



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
This _____ day of _____ 2022

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| A&H Premiums Due and Unpaid | | | | | | |
| 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 | 0 |
| 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 |

24

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 Net Admitted Assets |
|---|-----------|-------------------|----------------------------------|---|--------------------------------|-----------------------------|
| 1. Administrative furniture and equipment..... | 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 | | | | |

30

(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 | | | | |

30

(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



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)..... | 5,474,090 | | 5,474,090 |
| 15. Total liabilities (Line 24)..... | 10,729,471 | 0 | 10,729,471 |
| 16. Total capital and surplus (Line 33)..... | 16,393,773 | XXX | 16,393,773 |
| 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 | |

41

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 | |

41.1

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..... | |

41.2

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

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

APRIL FILING

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

JUNE FILING

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

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? | NO |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 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? | NO |
| 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? | NO |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 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? | NO |
| 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? | NO |
| 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 |

APRIL FILING

| | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| 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? | NO |
| 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? | NO |
| 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? | 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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.

| | |
|--|--|
| |  |
| | * 9 6 2 6 5 2 0 2 1 3 6 0 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 0 5 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 4 2 0 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 3 7 1 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 3 7 0 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 3 6 5 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 2 4 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 2 5 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 2 6 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 3 0 6 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 1 1 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 1 6 0 0 0 0 0 * |
| |  |
| | * 9 6 2 6 5 2 0 2 1 2 1 7 0 0 0 0 0 * |

**Overflow Page
NONE**

**Overflow Page
NONE**