

# AMENDED FILING EXPLANATION

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# HEALTH QUARTERLY STATEMENT

As of March 31, 2014  
of the Condition and Affairs of the

## Dental Care Plus, Inc.

NAIC Group Code..... , (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 US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [ ] No [ X ]

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

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

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

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

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

Internet Web Site Address www2.Dentalcareplus.com

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

### OFFICERS

Name	Title	Name	Title
1. Anthony A. Cook	President & CEO	2. Robert Carr Hodgkins Jr.	Vice President & CFO
3. David A. Kreyling D.M.D.	Secretary	4. Michael J. Carl D.D.S.	Treasurer

### OTHER

Timothy P. Berghoff F.S.A., M.A.A.A Consulting Actuary

### DIRECTORS OR TRUSTEES

Mark E. Bronson D.D.S.	Molly Meakin Rogers C.P.A.	Robert E. Hamilton D.D.S.	James T. Foley
Roger M. Higley D.D.S.	Stephen T. Schuler D.M.D.	Donald J. Peak C.P.A.	Jack Cook M.H.A.
David A. Kreyling D.M.D.	Fred H. Peck D.D.S.	Michael J. Carl D.D.S.	James E. Kroeger M.B.A., C.P.A.
Anthony A. Cook M.B.A., M.S.			

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

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

(Signature) Anthony A. Cook 1. (Printed Name) President & CEO (Title)	(Signature) Robert Carr Hodgkins Jr. 2. (Printed Name) Vice President & CFO (Title)	(Signature) David A. Kreyling D.M.D. 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ May, 2014

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,638,501		2,638,501	2,179,640
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	40,085		40,085	40,085
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.0	
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	1,360,194		1,360,194	1,585,072
9. General expenses due or accrued.....	2,046,553		2,046,553	1,293,745
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	22,043		22,043	359,130
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....	6,810		6,810	121,874
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	6,114,186	.0	6,114,186	5,579,546
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	418,944	274,930
26. Common capital stock.....	XXX	XXX	1,365,663	1,365,663
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	1,773,089	1,773,089
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	4,632,116	5,146,759
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	8,189,812	8,560,441
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	14,303,998	14,139,987

### DETAILS OF WRITE-INS

2301. ....			.0	
2302. ....			.0	
2303. ....			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.0	.0	.0	.0
2501. Gain on sale of building.....	XXX	XXX	267,293	274,930
2502. Reclassification of surplus for Federal Premium Tax - SSAP 35R.....	XXX	XXX	151,651	
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	418,944	274,930
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0