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2022

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**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)	
Primary Location of Books and Records			465 Medford St. (Street and Number)		Boston, MA, US 02129 (City or Town, State, Country and Zip Code)	
Internet Web Site Address	www.dentaquestgov.com				(Area Code) (Telephone Number)	
Statutory Statement Contact	Michael Kelly michael.kelly@dentaquest.com (E-Mail Address)				(617)886-1332 (Area Code)(Telephone Number)(Extension) (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  
 (Printed Name)  
 1.  
 President  
 (Title)

(Signature)  
 Matthew Henning  
 (Printed Name)  
 2.  
 Secretary  
 (Title)

(Signature)  
 Frank Scalise  
 (Printed Name)  
 3.  
 Treasurer  
 (Title)

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2022

a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
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 .....	125,200	125,200		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	28,054,174	1,357,278	26,696,896	27,123,244
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	28,054,174	1,357,278	26,696,896	27,123,244
<b>DETAILS OF WRITE-INS</b>				
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. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	125,200	125,200		

**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	3,229,130		3,229,130	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	1,889,382
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)	9,114,895		9,114,895	10,729,471
25. Aggregate write-ins for special surplus funds	XXX	XXX	22,911	30,548
26. Common capital stock	XXX	XXX	1,365,663	1,365,663
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,773,089	2,773,089
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	13,420,338	12,224,473
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	17,582,001	16,393,773
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	26,696,896	27,123,244
<b>DETAILS OF WRITE-INS</b>				
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	XXX	XXX	22,911	30,548
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	22,911	30,548
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months .....	XXX .....	938,506	1,160,142	4,582,625
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	13,528,607	19,154,409	74,381,234
3. Change in unearned premium reserves and reserve for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....	674,983	982,399	2,751,612
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	14,203,590	20,136,808	77,132,846
<b>Hospital and Medical:</b>				
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
<b>Less:</b>				
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 .....		4,154,052	5,362,783	17,211,376
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) .....		12,982,834	19,184,666	69,031,875
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	1,220,756	952,142	8,100,971
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) .....	XXX .....	1,263,843	1,215,130	8,050,393
31. Federal and foreign income taxes incurred .....	XXX .....	322,056	356,190	1,782,338
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	941,787	858,940	6,268,055
<b>DETAILS OF WRITE-INS</b>				
0601. Self Insured .....	XXX .....	674,983	982,399	2,751,612
0602. .....	XXX .....			
0603. .....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. <b>TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)</b> .....	XXX .....	674,983	982,399	2,751,612
0701. .....	XXX .....			
0702. .....	XXX .....			
0703. .....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. <b>TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)</b> .....	XXX .....			
1401. .....				
1402. .....				
1403. .....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. <b>TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)</b> .....				
2901. .....				
2902. .....				
2903. .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. <b>TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)</b> .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	16,393,773	13,165,016	13,357,709
34. Net income or (loss) from Line 32 .....	941,787	858,940	6,268,055
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 .....	237,962	41,965	577,833
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) .....	1,188,228	1,014,673	3,036,064
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	17,582,001	14,179,689	16,393,773
<b>DETAILS OF WRITE-INS</b>			
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
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.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>14,979,892</b>	<b>19,006,576</b>	<b>76,451,364</b>
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 .....	4,332,217	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) .....	1,859,475	(266,961)	1,579,063
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>15,291,128</b>	<b>17,043,913</b>	<b>70,864,515</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>(311,236)</b>	<b>1,962,663</b>	<b>5,586,849</b>
<b>Cash from Investments</b>				
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	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>155,269</b>	<b>339,812</b>	<b>1,416,684</b>
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	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>174,779</b>	<b>216,269</b>	<b>876,734</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>(19,510)</b>	<b>123,543</b>	<b>539,950</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
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) .....	1,462,069	(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) .....	1,462,069	(1,053,404)	(5,202,938)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
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 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 .....	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
<b>Claims unpaid (Reported)</b>						
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  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec 31 of Prior Year	4  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 \$.....0 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:

	F/S	F/S				
	SSAP #	Page	Line #	2022	2021	
<b>NET INCOME</b>						
(1) Dental Care Plus, Inc. state basis	72	4	32	\$ 941,787	\$ 6,268,055	
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g. Depreciation of fixed assets						
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g. Depreciation, home office property						
(4) NAIC SAP (1-2-3=4)	72	4	32	\$ 941,787	\$ 6,268,055	
<b>SURPLUS</b>						
(5) DSM USA Insurance Company, Inc. state basis	72	3	33	\$ 17,582,001	\$ 16,393,773	
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g. Goodwill, net e.g. Fixed assets, net						
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g. Home office property						
(8) NAIC SAP (5-6-7=8)	72	3	33	\$ 17,582,001	\$ 16,393,773	

### **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

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/(Decreas e) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
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.
- 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]  
 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:  
 Yes [ ]  No [X]

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.  
 Yes [ ]  No [X]

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

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

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

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

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.  
 Yes [ ]  No [X]

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
 Yes [X]  No [ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
 Yes [ ]  No [X]

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).  
 Yes [ ]  No [X]

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 Prior Year-End Book/Adjusted Carrying Value	2 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?

