46. Vermont VT	N							0	
47. Virginia VA	L	455,667						455,667	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	L	373,438						373,438	
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	60,049,252	0	0	0	0	0	60,049,252	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	60,049,252	0	0	0	0	0	60,049,252	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 15

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs 0

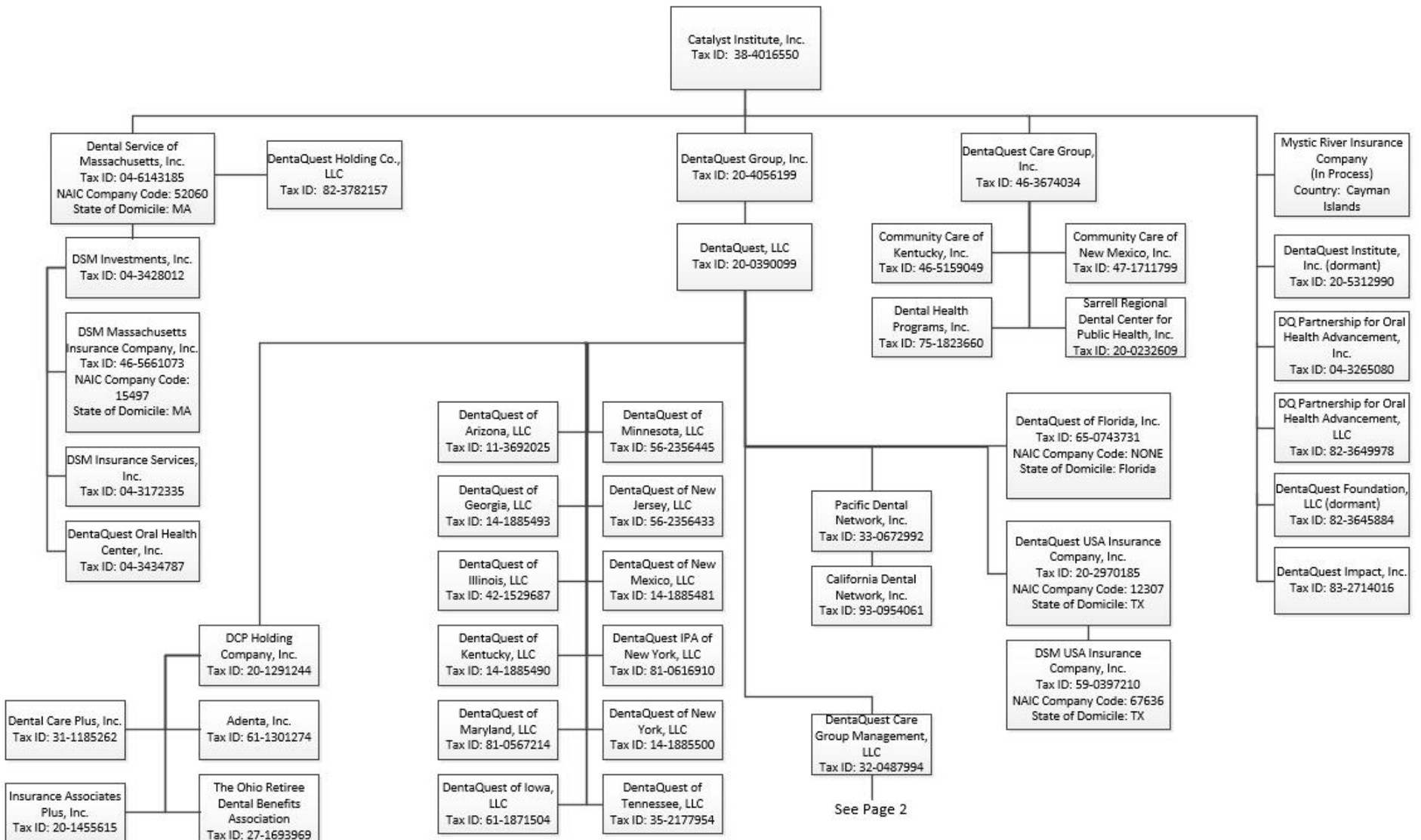
Q - Qualified - Qualified or accredited reinsurer 0

N - None of the above - Not allowed to write business in the state 42

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

PART 1 – ORGANIZATIONAL CHART

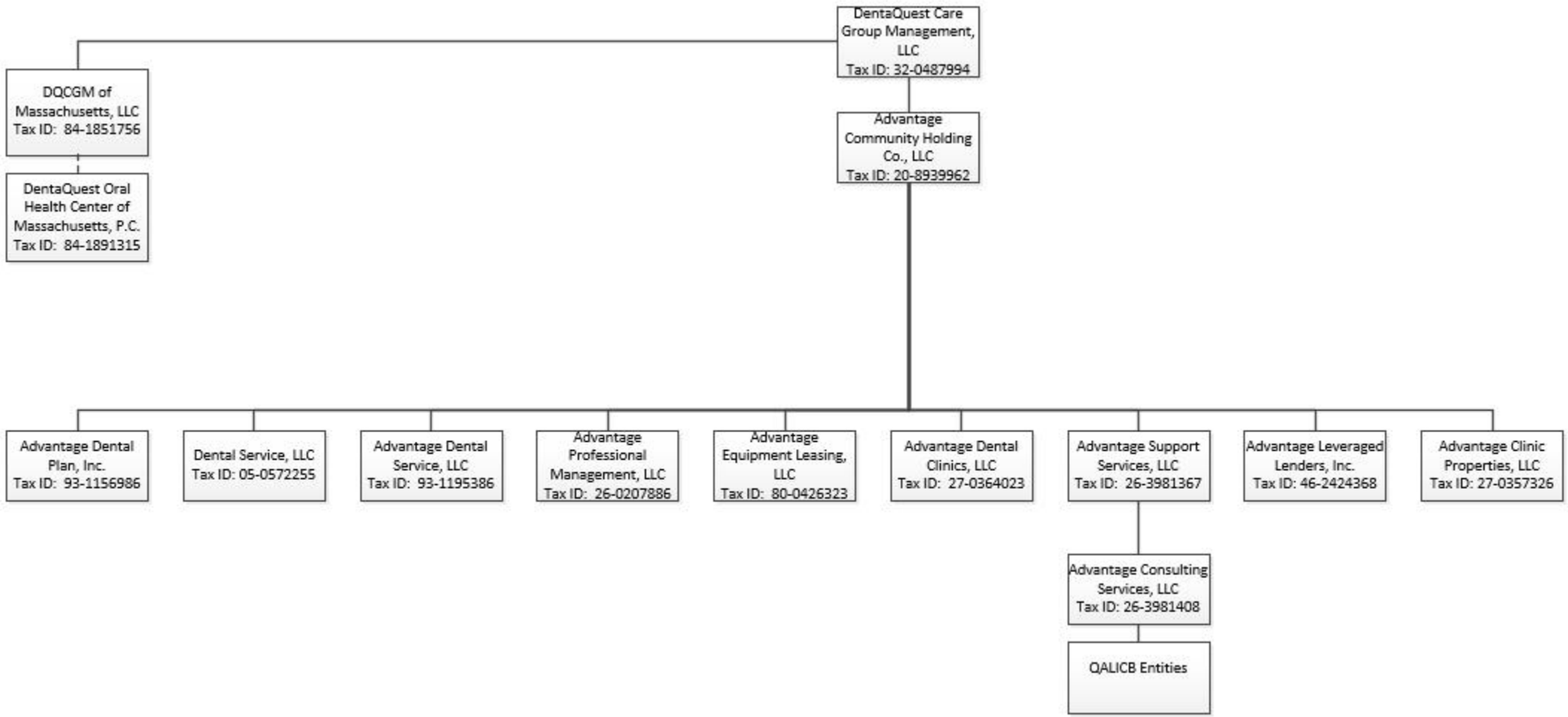
Q15



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

PART 1 – ORGANIZATIONAL CHART

Q15.1



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
4512	DENTAQUEST GROUP	52060	04-6143185				DENTAL SERV OF MA INC	MA	NIA	CATALYST INSTITUTE, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	12307	20-2970185				DENTAQUEST USA INSURANCE CO INC	TX	IA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	20-4056199				DENTAQUEST GROUP, INC	DE	UIP	DENTAL SERVICE OF MA, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	81-0616910				DENTAQUEST IPA OF NEW YORK, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	11-3692025				DENTAQUEST OF ARIZONA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	14-1885493				DENTAQUEST OF GEORGIA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	42-1529687				DENTAQUEST OF ILLINOIS, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	14-1885490				DENTAQUEST OF KENTUCKY, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	81-0567214				DENTAQUEST OF MARYLAND, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	56-2356445				DENTAQUEST OF MINNESOTA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	56-2356433				DENTAQUEST OF NEW JERSEY, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	14-1885481				DENTAQUEST OF NEW MEXICO, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	14-1885500				DENTAQUEST OF NEW YORK, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	35-2177954				DENTAQUEST OF TENNESSEE, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	04-3434787				DENTAQUEST ORAL HEALTH CENTER, INC.	MA	NIA	DENTAL SERVICE OF MA, INC.	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	20-0390099				DENTAQUEST, LLC	DE	UDP	DENTAL SERVICE OF MA, INC.	