



HEALTH QUARTERLY STATEMENT

As of June 30, 2021
of the Condition and Affairs of the

Dental Care Plus, Inc.

NAIC Group Code.....4512, 4512
(Current Period) (Prior Period)

NAIC Company Code..... 96265

Employer's ID Number..... 31-1185262

Organized under the Laws of OH

State of Domicile or Port of Entry OH

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

Michael Kelly
(Name)
Michael.Kelly@greatdentalplans.com
(E-Mail Address)

617-886-1332
(Area Code) (Telephone Number) (Extension)
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Robert Lynn	President	2. Matthew Henning	Secretary
3. Frank Scalise	Treasurer	4.	

OTHER

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

DIRECTORS OR TRUSTEES

Robert Lynn	Frank Scalise	David Abelman	Brett Bostrack
Brian Jones			

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)
Robert Lynn	Matthew Henning	Frank Scalise
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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 []