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 Name of Custodian(s)	2 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 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

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

Yes[ ] No[X]

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

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

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

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

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

Yes[X] No[ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[ ] No[X]

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

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

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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]

## **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
				<b>N O N E</b>					

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

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL) .....	L .....	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) .....	XXX .....									
59. Subtotal .....	XXX .....	13,528,607							13,528,607	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....									
61. Total (Direct Business) .....	XXX .....	13,528,607							13,528,607	

**DETAILS OF WRITE-INS**

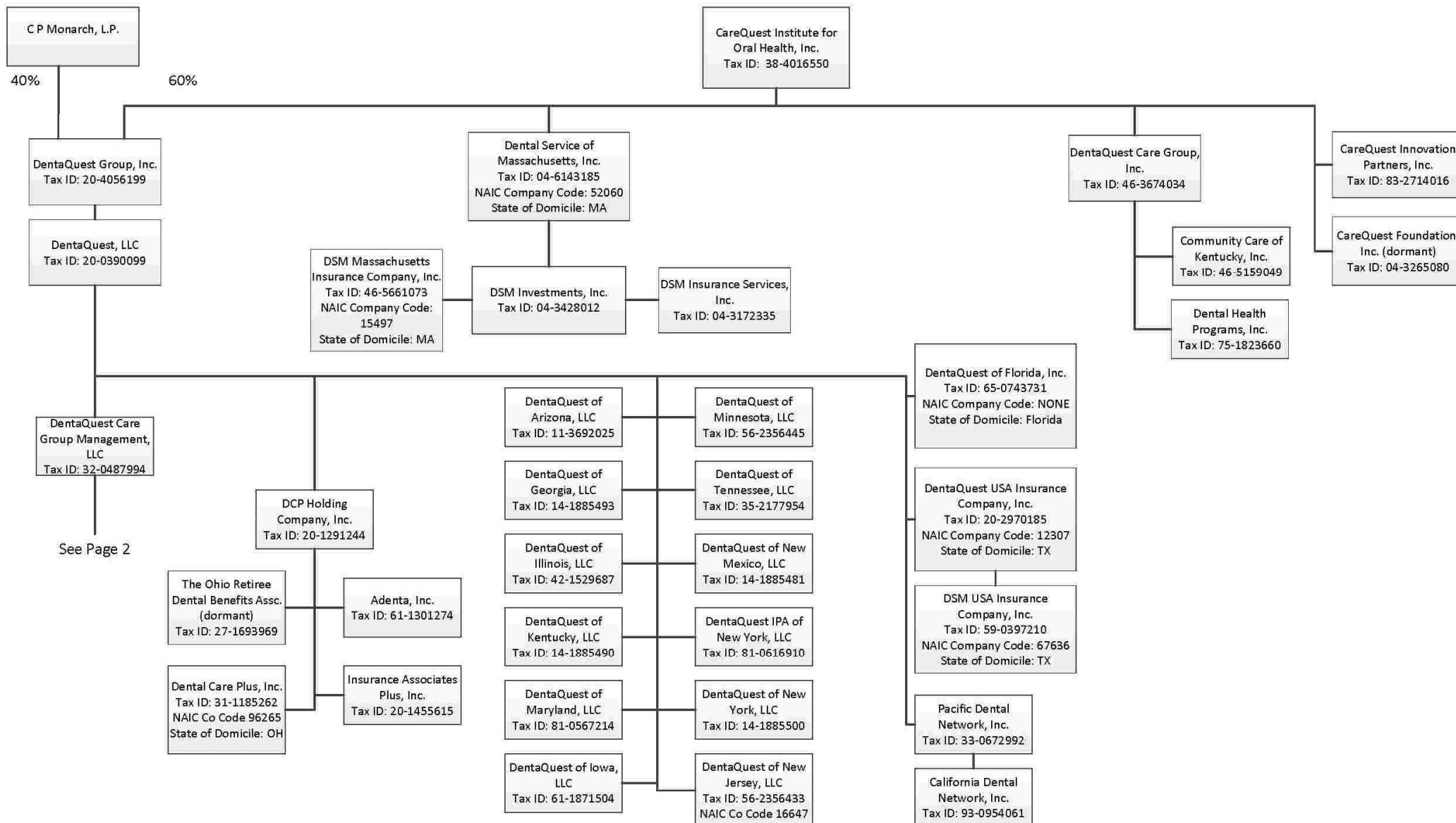
58001. ....	XXX .....									
58002. ....	XXX .....									
58003. ....	XXX .....									
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) ....	XXX .....									