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	04-3172335				DSM INSURANCE SERVICES, INC	MA	NIA	DENTAL SERVICE OF MA, INC.	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	04-3428012				DSM INVESTMENTS, INC	MA	NIA	DENTAL SERVICE OF MA, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	65-0743731				DENTAQUEST OF FLORIDA, INC	FL	IA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	20-5312990				DENTAQUEST INSTITUTE, INC	MA	NIA	CATALYST INSTITUTE, INC.	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	46-3674034				DENTAQUEST CARE GROUP, INC	MA	NIA	DENTAL SERVICE OF MA, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	75-1823660				DENTAL HEALTH PROGRAMS INC	TX	NIA	DENTAQUEST CARE GROUP, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	20-0232609				SARRELL REGIONAL DENTAL CENTER FOR PUBLIC HEALTH PROGRAMS, INC.	AL	NIA	DENTAQUEST CARE GROUP, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	67636	59-0397210				DSM USA INSURANCE COMPANY, INC	TX	IA	DENTAQUEST USA INSURANCE CO INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	46-5159049				COMMUNITY CARE GROUP OF KENTUCKY, INC.	KY	NIA	DENTAQUEST CARE GROUP, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	33-0672992				PACIFIC DENTAL NETWORK, INC	CA	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	93-0954061				CALIFORNIA DENTAL NETWORK, INC	CA	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	15497	46-5661073				DSM MASSACHUSETTS INSURANCE COMPANY, INC.	MA	IA	DENTAL SERVICE OF MA, INC.	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	47-1711799				COMMUNITY CARE OF NEW MEXICO, INC	NM	NIA	DENTAQUEST CARE GROUP, INC	Ownership	100.000	CATALYST INSTITUTE, INC	N	
4512	DENTAQUEST GROUP	00000	32-0487994				DENTAQUEST CARE GROUP MANAGEMENT, LLC	DE	NIA	DENTAQUEST, LLC	Ownership	100.000	CATALYST INSTITUTE, INC	N	

