96265202020100100

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 (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	Michael Kelly *(Name)*	617-886-1332 *(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
This _____ day of _____ 2021

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						
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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 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	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	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 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	2,636,712	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	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
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 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

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	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 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	170,983		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

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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	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	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

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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	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	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

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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	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	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

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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	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	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	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	1,797					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

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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	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	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	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	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	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	1,592					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

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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	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	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

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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	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	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	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	1,079					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

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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	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	1,261					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	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	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	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	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

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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	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	2,391					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	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	2,153					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)	1,416,804		1,416,804
6.	Totals assets (Line 28)	23,668,880	0	23,668,880
	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)	4,628,942		4,628,942
15.	Total liabilities (Line 24)	10,503,864	0	10,503,864
16.	Total capital and surplus (Line 33)	13,165,016	XXX	13,165,016
17.	Total liabilities, capital and surplus (Line 34)	23,668,880	0	23,668,880
	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	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

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...	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 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...	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 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)					14,580,452				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.

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6.

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

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 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