
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Dental Care Plus, Inc.

| | | |
|---|--|--|
| NAIC Group Code..... 0, 0 (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 (Street and Number) (City or Town, State, Country and Zip Code) | 513-554-1100 (Area Code) (Telephone Number) |
| Mail Address | 100 Crowne Point Place..... Cincinnati OH 45241 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) | |
| Primary Location of Books and Records | 100 Crowne Point Place..... Cincinnati OH 45241 (Street and Number) (City or Town, State, Country and Zip Code) | 513-554-1100 (Area Code) (Telephone Number) |
| Internet Web Site Address | www2.Dentalcareplus.com | |
| Statutory Statement Contact | Robert Carr Hodgkins Jr. (Name) rhodgkins@dentalcareplus.com (E-Mail Address) | 513-554-1100 (Area Code) (Telephone Number) (Extension) 513-554-3187 (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 |

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

OTHER

| DIRECTORS OR TRUSTEES | | | |
|-----------------------------|----------------------------|---------------------------|--------------------------------|
| Mark E. Bronson D.D.S. | Molly Meakin Rogers C.P.A. | Robert E. Hamilton D.D.S. | James T. Foley |
| Ronald L. Poulos D.D.S. | Stephen T. Schuler D.M.D. | Donald J. Peak C.P.A. | Jack M. 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 | (Signature) Robert Carr Hodgkins Jr. | (Signature) David A. Kreyling D.M.D. |
| 1. (Printed Name) President & CEO | 2. (Printed Name) Vice President & CFO | 3. (Printed Name) Secretary |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This _____ day of _____, February, 2016

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

Yes [X] No []

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

| States, Etc. | 1 Type of Deposit | 2 Purpose of Deposit | Deposits for the Benefit of All Policyholders | | All Other Special Deposits | |
|------------------------------------|----------------------|----------------------------------|---|-----------------|------------------------------------|-----------------|
| | | | 3 Book/Adjusting Carrying Value | 4 Fair Value | 5 Book/Adjusting Carrying Value | 6 Fair Value |
| 1. Alabama..... | AL | | | | | |
| 2. Alaska..... | AK | | | | | |
| 3. Arizona..... | AZ | | | | | |
| 4. Arkansas..... | AR | | | | | |
| 5. California..... | CA | | | | | |
| 6. Colorado..... | CO | | | | | |
| 7. Connecticut..... | CT | | | | | |
| 8. Delaware..... | DE | | | | | |
| 9. District of Columbia..... | DC | | | | | |
| 10. Florida..... | FL | | | | | |
| 11. Georgia..... | GA |ST.. Statutory Deposit..... |25,000 |25,000 | | |
| 12. Hawaii..... | HI | | | | | |
| 13. Idaho..... | ID | | | | | |
| 14. Illinois..... | IL | | | | | |
| 15. Indiana..... | IN |ST.. Statutory Deposit..... |50,000 |50,000 | | |
| 16. Iowa..... | IA | | | | | |
| 17. Kansas..... | KS | | | | | |
| 18. Kentucky..... | KY |B.. Statutory Deposit..... |51,667 |51,640 | | |
| 19. Louisiana..... | LA | | | | | |
| 20. Maine..... | ME | | | | | |
| 21. Maryland..... | MD | | | | | |
| 22. Massachusetts..... | MA | | | | | |
| 23. Michigan..... | MI | | | | | |
| 24. Minnesota..... | MN | | | | | |
| 25. Mississippi..... | MS | | | | | |
| 26. Missouri..... | MO | | | | | |
| 27. Montana..... | MT | | | | | |
| 28. Nebraska..... | NE | | | | | |
| 29. Nevada..... | NV | | | | | |
| 30. New Hampshire..... | NH | | | | | |
| 31. New Jersey..... | NJ | | | | | |
| 32. New Mexico..... | NM | | | | | |
| 33. New York..... | NY | | | | | |
| 34. North Carolina..... | NC | | | | | |
| 35. North Dakota..... | ND | | | | | |
| 36. Ohio..... | OH |B.. Statutory Deposit..... |200,000 |199,367 | | |
| 37. Oklahoma..... | OK | | | | | |
| 38. Oregon..... | OR | | | | | |
| 39. Pennsylvania..... | PA | | | | | |
| 40. Rhode Island..... | RI | | | | | |
| 41. South Carolina..... | SC | | | | | |
| 42. South Dakota..... | SD | | | | | |
| 43. Tennessee..... | TN | | | | | |
| 44. Texas..... | TX | | | | | |
| 45. Utah..... | UT | | | | | |
| 46. Vermont..... | VT | | | | | |
| 47. Virginia..... | VA | | | | | |
| 48. Washington..... | WA | | | | | |
| 49. West Virginia..... | WV | | | | | |
| 50. Wisconsin..... | WI | | | | | |
| 51. Wyoming..... | WY | | | | | |
| 52. American Samoa..... | AS | | | | | |
| 53. Guam..... | GU | | | | | |
| 54. Puerto Rico..... | PR | | | | | |
| 55. US Virgin Islands..... | VI | | | | | |
| 56. Northern Mariana Islands..... | MP | | | | | |
| 57. Canada..... | CAN | | | | | |
| 58. Aggregate Alien and Other..... | OT | XXX | XXX | 0 | 0 | 0 |
| 59. Total..... | | XXX | XXX | 326,667 | 326,007 | 0 |

DETAILS OF WRITE-INS

| | | | | | | |
|--|-----|-----|---|---|---|---|
| 5801..... | | | | | | |
| 5802..... | | | | | | |
| 5803..... | | | | | | |
| 5898. Summary of remaining write-ins for line 58 from overflow page..... | XXX | XXX | 0 | 0 | 0 | 0 |
| 5899. Total (Lines 5801 thru 5803+5898) (Line 58 above)..... | XXX | XXX | 0 | 0 | 0 | 0 |