(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

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

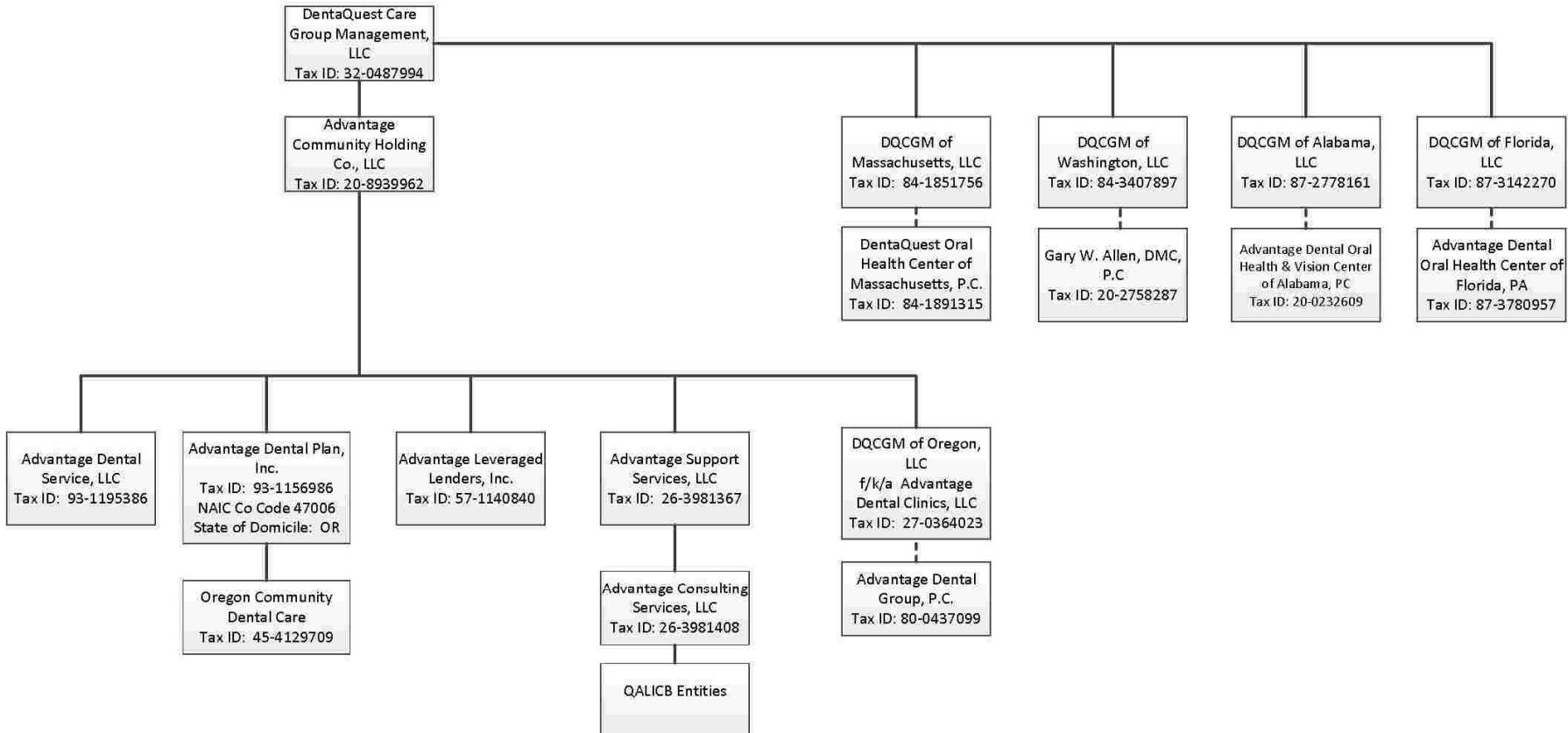
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

