



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002
of the Condition and Affairs of the

Dental Care Plus, Inc.

NAIC Group Code..... ,0000, (Current Period) (Prior Period) NAIC Company Code..... 96265 Employer's ID Number..... 31-1185262

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile United States of America

Licensed as Business Type Specialty Health Care

Is HMO Federally Qualified? Yes [] No [x]

Date Incorporated or Organized..... January 6, 1986 Date Commenced Business..... March 1, 1988

Statutory Home Office 100 Crowne Point Place Cincinnati OH 45241
(Street and Number) (City or Town, State and Zip Code)

Address of Main Administrative Office 100 Crowne Point Place Cincinnati OH 45241 513-554-1100
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address Dentalcareplus.com

Statement Contact Robert Carr Hodgkins Jr. 513-554-1100
(Name) (Area Code) (Telephone Number) (Extension)
rhodgkins@dentalcareplus.com 513-554-3187
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 100 Crowne Point Place Cincinnati 45241 45242 513-554-1100
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Anthony A. Cook Treasurer Fred H. Peck D.D.S. Secretary Mary Ellen Wynn D.D.S.

VICE PRESIDENTS

Robert Carr Hodgkins Jr.

DIRECTORS OR TRUSTEES

Fred Bronson D.D.S. Molly Meakin Rogers C.P.A. Mark Zigoris D.D.S. Ross Geiger
Sanford S. Scheingold D.D.S. Roger Highley D.D.S. Stephen Schuler D.M.D. Donald J. Peak C.P.A.
Jack Cook M.H.A. David A. Kreyling D.M.D.

State of..... Ohio
County of..... Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

_____ (Signature) Anthony A. Cook _____ (Printed Name) President	_____ (Signature) Mary Ellen Wynn D.D.S. _____ (Printed Name) Secretary	_____ (Signature) Fred H. Peck D.D.S. _____ (Printed Name) Treasurer
---	--	---

Subscribed and sworn to before me this
.....day of, 2003
.....

- a. Is this an original filing? Yes [] No [X]
- b. If no: 1. State the amendment number #1
2. Date filed..... 12/12/2003
3. Number of pages attached..... 5