
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2020
of the Condition and Affairs of the

Dental Care Plus, Inc.

NAIC Group Code.....	4512, 4512	NAIC Company Code.....	96265	Employer's ID Number.....	31-1185262
	(Current Period) (Prior Period)				
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			513-554-1100	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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			513-554-1100	
	(Street and Number) (City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)	
Internet Web Site Address	www2.Dentalcareplus.com				
Statutory Statement Contact	Michael Kelly			617-886-1332	
	(Name)			(Area Code) (Telephone Number) (Extension)	
	Michael.Kelly@greatdentalplans.com				
	(E-Mail Address)			(Fax Number)	

OFFICERS

Name	Title	Name	Title
1. Robert Lynn	President	2. Matthew Henning	Secretary
3. Frank Scalise	Treasurer	4.	

OTHER

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

DIRECTORS OR TRUSTEES

Robert Lynn	Frank Scalise	David Abelman	Brett Bostrack
Brian Jones			

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 Lynn	Matthew Henning	Frank Scalise
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2021	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached
		1
		8/23/2021
		ALL

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
FAYETTE COUNTY SCHOOLS-CORE PLAN.....	153,911	153,799	23,503		131,872	199,341
CINCINNATI STATE-HMO.....	23,118	23,118				46,236
BUTLER COUNTY.....	34,756					34,756
CHILDREN'S HOSPITAL MEDICAL CENTER.....	25,480	151				25,632
SIEMENS ENERGY & AUTOMATION.....	13,309	10,407				23,716
DENTAL CARE PLUS GROUP, THE-HMO.....	11,195	11,808				23,003
FUJITEC AMERICA INC-HMO.....	8,827	9,764	3,006			21,596
CEI VISION PARTNERS.....	15,767					15,767
MESSER CONSTRUCTION.....	13,260					13,260
PENDLETON COUNTY BOARD OF EDUCATION-HMO.....	11,251					11,251
ORTHOCINCY ORTHOPAEDICS & SPORTS MEDICINE.....	11,195					11,195
LEADERSTAT LTD.....	9,135	1,000				10,135
0299997. Group subscribers subtotal.....	331,203	210,047	26,509	0	131,872	435,888
0299998. Premiums due and unpaid not individually listed.....	183,227	61,298	18,927	70,121	109,060	224,514
0299999. Total group.....	514,430	271,345	45,436	70,121	240,931	660,401
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	514,430	271,345	45,436	70,121	240,931	660,401

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

NONE

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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
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.....	509	4,434			509	509
7. Totals (Lines 1 through 6).....	509	4,434	0	0	509	509

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

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
IBNR.....	2,636,712	321,527	170,840	107,952	229,512	3,466,543
0199999. Individually listed claims unpaid.....	2,636,712	321,527	170,840	107,952	229,512	3,466,543
0499999. Subtotals.....	2,636,712	321,527	170,840	107,952	229,512	3,466,543
0799999. Total claims unpaid.....						3,466,543

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted		
						7 Current	8 Non-Current	
Amounts Due From Parent, Subsidiaries and Affiliates								
DQ LLC.....	450,467	.....	.....	.....	.....	.....450,467	.....	
DCP Holding.....	14,461	.....	.....	.....	.....	.....14,461	.....	
0199999. Individually listed receivables.....	464,928	0	0	0	0	464,928	0	
0399999. Total gross amounts receivable.....	464,928	0	0	0	0	464,928	0	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payment	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	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.....	6,994,235	14.2	XXX	XXX	.....	.....6,994,235
6. Contractual fee payments.....	0	0.0	XXX	XXX	.....	.....
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	42,090,125	85.8	XXX	XXX	42,090,125	.....
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.....	49,084,360	100.0	XXX	XXX	42,090,125	6,994,235
13. Total (Line 4 plus Line 12).....	49,084,360	100.0	XXX	XXX	42,090,125	6,994,235

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	170,983		134,973	36,010	36,010	.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.....	170,983	.0	134,973	36,010	36,010	.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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	490					490				
2. First quarter.....	1,127					1,127				
3. Second quarter.....	1,241					1,241				
4. Third quarter.....	1,108					1,108				
5. Current year.....	1,041					1,041				
6. Current year member months.....	13,869					13,869				
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).....	244,285					244,285				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	244,704					244,704				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	107,724					107,724				
18. Amount incurred for provision of health care services.....	110,497					110,497				