### **MEMBERS OF A HOLDING COMPANY GROUP**

#### **PART 1 - ORGANIZATIONAL CHART**



# 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)	*
Q16	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	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 ..	.....
	DENTAQUEST GROUP .....	00000	20-0390099	.....	.....	DENTAQUEST, LLC .....	DE .. UDP ..	DENTAQUEST GROUP, INC. ....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	20-1291244	.....	.....	DCP HOLDING COMPANY, INC. ....	OH .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	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 ..	.....
	DENTAQUEST GROUP .....	00000	31-1185262	.....	.....	DENTAL CARE PLUS, INC. ....	OH .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	61-1301274	.....	.....	ADENTA, INC. ....	KY .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	20-1455615	.....	.....	INSURANCE ASSOCIATES PLUS, INC. ....	OH .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	11-3692025	.....	.....	DENTAQUEST OF ARIZONA, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	14-1885493	.....	.....	DENTAQUEST OF GEORGIA, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	42-1529687	.....	.....	DENTAQUEST OF ILLINOIS, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	14-1885490	.....	.....	DENTAQUEST OF KENTUCKY, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	81-0567214	.....	.....	DENTAQUEST OF MARYLAND, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	61-1871504	.....	.....	DENTAQUEST OF IOWA, LLC .....	IA .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	DENTAQUEST GROUP .....	00000	56-2356445	.....	.....	DENTAQUEST OF MINNESOTA, LLC .....	WI .. NIA ..	DENTAQUEST, LLC .....	.....	Ownership .....	.....	100.0	CAREQUEST INSTITUTE FOR ORAL HEALTH, INC. ....	No ..	.....
	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

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- tionship 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.

	<b>RESPONSE</b>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
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



9626520223650001

2022

Document Code: 365



**SCHEDULE A - VERIFICATION**

## Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....
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 Year To Date	2 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 Year To Date	2 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 Year To Date	2 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
<b>BONDS</b>								
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
<b>PREFERRED STOCK</b>								
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 Year To Date	2 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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
025816CS6	AMERICAN EXPRESS CO .....		03/01/2022 ..	Paine Webber .....	XXX .....	129,879 .....	130,000 .....		1.F FE .....
743315AY9	PROGRESSIVE CORP .....		03/03/2022 ..	Paine Webber .....	XXX .....	40,117 .....	40,000 .....		1.F FE .....
79466LAJ3	SALESFORCE.COM INC .....		01/27/2022 ..	Paine Webber .....	XXX .....	4,783 .....	5,000 .....	4	1.F FE .....
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....				XXX .....	174,779 .....	175,000 .....	4	XXX .....
2509999997	Subtotal - Bonds - Part 3 .....				XXX .....	174,779 .....	175,000 .....	4	XXX .....
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
2509999999	Subtotal - Bonds .....				XXX .....	174,779 .....	175,000 .....	4	XXX .....
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
4509999999	Subtotal - Preferred Stocks .....				XXX .....		XXX .....		XXX .....
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
5989999999	Subtotal - Common Stocks .....				XXX .....		XXX .....		XXX .....
5999999999	Subtotal - Preferred and Common Stocks .....				XXX .....		XXX .....		XXX .....
6009999999	Total - Bonds, Preferred and Common Stocks .....				XXX .....	174,779 .....	XXX .....	4	XXX .....

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

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

<b>E06 Schedule DB Part A Section 1 .....</b>	<b>NONE</b>
<b>E07 Schedule DB Part B Section 1 .....</b>	<b>NONE</b>
<b>E08 Schedule DB Part D Section 1 .....</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity .....</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity .....</b>	<b>NONE</b>
<b>E10 Schedule DB Part E .....</b>	<b>NONE</b>
<b>E11 Schedule DL - Part 1 - Securities Lending Collateral Assets .....</b>	<b>NONE</b>
<b>E12 Schedule DL - Part 2 - Securities Lending Collateral Assets .....</b>	<b>NONE</b>

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
KeyBank .....	Cleveland OH .....						1,947,422	2,569,566	3,092,479	XXX
Fifth Third Bank .....	Cincinnati OH .....						8,051,666	9,038,889	6,645,729	XXX
Wells Fargo .....	Boston MA .....						3,807,656	4,097,577	4,297,455	XXX
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	XXX
0199999 Totals - Open Depositories .....		X X X	X X X ..				13,908,744	15,808,032	14,137,663	XXX
<b>suspended depositories</b>										
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 ..							XXX
0299999 Totals - Suspended Depositories .....		X X X	X X X ..							XXX
0399999 Total Cash On Deposit .....		X X X	X X X ..				13,908,744	15,808,032	14,137,663	XXX
0499999 Cash in Company's Office .....		X X X	X X X ..	X X X ..	X X X ..					XXX
0599999 Total Cash .....		X X X	X X X ..				13,908,744	15,808,032	14,137,663	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
90262Y802	UBS SSELECT TREASURY INST		03/07/2022	0.160	XXX	26	26	
94975H296	AXXSPRING:TRS+ MM I		03/02/2022	0.170	XXX	230,054	13	4
8209999999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO						230,080	13	30
<b>All Other Money Market Mutual Funds</b>								
000000000	DEPOSIT BANK MM D026		03/28/2022	0.000	XXX	52,823		0
8309999999 Subtotal - All Other Money Market Mutual Funds						52,823		0
<b>Other Cash Equivalents</b>								
	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