96265201920100100

ANNUAL STATEMENT

For the Year Ended December 31, 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 _____ 2020

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
HAMILTON COUNTY, OHIO	225,154	-	-	-	-	225,154
FAYETTE COUNTY SCHOOLS-CORE PLAN	172,512	49,342	-	-	-	221,854
CITY OF HAMILTON	31,624	31,395	-	-	-	63,019
MESSER CONSTRUCTION	33,708	-	-	-	-	33,708
SIEMENS ENERGY & AUTOMATION	12,532	12,250	6,390	-	-	31,172
YMCA OF CENTRAL OHIO	20,140	-	-	-	-	20,140
LITTLE MIAMI SCHOOL DISTRICT (CERTIFIED)	13,365	-	-	-	-	13,365
THE WORNICK COMPANY	13,054	-	-	-	-	13,054
CINCINNATI FAN & VENTILATOR - PPO	6,357	6,524	-	-	-	12,882
SAINT XAVIER HIGH SCHOOL	12,306	-	-	-	-	12,306
CULINARY ENTERTAINMENT -PPO	11,571	-	-	-	-	11,571
CLAY COUNTY SCHOOLS	9,502	668	-			10,170
0299997. Group subscribers subtotal	561,825	100,179	6,390	0	0	668,394
0299998. Premiums due and unpaid not individually listed	409,574	70,425	23,926	51,697		555,622
0299999. Total group	971,399	170,604	30,316	51,697	0	1,224,016
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	971,399	170,604	30,316	51,697	0	1,224,016

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Other Receivables						
0699998. Other Receivables Not Listed Individually	509					509
0699999. Total Other Receivables	509	0	0	0	0	509
0799999. Gross Health Care Receivables	509	0	0	0	0	509

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	440	3,489		509	440	420
7. Totals (Lines 1 through 6)	440	3,489	0	509	440	420

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 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	2,268,764	325,777	177,100	89,665	183,232	3,044,538
0199999. Individually listed claims unpaid	2,268,764	325,777	177,100	89,665	183,232	3,044,538
0499999. Subtotals	2,268,764	325,777	177,100	89,665	183,232	3,044,538
0799999. Total claims unpaid						3,044,538

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Due to DCP Holding Company (parent)	Reimbursement for operational expense initially paid at parent	258,604	258,604	
Due to Adenta (affiliate)	Commission payable to affiliate	31,068	31,068	
Due to Insurance Associates Plus (affiliate)	Commission payable to affiliate	23,624	23,624	
0199999. Individually listed payables		313,296	313,296	0
0399999. Total gross payables		313,296	313,296	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	7,612,402	13.2	XXX	XXX		7,612,402
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	49,960,484	86.8	XXX	XXX	49,960,484	
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	57,572,886	100.0	XXX	XXX	49,960,484	7,612,402
13. Total (Line 4 plus Line 12)	57,572,886	100.0	XXX	XXX	49,960,484	7,612,402

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	170,987		116,716	54,271	54,271	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	170,987	0	116,716	54,271	54,271	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	727					727				
3. Second quarter	603					603				
4. Third quarter	561					561				
5. Current year	490					490				
6. Current year member months	7,520					7,520				
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)	143,737					143,737				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	143,975					143,975				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	48,312					48,312				
18. Amount incurred for provision of health care services	48,552					48,552				

(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

* 9 6 2 6 5 2 0 1 9 4 3 0 0 3 1 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 ARIZONA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	1,094					1,094				
3. Second quarter	1,002					1,002				
4. Third quarter	948					948				
5. Current year	923					923				
6. Current year member months	12,099					12,099				
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)	204,087					204,087				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	204,424					204,424				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	99,518					99,518				
18. Amount incurred for provision of health care services	100,012					100,012				

(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 GEORGIA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	9,906					9,906				
2. First quarter	8,647					8,647				
3. Second quarter	7,484					7,484				
4. Third quarter	6,794					6,794				
5. Current year	6,220					6,220				
6. Current year member months	90,478					90,478				
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)	1,332,118					1,332,118				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,334,320					1,334,320				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	533,839					533,839				
18. Amount incurred for provision of health care services	536,491					536,491				

(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

* 9 6 2 6 5 2 0 1 9 4 3 0 5 9 1 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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	366,629					366,629				
2. First quarter	391,580					391,580				
3. Second quarter	383,084					383,084				
4. Third quarter	379,018					379,018				
5. Current year	377,935					377,935				
6. Current year member months	4,614,218					4,614,218				
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)	79,659,208					79,659,208				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	79,790,885					79,790,885				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	57,572,885					57,572,885				
18. Amount incurred for provision of health care services	58,062,122					58,062,122				

(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 ILLINOIS DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,090					2,090				
2. First quarter	2,419					2,419				
3. Second quarter	2,105					2,105				
4. Third quarter	1,954					1,954				
5. Current year	1,797					1,797				
6. Current year member months	25,454					25,454				
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)	533,550					533,550				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	534,432					534,432				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	265,753					265,753				
18. Amount incurred for provision of health care services	267,073					267,073				

(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 INDIANA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	4,792					4,792				
2. First quarter	4,226					4,226				
3. Second quarter	4,659					4,659				
4. Third quarter	5,023					5,023				
5. Current year	5,316					5,316				
6. Current year member months	56,096					56,096				
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)	1,629,923					1,629,923				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,632,617					1,632,617				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,307,438					1,307,438				
18. Amount incurred for provision of health care services	1,330,661					1,330,661				

(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

* 9 6 2 6 5 2 0 1 9 4 3 0 1 8 1 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 KENTUCKY DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	47,029					47,029				
2. First quarter	43,631					43,631				
3. Second quarter	46,033					46,033				
4. Third quarter	48,514					48,514				
5. Current year	50,799					50,799				
6. Current year member months	558,536					558,536				
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)	12,643,176					12,643,176				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	12,664,075					12,664,075				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	9,521,837					9,521,837				
18. Amount incurred for provision of health care services	9,625,459					9,625,459				

(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 MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,035					1,035				
2. First quarter	2,144					2,144				
3. Second quarter	1,930					1,930				
4. Third quarter	1,737					1,737				
5. Current year	1,592					1,592				
6. Current year member months	22,898					22,898				
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)	404,854					404,854				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	405,523					405,523				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	181,964					181,964				
18. Amount incurred for provision of health care services	182,868					182,868				

(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 MISSOURI DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,119					2,119				
2. First quarter	4,571					4,571				
3. Second quarter	3,966					3,966				
4. Third quarter	3,531					3,531				
5. Current year	3,301					3,301				
6. Current year member months	47,915					47,915				
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)	698,290					698,290				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	699,444					699,444				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	216,410					216,410				
18. Amount incurred for provision of health care services	217,485					217,485				

(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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	294,686					294,686				
2. First quarter	305,445					305,445				
3. Second quarter	299,348					299,348				
4. Third quarter	295,370					295,370				
5. Current year	293,932					293,932				
6. Current year member months	3,598,013					3,598,013				
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)	58,988,956					58,988,956				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	59,086,465					59,086,465				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	44,003,772					44,003,772				
18. Amount incurred for provision of health care services	44,352,551					44,352,551				

(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 PENNSYLVANIA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,153					1,153				
2. First quarter	1,419					1,419				
3. Second quarter	1,295					1,295				
4. Third quarter	1,152					1,152				
5. Current year	1,079					1,079				
6. Current year member months	15,284					15,284				
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)	254,374					254,374				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	254,794					254,794				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	90,286					90,286				
18. Amount incurred for provision of health care services	90,735					90,735				

(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 TENNESSEE DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	889					889				
2. First quarter	1,711					1,711				
3. Second quarter	1,420					1,420				
4. Third quarter	1,349					1,349				
5. Current year	1,261					1,261				
6. Current year member months	17,870					17,870				
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)	288,249					288,249				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	288,725					288,725				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	135,455					135,455				
18. Amount incurred for provision of health care services	136,128					136,128				

(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 TEXAS DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	9,509					9,509				
3. Second quarter	8,060					8,060				
4. Third quarter	7,311					7,311				
5. Current year	6,681					6,681				
6. Current year member months	98,453					98,453				
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)	1,474,298					1,474,298				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,476,735					1,476,735				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	700,852					700,852				
18. Amount incurred for provision of health care services	704,334					704,334				

(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 VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,943					1,943				
2. First quarter	3,117					3,117				
3. Second quarter	2,684					2,684				
4. Third quarter	2,520					2,520				
5. Current year	2,391					2,391				
6. Current year member months	33,060					33,060				
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)	585,234					585,234				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	586,201					586,201				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	340,174					340,174				
18. Amount incurred for provision of health care services	341,864					341,864				

(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 WISCONSIN DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....96265

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	987					987				
2. First quarter	2,920					2,920				
3. Second quarter	2,495					2,495				
4. Third quarter	2,254					2,254				
5. Current year	2,153					2,153				
6. Current year member months	30,542					30,542				
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)	478,362					478,362				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	479,155					479,155				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	127,275					127,275				
18. Amount incurred for provision of health care services	127,909					127,909				

(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

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)	15,601,637		15,601,637
2.	Accident and health premiums due and unpaid (Line 15)	1,224,016		1,224,016
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	541,633		541,633
6.	Totals assets (Line 28)	17,367,286	0	17,367,286
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	3,044,538		3,044,538
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	2,129,386		2,129,386
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)	2,871,838		2,871,838
15.	Total liabilities (Line 24)	8,045,762	0	8,045,762
16.	Total capital and surplus (Line 33)	9,321,524	XXX	9,321,524
17.	Total liabilities, capital and surplus (Line 34)	17,367,286	0	17,367,286
	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					
	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	6 Totals
1. Alabama AL						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	0

NONE

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	

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.....	.....
4512	DENTAQUEST GROUP.....	00000...	61-1301274..	.....	.....	.....	ADENTA, INC.	KY.....	NIA.....	DENTAQUEST, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....

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...	20-1455615..	.....	.....	.....	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.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-3407897..	.....	.....	.....	DQCGM OF Washington, LLC.....	DE.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CATALYST INSTITUTE, INC.....	.....N.....	.....

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	20-1291244	DCP Holding Company (parent)					14,750,808				14,750,808	
	20-1455615	Insurance Associates Plus, Inc.					363,131				363,131	
	61-1301274	Adenta Inc.					436,296				436,296	
	31-1185262	Dental Care Plus					(15,936,741)				(15,936,741)	
	20-0390099	DentaQuest, LLC					288,841				288,841	
	11-3692025	DentaQuest of Arizona, LLC					10,516				10,516	
	20-2970185	DentaQuest USA Insurance Company, Inc.					81,040				81,040	
	59-0397210	DSM USA Insurance Company, Inc.					6,109				6,109	
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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
14.	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
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	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
19.	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	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	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
23.	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
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES
	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. The data for this supplement is not required to be filed.

12. The data for this supplement is not required to be filed.

13.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

17. The data for this supplement is not required to be filed.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20. The data for this supplement is not required to be filed.

21. The data for this supplement is not required to be filed.

22. The data for this supplement is not required to be filed.

23. The data for this supplement is not required to be filed.

24.

25.

26.

Overflow Page
NONE

Overflow Page
NONE

2019 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK