Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

DENTAL CARE ALLIANCE, LLC

6240 LAKE OSPREY DR
SARASOTA, FL 34240

2b Employer Identification Number (EIN) 82-0580763

2c Sponsor's telephone number 941-955-3150

2d Business code (see instructions) 621210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2012	TOM BEDFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2012	DAVID NICHOLS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
DENTAL CARE ALLIANCE, LLC

6240 LAKE OSPREY DR
SARASOTA, FL 34240

3b Administrator's EIN
82-0580763

3c Administrator's telephone number
941-955-3150

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1700
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1622
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	359
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1981
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1981
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1278
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	232
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-822901	1278	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
27248	101

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY INS SVCS INC
HARBOR SIDE FNCL CENTER PLZ 2 7 FLO
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27248			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGANSTANLEY SMITHBARNEY LLC
MORGANSTANLEY SMITHBARNEY LLC
BALTIMORE, MD 21231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	101	SALES/MARKETING	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	4105841
5	Current value of plan's interest under this contract in separate accounts at year end	5	17756187

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3734090
c	Additions: (1) Contributions deposited during the year	7c(1)	334028		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	109989		
	(4) Transferred from separate account	7c(4)	229037		
	(5) Other (specify below)	7c(5)	23033		
	▶ ROLLOVER,LOAN PYMT				
	(6)Total additions			7c(6)	696087
d	Total of balance and additions (add **b** and **c(6)**).			7d	4430177
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	282513		
	(2) Administration charge made by carrier	7e(2)	628		
	(3) Transferred to separate account	7e(3)	4		
	(4) Other (specify below)	7e(4)	41191		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	324336
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	4105841

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	N/A	3957	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	44	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	400	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MESIROW FINANCIAL INVESTMENT

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	56	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE FEE AND COMPENSATION DISCLOSURE 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	44

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	25 99	400

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHED

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT	27 49	56
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148-000	P	17756187

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	407303	434384
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	17756188
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16050670	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3734090	4105841
(15) Other	1c(15)	223684	86698

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	20415747	22383111
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20415747	22383111

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	447628	
	(B) Participants	2a(1)(B)	2823069	
	(C) Others (including rollovers)	2a(1)(C)	206485	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3477182
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	17879	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17879
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	514994	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		514994
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		109091
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-888954
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-23031
d Total income. Add all **income** amounts in column (b) and enter total	2d		3207161
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1180978	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1180978
f Corrective distributions (see instructions)	2f		54915
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3904	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3904
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1239797
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1967364
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHERR,BEKAERT & HOLLAND, LLP (2) EIN: 56-0574444

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CHERRY BEKAERT& HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

To The Administrative Committee
Dental Care Alliance, LLC 401k Plan
6240 Lake Osprey Drive
Sarasota, Florida 34240

We have completed a DOL limited-scope audit of the financial statements of the Dental Care Alliance 401K Plan (the "Plan") for the year ended December 31, 2011, and have issued our report thereon dated September 17, 2012. As permitted by 29 CR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and supplemental schedule taken as a whole. We did, however, audit the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, in accordance with auditing standards generally accepted in the United States of America and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated June 1, 2012. Professional standards also require that we communicate to you the following information related to our audit.

SIGNIFICANT AUDIT FINDINGS

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Dental Care Alliance 401K Plan are described in Note 2 to the financial statements. A new accounting pronouncement related to updated disclosures related to fair value measurements was adopted during the year ended December 31, 2011. The adoption of this accounting standard did not have a significant impact on the Plan's financial statements. The application of existing policies was not changed during the year ended December 31, 2011. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Management's assessment for each of the Plan's investment input levels under Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. ASC 820 requires that the Plan assess and disclose in the financial statements the level of input for each Plan investment. We evaluated the key factors and assumptions used to make your assessments for each Plan investment in determining that it is reasonable in relation to the financial statements taken as a whole

The disclosures in the financial statements are neutral, consistent, and clear. Certain financial statement disclosures are particularly sensitive because of their significance to the financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosure of the measurement of fair value for each investment held by the Plan as of December 31, 2011. The Plan followed the guidance of ASC 820 which requires that the Plan disclose how they determined the fair value of its investments by three levels of inputs. The three levels of inputs are: 1) quoted prices in the active market, 2) significant observable inputs, and 3) significant unobservable inputs.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 17, 2012.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of The Administrative Committee and management of Dental Care Alliance 401K Plan and is not intended to be and should not be used by anyone other than these specified parties.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
September 17, 2012

DENTAL CARE ALLIANCE 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

As of December 31, 2011 and 2010
And For the Year Ended December 31, 2011

And

Report of Independent Certified Public Accountants

DENTAL CARE ALLIANCE 401(K) PLAN

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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974 have been omitted because they are not applicable.

CHERRY BEKAERT & HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Report of Independent Certified Public Accountants

To the Administrative Committee
Dental Care Alliance 401(k) Plan
Sarasota, Florida

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Dental Care Alliance 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011, and the supplemental Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Hartford Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
September 17, 2012

DENTAL CARE ALLIANCE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value:		
Investment contract with insurance company:		
Fixed account	$ 4,105,510	$ 3,768,524
Pooled separate accounts	17,756,188	16,050,670
Self-directed account	86,698	223,684
	21,948,396	20,042,878
Receivables:		
Participant	93,606	119,089
Employer	18,064	21,064
Notes receivable from participants	434,384	407,303
	546,054	547,456
Total assets	22,494,450	20,590,334
LIABILITIES		
Excess contributions payable	112,204	54,915
Net assets available for benefits at fair value	22,382,246	20,535,419
Adjustments from fair value to contract value for fully benefit responsive investment contracts (Notes 2 and 5)	331	(34,434)
Net assets available for benefits	$ 22,382,577	$ 20,500,985

See notes to the financial statements.

DENTAL CARE ALLIANCE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:	
Investment income:	
Interest and dividends on investments	$ 514,994
Contributions:	
Participants	2,797,586
Employer	444,628
Rollovers	206,485
	3,448,699
Interest income on notes receivable from participants	17,879
Total additions	3,981,572
Deductions from net assets attributed to:	
Net depreciation in fair value of investments	802,894
Benefits paid to participants	1,293,182
Administrative expenses	3,904
Total deductions	2,099,980
Net increase in net assets available for benefits	1,881,592
Net assets available for benefits, beginning of year	20,500,985
Net assets available for benefits, end of year	$ 22,382,577

See notes to the financial statements.

Note 1 – Description of Plan

Plan Description - The Dental Care Alliance 401(k) Plan (the "Plan") became effective on January 1, 2002, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by Dental Care Alliance, LLC (the "Company" and "Plan Administrator"). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following is a summary of major plan provisions. Participants should refer to the Plan document for more information.

Participation - The Plan is a defined-contribution plan available to employees who have attained the age of 18 and completed three months of service. Employees are automatically enrolled in the Plan on the first day of the month coinciding with the date that eligibility requirements are met.

Contributions - Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees. Non-highly compensated participants may contribute up to 25% of pretax annual compensation and highly compensated employees may contribute up to 15% of pretax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. The Company made no additional discretionary profit-sharing contributions during the year ended December 31, 2011.

Participant Accounts - Each participant's account is adjusted for distributions to the participant, participants' contributions, employer-matching contributions, and Plan earnings (losses), as well as a portion of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the trustee of the Plan's assets. Participants direct the investment of their accounts among the investment funds allowed under the Plan.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Upon employee death or disability or termination of the Plan, the employer matching contributions become 100% vested. Participants are vested in employer matching contributions and actual earnings thereon based upon years of services defined in the Plan, as follows:

Years of Service	Vesting %
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Note 1 – Description of Plan (Continued)

Notes Receivable from Participants - Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior twelve months. The notes are secured by the balance in the participant's vested account and bear a fixed interest rate which is initially set at the prime rate as listed on the last business day of each month in the Wall Street Journal plus 1%. Principal and interest is collected ratably through payroll deductions, on an after-tax basis, and must be repaid within five years. Notes receivable from participants are valued at cost plus accrued interest. Interest rates on these notes receivable range from 4.25% to 9.25%.

For participants who have an outstanding note and miss payments due to leave of absence or military leave of absence, as defined in the Plan, missed payments can be made up by the end of the last day of the quarter following the quarter in which the payments were missed. A note is considered in default if a payment is not made by the last day of the grace period. Under certain circumstances the note payment may be re-amortized and the loan maturity date extended.

Payment of Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, annual installments over the life of the participant and spouse, or installments over a period of time not to exceed the assumed life expectancy of the participant or spouse. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when processed and paid by the Plan.

Payments under the Plan's hardship provision result in a suspension of contributions to the Plan for a period of six months.

Forfeitures - Forfeited amounts arising under the Plan are used to reduce future employer contributions to the Plan. Excess forfeitures will be used to offset Plan administration expenses and any remaining forfeitures will be allocated to Participants. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2011, forfeitures of approximately $55,000 were used to reduce employer contributions. At December 31, 2011 and 2010, forfeited nonvested accounts available for future use totaled approximately $47,000 and $55,000, respectively.

Note 2 – Summary of accounting policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting. Benefits paid to participants are recorded when paid.

New Accounting Pronouncements - In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance to improve disclosures regarding fair value measurements. This update, insofar as it relates to the year ended December 31, 2011, requires entities to present separately (i.e., on a gross basis rather than as one net number) information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements. As this guidance is only disclosure related, it did not have any effect on the carrying value of the investments on the Statement of Net Assets Available for Benefits as of December 31, 2011.

Upcoming Accounting Pronouncements - In May 2011, the FASB issued guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between Generally Accepted Accounting Principles in the United States of America ("GAAP") and International Financial Reporting Standards. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011 (the 2012 Plan year) and should be applied prospectively. Plan management is currently evaluating the impact of the pending adoption of this update on the Plan's financial statements.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See below for discussion of *Fair Value Measurements*.

While investment contracts held by a defined-contribution plan are required to be reported at fair value, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the fair value of fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Fair Value Measurements - GAAP provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

Note 2 – Summary of accounting policies (Continued)

Three levels of inputs may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methods used for instruments measured at fair value, including the general classification of such instruments, pursuant to the valuation hierarchy.

Pooled and Self-directed Accounts - These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments most of which are traded on an active market and the balance of which are traded on secondary markets.

Fixed Account - These investments are made by the Plan in an Unallocated Group Fixed Annuity Contract which is invested in the general assets of Hartford at a guaranteed fixed interest rate. The NAV for the investment contract is $1. Effective January 1, 2011, Plan management determined that the Plan's investment in fixed account should be reclassified within level 3 of the valuation hierarchy because the valuation inputs are unobservable.

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through September 17, 2012 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3 – Information provided and certified by the trustee (unaudited)

The following information included in the accompanying financial statements as of December 31, 2011 and 2010 and for the year ended December 31, 2011 and the supplemental schedule as of December 31, 2011 was obtained from data that has been prepared and certified to as complete and accurate by Hartford Life Insurance Company ("Hartford"), the trustee, as permitted by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2011	**2010**
Investment contract with insurance company:		
Fixed account	$ 4,105,510	$ 3,768,524
Pooled separate accounts	17,756,188	16,050,670
Self-directed account	86,698	223,684
	21,948,396	20,042,878
Notes receivable from participants	434,384	407,303
Adjustment from fair value to contract value for fully benefit responsive investment contracts	331	(34,434)
	$ 22,383,111	$ 20,415,747

	Year Ended December 31, 2011
Net depreciation in fair value of investments	$ (802,894)
Interest and dividends on investments	$ 514,994
Interest income on notes receivable from participants	$ 17,879

During 2011, the Plan's investments held by the trustee (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Fixed account	$ 109,091
Self-directed account	(23,031)
Pooled separate accounts	(888,954)
	$ (802,894)

Note 3 – Information provided and certified by the trustee (unaudited) (Continued)

The following table represents the fair value of individual investments that represent 5% or more of the Plan assets as of December 31:

Description of Investment	2011 Fair Value	2010 Fair Value
Fixed accounts, interest bearing	$ 4,105,510	$ 3,768,524
American Funds AMCAP Investment Option	2,310,392	2,196,329
Davis New York Venture Investment Option *	N/A	1,703,109
PIMCO Total Return Investment Option	1,540,347	1,554,523
Goldman Sachs Government Income Investment Option	1,318,014	1,496,021
BNY Mellon DL Large Cap Stock Index Investment Option *	N/A	1,205,597
Pioneer Strategic Income Investment Option *	N/A	1,031,362
	9,274,263	12,955,465
Remaining investments not greater than 5% of plan assets	12,674,133	7,087,413
Total investments held by the trustee	$ 21,948,396	$ 20,042,878

* Asset does not represent 5% or more of the net assets available for benefits as of December 31, 2011.

The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. At December 31, 2011 and 2010, the self-directed account balance was $86,698 and $223,684, respectively.

Note 4 – Fair value measurements

Following is a summary of the fair value of the Plan's investments based upon the inputs used to determine those fair values as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts: *				
Asset Allocation/Balance Funds	$ -	$ 1,851,972	$ -	$ 1,851,972
Bond Funds	-	2,468,714	-	2,468,714
International/Global Equities Funds	-	1,955,691	-	1,955,691
Large Cap/Value Equities Funds	-	5,708,286	-	5,708,286
Mid Cap Equities Funds	-	1,271,643	-	1,271,643
Real Estate Funds	-	314,659	-	314,659
Small Cap Equities Funds	-	934,988	-	934,988
Government Security Funds	-	1,318,014	-	1,318,014
Target Retirement	-	1,932,221	-	1,932,221
		17,756,188		17,756,188
Fixed account *	-	-	4,105,510	4,105,510
Self-directed account *	-	86,698	-	86,698
Total assets at fair value	$ -	$ 17,842,886	$ 4,105,510	$ 21,948,396

* Amounts are unaudited. See Note 3.

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts: *				
Asset Allocation/Balance Funds	$ -	$ 1,209,199	$ -	$ 1,209,199
Bond Funds	-	2,585,885	-	2,585,885
International/Global Equities Funds	-	1,605,477	-	1,605,477
Large Cap/Value Equities Funds	-	5,478,790	-	5,478,790
Mid Cap Equities Funds	-	1,088,753	-	1,088,753
Real Estate Funds	-	175,691	-	175,691
Small Cap Equities Funds	-	1,077,804	-	1,077,804
Specialty Funds	-	2,079,129	-	2,079,129
Target Retirement Funds	-	749,942	-	749,942
		16,050,670		16,050,670
Fixed account *	-	3,768,524	-	3,768,524
Self-directed account *	-	223,684		223,684
Total assets at fair value	$ -	$ 20,042,878	$ -	$ 20,042,878

* Amounts are unaudited. See Note 3.

Note 4 – Fair value measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2011:

	Fixed account
Beginning fair value	$ -
Reclassification from level 2	3,768,524
Purchases	603,439
Settlements	(375,544)
Net appreciation	109,091
Ending fair value	$ 4,105,510

Note 5 – Fully benefit-responsive contracts

The Plan has invested in an investment contract at December 31, 2011 and 2010 which includes a fixed account which was determined to be fully benefit-responsive. As a result of the contract being fully benefit-responsive, the contract value is the relevant measurement attribute for that portion of the Net Assets Available for Benefits attributable to the investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract (Fixed Account) at December 31, 2011 and 2010 was $4,105,510 and $3,768,524, respectively. The crediting interest rate is based on a formula agreed upon with the issuer and it represents a minimum guaranteed interest rate of 3% at December 31, 2011 and 2010. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6 – Investment contracts with insurance company

The Plan invests in pooled separate investment accounts, self-directed accounts, and fixed accounts with Hartford. Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution and Plan earnings, and is charged for Plan withdrawals. Participants are charged with administration fees related to maintenance of their accounts as charged by Hartford.

Note 7 – Employee contributions and excess contributions payable

Contributions received from participants for 2011 are net of payments of $112,204 made in 2012 to certain active participants for the return of excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the Plan's Statement of Net assets Available for Benefits as excess contributions payable at December 31, 2011. Such amounts aggregated $54,915 at December 31, 2010.

Note 8 – Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2008.

Note 9 – Plan termination

The Company anticipates the Plan will continue without interruption but reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

Note 10 – Administrative expense

Certain Plan administration costs are borne by the Company. During the year ended December 31, 2011, the Company paid approximately $13,000 in administrative expenses on behalf of the Plan.

