

Amended Statement Cover
AMENDED FILING EXPLANATION

The reason for the changes in the Quarterly Filing were driven by 2021 audit adjustments. The net change in Statutory Surplus at December 31, 2021 and the effects of a correction in our adjustment of the GAAP accounting for deferred acquisition costs required the refiling of our 2022 Quarterly reports.



QUARTERLY STATEMENT
AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Dental Care Plus, Inc.

NAIC Group Code	4512 (Current Period)	4512 (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	United States					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	01/06/1986		Commenced Business	03/01/1988		
Statutory Home Office	465 Medford St (Street and Number)		Boston, MA, US 02129 (City or Town, State, Country and Zip Code)			
Main Administrative Office			465 Medford St (Street and Number)			
	Boston, MA, US 02129 (City or Town, State, Country and Zip Code)		(617)886-1818 (Area Code) (Telephone Number)			
Mail Address	465 Medford St. (Street and Number or P.O. Box)		Boston, MA, US 02129 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			465 Medford St. (Street and Number)			
	Boston, MA, US 02129 (City or Town, State, Country and Zip Code)		(617)886-1332 (Area Code) (Telephone Number)			
Internet Web Site Address	www.dentaquestgov.com					
Statutory Statement Contact	Michael Kelly (Name)		(617)886-1332 (Area Code)(Telephone Number)(Extension)			
	michael.kelly@dentaquest.com (E-Mail Address)		(617)886-1515 (Fax Number)			

OFFICERS

Name	Title
Robert Lynn	President
Matthew Henning	Secretary
Frank Scalise	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Robert Lynn
David Abelman
Brian Jones
Frank Scalise
Brett Bostrack

State of Ohio
County of Hamilton ss

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
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[] No[X]
day of , 2022	b. If no, 1. State the amendment number	1
	2. Date filed	
	3. Number of pages attached	38
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	7,255,683		7,255,683	7,240,236
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....14,137,663), cash equivalents (\$.....1,734,257) and short-term investments (\$.....0)	15,871,920		15,871,920	14,740,597
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	23,127,603		23,127,603	21,980,833
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	46,469		46,469	41,229
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,008,387	133,882	874,505	1,595,080
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	649,249		649,249	576,567
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	412,977	31,155	381,822	365,952
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	1,073,644	1,053,564	20,080	27,031
21.	Furniture and equipment, including health care delivery assets (\$.....0)	13,477	13,477		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	1,596,787		1,596,787	2,537,877
24.	Health care (\$.....0) and other amounts receivable	381		381	(1,325)
25.	Aggregate write-ins for other-than-invested assets	274,853	274,853		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	28,203,827	1,506,931	26,696,896	27,123,244
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	28,203,827	1,506,931	26,696,896	27,123,244
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	125,200	125,200		
2502.	DAC	149,653	149,653		
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	274,853	274,853		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	2,347,179		2,347,179	2,777,250
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	63,609		63,609	75,264
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	2,353,399		2,353,399	2,478,131
9.	General expenses due or accrued	3,350,129		3,350,129	2,804,100
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	351,963		351,963	1,963,346
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	18,141		18,141	19,459
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	751,474		751,474	685,885
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	9,235,894		9,235,894	10,803,435
25.	Aggregate write-ins for special surplus funds	X X X	X X X	22,911	30,548
26.	Common capital stock	X X X	X X X	1,365,663	1,365,663
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	2,773,089	2,773,089
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	13,299,339	12,150,509
32.	Less treasury stock, at cost:				
32.1	0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	17,461,002	16,319,809
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	26,696,896	27,123,244
DETAILS OF WRITE-INS					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	Gain on sale of building	X X X	X X X	22,911	30,548
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	22,911	30,548
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	938,506	1,160,142	4,582,625
2.	Net premium income (including \$.....0 non-health premium income)	X X X	13,528,607	19,154,409	74,381,234
3.	Change in unearned premium reserves and reserve for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	674,983	982,399	2,751,612
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	14,203,590	20,136,808	77,132,846
Hospital and Medical:					
9.	Hospital/medical benefits				
10.	Other professional services		8,669,365	13,360,642	50,616,793
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		8,669,365	13,360,642	50,616,793
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		8,669,365	13,360,642	50,616,793
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....0 cost containment expenses		159,417	461,241	1,203,706
21.	General administrative expenses		4,387,083	5,362,783	16,880,130
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		13,215,865	19,184,666	68,700,629
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	987,725	952,142	8,432,217
25.	Net investment income earned		41,898	28,622	136,170
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		1,189	3,623	22,115
27.	Net investment gains or (losses) (Lines 25 plus 26)		43,087	32,245	158,285
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			230,743	(208,863)
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,030,812	1,215,130	8,381,639
31.	Federal and foreign income taxes incurred	X X X	322,056	356,190	1,851,900
32.	Net income (loss) (Lines 30 minus 31)	X X X	708,756	858,940	6,529,739
DETAILS OF WRITE-INS					
0601.	Self Insured	X X X	674,983	982,399	2,751,612
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	674,983	982,399	2,751,612
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	16,319,809	13,165,016	13,357,709
34.	Net income or (loss) from Line 32	708,756	858,940	6,529,739
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	8,479	113,768	(9,824)
39.	Change in nonadmitted assets	423,957	41,965	242,185
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital	7,637	7,637	30,548
46.	Dividends to stockholders			(3,800,000)
47.	Aggregate write-ins for gains or (losses) in surplus	(7,637)	(7,637)	(30,548)
48.	Net change in capital and surplus (Lines 34 to 47)	1,141,192	1,014,673	2,962,100
49.	Capital and surplus end of reporting period (Line 33 plus 48)	17,461,001	14,179,689	16,319,809
DETAILS OF WRITE-INS				
4701.	Amortization of special surplus from gain on sale-leaseback	(7,637)	(7,637)	(30,548)
4702.	.....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(7,637)	(7,637)	(30,548)

