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# AMENDED FILING EXPLANATION

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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

### OTHER

Timothy P. Berghoff F.S.A., M.A.A.A	Consulting Actuary
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### 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	a. Is this an original filing?	Yes [X] No [ ]
This _____ day of _____, 2016	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____