Note 11 – Party-in-interest transactions

Certain Plan investments were managed by Hartford throughout the year. Hartford is the Plan Trustee and, therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2011. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 12 – Reconciliation of financial statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2011 and 2010 to Net Assets Available for Benefits in Form 5500:

	December 31,	
	2011	**2010**
Net assets available for benefits per the financial statements	$ 22,382,577	$ 20,500,985
Add: Excess contributions payable	112,204	54,915
Less: Participant receivable	93,606	119,089
Less: Employer receivable	18,064	21,064
Total net assets available for benefits per the Form 5500	$ 22,383,111	$ 20,415,747

The following is a reconciliation of Net Increase in Net Assets Available for Benefits per the financial statements for the year ended December 31, 2011 to Net Increase in Net Assets Available for Benefits in Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,881,592
Add: Excess contribution payable, December 31, 2011	112,204
Less: Excess contribution payable, December 31, 2010	(54,915)
Less: Participant receivable, December 31, 2011	(93,606)
Add: Participant receivable, December 31, 2010	119,089
Less: Employer receivable, December 31, 2011	(18,064)
Add: Employer receivable, December 31, 2010	21,064
Net increase in net assets available per the Form 5500	$ 1,967,364

Note 13 – Risks and uncertainties

The Plan provides for various investment options in any combination of fixed account, pooled separate accounts and self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULE

DENTAL CARE ALLIANCE 401(K) PLAN

(PLAN NUMBER: 001, EMPLOYER IDENTIFICATION NUMBER: 82-0580763)
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment including Maturity, Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
		Fixed Account:		
*	Hartford Life Insurance Company	Fixed accounts, interest bearing	**	$ 4,105,510
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Funds AMCAP Investment Option	**	2,310,392
*	Hartford Life Insurance Company	Davis New York Venture Investment Option	**	737,324
*	Hartford Life Insurance Company	PIMCO Total Return Investment Option	**	1,540,347
*	Hartford Life Insurance Company	Goldman Sachs Government Income Investment Option	**	1,318,014
*	Hartford Life Insurance Company	BNY Mellon DL Large Cap Stock Index Investment Option	**	1,076,070
*	Hartford Life Insurance Company	Pioneer Strategic Income Investment Option	**	928,367
*	Hartford Life Insurance Company	Pioneer Oak Ridge Small Cap Growth Investment Option	**	800,222
*	Hartford Life Insurance Company	BlackRock International Opportunities Investment Option	**	679,201
*	Hartford Life Insurance Company	RidgeWorth Mid-Cap Value Equity Investment Option	**	543,065
*	Hartford Life Insurance Company	Mutual Global Discovery Investment Option	**	569,850
*	Hartford Life Insurance Company	BlackRock Global Allocation Investment Option	**	656,582
*	Hartford Life Insurance Company	Oppenheimer Developing Markets Investment Option	**	670,893
*	Hartford Life Insurance Company	Thornburg Value Investment Option	**	298,841
*	Hartford Life Insurance Company	The Hartford Target Retirement 2030 Investment Option	**	635,860
*	Hartford Life Insurance Company	American Century Small Cap Value Investment Option	**	423,244
*	Hartford Life Insurance Company	The Hartford Target Retirement 2040 Investment Option	**	629,459
*	Hartford Life Insurance Company	Franklin High Income Investment Option	**	890,737
*	Hartford Life Insurance Company	Ivy Asset Strategy Investment Option	**	304,653
*	Hartford Life Insurance Company	The Hartford Target Retirement 2020 Investment Option	**	470,680
*	Hartford Life Insurance Company	Invesco Real Estate Investment Option	**	314,659
*	Hartford Life Insurance Company	MFS Utilities Investment Option	**	181,360
*	Hartford Life Insurance Company	Goldman Sachs Growth Opportunities Investment Option	**	305,334
*	Hartford Life Insurance Company	RidgeWorth Small Cap Value Equity Investment Option	**	61,371
*	Hartford Life Insurance Company	MFS Value Investment Option	**	1,062,029
*	Hartford Life Insurance Company	Oppenheimer Gold & Special Minerals Investment Option	**	73,395
*	Hartford Life Insurance Company	Janus Forty Investment Option	**	134
*	Hartford Life Insurance Company	The Hartford Target Retirement 2050 Investment Option	**	196,222
*	Hartford Life Insurance Company	The Hartford Global Health Investment Option	**	42,136
*	Hartford Life Insurance Company	MFS International Value Investment Option	**	35,019
*	Hartford Life Insurance Company	Janus Overseas Investment Option	**	728
				17,756,188
		Self-directed Account:		
*	Hartford Life Insurance Company	Self-directed account	**	86,698
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% secured by participant accounts	-0-	434,384
	Adjustment from fair value to contract value for fully benefit responsive investment contracts (See Notes 2 and 5)			331
				$ 22,383,111

* Represents a fund managed by a party-in-interest
** Column (d) cost information is not presented as these investments are self-directed

CHERRY BEKAERT& HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

To The Administrative Committee
Dental Care Alliance, LLC 401k Plan
6240 Lake Osprey Drive
Sarasota, Florida 34240

We have completed a DOL limited-scope audit of the financial statements of the Dental Care Alliance 401K Plan (the "Plan") for the year ended December 31, 2011, and have issued our report thereon dated September 17, 2012. As permitted by 29 CR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and supplemental schedule taken as a whole. We did, however, audit the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, in accordance with auditing standards generally accepted in the United States of America and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated June 1, 2012. Professional standards also require that we communicate to you the following information related to our audit.

SIGNIFICANT AUDIT FINDINGS

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Dental Care Alliance 401K Plan are described in Note 2 to the financial statements. A new accounting pronouncement related to updated disclosures related to fair value measurements was adopted during the year ended December 31, 2011. The adoption of this accounting standard did not have a significant impact on the Plan's financial statements. The application of existing policies was not changed during the year ended December 31, 2011. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Management's assessment for each of the Plan's investment input levels under Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. ASC 820 requires that the Plan assess and disclose in the financial statements the level of input for each Plan investment. We evaluated the key factors and assumptions used to make your assessments for each Plan investment in determining that it is reasonable in relation to the financial statements taken as a whole

The disclosures in the financial statements are neutral, consistent, and clear. Certain financial statement disclosures are particularly sensitive because of their significance to the financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosure of the measurement of fair value for each investment held by the Plan as of December 31, 2011. The Plan followed the guidance of ASC 820 which requires that the Plan disclose how they determined the fair value of its investments by three levels of inputs. The three levels of inputs are: 1) quoted prices in the active market, 2) significant observable inputs, and 3) significant unobservable inputs.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 17, 2012.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of The Administrative Committee and management of Dental Care Alliance 401K Plan and is not intended to be and should not be used by anyone other than these specified parties.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
September 17, 2012

DENTAL CARE ALLIANCE 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

As of December 31, 2011 and 2010
And For the Year Ended December 31, 2011

And

Report of Independent Certified Public Accountants

DENTAL CARE ALLIANCE 401(K) PLAN

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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974 have been omitted because they are not applicable.

CHERRY BEKAERT & HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Report of Independent Certified Public Accountants

To the Administrative Committee
Dental Care Alliance 401(k) Plan
Sarasota, Florida

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Dental Care Alliance 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011, and the supplemental Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Hartford Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Hartford Life Insurance Company held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
September 17, 2012

DENTAL CARE ALLIANCE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value:		
Investment contract with insurance company:		
Fixed account	$ 4,105,510	$ 3,768,524
Pooled separate accounts	17,756,188	16,050,670
Self-directed account	86,698	223,684
	21,948,396	20,042,878
Receivables:		
Participant	93,606	119,089
Employer	18,064	21,064
Notes receivable from participants	434,384	407,303
	546,054	547,456
Total assets	22,494,450	20,590,334
LIABILITIES		
Excess contributions payable	112,204	54,915
Net assets available for benefits at fair value	22,382,246	20,535,419
Adjustments from fair value to contract value for fully benefit responsive investment contracts (Notes 2 and 5)	331	(34,434)
Net assets available for benefits	$ 22,382,577	$ 20,500,985

See notes to the financial statements.

DENTAL CARE ALLIANCE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:	
Investment income:	
Interest and dividends on investments	$ 514,994
Contributions:	
Participants	2,797,586
Employer	444,628
Rollovers	206,485
	3,448,699
Interest income on notes receivable from participants	17,879
Total additions	3,981,572
Deductions from net assets attributed to:	
Net depreciation in fair value of investments	802,894
Benefits paid to participants	1,293,182
Administrative expenses	3,904
Total deductions	2,099,980
Net increase in net assets available for benefits	1,881,592
Net assets available for benefits, beginning of year	20,500,985
Net assets available for benefits, end of year	$ 22,382,577

See notes to the financial statements.

Note 1 – Description of Plan

Plan Description - The Dental Care Alliance 401(k) Plan (the "Plan") became effective on January 1, 2002, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by Dental Care Alliance, LLC (the "Company" and "Plan Administrator"). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following is a summary of major plan provisions. Participants should refer to the Plan document for more information.

Participation - The Plan is a defined-contribution plan available to employees who have attained the age of 18 and completed three months of service. Employees are automatically enrolled in the Plan on the first day of the month coinciding with the date that eligibility requirements are met.

Contributions - Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees. Non-highly compensated participants may contribute up to 25% of pretax annual compensation and highly compensated employees may contribute up to 15% of pretax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year. The Company made no additional discretionary profit-sharing contributions during the year ended December 31, 2011.

Participant Accounts - Each participant's account is adjusted for distributions to the participant, participants' contributions, employer-matching contributions, and Plan earnings (losses), as well as a portion of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the trustee of the Plan's assets. Participants direct the investment of their accounts among the investment funds allowed under the Plan.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Upon employee death or disability or termination of the Plan, the employer matching contributions become 100% vested. Participants are vested in employer matching contributions and actual earnings thereon based upon years of services defined in the Plan, as follows:

Years of Service	Vesting %
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Note 1 – Description of Plan (Continued)

Notes Receivable from Participants - Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior twelve months. The notes are secured by the balance in the participant's vested account and bear a fixed interest rate which is initially set at the prime rate as listed on the last business day of each month in the Wall Street Journal plus 1%. Principal and interest is collected ratably through payroll deductions, on an after-tax basis, and must be repaid within five years. Notes receivable from participants are valued at cost plus accrued interest. Interest rates on these notes receivable range from 4.25% to 9.25%.

For participants who have an outstanding note and miss payments due to leave of absence or military leave of absence, as defined in the Plan, missed payments can be made up by the end of the last day of the quarter following the quarter in which the payments were missed. A note is considered in default if a payment is not made by the last day of the grace period. Under certain circumstances the note payment may be re-amortized and the loan maturity date extended.

Payment of Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, annual installments over the life of the participant and spouse, or installments over a period of time not to exceed the assumed life expectancy of the participant or spouse. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when processed and paid by the Plan.

Payments under the Plan's hardship provision result in a suspension of contributions to the Plan for a period of six months.

Forfeitures - Forfeited amounts arising under the Plan are used to reduce future employer contributions to the Plan. Excess forfeitures will be used to offset Plan administration expenses and any remaining forfeitures will be allocated to Participants. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2011, forfeitures of approximately $55,000 were used to reduce employer contributions. At December 31, 2011 and 2010, forfeited nonvested accounts available for future use totaled approximately $47,000 and $55,000, respectively.

Note 2 – Summary of accounting policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting. Benefits paid to participants are recorded when paid.

New Accounting Pronouncements - In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance to improve disclosures regarding fair value measurements. This update, insofar as it relates to the year ended December 31, 2011, requires entities to present separately (i.e., on a gross basis rather than as one net number) information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements. As this guidance is only disclosure related, it did not have any effect on the carrying value of the investments on the Statement of Net Assets Available for Benefits as of December 31, 2011.

Upcoming Accounting Pronouncements - In May 2011, the FASB issued guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between Generally Accepted Accounting Principles in the United States of America ("GAAP") and International Financial Reporting Standards. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011 (the 2012 Plan year) and should be applied prospectively. Plan management is currently evaluating the impact of the pending adoption of this update on the Plan's financial statements.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See below for discussion of *Fair Value Measurements*.

While investment contracts held by a defined-contribution plan are required to be reported at fair value, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the fair value of fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Fair Value Measurements - GAAP provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

Note 2 – Summary of accounting policies (Continued)

Three levels of inputs may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methods used for instruments measured at fair value, including the general classification of such instruments, pursuant to the valuation hierarchy.

Pooled and Self-directed Accounts - These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments most of which are traded on an active market and the balance of which are traded on secondary markets.

Fixed Account - These investments are made by the Plan in an Unallocated Group Fixed Annuity Contract which is invested in the general assets of Hartford at a guaranteed fixed interest rate. The NAV for the investment contract is $1. Effective January 1, 2011, Plan management determined that the Plan's investment in fixed account should be reclassified within level 3 of the valuation hierarchy because the valuation inputs are unobservable.

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through September 17, 2012 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3 – Information provided and certified by the trustee (unaudited)

The following information included in the accompanying financial statements as of December 31, 2011 and 2010 and for the year ended December 31, 2011 and the supplemental schedule as of December 31, 2011 was obtained from data that has been prepared and certified to as complete and accurate by Hartford Life Insurance Company ("Hartford"), the trustee, as permitted by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2011	**2010**
Investment contract with insurance company:		
Fixed account	$ 4,105,510	$ 3,768,524
Pooled separate accounts	17,756,188	16,050,670
Self-directed account	86,698	223,684
	21,948,396	20,042,878
Notes receivable from participants	434,384	407,303
Adjustment from fair value to contract value for fully benefit responsive investment contracts	331	(34,434)
	$ 22,383,111	$ 20,415,747

	Year Ended December 31, 2011
Net depreciation in fair value of investments	$ (802,894)
Interest and dividends on investments	$ 514,994
Interest income on notes receivable from participants	$ 17,879

During 2011, the Plan's investments held by the trustee (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Fixed account	$ 109,091
Self-directed account	(23,031)
Pooled separate accounts	(888,954)
	$ (802,894)

Note 3 – Information provided and certified by the trustee (unaudited) (Continued)

The following table represents the fair value of individual investments that represent 5% or more of the Plan assets as of December 31:

Description of Investment	2011 Fair Value	2010 Fair Value
Fixed accounts, interest bearing	$ 4,105,510	$ 3,768,524
American Funds AMCAP Investment Option	2,310,392	2,196,329
Davis New York Venture Investment Option *	N/A	1,703,109
PIMCO Total Return Investment Option	1,540,347	1,554,523
Goldman Sachs Government Income Investment Option	1,318,014	1,496,021
BNY Mellon DL Large Cap Stock Index Investment Option *	N/A	1,205,597
Pioneer Strategic Income Investment Option *	N/A	1,031,362
	9,274,263	12,955,465
Remaining investments not greater than 5% of plan assets	12,674,133	7,087,413
Total investments held by the trustee	$ 21,948,396	$ 20,042,878

* Asset does not represent 5% or more of the net assets available for benefits as of December 31, 2011.

The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. At December 31, 2011 and 2010, the self-directed account balance was $86,698 and $223,684, respectively.

Note 4 – Fair value measurements

Following is a summary of the fair value of the Plan's investments based upon the inputs used to determine those fair values as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts: *				
Asset Allocation/Balance Funds	$ -	$ 1,851,972	$ -	$ 1,851,972
Bond Funds	-	2,468,714	-	2,468,714
International/Global Equities Funds	-	1,955,691	-	1,955,691
Large Cap/Value Equities Funds	-	5,708,286	-	5,708,286
Mid Cap Equities Funds	-	1,271,643	-	1,271,643
Real Estate Funds	-	314,659	-	314,659
Small Cap Equities Funds	-	934,988	-	934,988
Government Security Funds	-	1,318,014	-	1,318,014
Target Retirement	-	1,932,221	-	1,932,221
		17,756,188		17,756,188
Fixed account *	-	-	4,105,510	4,105,510
Self-directed account *	-	86,698	-	86,698
Total assets at fair value	$ -	$ 17,842,886	$ 4,105,510	$ 21,948,396

* Amounts are unaudited. See Note 3.

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts: *				
Asset Allocation/Balance Funds	$ -	$ 1,209,199	$ -	$ 1,209,199
Bond Funds	-	2,585,885	-	2,585,885
International/Global Equities Funds	-	1,605,477	-	1,605,477
Large Cap/Value Equities Funds	-	5,478,790	-	5,478,790
Mid Cap Equities Funds	-	1,088,753	-	1,088,753
Real Estate Funds	-	175,691	-	175,691
Small Cap Equities Funds	-	1,077,804	-	1,077,804
Specialty Funds	-	2,079,129	-	2,079,129
Target Retirement Funds	-	749,942	-	749,942
		16,050,670		16,050,670
Fixed account *	-	3,768,524	-	3,768,524
Self-directed account *	-	223,684		223,684
Total assets at fair value	$ -	$ 20,042,878	$ -	$ 20,042,878

* Amounts are unaudited. See Note 3.

Note 4 – Fair value measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2011:

	Fixed account
Beginning fair value	$ -
Reclassification from level 2	3,768,524
Purchases	603,439
Settlements	(375,544)
Net appreciation	109,091
Ending fair value	$ 4,105,510

Note 5 – Fully benefit-responsive contracts

The Plan has invested in an investment contract at December 31, 2011 and 2010 which includes a fixed account which was determined to be fully benefit-responsive. As a result of the contract being fully benefit-responsive, the contract value is the relevant measurement attribute for that portion of the Net Assets Available for Benefits attributable to the investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract (Fixed Account) at December 31, 2011 and 2010 was $4,105,510 and $3,768,524, respectively. The crediting interest rate is based on a formula agreed upon with the issuer and it represents a minimum guaranteed interest rate of 3% at December 31, 2011 and 2010. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6 – Investment contracts with insurance company

The Plan invests in pooled separate investment accounts, self-directed accounts, and fixed accounts with Hartford. Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution and Plan earnings, and is charged for Plan withdrawals. Participants are charged with administration fees related to maintenance of their accounts as charged by Hartford.

