
AMENDED FILING EXPLANATION

Revision to General Expenses Due and Accrued



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the
SUPERIOR DENTAL CARE, INC.

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

Organized under the Laws of OH
Licensed as Business Type.....DENTAL SERVICE CORPORATION
Incorporated/Organized..... November 30, 1984

Statutory Home Office
Main Administrative Office
Mail Address
Primary Location of Books and Records
Internet Web Site Address
Statutory Statement Contact

State of Domicile or Port of Entry OH
Is HMO Federally Qualified? Yes [] No [X]
Commenced Business..... January 1, 1986

6683 CENTERVILLE-BUSINESS PARKWAY..... DAYTON OH 45459
(Street and Number) (City or Town, State, County and Zip Code)

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

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

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

www.superiodental.com

BRIAN WISNIEWSKI
(Name)
BWISNIEWSKI@SUPERIORDENTAL.COM
(E-Mail Address)

937-438-0283
(Area Code) (Telephone Number) (Extension)
937-438-1093
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. L DON SHUMAKER DDS	PRESIDENT	2. DOUGLAS R HOEFLING DDS	TREASURER
3. GLENN BOWER	SECRETARY	4. TRACI Y HARRELL	CEO

OTHER

DIRECTORS OR TRUSTEES

Dennis A Burns DDS L Don Shumaker DDS Thomas A Grabeman DDS Traci Y Harrell	Roger E Clark DDS James L Sims DDS Dale Anne Featheringham DDS	Douglas R Hoefling DDS Laura Pall DDS Glenn Bower	Richard W Portune DDS David W Menning DDS Brett S Pelok DDS
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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) L DON SHUMAKER DDS 1. (Printed Name) PRESIDENT (Title)	(Signature) DOUGLAS R HOEFLING DDS 2. (Printed Name) TREASURER (Title)	(Signature) GLENN BOWER 3. (Printed Name) SECRETARY (Title)
Subscribed and sworn to before me This _____ day of _____ 2018	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 [] _____ _____ _____