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
4512	DENTAQUEST GROUP.....	00000...	20-8939962..	.....	.....	.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	OR.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-0207886..	.....	.....	.....	ADVANTAGE PROFESSIONAL MANAGEMENT, LLC	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1195386..	.....	.....	.....	ADVANTAGE DENTAL SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981367..	.....	.....	.....	ADVANTAGE SUPPORT SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	80-0426323..	.....	.....	.....	ADVANTAGE EQUIPMENT LEASING, INC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	27-0364023..	.....	.....	.....	ADVANTAGE DENTAL CLINICS, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	46-2124368..	.....	.....	.....	ADVANTAGE LEVERAGED LENDERS, INC....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	27-0357326..	.....	.....	.....	ADVANTAGE CLINIC PROPERTIES, LLC.....	OR.....	NIA.....	ADVANTAGE PROPERTY MANAGEMENT, LLC	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981408..	.....	.....	.....	ADVANTAGE CONSULTING SERVICES, LLC.	OR.....	NIA.....	ADVANTAGE SUPPORT SERVICES, LLC.....	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	83-3782157..	.....	.....	.....	DENTAQUEST HOLDING COMPANY, LLC.....	MA.....	NIA.....	DENTAL SERVICEOF MA, INC.....	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	04-3265080..	.....	.....	.....	DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT, INC.	MA.....	NIA.....	CATALYST INSTITUTE, INC.	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	05-0572255..	.....	.....	.....	DENTAL SERVICE, LLC.....	WA.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, INC.	Ownership.....	.....80.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	82-3649978..	.....	.....	.....	DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT, LLC	MA.....	NIA.....	CATALYST INSTITUTE, INC.	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	82-3645884..	.....	.....	.....	DENTAQUEST FOUNDATION, LLC.....	MA.....	NIA.....	DENTAL SERVICE OF MA, INC.....	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	38-4016550..	.....	.....	.....	CATALYST INSTITUTE, INC.....	MA.....	UIP.....	DENTAQUEST, LLC.....	Ownership.....	.....99.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	61-1871504..	.....	.....	.....	DENTAQUEST OF IOWA, LLC.....	IA.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	83-2714016..	.....	.....	.....	DENTAQUEST IMPACT, INC.	MA.....	NIA.....	CATALYST INSTITUTE, INC.	Ownership.....	....100.000	CATALYST INSTITUTE, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	.....	.....	.....	.....	MYSTIC RIVER INSURANCE COMPANY.....	MA.....	NIA.....	CATALYST INSTITUTE, INC.	Ownership.....	....100.000	CATALYST INSTITUTE, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-1851756..	.....	.....	.....	DQCGM OF MASSACHUSETTS, LLC.....	MA.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-1891315..	.....	.....	.....	DENTAQUEST ORAL HEALTH CENTER OF MASSACHUSETTS, P.C.	MA.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-1291244..	.....	.....	.....	DCP HOLDING COMPANY, INC.....	OH.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	31-1185262..	.....	.....	.....	DENTAL CARE PLUS, INC.	OH.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
4512	DENTAQUEST GROUP.....	00000...	61-1301274..	.....	.....	.....	ADENTA, INC.	KY.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-1455615..	.....	.....	.....	INSURANCE ASSOCIATES PLUS. INC.	OH.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	27-1693969..	.....	.....	.....	THE OHIO RETIREE DENTAL BENEFITS ASSOCIATION	OH.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1156986..	.....	.....	.....	ADVANTAGE DENTAL PLAN, INC.	OR.....	IA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....

Q16.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1.

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year to Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,581,308	9,667,819
2.	Cost of bonds and stocks acquired	2,147,248	1,922,150
3.	Accrual of discount	2,669	3,856
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	8,024	(7,384)
6.	Deduct consideration for bonds and stocks disposed of	4,186,797	1,990,601
7.	Deduct amortization of premium	10,823	14,946
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	347	413
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	7,541,976	9,581,308
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7,541,976	9,581,308

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	5,870,123	207,670	451,891	348,102	6,019,339	5,870,123	5,974,004	7,172,791
2. NAIC 2 (a)	1,722,075	202,573	130,387	(350,949)	1,613,393	1,722,075	1,443,313	2,215,177
3. NAIC 3 (a)	124,622			37	124,586	124,622	124,659	193,340
4. NAIC 4 (a)							0	
5. NAIC 5 (a)							0	
6. NAIC 6 (a)							0	
7. Total Bonds	7,716,821	410,243	582,278	(2,810)	7,757,318	7,716,821	7,541,976	9,581,308
PREFERRED STOCK								
8. NAIC 1							0	
9. NAIC 2							0	
10. NAIC 3							0	
11. NAIC 4							0	
12. NAIC 5							0	
13. NAIC 6							0	
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	7,716,821	410,243	582,278	(2,810)	7,757,318	7,716,821	7,541,976	9,581,308

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 $.....0; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,481,550	206,239
2. Cost of cash equivalents acquired	3,737,212	3,625,676
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	5,806,463	350,365
7. Deduct amortization of premium		
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,412,299	3,481,550
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,412,299	3,481,550

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
Bonds - Industrial and Miscellaneous									
15089Q AJ 3	CELANESE US HOLDINGS LLC		09/10/2019	Paine Webber		77,810	75,000	904	2FE
22822V AN 1	CROWN CASTLE INTERNATIONAL CORP		08/01/2019	Paine Webber		124,764	125,000		2FE
743315 AV 5	PROGRESSIVE CORP		07/17/2019	Paine Webber		82,793	75,000	1,150	1FE
828807 DG 9	SIMON PROPERTY GROUP LP		09/04/2019	Paine Webber		124,876	125,000		1FE
3899999.	Total - Bonds - Industrial and Miscellaneous					410,243	400,000	2,054	XXX
8399997.	Total - Bonds - Part 3					410,243	400,000	2,054	XXX
8399999.	Total - Bonds					410,243	400,000	2,054	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					410,243	XXX	2,054	XXX

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - Industrial and Miscellaneous																					
228227 BD 5	CROWN CASTLE INTERNATIONAL CORP	..	08/01/2019.	Paine Webber		136,046	125,000	135,000	131,248		(861)		(861)		130,387		5,659	5,659	6,927	01/15/2023.	2FE
419838 AA 5	HAWAIIAN AIRLINES INC - ABS	..	08/01/2019.	Paydown		1,197	1,197	1,197	1,197				0		1,197		(0)	(0)	47	07/15/2027.	1FE
49306S XM 3	KeyBank National Association	..	09/16/2019.	Maturity @ 100.00		200,000	200,000	200,000	200,000				0		200,000			0	3,108	09/16/2019.	1FE
585055 BS 4	MEDTRONIC INC	C	07/12/2019.	Paine Webber		73,695	69,000	75,005	73,463		(353)		(353)		73,110		585	585	1,992	03/15/2025.	1FE
828807 DA 2	SIMON PROPERTY GROUP LP	..	09/04/2019.	Paine Webber		177,000	175,000	174,426	174,660		73		73		174,733		2,268	2,268	4,524	01/30/2022.	1FE
84858W AA 4	SPIRIT AIRLINES INC - ABS	..	09/01/2019.	Paydown		2,842	2,842	2,853	2,852		(0)		(0)		2,852		(10)	(10)	96	08/15/2031.	1FE
3899999.	Total - Bonds - Industrial and Miscellaneous					590,780	573,039	588,481	583,419	0	(1,141)	0	(1,141)	0	582,278	0	8,502	8,502	16,694	XXX	XXX
8399997.	Total - Bonds - Part 4					590,780	573,039	588,481	583,419	0	(1,141)	0	(1,141)	0	582,278	0	8,502	8,502	16,694	XXX	XXX
8399999.	Total - Bonds					590,780	573,039	588,481	583,419	0	(1,141)	0	(1,141)	0	582,278	0	8,502	8,502	16,694	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					590,780	XXX	588,481	583,419	0	(1,141)	0	(1,141)	0	582,278	0	8,502	8,502	16,694	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Fifth Third					3,863,353	4,209,905	3,347,402	XXX
Key					820,761	1,093,791	491,943	XXX
UBS					102,104	102,095	102,086	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	4,786,218	5,405,791	3,941,431	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	4,786,218	5,405,791	3,941,431	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	30	30	30	XXX
0599999. Total Cash	XXX	XXX	0	0	4,786,248	5,405,821	3,941,461	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO								
90262Y 80 2	UBS SELECT TREASURY INST		09/30/2019	1.810		438,486		8,314
94975H 29 6	WELLS FRGO TREASURY PLUS CL I MMF		09/04/2019	2.010		25,089	40	412
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO						463,574	40	8,726
All Other Money Market Mutual Funds								
90499A 91 6	DEPOSIT UBS D024		09/18/2019			69,239		14
8699999. Total - All Other Money Market Mutual Funds						69,239	0	14
Other Cash Equivalents								
	Federated Gov Obligation Institutional S		09/26/2019			879,486	1,273	10,409
8799999. Total - Other Cash Equivalents						879,486	1,273	10,409
8899999. Total - Cash Equivalents						1,412,299	1,313	19,150