96265202120100102

HEALTH QUARTERLY STATEMENT

As of June 30, 2021

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 _____

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

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds	7,135,706		7,135,706	7,774,939
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....9,383,608), cash equivalents ($.....2,149,215) and short-term investments ($.....0)	11,532,823		11,532,823	13,816,736
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	18,668,529	0	18,668,529	21,591,675
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	42,153		42,153	96,941
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,879,662	297,315	1,582,347	660,401
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	1,060,562		1,060,562	473,092
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	326,099	78,834	247,265	368,104
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	1,537,763	1,495,317	42,446	76,238
21. Furniture and equipment, including health care delivery assets ($.....0)	22,608	22,608	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	124,297		124,297	464,928
24. Health care ($.....0) and other amounts receivable	285		285	
25. Aggregate write-ins for other than invested assets	91,434	91,434	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	23,753,392	1,985,508	21,767,884	23,731,379
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	23,753,392	1,985,508	21,767,884	23,731,379

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	91,434	91,434	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	91,434	91,434	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	4,353,797		4,353,797	3,466,543
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	131,411		131,411	99,194
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance	2,129,453		2,129,453	2,408,379
9.	General expenses due or accrued	1,233,557		1,233,557	2,120,790
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	606,667		606,667	1,680,228
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			0	
13.	Remittances and items not allocated			0	
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	401,004		401,004	
16.	Derivatives			0	
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans	760,932		760,932	598,536
23.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)	9,616,821	0	9,616,821	10,373,670
25.	Aggregate write-ins for special surplus funds	XXX	XXX	45,822	61,096
26.	Common capital stock	XXX	XXX	1,365,663	1,365,663
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	2,773,089	2,773,089
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	7,966,489	9,157,861
32.	Less treasury stock, at cost:				
	32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	12,151,063	13,357,709
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	21,767,884	23,731,379

DETAILS OF WRITE-INS

2301.				0	
2302.				0	
2303.				0	
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	Gain on sale of building	XXX	XXX	45,822	61,096
2502.	Reclassification of surplus for Federal Premium Tax - SSAP 35R	XXX	XXX		
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	45,822	61,096
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member months	XXX	2,327,075	2,403,967	4,709,082
2.	Net premium income (including $.....0 non-health premium income)	XXX	37,938,356	37,961,135	76,708,770
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	1,702,307	864,521	2,408,023
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	39,640,663	38,825,656	79,116,793
Hospital and Medical:					
9.	Hospital/medical benefits				
10.	Other professional services		25,889,353	21,855,158	49,506,365
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0	25,889,353	21,855,158	49,506,365
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	25,889,353	21,855,158	49,506,365
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....0 cost containment expenses		765,778	1,045,648	2,052,494
21.	General administrative expenses		9,910,955	12,681,500	22,151,650
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)	0	36,566,086	35,582,306	73,710,509
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,074,577	3,243,350	5,406,284
25.	Net investment income earned		91,111	139,359	220,599
26.	Net realized capital gains (losses) less capital gains tax of $.....761		2,856	5,183	11,730
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	93,967	144,542	232,329
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]		(66,572)	(126,411)	(195,528)
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,101,972	3,261,481	5,443,085
31.	Federal and foreign income taxes incurred	XXX	607,960	906,189	1,433,428
32.	Net income (loss) (Lines 30 minus 31)	XXX	2,494,012	2,355,292	4,009,657

DETAILS OF WRITE-INS

0601.	Self Insured	XXX	1,702,307	864,521	2,408,023
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	1,702,307	864,521	2,408,023
0701.	Other income	XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.	Other income				
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	13,357,709	9,321,524	9,321,524
34. Net income or (loss) from Line 32	2,494,012	2,355,292	4,009,657
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(88,223)	(29,315)	137,673
39. Change in nonadmitted assets	187,565	(175,119)	(111,145)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital	15,274	15,274	30,548
46. Dividends to stockholders	(3,800,000)		
47. Aggregate write-ins for gains or (losses) in surplus	(15,274)	(15,274)	(30,548)
48. Net change in capital and surplus (Lines 34 to 47)	(1,206,646)	2,150,858	4,036,185
49. Capital and surplus end of reporting period (Line 33 plus 48)	12,151,063	11,472,382	13,357,709

DETAILS OF WRITE-INS

4701. Amortization of special surplus from gain on sale-leaseback	(15,274)	(15,274)	(30,548)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	(15,274)	(15,274)	(30,548)

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance	36,681,100	38,841,771	77,310,447
2. Net investment income	157,238	132,475	215,277
3. Miscellaneous income	1,702,307	864,521	2,408,023
4. Total (Lines 1 through 3)	38,540,645	39,838,767	79,933,747
5. Benefit and loss related payments	25,002,384	22,154,604	49,083,851
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	12,023,395	12,395,165	24,370,955
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	1,682,282	(118,730)	(121,601)
10. Total (Lines 5 through 9)	38,708,061	34,431,039	73,333,205
11. Net cash from operations (Line 4 minus Line 10)	(167,416)	5,407,728	6,600,542
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	852,902	881,175	1,729,965
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			4
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	852,902	881,175	1,729,969
13. Cost of investments acquired (long-term only):			
13.1 Bonds	221,392	2,318,841	3,090,518
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	221,392	2,318,841	3,090,518
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	631,511	(1,437,666)	(1,360,549)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders	3,800,000		
16.6 Other cash provided (applied)	1,051,992	131,042	(610,558)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(2,748,008)	131,042	(610,558)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(2,283,913)	4,101,104	4,629,434
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	13,816,736	9,187,302	9,187,302
19.2 End of period (Line 18 plus Line 19.1)	11,532,823	13,288,406	13,816,736

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

20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year	377,799					377,799				
2. First Quarter	394,407					394,407				
3. Second Quarter	385,017					385,017				
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,327,075					2,327,075				
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	37,938,356					37,938,356				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	37,659,430					37,659,430				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	25,002,099					25,002,099				
18. Amount Incurred for Provision of Health Care Services	25,889,353					25,889,353				

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
IBNR	3,095,878	572,825	288,012	166,795	230,287	4,353,797
0199999. Individually Listed Claims Unpaid	3,095,878	572,825	288,012	166,795	230,287	4,353,797
0499999. Subtotals	3,095,878	572,825	288,012	166,795	230,287	4,353,797
0799999. Total Claims Unpaid						4,353,797

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare Supplement					0	
3. Dental only	3,261,902	21,740,196	118,939	4,234,858	3,380,841	3,466,543
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	3,261,902	21,740,196	118,939	4,234,858	3,380,841	3,466,543
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9-10+11+12)	3,261,902	21,740,196	118,939	4,234,858	3,380,841	3,466,543

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

No significant changes from December 31, 2020 and the statement has been completed in accordance with the Accounting Practices and Procedures Manual.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
NET INCOME					
(1) Dental Care Plus, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ 2,494,012	$ 4,009,657
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ 2,494,012	$ 4,009,657
SURPLUS					
(5) Dental Care Plus, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 12,151,063	$ 13,357,709
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 12,151,063	$ 13,357,709

B. Use of Estimates in the Preparation of the Financial Statement
No significant changes

C. Accounting Policy

(1) Basis for Short-Term Investments
No significant changes
(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
Bonds not backed by other loans are stated at amortized cost using the interest method.
(3) Basis for Common Stocks
No significant changes
(4) Basis for Preferred Stocks
No significant changes
(5) Basis for Mortgage Loans
No significant changes
(6) Basis for Loan-Backed Securities and Adjustment Methodology
The Company did not have any investments in loan-backed securities at June 30, 2021
(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
No significant changes
(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
No significant changes
(9) Accounting Policies for Derivatives
No significant changes
(10) Anticipated Investment Income Used in Premium Deficiency Calculation
No significant changes
(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
No significant changes
(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
No significant changes
(13) Method Used to Estimate Pharmaceutical Rebate Receivables
No significant changes

D. Going Concern
The Company does not have any going concern items.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
No significant changes

B. Debt Restructuring
No significant changes

NOTES TO FINANCIAL STATEMENTS

C. Reverse Mortgages
No significant changes

D. Loan-Backed Securities
No significant changes

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
No significant changes

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
No signigicant changes

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
No significant changes

H. Repurchase Agreements Transactions Accounted for as a Sale
No significant changes

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
No significant changes

J. Real Estate
No significant changes

K. Low-Income Housing Tax Credits (LIHTC)
No significant changes

L. Restricted Assets
No significant changes

M. Working Capital Finance Investments
No significant changes

N. Offsetting and Netting of Assets and Liabilities
No significant changes

O. 5GI Securities
No significant changes

P. Short Sales
No significant changes

Q. Prepayment Penalty and Acceleration Fees
No significant changes

R. Reporting Entity's Share of Cash Pool by Asset Type
No significant changes

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

No significant changes

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

Note 11 – Debt

A. Debt Including Capital Notes
No significant changes

B. FHLB (Federal Home Loan Bank) Agreements
The Company does not have any FHLB agreements.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Effective July 1, 2005, the Company no longer has employees and the services are rendered by its parent DentaQuest.

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

NOTES TO FINANCIAL STATEMENTS

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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

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

No significant changes

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

No significant changes

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company classifies the assets and liabilities that require measurement of fair value on a recurring basis based on the priority of the observable and market-based sources of data into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Cash-Federally Insured CD's	$	$ 75,052	$	$	$ 75,052
Bonds-Federally Insured CD's & Investment Grade Corportae Bonds	$	$ 5,859,826	$	$	$ 5,859,826
U.S. Government Securities	$ 1,796,200	$	$	$	$ 1,796,200
Short-Term Investments-Money Market Funds	$ 1,403,109	$	$	$	$ 1,403,109
Total	$ 3,199,309	$ 5,934,878	$	$	$ 9,134,187
Liabilities at Fair Value					
	$	$	$	$	$
Total	$	$	$	$	$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy
The Company had no level 3 invesments as of June 30, 2021.

(3) Policies when Transfers Between Levels are Recognized
The Company had no transfers between levels as of June 30, 2021.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
Not applicable.

(5) Fair Value Disclosures for Derivative Assets and Liabilities
The Company had no derivative assets and liabilities at June 30, 2021.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

C. Fair Value Level

D. Not Practicable to Estimate Fair Value

E. NAV Practical Expedient Investments

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through May 17, 2021 for these statutory financial statements which are to be issued on . There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

NOTES TO FINANCIAL STATEMENTS

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

No significant changes

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

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

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

Effective March 1, 2021 the Company's ultimate parent changed its name from Catalyst Institute, Inc. to CareQuest Institute for Oral Health, Inc.

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

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

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

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/19/2018

6.4 By what department or departments?

Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 45,110

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

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

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

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

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Securities, Inc	38 Fountain Sq. Plaza, Cincinnati, OH 45263
UBS Financial Securities	8044 Montgomery Rd, Cincinnati, OH 45236

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

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

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

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

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

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

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

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

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

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

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

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

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

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The security was purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent		0.0 %
	1.2 A&H cost containment percent		0.0 %
	1.3 A&H expense percent excluding cost containment expenses		0.0 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X]	No [ ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ]	No [ ]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

Q13

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 through 8	10 Deposit-Type Contracts
1. Alabama AL	L	238,042							238,042	
2. Alaska AK	N								0	
3. Arizona AZ	L								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	L	654,842							654,842	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	L	388,627							388,627	
15. Indiana IN	L	669,441							669,441	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	L	5,082,262							5,082,262	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	L	328,435							328,435	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	L	441,077							441,077	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	L	27,265,663							27,265,663	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	L								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	L	313,396							313,396	
44. Texas TX	L	1,586,108							1,586,108	
45. Utah UT	L	189,418							189,418	
46. Vermont VT	N								0	
47. Virginia VA	L	382,806							382,806	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	L	233,244							233,244	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	37,773,361	0	0	0	0	0	0	37,773,361	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	37,773,361	0	0	0	0	0	0	37,773,361	0
DETAILS OF WRITE-INS										
58001.									0	
58002.									0	
58003.									0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0	0

(a) Active Status Count

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

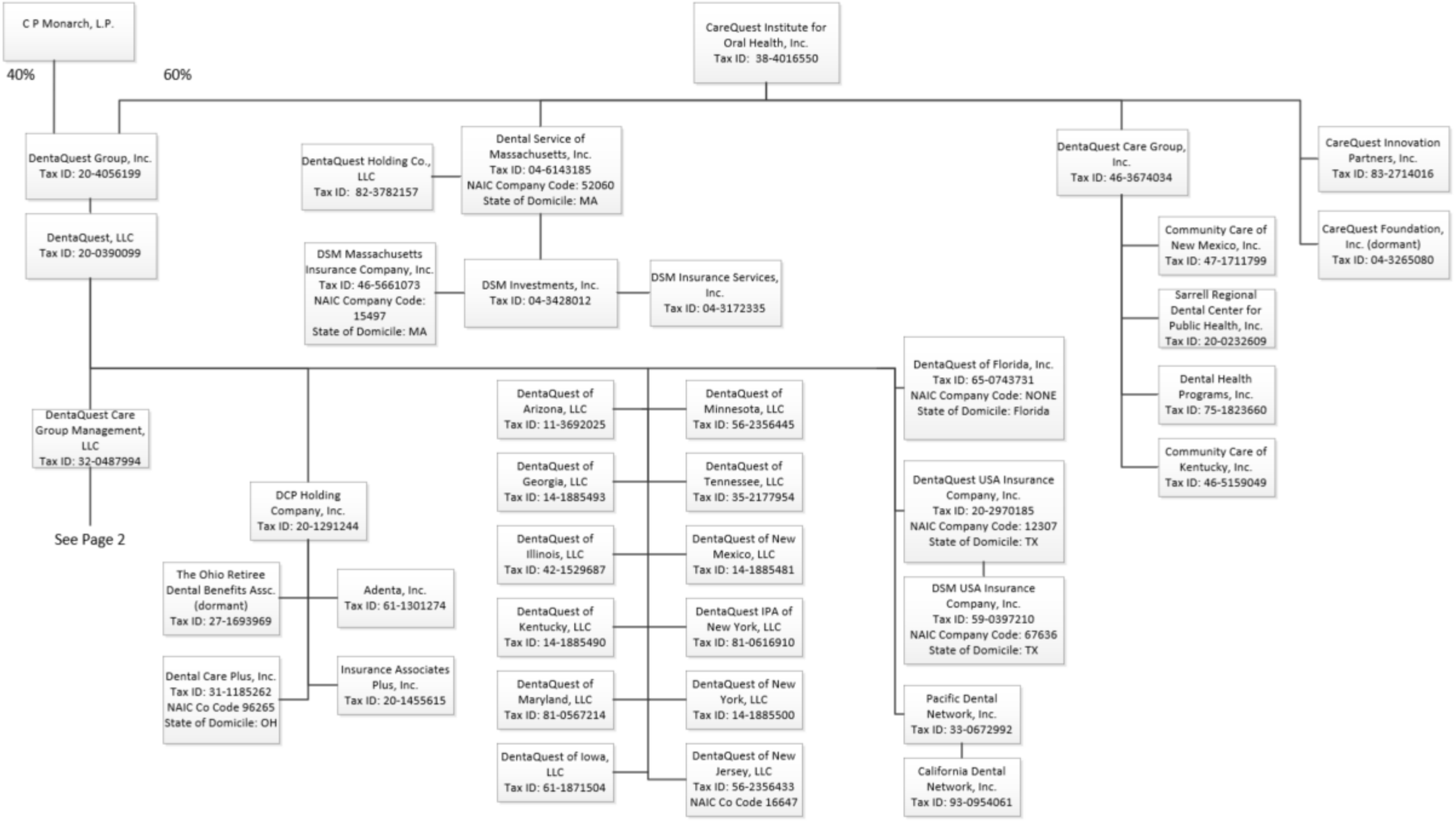
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

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

Q15


C P Monarch, L.P.
40%
60%
CareQuest Institute for Oral Health, Inc.
Tax ID: 38-4016550
DentaQuest Group, Inc.
Tax ID: 20-4056199
DentaQuest, LLC
Tax ID: 20-0390099
DentaQuest Holding Co., LLC
Tax ID: 82-3782157
Dental Service of Massachusetts, Inc.
Tax ID: 04-6143185
NAIC Company Code: 52060
State of Domicile: MA
DSM Massachusetts Insurance Company, Inc.
Tax ID: 46-5661073
NAIC Company Code: 15497
State of Domicile: MA
DSM Investments, Inc.
Tax ID: 04-3428012
DSM Insurance Services, Inc.
Tax ID: 04-3172335
DentaQuest Care Group, Inc.
Tax ID: 46-3674034
Community Care of New Mexico, Inc.
Tax ID: 47-1711799
Sarrell Regional Dental Center for Public Health, Inc.
Tax ID: 20-0232609
Dental Health Programs, Inc.
Tax ID: 75-1823660
Community Care of Kentucky, Inc.
Tax ID: 46-5159049
CareQuest Innovation Partners, Inc.
Tax ID: 83-2714016
CareQuest Foundation, Inc. (dormant)
Tax ID: 04-3265080
DentaQuest Care Group Management, LLC
Tax ID: 32-0487994
See Page 2
DCP Holding Company, Inc.
Tax ID: 20-1291244
The Ohio Retiree Dental Benefits Assc. (dormant)
Tax ID: 27-1693969
Adenta, Inc.
Tax ID: 61-1301274
Dental Care Plus, Inc.
Tax ID: 31-1185262
NAIC Co Code 96265
State of Domicile: OH
Insurance Associates Plus, Inc.
Tax ID: 20-1455615
DentaQuest of Arizona, LLC
Tax ID: 11-3692025
DentaQuest of Georgia, LLC
Tax ID: 14-1885493
DentaQuest of Illinois, LLC
Tax ID: 42-1529687
DentaQuest of Kentucky, LLC
Tax ID: 14-1885490
DentaQuest of Maryland, LLC
Tax ID: 81-0567214
DentaQuest of Iowa, LLC
Tax ID: 61-1871504
DentaQuest of Minnesota, LLC
Tax ID: 56-2356445
DentaQuest of Tennessee, LLC
Tax ID: 35-2177954
DentaQuest of New Mexico, LLC
Tax ID: 14-1885481
DentaQuest IPA of New York, LLC
Tax ID: 81-0616910
DentaQuest of New York, LLC
Tax ID: 14-1885500
DentaQuest of New Jersey, LLC
Tax ID: 56-2356433
NAIC Co Code 16647
DentaQuest of Florida, Inc.
Tax ID: 65-0743731
NAIC Company Code: NONE
State of Domicile: Florida
DentaQuest USA Insurance Company, Inc.
Tax ID: 20-2970185
NAIC Company Code: 12307
State of Domicile: TX
DSM USA Insurance Company, Inc.
Tax ID: 59-0397210
NAIC Company Code: 67636
State of Domicile: TX
Pacific Dental Network, Inc.
Tax ID: 33-0672992
California Dental Network, Inc.
Tax ID: 93-0954061

Q15.1


DentaQuest Care Group Management, LLC
Tax ID: 32-0487994
Advantage Community Holding Co., LLC
Tax ID: 20-8939962
DQCGM of Washington, LLC
Tax ID: 84-3407897
DQCGM of Massachusetts, LLC
Tax ID: 84-1851756
DentaQuest Oral Health Center of Massachusetts, P.C.
Tax ID: 84-1891315
Advantage Dental Service, LLC
Tax ID: 93-1195386
Advantage Dental Plan, Inc.
Tax ID: 93-1156986
NAIC Co Code 47006
State of Domicile: OR
Oregon Community Dental Care
Tax ID: 45-4129709
Advantage Leveraged Lenders, Inc.
Tax ID: 57-1140840
DQCGM of Oregon, LLC
f/k/a Advantage Dental Clinics, LLC
Tax ID: 27-0364023
Advantage Support Services, LLC
Tax ID: 26-3981367
Advantage Consulting Services, LLC
Tax ID: 26-3981408
QALICB Entities

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..	.....	.....	.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	MA.....	NIA.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	52060...	04-6143185..	.....	.....	.....	DENTAL SERVICE OF MASSACHUSETTS, INC	MA.....	UIP.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	82-3782157..	.....	.....	.....	DENTAQUEST HOLDING CO, LLC.....	DE.....	NIA.....	DENTAL SERVICE OF MASSACHUSETTS, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	15497...	46-5661073..	.....	.....	.....	DSM MASSACHUSETTS INSURANCE COMPANY, INC.	MA.....	NIA.....	DENTAL SERVICE OF MA INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	04-3428012..	.....	.....	.....	DSM INVESTMENTS, INC.....	MA.....	NIA.....	DENTAL SERVICE OF MA INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	04-3172335..	.....	.....	.....	DSM INSURANCE SERVICES, INC.....	MA.....	NIA.....	DENTAL SERVICE OF MA INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	46-3674034..	.....	.....	.....	DENTAQUEST CARE GROUP, INC.....	MA.....	NIA.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	47-1711799..	.....	.....	.....	COMMUNITY CARE OF NEW MEXICO, INC...	NY.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, 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	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	75-1823660..	.....	.....	.....	DENTAL HEALTH PROGRAMS, INC.....	MA.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	46-5159049..	.....	.....	.....	COMMUNITY CARE OF KENTUCKY, INC.....	KY.....	NIA.....	DENTAQUEST CARE GROUP, INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	04-3265080..	.....	.....	.....	CAREQUEST FOUNDATION, INC.....	MA.....	NIA.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	83-2714016..	.....	.....	.....	CAREQUEST INNOVATION PARTNERS, INC.	MA.....	NIA.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-4056199..	.....	.....	.....	DENTAQUEST GROUP, INC.....	DE.....	UIP.....	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership.....	.....60.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-0390099..	.....	.....	.....	DENTAQUEST, LLC.....	DE.....	UDP.....	DENTAQUEST GROUP, INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-1291244..	.....	.....	.....	DCP HOLDING COMPANY, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-1291244..	.....	.....	.....	THE OHIO RETIREE DENTAL BENEFITS ASSOCIATION	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	31-1185262..	.....	.....	.....	DENTAL CARE PLUS, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	61-1301274..	.....	.....	.....	ADENTA, INC.....	KY.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
4512	DENTAQUEST GROUP.....	00000...	20-1455615..	.....	.....	.....	INSURANCE ASSOCIATES PLUS, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	11-3692025..	.....	.....	.....	DENTAQUEST OF ARIZONA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	14-1885493..	.....	.....	.....	DENTAQUEST OF GEORGIA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	42-1529687..	.....	.....	.....	DENTAQUEST OF ILLINOIS, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	14-1885490..	.....	.....	.....	DENTAQUEST OF KENTUCKY, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	81-0567214..	.....	.....	.....	DENTAQUEST OF MARYLAND, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	61-1871504..	.....	.....	.....	DENTAQUEST OF IOWA, LLC.....	IA.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	56-2356445..	.....	.....	.....	DENTAQUEST OF MINNESOTA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	35-2177954..	.....	.....	.....	DENTAQUEST OF TENNESSEE, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	14-1885481..	.....	.....	.....	DENTAQUEST OF NEW MEXICO, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	81-0616910..	.....	.....	.....	DENTAQUEST IPA OF NEW YORK, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	14-1885500..	.....	.....	.....	DENTAQUEST OF NEW YORK, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	56-2356433..	.....	.....	.....	DENTAQUEST OF NEW JERSEY, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	65-0743731..	.....	.....	.....	DENTAQUEST OF FLORIDA, INC.....	FL.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	12307...	20-2970185..	.....	.....	.....	DENTAQUEST USA INSURANCE COMPANY. INC.	TX.....	UDP.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	67636...	59-0397210..	.....	.....	.....	DSM USA INSURANCE COMPANY, INC.....	PA.....	DS.....	DENTAQUEST USA INSURANCE COMPANY, INC.	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	33-0672992..	.....	.....	.....	PACIFIC DENTAL NETWORK, INC.....	CA.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-0954061..	.....	.....	.....	CALIFORNIA DENTAL NETWORK, INC.....	CA.....	NIA.....	PACIFIC DENTAL NETWORK, INC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, 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...	32-0487994..	.....	.....	.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	DE.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-3407897..	.....	.....	.....	DQCGM OF WASHINGTON, LLC.....	OR.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-1851756..	.....	.....	.....	DQCGM OF MASSACHUSETTS, LLC.....	DE.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, 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	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	20-8939962..	.....	.....	.....	ADVANTAGE COMMUNITY HOLDINGS CO., LLC	OR.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1195386..	.....	.....	.....	ADVANTAGE DENTAL SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	93-1156986..	.....	.....	.....	ADVANTAGE DENTAL PLAN, INC.....	OR.....	IA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	45-4129709..	.....	.....	.....	OREGON COMMUNITY DENTAL CARE.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	57-1140840..	.....	.....	.....	ADVANTAGE LEVERAGED LENDERS, INC....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	27-0357326..	.....	.....	.....	DQCGM OF OREGON, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING COMPANY, LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981367..	.....	.....	.....	ADVANTAGE SUPPORT SERVICES, LLC.....	OR.....	NIA.....	ADVANTAGE COMMUNITY HOLDING CO., LLC	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....
4512	DENTAQUEST GROUP.....	00000...	26-3981408..	.....	.....	.....	ADVANTAGE CONSULTING SERVICES, LLC.	OR.....	NIA.....	ADVANTAGE SUPPORT SERVICES, LLC.....	Ownership.....	....100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	.....N.....	.....

Q16.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,774,939	6,414,335
2.	Cost of bonds and stocks acquired	221,392	3,090,518
3.	Accrual of discount	697	1,447
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	3,617	15,549
6.	Deduct consideration for bonds and stocks disposed of	852,902	1,729,965
7.	Deduct amortization of premium	12,036	21,617
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		4,671
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	7,135,706	7,774,939
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7,135,706	7,774,939

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	5,657,845	5,123	502,479	(104,247)	5,657,845	5,056,242		5,803,232
2. NAIC 2 (a)	1,537,345		1,322	98,662	1,537,345	1,634,685		1,516,495
3. NAIC 3 (a)	454,103		9,296	(28)	454,103	444,779		455,212
4. NAIC 4 (a)						0		
5. NAIC 5 (a)						0		
6. NAIC 6 (a)						0		
7. Total Bonds	7,649,293	5,123	513,097	(5,613)	7,649,293	7,135,706	0	7,774,939
PREFERRED STOCK								
8. NAIC 1						0		
9. NAIC 2						0		
10. NAIC 3						0		
11. NAIC 4						0		
12. NAIC 5						0		
13. NAIC 6						0		
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	7,649,293	5,123	513,097	(5,613)	7,649,293	7,135,706	0	7,774,939

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

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,456,635	2,684,877
2. Cost of cash equivalents acquired	804,480	2,057,302
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	111,900	3,285,544
7. Deduct amortization of premium		
8. Total foreign exchange change in book/ adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,149,215	1,456,635
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,149,215	1,456,635

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - Industrial and Miscellaneous									
30231G BN 1	EXXON MOBIL CORP		04/05/2021	Paine Webber		5,123	5,000	62	1.D FE
3899999.	Total - Bonds - Industrial and Miscellaneous					5,123	5,000	62	XXX
8399997.	Total - Bonds - Part 3					5,123	5,000	62	XXX
8399999.	Total - Bonds					5,123	5,000	62	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					5,123	XXX	62	XXX

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - Industrial and Miscellaneous																					
023770 AA 8	AMERICAN AIRLINES 2015-1 PASS THROUGH TR	..	05/01/2021.	Paydown		3,162	3,162	3,052	3,129		1		1		3,131		32	32	53	11/01/2028.	3.A FE
477143 AH 4	JBLU 2019-1 AA - ABS	..	05/15/2021.	Paydown		2,439	2,439	2,486	2,481		(1)		(1)		2,479		(41)	(41)	34	11/15/2033.	1.F FE
90346W AA 1	AMERICAN AIRLINES 2013-1 PASS THROUGH TR	..	05/15/2021.	Paydown		6,168	6,168	6,164	6,165		0		0		6,165		3	3	122	05/15/2027.	3.A FE
90932D AA 3	UNITED AIRLINES 2016-2 PASS THROUGH TRUS	..	04/07/2021.	Paydown		1,322	1,322	1,322	1,322				0		1,322			0	20	04/07/2030.	2.A FE
95001D AP 5	WELLS FARGO & CO	..	06/30/2021.	Call @ 100.00		500,000	500,000	500,000	500,000				0		500,000			0	2,500	06/30/2022.	1.F FE
3899999.	Total - Bonds - Industrial and Miscellaneous					513,091	513,091	513,023	513,097	0	0	0	0	0	513,097	0	(6)	(6)	2,729	XXX	XXX
8399997.	Total - Bonds - Part 4					513,091	513,091	513,023	513,097	0	0	0	0	0	513,097	0	(6)	(6)	2,729	XXX	XXX
8399999.	Total - Bonds					513,091	513,091	513,023	513,097	0	0	0	0	0	513,097	0	(6)	(6)	2,729	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					513,091	XXX	513,023	513,097	0	0	0	0	0	513,097	0	(6)	(6)	2,729	XXX	XXX

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

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

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

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

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Fifth Third Bank..... Cincinnati, OH.....	.....	.....	.....	.....	10,676,853	7,205,955	7,103,968	XXX
Key bank..... Cleveland, OH.....	.....	.....	.....	.....	2,419,816	2,907,491	2,177,610	XXX
0199998. Deposits in.....2 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX	.....	.....	102,000	102,000	102,000	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	13,198,669	10,215,446	9,383,578	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	13,198,669	10,215,446	9,383,578	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	30	30	30	XXX
0599999. Total Cash.....	XXX	XXX	0	0	13,198,699	10,215,476	9,383,608	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO								
90262Y 80 2	UBS SELECT TREASURY INST		05/28/2021	0.010		441,843		18
94975H 29 6	WELLSFARGO:TRS+ MM I		06/02/2021	0.010		230,052	2	5
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO						671,895	2	23
All Other Money Market Mutual Funds								
90499A 91 6	DEPOSIT UBS D024		06/16/2021			74,211		1
8699999. Total - All Other Money Market Mutual Funds						74,211	0	1
Other Cash Equivalents								
	Federated Gov Obligation Institutional S		06/30/2021			1,403,109	19	88
8899999. Total - Other Cash Equivalents						1,403,109	19	88
9999999. Total - Cash Equivalents						2,149,215	21	112