AMENDED FILING EXPLANATION

Revised Schedule A - Part 1

96280201520100105

ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

SUPERIOR DENTAL CARE, INC.

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 96280 Employer's ID Number..... 31-1119867

Organized under the Laws of OHIO State of Domicile or Port of Entry OHIO Country of Domicile US

Licensed as Business Type.....DENTAL SERVICE CORPORATION Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... November 30, 1984 Commenced Business..... January 1, 1986

Statutory Home Office 6683 CENTERVILLE-BUSINESS PARKWAY….. DAYTON ..... OH ..... …. 45459
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 6683 CENTERVILLE-BUSINESS PARKWAY….. DAYTON ..... OH ..... …. 45459 937-438-0283
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6683 CENTERVILLE-BUSINESS PARKWAY….. DAYTON ..... OH ..... …. 45459
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6683 CENTERVILLE-BUSINESS PARKWAY….. DAYTON ..... OH ..... …. 45459 937-438-0283
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.superiordental.com

Statutory Statement Contact WENDY GLOVER 937-438-0283
(Name) (Area Code) (Telephone Number) (Extension)

WGLOVER@SUPERIORDENTAL.COM 937-291-5690
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. L DON SHUMAKER DDS #	PRESIDENT	2. DOUGLAS R HOEFLING DDS	TREASURER
3. GLENN BOWER #	SECRETARY	4.	

OTHER

DIRECTORS OR TRUSTEES

Dennis A Burns DDS	Roger E Clark DDS	Douglas R Hoefling DDS	Richard W Portune DDS
L Don Shumaker DDS	James L Sims DDS	Laura Pall DDS	David W Menning DDS
Thomas A Grabeman DDS #	Dale Anne Featheringham DDS #	Glenn Bower	

State of..... Ohio
County of..... Montgomery

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)	(Signature)	(Signature)
L DON SHUMAKER DDS #	DOUGLAS R HOEFLING DDS	GLENN BOWER #
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	TREASURER	SECRETARY
(Title)	(Title)	(Title)

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

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 _____