AMENDED FILING EXPLANATION

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

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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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	3,845,189	3,648,224
2.	Net premium income (including $.....0 non-health premium income)	XXX	68,775,888	64,514,518
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.	Fee-for-service (net of $.....0 medical expenses)	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX	2,550,720	2,508,949
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	71,326,608	67,023,467
Hospital and Medical:				
9.	Hospital/medical benefits			48,647,079
10.	Other professional services		51,727,676	
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)	0	51,727,676	48,647,079
Less:				
17.	Net reinsurance recoveries			(5,287)
18.	Total hospital and medical (Lines 16 minus 17)	0	51,727,676	48,652,366
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses		1,774,638	1,460,488
21.	General administrative expenses		16,573,518	15,324,293
22.	Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)	0	70,075,832	65,437,147
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,250,776	1,586,320
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		200,417	195,569
26.	Net realized capital gains or (losses) less capital gains tax of $.....8,901		17,277	19,707
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	217,694	215,276
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]		(72,481)	(37,225)
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	1,395,989	1,764,371
31.	Federal and foreign income taxes incurred	XXX	685,733	607,902
32.	Net income (loss) (Lines 30 minus 31)	XXX	710,256	1,156,469
	DETAILS OF WRITE-INS			
0601.	Self Insured	XXX	2,550,720	2,508,949
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	2,550,720	2,508,949
0701.	Other income	XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.	Other income			
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	68,775,888			68,775,888						
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	2,550,720	0	0	0	0	0	0	0	2,550,720	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	71,326,608	0	0	68,775,888	0	0	0	0	2,550,720	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	51,727,676			51,727,676						XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	51,727,676	0	0	51,727,676	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	51,727,676	0	0	51,727,676	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	1,774,638			1,268,219					506,419	
20. General administrative expenses	16,573,518			14,068,911					2,504,607	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	70,075,832	0	0	67,064,806	0	0	0	0	3,011,026	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,250,776	0	0	1,711,082	0	0	0	0	(460,306)	0
DETAILS OF WRITE-INS										
0501. Self Insured	2,550,720								2,550,720	XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	2,550,720	0	0	0	0	0	0	0	2,550,720	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX