
AMENDED FILING EXPLANATION

The reason for the changes in the Annual Statement were driven by 2021 audit adjustments. The net change in Statutory Surplus at December 31, 2021 is \$74k in tax adjustments partly due to a revised tax provision and the effects of a correction in our adjustment of the GAAP accounting for deferred acquisition costs.



ANNUAL STATEMENT

For the Year Ended December 31, 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 513-554-1100
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 100 Crowne Point Place .. Cincinnati .. OH 45241
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 Crowne Point Place .. Cincinnati .. OH 45241 513-554-1100
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www2.Dentalcareplus.com

Statutory Statement Contact Michael Kelly 617-886-1332
(Name) (Area Code) (Telephone Number) (Extension)
Michael.Kelly@greatdentalplans.com
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

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) Robert Lynn	_____ (Signature) Matthew Henning	_____ (Signature) Frank Scalise
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me a. Is this an original filing? Yes [] No [X]

This _____ day of _____ 2022 b. If no 1. State the amendment number 1

2. Date filed

3. Number of pages attached 115

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						
Cincinnati Public Schools.....	217,312	221,173	226,430		22,640	642,275
Fayette County.....	127,741	125,064	7,005			259,810
Little Miami PPO.....		28,793	28,689	14,325	14,235	57,572
EGC.....	4,866	4,744	4,808	29,247	29,247	14,418
Little Miami-HMO.....	15,122	17,235	11,104			43,461
Talbert House.....	17,460	17,544				35,004
Dental Care.....	11,368	11,368	9,803			32,539
City of Montgomery.....	31,177					31,177
GG Brands.....	24,092					24,092
St Margaret.....	1,280	1,280	1,280	9,349	9,349	3,840
St. Bernand.....	12,566					12,566
Truitt Bros.....	11,772					11,772
United Mail.....	3,670	3,844	3,964			11,478
S.T.....	10,697					10,697
0299997. Group subscribers subtotal.....	489,123	431,045	293,083	52,921	75,471	1,190,701
0299998. Premiums due and unpaid not individually listed.....	327,496	75,514	77,548	120,465	196,644	404,379
0299999. Total group.....	816,619	506,559	370,631	173,386	272,115	1,595,080
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	816,619	506,559	370,631	173,386	272,115	1,595,080

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
IBNR.....	1,594,202	429,978	264,315	167,091	321,664	2,777,250
0199999. Individually listed claims unpaid.....	1,594,202	429,978	264,315	167,091	321,664	2,777,250
0499999. Subtotals.....	1,594,202	429,978	264,315	167,091	321,664	2,777,250
0799999. Total claims unpaid.....						2,777,250

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
DCP Holding Company.....	1,954,235					1,954,235	
Insurance Associates Plus.....	105,587					105,587	
DentaQuest LLC.....	478,055					478,055	
0199999. Individually listed receivables.....	2,537,877	0	0	0	0	2,537,877	0
0399999. Total gross amounts receivable.....	2,537,877	0	0	0	0	2,537,877	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Adenta, Inc.....	Commissions payable to affilitae.....	19,459	19,459	
0199999. Individually listed payables.....		19,459	19,459	0
0399999. Total gross payables.....		19,459	19,459	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	0	0.0				
4. Total capitation payments.....	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	7,577,728	14.8	XXX	XXX		7,577,728
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.....	43,728,358	85.2	XXX	XXX	43,728,358	
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.....	51,306,086	100.0	XXX	XXX	43,728,358	7,577,728
13. Total (Line 4 plus Line 12).....	51,306,086	100.0	XXX	XXX	43,728,358	7,577,728

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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
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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.....	171,022		153,040	17,982	17,982	.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.....	171,022	.0	153,040	17,982	17,982	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,041					1,041				
2. First quarter.....	2,937					2,937				
3. Second quarter.....	2,962					2,962				
4. Third quarter.....	2,684					2,684				
5. Current year.....	2,514					2,514				
6. Current year member months.....	32,699					32,699				
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).....	464,401					464,401				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	464,836					464,836				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	211,606					211,606				
18. Amount incurred for provision of health care services.....	213,163					213,163				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,803					1,803				
2. First quarter.....	1,965					1,965				
3. Second quarter.....	1,991					1,991				
4. Third quarter.....	1,818					1,818				
5. Current year.....	1,803					1,803				
6. Current year member months.....	22,127					22,127				
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).....	329,312					329,312				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	329,621					329,621				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	172,786					172,786				
18. Amount incurred for provision of health care services.....	174,057					174,057				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	5,906					5,906				
2. First quarter.....	11,081					11,081				
3. Second quarter.....	10,624					10,624				
4. Third quarter.....	9,403					9,403				
5. Current year.....	8,637					8,637				
6. Current year member months.....	116,976					116,976				
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).....	1,243,727					1,243,727				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,244,893					1,244,893				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	370,521					370,521				
18. Amount incurred for provision of health care services.....	373,247					373,247				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	377,799					377,799				
2. First quarter.....	394,007					394,007				
3. Second quarter.....	385,386					385,386				
4. Third quarter.....	376,850					376,850				
5. Current year.....	370,870					370,870				
6. Current year member months.....	4,582,625					4,582,625				
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).....	74,381,234					74,381,234				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	74,450,986					74,450,986				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	51,306,086					51,306,086				
18. Amount incurred for provision of health care services.....	50,616,793					50,616,793				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,499					2,499				
2. First quarter.....	3,372					3,372				
3. Second quarter.....	3,715					3,715				
4. Third quarter.....	3,452					3,452				
5. Current year.....	3,266					3,266				
6. Current year member months.....	42,134					42,134				
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).....	757,002					757,002				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	757,712					757,712				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	254,279					254,279				
18. Amount incurred for provision of health care services.....	256,150					256,150				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	4,612					4,612				
2. First quarter.....	3,806					3,806				
3. Second quarter.....	3,705					3,705				
4. Third quarter.....	3,643					3,643				
5. Current year.....	3,623					3,623				
6. Current year member months.....	44,465					44,465				
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).....	1,304,370					1,304,370				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	1,305,593					1,305,593				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,012,234					1,012,234				
18. Amount incurred for provision of health care services.....	998,785					998,785				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	46,284					46,284				
2. First quarter.....	40,922					40,922				
3. Second quarter.....	39,904					39,904				
4. Third quarter.....	39,599					39,599				
5. Current year.....	39,319					39,319				
6. Current year member months.....	481,066					481,066				
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).....	9,795,589					9,795,589				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	9,804,775					9,804,775				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	6,852,924					6,852,924				
18. Amount incurred for provision of health care services.....	6,745,482					6,745,482				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	3,649					3,649				
2. First quarter.....	4,031					4,031				
3. Second quarter.....	3,828					3,828				
4. Third quarter.....	3,486					3,486				
5. Current year.....	3,296					3,296				
6. Current year member months.....	42,808					42,808				
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).....	634,617					634,617				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	635,212					635,212				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	309,764					309,764				
18. Amount incurred for provision of health care services.....	312,043					312,043				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	4,453					4,453				
2. First quarter.....	6,969					6,969				
3. Second quarter.....	6,869					6,869				
4. Third quarter.....	6,071					6,071				
5. Current year.....	5,617					5,617				
6. Current year member months.....	76,025					76,025				
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).....	841,132					841,132				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	841,921					841,921				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	353,433					353,433				
18. Amount incurred for provision of health care services.....	356,033					356,033				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	284,073					284,073				
2. First quarter.....	280,403					280,403				
3. Second quarter.....	273,493					273,493				
4. Third quarter.....	271,199					271,199				
5. Current year.....	269,139					269,139				
6. Current year member months.....	3,294,279					3,294,279				
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).....	53,710,269					53,710,269				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	53,760,637					53,760,637				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	38,758,981					38,758,981				
18. Amount incurred for provision of health care services.....	38,156,137					38,156,137				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,958					1,958				
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
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).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	68,122					68,122				
18. Amount incurred for provision of health care services.....	68,623					68,623				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,819					1,819				
2. First quarter.....	4,285					4,285				
3. Second quarter.....	4,325					4,325				
4. Third quarter.....	4,016					4,016				
5. Current year.....	3,841					3,841				
6. Current year member months.....	48,355					48,355				
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).....	.615,853					.615,853				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	.616,431					.616,431				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	.229,676					.229,676				
18. Amount incurred for provision of health care services.....	.231,366					.231,366				

(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.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	13,585					13,585				
2. First quarter.....	23,537					23,537				
3. Second quarter.....	23,454					23,454				
4. Third quarter.....	21,737					21,737				
5. Current year.....	20,519					20,519				
6. Current year member months.....	262,743					262,743				
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).....	3,106,384					3,106,384				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	3,109,297					3,109,297				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,903,289					1,903,289				
18. Amount incurred for provision of health care services.....	1,917,291					1,917,291				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	577					577				
2. First quarter.....	2,470					2,470				
3. Second quarter.....	2,550					2,550				
4. Third quarter.....	2,562					2,562				
5. Current year.....	2,559					2,559				
6. Current year member months.....	29,553					29,553				
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).....	395,081					395,081				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	395,451					395,451				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	302,110					302,110				
18. Amount incurred for provision of health care services.....	304,333					304,333				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	3,035					3,035				
2. First quarter.....	4,132					4,132				
3. Second quarter.....	3,959					3,959				
4. Third quarter.....	3,523					3,523				
5. Current year.....	3,349					3,349				
6. Current year member months.....	44,539					44,539				
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).....	733,444					733,444				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	734,132					734,132				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	318,940					318,940				
18. Amount incurred for provision of health care services.....	321,286					321,286				

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

(Location)

NAIC Group Code.....4512

NAIC Company Code.....96265

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,505					2,505				
2. First quarter.....	4,097					4,097				
3. Second quarter.....	4,007					4,007				
4. Third quarter.....	3,657					3,657				
5. Current year.....	3,388					3,388				
6. Current year member months.....	44,856					44,856				
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).....	450,053					450,053				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	450,475					450,475				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	187,421					187,421				
18. Amount incurred for provision of health care services.....	188,797					188,797				

(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).....	21,980,833		21,980,833
2. Accident and health premiums due and unpaid (Line 15).....	1,595,080		1,595,080
3. Amounts recoverable from reinsurers (Line 16.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	3,547,331		3,547,331
6. Totals assets (Line 28).....	27,123,244	0	27,123,244
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,777,250		2,777,250
8. Accrued medical incentive pool and bonus payments (Line 2).....			.0
9. Premiums received in advance (Line 8).....	2,478,131		2,478,131
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).....	5,548,054		5,548,054
15. Total liabilities (Line 24).....	10,803,435	0	10,803,435
16. Total capital and surplus (Line 33).....	16,319,809	XXX	16,319,809
17. Total liabilities, capital and surplus (Line 34).....	27,123,244	0	27,123,244
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					Totals
	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	
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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (YES/NO)	*
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
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.	NO	
4512	DENTAQUEST GROUP.....	00000...	20-0390099..				DENTAQUEST, LLC.....	DE.....	UDP.....	DENTAQUEST GROUP, INC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	20-1291244..				DCP HOLDING COMPANY, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
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.	NO	
4512	DENTAQUEST GROUP.....	00000...	31-1185262..				DENTAL CARE PLUS, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	61-1301274..				ADENTA, INC.....	KY.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	20-1455615..				INSURANCE ASSOCIATES PLUS, INC.....	OH.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	11-3692025..				DENTAQUEST OF ARIZONA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (YES/NO)	*
4512	DENTAQUEST GROUP.....	00000...	14-1885493..				DENTAQUEST OF GEORGIA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	42-1529687..				DENTAQUEST OF ILLINOIS, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	14-1885490..				DENTAQUEST OF KENTUCKY, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	81-0567214..				DENTAQUEST OF MARYLAND, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	61-1871504..				DENTAQUEST OF IOWA, LLC.....	IA.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	56-2356445..				DENTAQUEST OF MINNESOTA, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	35-2177954..				DENTAQUEST OF TENNESSEE, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	14-1885481..				DENTAQUEST OF NEW MEXICO, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
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.	NO	
4512	DENTAQUEST GROUP.....	00000...	14-1885500..				DENTAQUEST OF NEW YORK, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	56-2356433..				DENTAQUEST OF NEW JERSEY, LLC.....	WI.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	00000...	65-0743731..				DENTAQUEST OF FLORIDA, INC.....	FL.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
4512	DENTAQUEST GROUP.....	12307...	20-2970185..				DENTAQUEST USA INSURANCE COMPANY, INC.	TX.....	UDP.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
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.	NO	
4512	DENTAQUEST GROUP.....	00000...	33-0672992..				PACIFIC DENTAL NETWORK, INC.....	CA.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
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.	NO	
4512	DENTAQUEST GROUP.....	00000...	32-0487994..				DENTAQUEST CARE GROUP MANAGEMENT, LLC	DE.....	NIA.....	DENTAQUEST, LLC.....	Ownership.....	100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	NO	
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.	NO	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (YES/NO)	*
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.	...NO.....	.....
4512	DENTAQUEST GROUP.....	00000...	84-3407897..	.....	.....	.....	DQCGM OF WASHINGTON, LLC.....	DE.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	...100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	...NO.....	.....
4512	DENTAQUEST GROUP.....	00000...	87-2778161..	.....	.....	.....	DQCGM OF ALABAMA, LLC.....	DE.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	...100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	...NO.....	.....
4512	DENTAQUEST GROUP.....	00000...	87-3142270..	.....	.....	.....	DQCGM OF FLORIDA, LLC.....	DE.....	NIA.....	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership.....	...100.000	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....	.....
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.	...NO.....

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
.....	20-1291244.....	DCP Holding Company (parent).....	.....	.....	.....	.....	.....10,112,225	.....	.....	.....	.....10,112,225	.....
.....	61-1301274.....	Adenta Inc.....	.....	.....	.....	.....	.....278,134	.....	.....	.....	.....278,134	.....
.....	31-1185262.....	Dental Care Plus.....	.....(3,800,000)	.....	.....	.....	.....(10,390,359)	.....	.....	.....	.....(14,190,359)	.....
.....	20-0390099.....	DentaQuest, LLC.....	.....3,800,000	.....	.....	.....	.....	.....	.....	.....	.....3,800,000	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownerships	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 over Column 1 (YES/NO)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 over Column 6 (YES/NO)
Dental Care Plus, Inc.....	DCP Holding Company, Inc.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
DSM USA Insurance Company, Inc.....	DentaQuest USA Insurance Company, Inc.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
DentaQuest USA Insurance Company, Inc.....	DentaQuest, LLC.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
DSM Massachusetts Insurance Company, Inc.....	Dental Service of Massachusetts, Inc.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
Dental Service of Massachusetts, Inc.....	CareQuest Institute for Oral Health, Inc.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
DentaQuest of New Jersey, LLC.....	DentaQuest, LLC.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....
Advantage Dental Plan, Inc.....	Advantage Community Holding Company, LLC.....	100.000	No.....	CareQuest Institute for Oral Health, Inc.....	DentaQuest Group, Inc.....	60.000	No.....

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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES
YES
YES
YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
YES
YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
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

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. 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?
14. 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?
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
16. 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?
17. 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?
18. 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
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
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NO
NO
NO

APRIL FILING

19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
22. 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?
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit-Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

NO
NO
NO
NO
NO
YES

AUGUST FILING

24. 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.
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