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	14,262,683	17,930,728	73,485,123
2.	Net investment income	42,226	93,449	214,629
3.	Miscellaneous income	674,983	982,399	2,751,612
4.	TOTAL (Lines 1 to 3)	14,979,892	19,006,576	76,451,364
5.	Benefit and loss related payments	9,099,436	11,747,360	51,304,761
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,565,248	5,563,514	17,980,691
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	1,933,439	(266,961)	1,579,063
10.	TOTAL (Lines 5 through 9)	15,598,123	17,043,913	70,864,515
11.	Net cash from operations (Line 4 minus Line 10)	(618,231)	1,962,663	5,586,849
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	155,269	339,812	1,416,684
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	155,269	339,812	1,416,684
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	174,779	216,269	876,734
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	174,779	216,269	876,734
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(19,510)	123,543	539,950
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			3,800,000
16.6	Other cash provided (applied)	1,769,064	(1,053,404)	(1,402,938)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,769,064	(1,053,404)	(5,202,938)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,131,323	1,032,802	923,861
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	14,740,597	13,816,736	13,816,736
19.2	End of period (Line 18 plus Line 19.1)	15,871,920	14,849,538	14,740,597

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	370,870					370,870				
2. First Quarter	320,973					320,973				
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	938,506					938,506				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	13,528,607					13,528,607				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	13,403,876					13,403,876				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	9,099,436					9,099,436				
18. Amount Incurred for Provision of Health Care Services	8,669,365					8,669,365				

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

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
IBNR	1,339,159	313,370	183,495	176,197	334,958	2,347,179
0199999 Individually Listed Claims Unpaid	1,339,159	313,370	183,495	176,197	334,958	2,347,179
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	1,339,159	313,370	183,495	176,197	334,958	2,347,179
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,347,179
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only	1,685,553	7,413,883	511,156	1,836,023	2,196,709	2,777,250
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	1,685,553	7,413,883	511,156	1,836,023	2,196,709	2,777,250
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	1,685,553	7,413,883	511,156	1,836,023	2,196,709	2,777,250

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A) Accounting Practices

No significant changes from December 31, 2021. The statement has been completed in accordance with the Accounting Practices and Procedures Manual.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below:

NCOME	SSAP #	F/S Page	F/S Line #	2022	2021
Dental Care Plus, Inc. state basis	72	4	32	\$ 708,756	\$ 6,529,741
State Prescribed Practices that increase/(decrease) NAIC SAP:					
e.g. Depreciation of fixed assets				-	-
State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g. Depreciation, home office property				-	-
NAIC SAP (1-2-3=4)	72	4	32	\$ 708,756	\$ 6,529,741
LUS					
DCP, Inc. state basis	72	3	33	\$ 17,461,002	\$ 16,319,809
State Prescribed Practices that increase/(decrease) NAIC SAP:					
e.g. Goodwill, net					
e.g. Fixed assets, net				-	-
State Permitted Practices that increase/(decrease) NAIC SAP:					
e.g. Home office property				-	-
NAIC SAP (5-6-7=8)	72	3	33	\$ 17,461,002	\$ 16,319,809

B) Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

C) Accounting Policies

The Company uses the following accounting policies:

- 1. No Change.
- 2. No Change.
- 3. No Change.
- 4. No Change.
- 5. No Change.
- 6. No Change.
- 7. No Change.
- 8. No Change.
- 9. No Change.
- 10. No Change.
- 11) No Change.
- 12) No Change.

Notes to Financial Statements

13) No Change.

D) Going Concern

1) - 4) No Change.

2. Accounting Changes and Corrections of Errors

No Change.

3. Business Combinations and Goodwill

1) – 4) No Change

4. Discontinued Operations

1) – 4) None

5. Investments

A) – K) No Change

L)
(1) Restricted Assets

	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
Restricted Asset Category							
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
j. On deposit with states	\$ 1,870,199	\$ 1,854,436	\$ 15,763	\$ -	\$ 1,870,199	7%	\$ 0
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -		\$ -	0%	\$ -
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -		\$ -	0%	\$ -
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -		\$ -	0%	\$ -
n. Other restricted assets	\$ -	\$ -	\$ -		\$ -	0%	\$ -
o. Total Restricted Assets	\$ 1,870,199	\$ 1,854,436	\$ 15,763	\$ -	\$ 1,870,199	7%	\$ 0

(2) No Change.

(3) No Change.

(4) No Change.

Notes to Financial Statements

M) – R) No Change.

6. Joint Ventures, Partnerships and Limited Liability Companies

A) – B) None

7. Investment Income

- A) All investment income due and accrued with amounts that are over 90 days past due are excluded from surplus.
- B) The Company did not exclude any investment income due and accrued.

8. Derivative Instruments

A) – H) None

9. Income Taxes

- A) No Change.
- B) No Change.
- C) No Change
- D) No Change:
- E) No Change
- F) No Change
- G) No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A) No Change.
- B) No Change.
- C) No Change.
- D) No Change.
- E) No Change.
- F) No Change.
- G) No Change.
- H) - N) No Change.

11. Debt

- A) The Company had no capital notes outstanding.
- B) The Company had no debt outstanding.

12. Retirement Plan

- A) - I) The company had no retirement plans, deferred compensation, postemployment benefits, compensated absences, or other postretirement benefit plans.

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi- Reorganizations

- 1) No Change.

Notes to Financial Statements

- 2) No Change.
- 3) No Change.
- 4) No Change.
- 5) No Change.
- 6) No Change.
- 7) No Change.
- 8) No Change.
- 9) No Change.
- 10) No Change.
- 11) No Change.
- 12) No Change.
- 13) No Change

14. Liabilities, Contingencies, and Assessments

- A) No Change.
- B) No Change.
- C) No Change.
- D) No Change.
- E) No Change.
- F) No Change.

15. Leases

- A) – B) The Company has no lease obligations.

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

No Change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A) The Company did not sell or transfer any receivables reported as sales.
- B) The Company did not sell or transfer any financial assets.
- C) There were no wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A) – D) No Change.

19. Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change.

Notes to Financial Statements

20. Fair Value Measurements

- A) No Change
- B) No Change.
- C) No Change.
- D) No Change.
- E) No Change.

21. Other Items

- A) No Change.
- B) No Change.
- C) No Change.
- D) No Change.
- E) No Change.
- F) No Change.
- G) No Change.
- H) No Change.

22. Events Subsequent

No Change

23. Reinsurance

- A) – D) No Change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A) No Change.
- B) – D) No Change.
- E) No Change.

25. Change in Insured Claims and Claim Adjustment Expenses

Reserves including accrued claims adjustment expenses as of March 31, 2022 were \$2,411,000. During the three-month period ended March 31, 2022, \$1,686,000 was paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are \$511,000 as a result of re-estimation of unpaid claims and claim adjustment expenses. Accordingly, there was a \$1,270,000 favorable decrease of prior-year reserves during the three-months ended March 31, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims and the markets in which the Company operates.