(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 ARIZONA DURING THE YEAR (Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	923					923				
2. First quarter.....	2,066					2,066				
3. Second quarter.....	2,208					2,208				
4. Third quarter.....	1,940					1,940				
5. Current year.....	1,803					1,803				
6. Current year member months.....	24,331					24,331				
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).....	364,222					364,222				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	364,847					364,847				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	180,154					180,154				
18. Amount incurred for provision of health care services.....	184,792					184,792				

(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.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	6,220					6,220				
2. First quarter.....	7,413					7,413				
3. Second quarter.....	7,630					7,630				
4. Third quarter.....	6,533					6,533				
5. Current year.....	5,906					5,906				
6. Current year member months.....	83,698					83,698				
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).....	1,104,104					1,104,104				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,105,999					1,105,999				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	361,160					361,160				
18. Amount incurred for provision of health care services.....	370,457					370,457				

(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 GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	377,935					377,935				
2. First quarter.....	401,248					401,248				
3. Second quarter.....	396,591					396,591				
4. Third quarter.....	385,784					385,784				
5. Current year.....	377,799					377,799				
6. Current year member months.....	4,709,082					4,709,082				
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).....	76,708,769					76,708,769				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	76,987,763					76,987,763				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	49,084,360					49,084,360				
18. Amount incurred for provision of health care services.....	49,506,365					49,506,365				

(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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,797					1,797				
2. First quarter.....	2,842					2,842				
3. Second quarter.....	2,990					2,990				
4. Third quarter.....	2,704					2,704				
5. Current year.....	2,499					2,499				
6. Current year member months.....	33,463					33,463				
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).....	642,187					642,187				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	643,289					643,289				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	215,721					215,721				
18. Amount incurred for provision of health care services.....	221,274					221,274				

(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.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	5,316					5,316				
2. First quarter.....	4,060					4,060				
3. Second quarter.....	4,356					4,356				
4. Third quarter.....	4,495					4,495				
5. Current year.....	4,612					4,612				
6. Current year member months.....	51,743					51,743				
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).....	1,464,308					1,464,308				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,466,822					1,466,822				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,054,745					1,054,745				
18. Amount incurred for provision of health care services.....	1,069,527					1,069,527				

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	50,799					50,799				
2. First quarter.....	41,604					41,604				
3. Second quarter.....	42,732					42,732				
4. Third quarter.....	44,393					44,393				
5. Current year.....	46,284					46,284				
6. Current year member months.....	519,107					519,107				
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).....	11,865,745					11,865,745				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	11,866,114					11,866,114				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	7,684,415					7,684,415				
18. Amount incurred for provision of health care services.....	7,757,543					7,757,543				

(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.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,592					1,592				
2. First quarter.....	4,106					4,106				
3. Second quarter.....	4,354					4,354				
4. Third quarter.....	3,952					3,952				
5. Current year.....	3,649					3,649				
6. Current year member months.....	48,904					48,904				
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).....	767,022					767,022				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	768,339					768,339				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	259,988					259,988				
18. Amount incurred for provision of health care services.....	266,681					266,681				

(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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	3,301					3,301				
2. First quarter.....	5,346					5,346				
3. Second quarter.....	5,475					5,475				
4. Third quarter.....	4,803					4,803				
5. Current year.....	4,453					4,453				
6. Current year member months.....	61,242					61,242				
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).....	795,218					795,218				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	796,583					796,583				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	234,909					234,909				
18. Amount incurred for provision of health care services.....	240,956					240,956				

(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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	293,932					293,932				
2. First quarter.....	304,959					304,959				
3. Second quarter.....	296,350					296,350				
4. Third quarter.....	290,124					290,124				
5. Current year.....	284,073					284,073				
6. Current year member months.....	3,548,751					3,548,751				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	55,029,990					55,029,990				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	55,291,771					55,291,771				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	37,082,423					37,082,423				
18. Amount incurred for provision of health care services.....	37,332,526					37,332,526				

(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.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,079					1,079				
2. First quarter.....	2,225					2,225				
3. Second quarter.....	2,356					2,356				
4. Third quarter.....	2,133					2,133				
5. Current year.....	1,958					1,958				
6. Current year member months.....	26,487					26,487				
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).....	370,634					370,634				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	371,270					371,270				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	114,584					114,584				
18. Amount incurred for provision of health care services.....	117,534					117,534				

(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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,261					1,261				
2. First quarter.....	2,087					2,087				
3. Second quarter.....	2,196					2,196				
4. Third quarter.....	1,994					1,994				
5. Current year.....	1,819					1,819				
6. Current year member months.....	24,864					24,864				
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).....	367,368					367,368				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	367,999					367,999				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	153,223					153,223				
18. Amount incurred for provision of health care services.....	157,167					157,167				

(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.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	6,681					6,681				
2. First quarter.....	16,066					16,066				
3. Second quarter.....	17,101					17,101				
4. Third quarter.....	14,905					14,905				
5. Current year.....	13,585					13,585				
6. Current year member months.....	188,182					188,182				
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).....	2,413,373					2,413,373				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,417,516					2,417,516				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,176,608					1,176,608				
18. Amount incurred for provision of health care services.....	1,206,897					1,206,897				

(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 UTAH DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	0									
2. First quarter.....	637					637				
3. Second quarter.....	730					730				
4. Third quarter.....	635					635				
5. Current year.....	577					577				
6. Current year member months.....	7,714					7,714				
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).....	133,686					133,686				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	133,915					133,915				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	70,205					70,205				
18. Amount incurred for provision of health care services.....	72,012					72,012				

(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 VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,391					2,391				
2. First quarter.....	3,624					3,624				
3. Second quarter.....	3,712					3,712				
4. Third quarter.....	3,328					3,328				
5. Current year.....	3,035					3,035				
6. Current year member months.....	41,703					41,703				
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).....	665,996					665,996				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	667,139					667,139				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	278,462					278,462				
18. Amount incurred for provision of health care services.....	285,630					285,630				

(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.....4512 NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,153					2,153				
2. First quarter.....	3,086					3,086				
3. Second quarter.....	3,160					3,160				
4. Third quarter.....	2,737					2,737				
5. Current year.....	2,505					2,505				
6. Current year member months.....	35,024					35,024				
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).....	480,631					480,631				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	481,456					481,456				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	110,039					110,039				
18. Amount incurred for provision of health care services.....	112,872					112,872				

(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).....	21,591,675		21,591,675
2. Accident and health premiums due and unpaid (Line 15).....	660,401		660,401
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	1,479,303		1,479,303
6. Totals assets (Line 28).....	23,731,379	0	23,731,379
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,466,543		3,466,543
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	2,408,379		2,408,379
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).....	4,498,748		4,498,748
15. Total liabilities (Line 24).....	10,373,670	0	10,373,670
16. Total capital and surplus (Line 33).....	13,357,709	XXX	13,357,709
17. Total liabilities, capital and surplus (Line 34).....	23,731,379	0	23,731,379
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

		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
States, Etc.						
						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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
4512	DENTAQUEST GROUP.....	00000...	38-4016550..	.....	.....	.....	CATALYST INSTITUTE, INC.....	MA.....	NIA.....	CATALYST INSTITUTE, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	52060...	04-6143185..	.....	.....	.....	DENTAL SERVICE OF MASSACHUSETTS, INC	MA.....	UIP.....	CATALYST INSTITUTE, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	82-3782157..	.....	.....	.....	DENTAQUEST HOLDING CO, LLC.....	DE.....	NIA.....	DENTAL SERVICE OF MASSACHUSETTS, INC.	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	15497...	46-5661073..	.....	.....	.....	DSM MASSACHUSETTS INSURANCE COMPANY, 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...	04-3172335..	.....	.....	.....	DSM INSURANCE SERVICES, INC.....	MA.....	NIA.....	DENTAL SERVICE OF MA INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	46-3674034..	.....	.....	.....	DENTAQUEST CARE GROUP, INC.....	MA.....	NIA.....	CATALYST INSTITUTE, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	47-1711799..	.....	.....	.....	COMMUNITY CARE OF NEW MEXICO, INC..	NY.....	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, INC	AL.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	75-1823660..	.....	.....	.....	DENTAL HEALTH PROGRAMS, INC.....	MA.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	46-5159049..	.....	.....	.....	COMMUNITY CARE OF KENTUCKY, INC.....	KY.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	100.000	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...	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...	83-2714016..	.....	.....	.....	DENTAQUEST IMPACT, INC.....	MA.....	NIA.....	CATALYST INSTITUTE, INC.....	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...	82-3645884..	.....	.....	.....	DENTAQUEST FOUNDATION, LLC.....	MA.....	NIA.....	CATALYST INSTITUTE, INC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-4056199..	.....	.....	.....	DENTAQUEST GROUP, INC.....	DE.....	UIP.....	CATALYST INSTITUTE, INC.....	Ownership.....	60.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-0390099..	.....	b.....	.....	DENTAQUEST, LLC.....	DE.....	UDP.....	DENTAQUEST GROUP, INC.....	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...	20-1291244..	.....	.....	.....	THE OHIO RETIREE DENTAL BENEFITS ASSOCIATION	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.....	.....
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...	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.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/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...	61-1871504..	.....	.....	.....	DENTAQUEST OF IOWA, LLC.....	IA.....	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...	35-2177954..	.....	.....	.....	DENTAQUEST OF TENNESSEE, 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...	81-0616910..	.....	.....	.....	DENTAQUEST IPA OF NEW YORK, 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...	56-2356433..	.....	.....	.....	DENTAQUEST OF NEW JERSEY, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	65-0743731..	.....	.....	.....	DENTAQUEST OF FLORIDA, INC.....	FL.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	12307...	20-2970185..	.....	.....	.....	DENTAQUEST USA INSURANCE COMPANY, INC.	TX.....	UDP.....	DENTAQUEST, LLC.....	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	67636...	59-0397210..	.....	.....	.....	DSM USA INSURANCE COMPANY, INC.....	PA.....	DS.....	DENTAQUEST USA INSURANCE COMPANY, 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.....	PACIFIC DENTAL NETWORK, 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.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-3407897..	.....	.....	.....	DQCGM OF WASHINGTON, LLC.....	OR.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-1851756..	.....	.....	.....	DQCGM OF MASSACHUSETTS, LLC.....	DE.....	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...	20-8939962..	.....	.....	.....	ADVANTAGE COMMUNITY HOLDINGS CO., LLC	OR.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1195386..	.....	.....	.....	ADVANTAGE DENTAL SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1156986..	.....	.....	.....	ADVANTAGE DENTAL PLAN, INC.....	OR.....	IA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	45-4129709..	.....	.....	.....	OREGON COMMUNITY DENTAL CARE.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	...100.000	CATALYST INSTITUATE, INC.	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	57-1140840..	.....	.....	.....	ADVANTAGE LEVERAGED LENDERS, INC....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....
4512	DENTAQUEST GROUP.....	00000...	27-0357326..	.....	.....	.....	DQCGM OF OREGON, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	...100.000	CATALYST INSTITUTE, INC.....	...N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4512	DENTAQUEST GROUP.....	00000...	46-3473054...	.....	.....	.....	ENHANCED CAPITAL OREGON NMTC INVESTMENT FUND VI, LLC	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981367..	.....	.....	.....	ADVANTAGE SUPPORT SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981408..	.....	.....	.....	ADVANTAGE CONSULTING SERVICES, LLC.	OR.....	NIA.....	ADVANTAGE SUPPORT SERVICES, LLC.....	Ownership.....	100.000	CATALYST INSTITUTE, INC.....	N.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	20-1291244.....	DCP Holding Company (parent).....					14,580,452				14,580,452	
	20-1455615.....	Insurance Associates Plus, Inc.....					490,816				490,816	
	61-1301274.....	Adenta Inc.....					295,247				295,247	
	31-1185262.....	Dental Care Plus.....					(17,362,443)				(17,362,443)	
	20-0390099.....	DentaQuest, LLC.....					1,807,025				1,807,025	
	11-3692025.....	DentaQuest of Arizona, LLC.....					19,975				19,975	
	20-2970185.....	DentaQuest USA Insurance Company, Inc.....					157,505				157,505	
	59-0397210.....	DSM USA Insurance Company, Inc.....					11,423				11,423	
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?	NO
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.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.


* 9 6 2 6 5 2 0 2 0 3 6 0 0 0 0 0 0 *


* 9 6 2 6 5 2 0 2 0 2 0 5 0 0 0 0 0 *


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


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


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


* 9 6 2 6 5 2 0 2 0 3 6 5 0 0 0 0 0 *


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


* 9 6 2 6 5 2 0 2 0 2 2 5 0 0 0 0 0 *


* 9 6 2 6 5 2 0 2 0 2 2 6 0 0 0 0 0 *


* 9 6 2 6 5 2 0 2 0 3 0 6 0 0 0 0 0 *


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


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


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

Overflow Page for Write-Ins

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

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Other Misc Income.....	.....	.....	.....	.....	.....0
2505. Federal Premium Tax Expense.....	.....	.....	.....1,478,364	.....	.....1,478,364
2597. Summary of remaining write-ins for Line 25.....	0	0	1,478,364	0	1,478,364

Overflow Page for Write-Ins

NONE