Note 7 – Employee contributions and excess contributions payable

Contributions received from participants for 2011 are net of payments of $112,204 made in 2012 to certain active participants for the return of excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the Plan's Statement of Net assets Available for Benefits as excess contributions payable at December 31, 2011. Such amounts aggregated $54,915 at December 31, 2010.

Note 8 – Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2008.

Note 9 – Plan termination

The Company anticipates the Plan will continue without interruption but reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

Note 10 – Administrative expense

Certain Plan administration costs are borne by the Company. During the year ended December 31, 2011, the Company paid approximately $13,000 in administrative expenses on behalf of the Plan.

Note 11 – Party-in-interest transactions

Certain Plan investments were managed by Hartford throughout the year. Hartford is the Plan Trustee and, therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2011. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 12 – Reconciliation of financial statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2011 and 2010 to Net Assets Available for Benefits in Form 5500:

	December 31,	
	2011	**2010**
Net assets available for benefits per the financial statements	$ 22,382,577	$ 20,500,985
Add: Excess contributions payable	112,204	54,915
Less: Participant receivable	93,606	119,089
Less: Employer receivable	18,064	21,064
Total net assets available for benefits per the Form 5500	$ 22,383,111	$ 20,415,747

The following is a reconciliation of Net Increase in Net Assets Available for Benefits per the financial statements for the year ended December 31, 2011 to Net Increase in Net Assets Available for Benefits in Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,881,592
Add: Excess contribution payable, December 31, 2011	112,204
Less: Excess contribution payable, December 31, 2010	(54,915)
Less: Participant receivable, December 31, 2011	(93,606)
Add: Participant receivable, December 31, 2010	119,089
Less: Employer receivable, December 31, 2011	(18,064)
Add: Employer receivable, December 31, 2010	21,064
Net increase in net assets available per the Form 5500	$ 1,967,364

Note 13 – Risks and uncertainties

The Plan provides for various investment options in any combination of fixed account, pooled separate accounts and self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULE

DENTAL CARE ALLIANCE 401(K) PLAN

(PLAN NUMBER: 001, EMPLOYER IDENTIFICATION NUMBER: 82-0580763)
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment including Maturity, Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
		Fixed Account:		
*	Hartford Life Insurance Company	Fixed accounts, interest bearing	**	$ 4,105,510
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Funds AMCAP Investment Option	**	2,310,392
*	Hartford Life Insurance Company	Davis New York Venture Investment Option	**	737,324
*	Hartford Life Insurance Company	PIMCO Total Return Investment Option	**	1,540,347
*	Hartford Life Insurance Company	Goldman Sachs Government Income Investment Option	**	1,318,014
*	Hartford Life Insurance Company	BNY Mellon DL Large Cap Stock Index Investment Option	**	1,076,070
*	Hartford Life Insurance Company	Pioneer Strategic Income Investment Option	**	928,367
*	Hartford Life Insurance Company	Pioneer Oak Ridge Small Cap Growth Investment Option	**	800,222
*	Hartford Life Insurance Company	BlackRock International Opportunities Investment Option	**	679,201
*	Hartford Life Insurance Company	RidgeWorth Mid-Cap Value Equity Investment Option	**	543,065
*	Hartford Life Insurance Company	Mutual Global Discovery Investment Option	**	569,850
*	Hartford Life Insurance Company	BlackRock Global Allocation Investment Option	**	656,582
*	Hartford Life Insurance Company	Oppenheimer Developing Markets Investment Option	**	670,893
*	Hartford Life Insurance Company	Thornburg Value Investment Option	**	298,841
*	Hartford Life Insurance Company	The Hartford Target Retirement 2030 Investment Option	**	635,860
*	Hartford Life Insurance Company	American Century Small Cap Value Investment Option	**	423,244
*	Hartford Life Insurance Company	The Hartford Target Retirement 2040 Investment Option	**	629,459
*	Hartford Life Insurance Company	Franklin High Income Investment Option	**	890,737
*	Hartford Life Insurance Company	Ivy Asset Strategy Investment Option	**	304,653
*	Hartford Life Insurance Company	The Hartford Target Retirement 2020 Investment Option	**	470,680
*	Hartford Life Insurance Company	Invesco Real Estate Investment Option	**	314,659
*	Hartford Life Insurance Company	MFS Utilities Investment Option	**	181,360
*	Hartford Life Insurance Company	Goldman Sachs Growth Opportunities Investment Option	**	305,334
*	Hartford Life Insurance Company	RidgeWorth Small Cap Value Equity Investment Option	**	61,371
*	Hartford Life Insurance Company	MFS Value Investment Option	**	1,062,029
*	Hartford Life Insurance Company	Oppenheimer Gold & Special Minerals Investment Option	**	73,395
*	Hartford Life Insurance Company	Janus Forty Investment Option	**	134
*	Hartford Life Insurance Company	The Hartford Target Retirement 2050 Investment Option	**	196,222
*	Hartford Life Insurance Company	The Hartford Global Health Investment Option	**	42,136
*	Hartford Life Insurance Company	MFS International Value Investment Option	**	35,019
*	Hartford Life Insurance Company	Janus Overseas Investment Option	**	728
				17,756,188
		Self-directed Account:		
*	Hartford Life Insurance Company	Self-directed account	**	86,698
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% secured by participant accounts	-0-	434,384
	Adjustment from fair value to contract value for fully benefit responsive investment contracts (See Notes 2 and 5)			331
				$ 22,383,111

* Represents a fund managed by a party-in-interest
** Column (d) cost information is not presented as these investments are self-directed

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

DENTAL CARE ALLIANCE 401(K) PLAN (822901)
EIN #: 82-0580763

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$3,956.82**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$3,956.82**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$6.11**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Plan Expense Payment Payor: Charles Schwab & Co., Inc. EIN: 94-1737782 **$127.86**

This is the total amount paid during the calendar year to The Hartford for assets held in the plan's self-directed brokerage account(s).

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]
AMERICAN CENTURY SC VALUE A	43-1646043	0.50% x assets	1.66%
AMERICAN FUNDS AMCAP R3	95-2482877	0.65% x assets	1.05%
BLACKROCK GLOB FINANC SERVICES A	51-0318674	0.50% x assets	1.87%
BLACKROCK GLOBAL ALLOCATION A	22-2937779	0.55% x assets	1.17%
BLACKROCK INTL OPPORTUNITIES A	51-0318674	0.55% x assets	1.60%
BNY MELLON DL LG CAP STOCK IND A	13-4121547	0.40% x assets	0.47%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.89%
FIXED ACCOUNT	06-0974148		0.00%
FRANKLIN HIGH INCOME A	94-1693697	0.25% x assets plus $12/participant	0.77%
GOLDMAN SACHS GROWTH OPPS A	13-4019460	0.55% x assets	1.41%
GOLDMANSACHS GOVERNMENT INCOME A	13-4019460	0.55% x assets	0.99%
INVESCO REAL ESTATE A	76-0343427	0.60% x assets	1.31%
IVY ASSET STRATEGY Y	48-1112076	0.50% x assets	1.02%
JANUS FORTY S	84-0592523	0.50% x assets	1.20%
JANUS OVERSEAS S	84-0592523	0.50% x assets	1.22%
MFS INTERNATIONAL VALUE R3	04-3158862	0.65% x assets	1.28%
MFS UTILITIES R3	04-3158862	0.65% x assets	1.07%
MFS VALUE R3	04-3158862	0.65% x assets	0.95%
MUTUAL GLOBAL DISCOVERY A	22-2894171	0.35% x assets plus $12/participant	1.34%
OPPENHEIMER DEVELOPING MARKETS A	93-6305075	0.55% x assets	1.30%
OPPENHEIMER GOLD AND SPEC MIN A	13-3155639	0.55% x assets	1.07%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.85%
PIONEER OAK RIDGE SMCAP GROWTH A	13-5657669	0.55% x assets	1.56%
PIONEER STRATEGIC INCOME A	04-3453709	0.55% x assets	1.10%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.35%
RIDGEWORTH SM CAP VALUE EQUITY A	23-2678674	0.75% x assets	1.52%
SCHWAB SDBA	NA[1]		0.00%
THE HARTFORD HEALTHCARE R4	22-2937447	0.65% x assets	1.37%
THE HARTFORD TARG RETIRE 2020 R4	22-2937447	0.65% x assets	1.41%
THE HARTFORD TARG RETIRE 2030 R4	22-2937447	0.65% x assets	1.41%
THE HARTFORD TARG RETIRE 2040 R4	22-2937447	0.65% x assets	1.97%
THE HARTFORD TARG RETIRE 2050 R4	22-2937447	0.65% x assets	2.27%
THORNBURG VALUE R4	06-1158764	0.50% x assets	1.49%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Healthcare R4	0.90% x assets
Hartford Target Retirement 2020 R4	0.15% x assets
Hartford Target Retirement 2030 R4	0.15% x assets
Hartford Target Retirement 2040 R4	0.15% x assets
Hartford Target Retirement 2050 R4	0.15% x assets

Recipient: MORGAN STANLEY INS SVCS INC EIN: 51-0116113

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

[*] **Sales commission** Payor: Hartford Life Insurance Company EIN: 06-0974148 **$27,247.78**

[*] *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: MORGANSTANLEY SMITHBARNEY LLC EIN: 26-4310844

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

Additional compensation Payor: Hartford Life Insurance Company EIN: 06-0974148 **$101.00**

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: MORGANSTANLEY SMITHBARNEY LLC EIN: 26-4310632

Service Codes: 49, 99

Service Codes are based on available information but might not be inclusive of all services provided. Please contact your Service Provider for a full list of services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Additional compensation** Payor: Hartford Life Insurance Company EIN: 06-0974148 **$307.73**

* *Additional Compensation is reported on a Plan Year basis.*

NOTE: In 2011, Hartford participated in Morgan Stanley Smith Barney's ("MSSB") retirement platform for sales and marketing support, and paid a Training Support Fee of $250,000 to MSSB for its services, with respect to 2,945 Hartford brokerage-based plans. MSSB has instructed Hartford to use MSSB's per plan allocation reflected above for 2011 Form 5500 Schedule C reporting purposes, which MSSB has advised was calculated based on the total amount of Training Support Fee payments MSSB collected from all participating providers, including Hartford, divided by MSSB's entire book of 13,161 (as of 12/31/2011) brokerage-based plans with those participating providers. Please note that this per plan allocation would have been different if presented based on the Training Support Fee paid by a particular participating provider (e.g., Hartford), divided by the number of brokerage-based plans with that participating provider.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust service fee (if Reliance Trust Company is acting as directed trustee) **$400.00**
Service Codes: 25, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service **$30.58**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$25.42**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$2,250.00
One-Time Distribution Fee	$668.82
Loan Administration Fee	$1,038.00
Total Direct Revenue:	**$3,956.82**
Grand Total Direct Fees:	**$3,956.82**