26. Intercompany Pooling Arrangements

No Change.

27. Structured Settlements

No Change.

Notes to Financial Statements

28. Health Care Receivables

No Change.

29. Participating Policies

No Change.

30. Premium Deficiency Reserves

No Change.

31. Anticipated Salvage and Subrogation

No Change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

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

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

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[] No[X] N/A[]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2019.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2019.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....05/26/2021.....
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....507,726

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

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

Yes[] No[] N/A[X]

If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Fifth Third Securities Inc.	38 Fountain Sq. Plaza, Cinti, OH 45238
UBS Financial Services	8044 Montgomery Rd., Cinti OH, 45236

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

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

Yes[] No[X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104946	Cincinnati Asset Mgmnt	801-34376 .....	.....	.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]
- Q11.1

GENERAL INTERROGATORIES (Continued)

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	 0.000%
1.2 A&H cost containment percent	 0.000%
1.3 A&H expense percent excluding cost containment expenses	 0.000%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] No[]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
			NONE						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		Direct Business Only									
		1	2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit -Type Contracts
1.	Alabama (AL)	L ..	158,887							158,887	
2.	Alaska (AK)	N ..									
3.	Arizona (AZ)	L ..	88,562							88,562	
4.	Arkansas (AR)	N ..									
5.	California (CA)	N ..									
6.	Colorado (CO)	N ..									
7.	Connecticut (CT)	N ..									
8.	Delaware (DE)	N ..									
9.	District of Columbia (DC)	N ..									
10.	Florida (FL)	N ..									
11.	Georgia (GA)	L ..	289,761							289,761	
12.	Hawaii (HI)	N ..									
13.	Idaho (ID)	N ..									
14.	Illinois (IL)	L ..	179,157							179,157	
15.	Indiana (IN)	L ..	297,049							297,049	
16.	Iowa (IA)	N ..									
17.	Kansas (KS)	N ..									
18.	Kentucky (KY)	L ..	1,840,596							1,840,596	
19.	Louisiana (LA)	N ..									
20.	Maine (ME)	N ..									
21.	Maryland (MD)	N ..									
22.	Massachusetts (MA)	N ..									
23.	Michigan (MI)	L ..	179,173							179,173	
24.	Minnesota (MN)	N ..									
25.	Mississippi (MS)	N ..									
26.	Missouri (MO)	L ..	196,464							196,464	
27.	Montana (MT)	N ..									
28.	Nebraska (NE)	N ..									
29.	Nevada (NV)	N ..									
30.	New Hampshire (NH)	N ..									
31.	New Jersey (NJ)	N ..									
32.	New Mexico (NM)	N ..									
33.	New York (NY)	N ..									
34.	North Carolina (NC)	N ..									
35.	North Dakota (ND)	N ..									
36.	Ohio (OH)	L ..	8,799,763							8,799,763	
37.	Oklahoma (OK)	N ..									
38.	Oregon (OR)	N ..									
39.	Pennsylvania (PA)	N ..									
40.	Rhode Island (RI)	N ..									
41.	South Carolina (SC)	N ..									
42.	South Dakota (SD)	N ..									
43.	Tennessee (TN)	L ..	190,409							190,409	
44.	Texas (TX)	L ..	852,709							852,709	
45.	Utah (UT)	L ..	137,333							137,333	
46.	Vermont (VT)	N ..									
47.	Virginia (VA)	L ..	191,836							191,836	
48.	Washington (WA)	N ..									
49.	West Virginia (WV)	N ..									
50.	Wisconsin (WI)	L ..	126,908							126,908	
51.	Wyoming (WY)	N ..									
52.	American Samoa (AS)	N ..									
53.	Guam (GU)	N ..									
54.	Puerto Rico (PR)	N ..									
55.	U.S. Virgin Islands (VI)	N ..									
56.	Northern Mariana Islands (MP)	N ..									
57.	Canada (CAN)	N ..									
58.	Aggregate other alien (OT)	X X X									
59.	Subtotal	X X X	13,528,607							13,528,607	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	Total (Direct Business)	X X X	13,528,607							13,528,607	
DETAILS OF WRITE-INS											
58001.	.....	X X X									
58002.	.....	X X X									
58003.	.....	X X X									
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

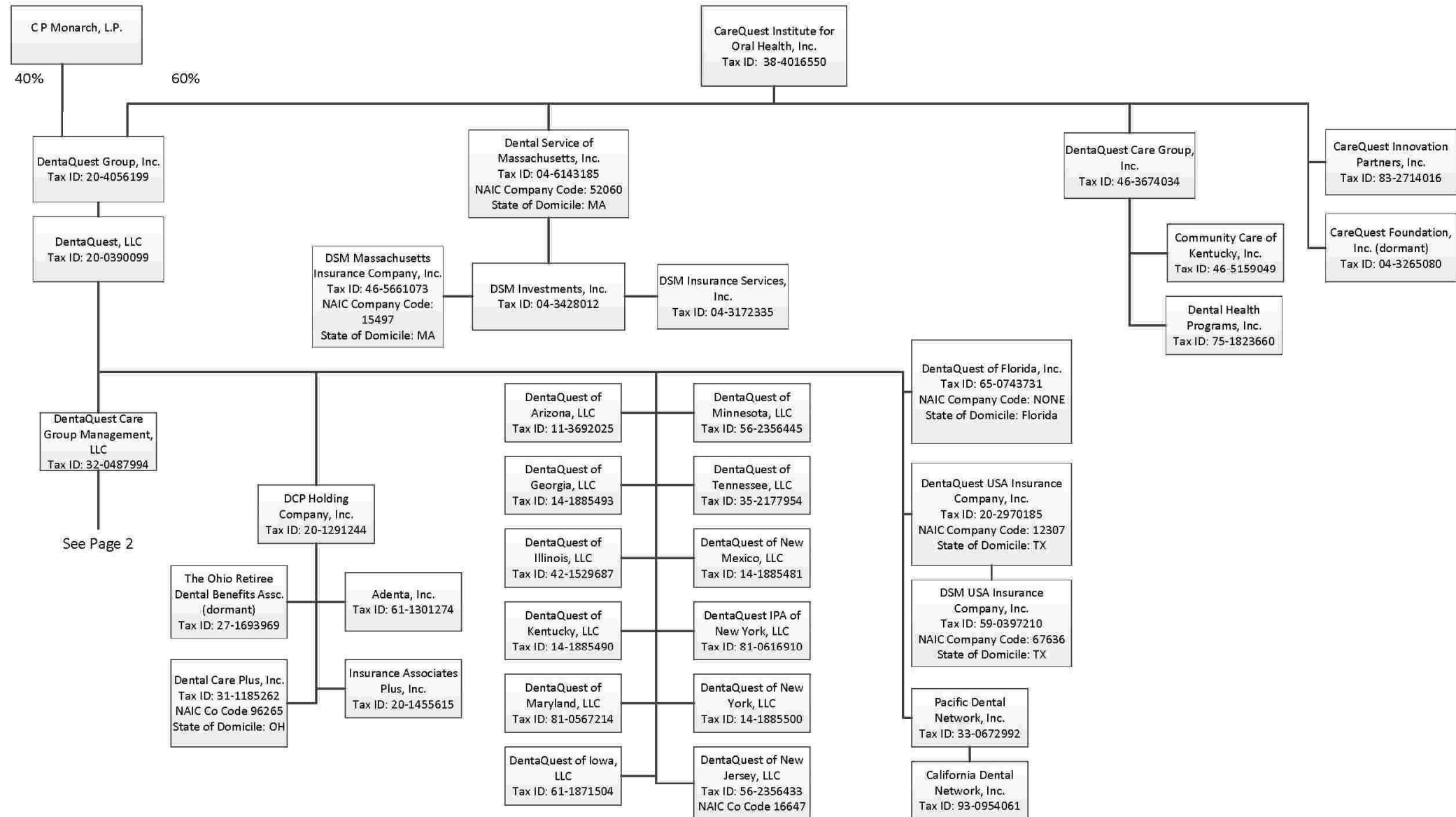
(a) Active Status Counts:

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
N – None of the above – Not allowed to write business in the state

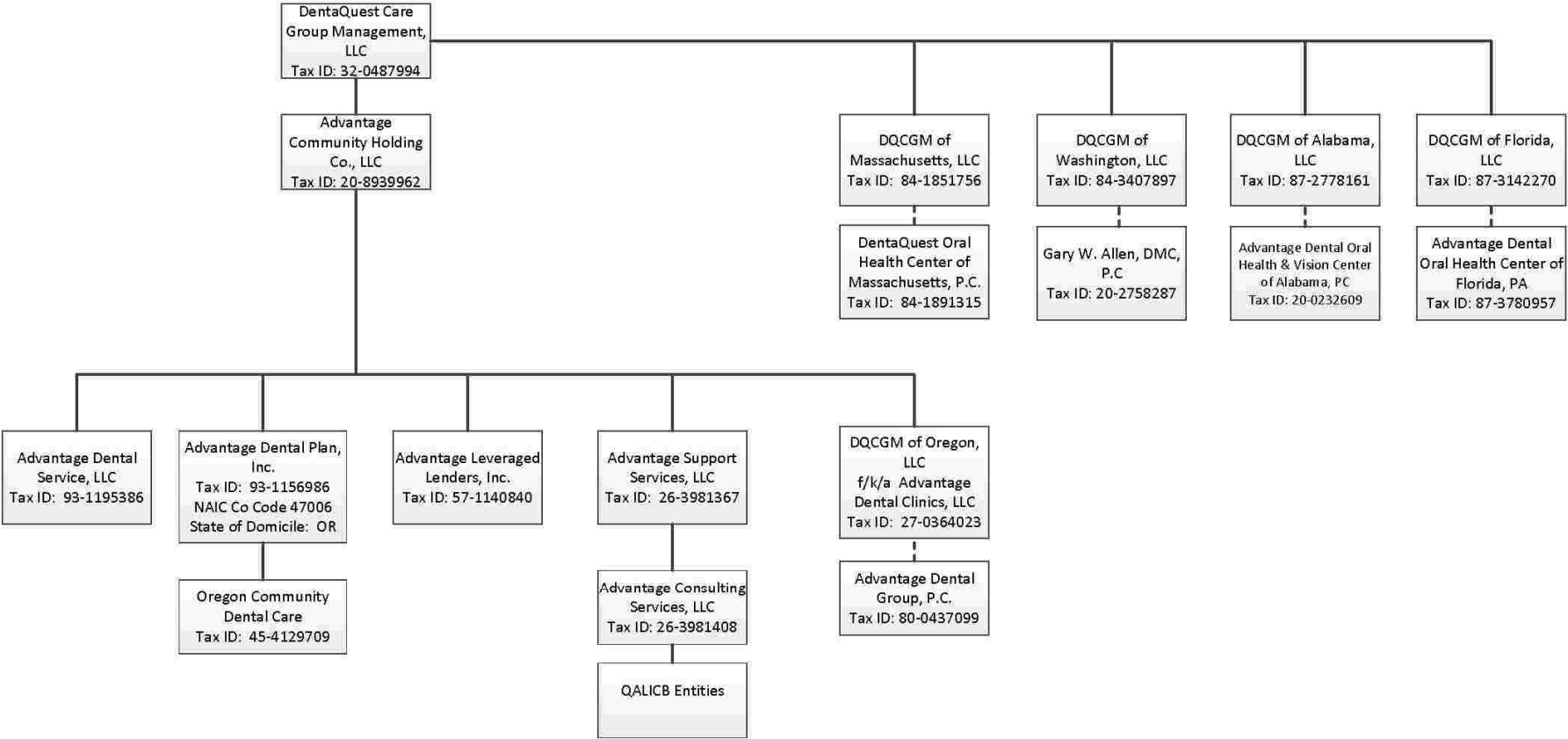
14

R – Registered - Non-domiciled RRGs
Q – Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Q15.1

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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing 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	38-4016550				CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	MA	NIA	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	Ownership	100.0	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	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	04-3428012				DSM INVESTMENTS, INC.	MA	NIA	DENTAL SERVICE OF MA INC.	Ownership	100.0	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	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	75-1823660				DENTAL HEALTH PROGRAMS, INC.	MA	NIA	DENTAQUEST CARE GROUP, INC.	Ownership	100.0	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	100.0	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	100.0	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	100.0	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	60.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	20-0390099				DENTAQUEST, LLC	DE	UDP	DENTAQUEST GROUP, INC.	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	20-1291244				DCP HOLDING COMPANY, INC.	OH	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	20-1291244				THE OHIO RETIREE DENTAL BENEFITS ASSOCIATION	OH	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	31-1185262				DENTAL CARE PLUS, INC.	OH	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	61-1301274				ADENTA, INC.	KY	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	20-1455615				INSURANCE ASSOCIATES PLUS, INC.	OH	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	11-3692025				DENTAQUEST OF ARIZONA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	14-1885493				DENTAQUEST OF GEORGIA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	42-1529687				DENTAQUEST OF ILLINOIS, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	14-1885490				DENTAQUEST OF KENTUCKY, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	81-0567214				DENTAQUEST OF MARYLAND, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	61-1871504				DENTAQUEST OF IOWA, LLC	IA	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	56-2356445				DENTAQUEST OF MINNESOTA, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	35-2177954				DENTAQUEST OF TENNESSEE, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing 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	14-1885481				DENTAQUEST OF NEW MEXICO, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	81-0616910				DENTAQUEST IPA OF NEW YORK, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	14-1885500				DENTAQUEST OF NEW YORK, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	56-2356433				DENTAQUEST OF NEW JERSEY, LLC	WI	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	65-0743731				DENTAQUEST OF FLORIDA, INC.	FL	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	12307	20-2970185				DENTAQUEST USA INSURANCE COMPANY, INC.	TX	UDP	DENTAQUEST, LLC	Ownership	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	33-0672992				PACIFIC DENTAL NETWORK, INC.	CA	NIA	DENTAQUEST, LLC	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	93-0954061				CALIFORNIA DENTAL NETWORK, INC.	CA	NIA	PACIFIC DENTAL NETWORK, INC.	Ownership	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	32-0487994				DENTAQUEST CARE GROUP MANAGEMENT, LLC	DE	NIA	DENTAQUEST, LLC	Ownership	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	84-1851756				DQCGM OF MASSACHUSETTS, LLC	DE	NIA	DENTAQUEST CARE GROUP MANAGEMENT, LLC	Ownership	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	
4512	DENTAQUEST GROUP	00000	26-3981408				ADVANTAGE CONSULTING SERVICES, LLC	OR	NIA	ADVANTAGE SUPPORT SERVICES, LLC	Ownership	100.0	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	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC.	No	

Asterisk	Explanation
0000001	Footnote 1
0000002	Footnote 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



96265202236500006

2022

Document Code: 365

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,240,236	7,774,939
2.	Cost of bonds and stocks acquired	174,779	876,734
3.	Accrual of discount	386	1,390
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	1,505	27,994
6.	Deduct consideration for bonds and stocks disposed of	155,269	1,416,684
7.	Deduct amortization of premium	5,954	24,137
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	7,255,683	7,240,236
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7,255,683	7,240,236

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	5,161,160	174,779	128,513	(4,202)	5,203,224			5,161,160
2.	NAIC 2 (a)	1,645,481		25,068	(1,337)	1,619,077			1,645,481
3.	NAIC 3 (a)	433,595		183	(29)	433,383			433,595
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	7,240,236	174,779	153,764	(5,568)	7,255,683			7,240,236
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	7,240,236	174,779	153,764	(5,568)	7,255,683			7,240,236

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

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,113,051	1,456,635
2.	Cost of cash equivalents acquired	116,384	1,268,281
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	495,178	611,865
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,734,257	2,113,051
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,734,257	2,113,051

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - Industrial and Miscellaneous (Unaffiliated)									
025816CS6	AMERICAN EXPRESS CO		03/01/2022 ..	Paine Webber	X X X	129,879	130,000		1.F FE
743315AY9	PROGRESSIVE CORP		03/03/2022 ..	Paine Webber	X X X	40,117	40,000		1.F FE
79466LAJ3	SALESFORCE.COM INC		01/27/2022 ..	Paine Webber	X X X	4,783	5,000	4	1.F FE
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	174,779	175,000	4	X X X
2509999997	Subtotal - Bonds - Part 3				X X X	174,779	175,000	4	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	174,779	175,000	4	X X X
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
4509999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
5989999999	Subtotal - Common Stocks				X X X		X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
6009999999	Total - Bonds, Preferred and Common Stocks				X X X	174,779	X X X	4	X X X

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
023770AA8	AMERICAN AIRXINES 2015-1 PASS THROUGH TR		02/01/2022	Adjustment	X X X				4										(160)	11/01/2028	3.A FE
025816CG2	AMERICAN EXPRESS CO		03/01/2022	Paine Webber	X X X	126,844	125,000	126,258	125,709		(46)		(46)		125,663		1,181	1,181	1,849	07/30/2024	1.F FE
22822VAJ0	CROWN CASTLE INTERNATIONAL CORP		03/02/2022	Paine Webber	X X X	25,400	25,000	25,203	25,077		(9)		(9)		25,068		332	332	501	07/15/2023	2.C FE
419838AA5	HAWAIIAN AIRXINES 2013-1 PASS THROUGH TR		01/15/2022	Paydown	X X X	183	183	183	183						183				(63)	07/15/2027	3.C FE
477143AH4	JBXU AA - ABS		02/01/2022	Adjustment	X X X				(5)		5		5						(85)	11/15/2033	1.F FE
84858WAA4	SPIRIT AIRLINES CXASS AA PASS THROUGH CE		02/15/2022	Paydown	X X X	2,842	2,842	2,853	2,849		0		0		2,850		(8)	(8)	(96)	08/15/2031	1.G FE
90346WAA1	AMERICAN AIRLINES 2013-1 PASS THROUGH TR		02/01/2022	Adjustment	X X X				1		(1)		(1)						(373)	05/15/2027	3.A FE
90932DAA3	UNITED AIRLINES 2016-2 PASS THROUGH TRUS		02/01/2022	Adjustment	X X X														(61)	04/07/2030	2.B FE
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	155,269	153,025	154,496	153,819		(55)		(55)		153,764		1,505	1,505	1,512	X X X	X X X
2509999997	Subtotal - Bonds - Part 4				X X X	155,269	153,025	154,496	153,819		(55)		(55)		153,764		1,505	1,505	1,512	X X X	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	155,269	153,025	154,496	153,819		(55)		(55)		153,764		1,505	1,505	1,512	X X X	X X X
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
4509999999	Subtotal - Preferred Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
5989999999	Subtotal - Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
6009999999	Total - Bonds, Preferred and Common Stocks				X X X	155,269	X X X	154,496	153,819		(55)		(55)		153,764		1,505	1,505	1,512	X X X	X X X

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
KeyBank	Cleveland OH						1,947,422	2,569,566	3,092,479	X X X
Fifth Third Bank	Cincinnati OH						8,051,666	9,038,889	6,645,729	X X X
Wells Fargo	Boston MA						3,807,656	4,097,577	4,297,455	X X X
0199998 Deposits in .....2 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X			102,000	102,000	102,000	X X X
0199999 Totals - Open Depositories			X X X	X X X			13,908,744	15,808,032	14,137,663	X X X
suspended depositories										
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			13,908,744	15,808,032	14,137,663	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			13,908,744	15,808,032	14,137,663	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
90262Y802	UBS SEXECT TREASURY INST		03/07/2022	0.160	X X X	26		26
94975H296	AXXSPRING:TRS+ MM I		03/02/2022	0.170	X X X	230,054	13	4
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					230,080	13	30
All Other Money Market Mutual Funds								
000000000	DEPOSIT BANK MM D026		03/28/2022	0.000	X X X	52,823		0
8309999999	Subtotal - All Other Money Market Mutual Funds					52,823		0
Other Cash Equivalents								
	Federated Gov ObXigation InstitutionaX S		03/01/2022	0.000		1,451,354	85	192
8509999999	Subtotal - Other Cash Equivalents					1,451,354	85	192
8609999999	Total Cash Equivalents					1,734,257	98	223



MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)

NAIC Group Code: 4512

NAIC Company Code: 96265

		Individual Coverage		Group Coverage		5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected		 X X X		 X X X	
2.	Earned Premiums		 X X X		 X X X	 X X X
3.	Claims Paid		 X X X		 X X X	
4.	Claims Incurred		 X X X		 X X X	 X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	NONE		 X X X		
6.	Aggregate Policy Reserves - change				 X X X	 X X X
7.	Expenses Paid				 X X X	
8.	Expenses Incurred				 X X X	 X X X
9.	Underwriting Gain or Loss		 X X X		 X X X	 X X X
10.	Cash Flow Results	 X X X	 X X X	 X X X	 X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS