



QUARTERLY STATEMENT
AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Dental Care Plus, Inc.

NAIC Group Code	<u>4512</u>	<u>4512</u>	NAIC Company Code	<u>96265</u>	Employer's ID Number	<u>31-1185262</u>
	(Current Period)	(Prior Period)				
Organized under the Laws of	<u>OH</u>	State of Domicile or Port of Entry	<u>OH</u>			
Country of Domicile	<u>United States</u>					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	<u>01/06/1986</u>	Commenced Business	<u>03/01/1988</u>			
Statutory Home Office	<u>465 Medford St</u>	<u>Boston, MA, US 02129</u>				
	(Street and Number)	(City or Town, State, Country and Zip Code)				
Main Administrative Office	<u>465 Medford St</u>	<u>(617)886-1818</u>				
	(Street and Number)	(Area Code) (Telephone Number)				
Mail Address	<u>465 Medford St.</u>	<u>Boston, MA, US 02129</u>				
	(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	<u>465 Medford St.</u>	<u>(617)886-1332</u>				
	(Street and Number)	(Area Code) (Telephone Number)				
Internet Web Site Address	<u>www.dentaquestgov.com</u>					
Statutory Statement Contact	<u>Michael Kelly</u>	<u>(617)886-1332</u>				
	(Name)	(Area Code)(Telephone Number)(Extension)				
	<u>michael.kelly@dentaquest.com</u>	<u>(617)886-1515</u>				
	(E-Mail Address)	(Fax Number)				

OFFICERS

<u>Name</u>	<u>Title</u>
Robert Lynn	President
Matthew Henning	Secretary
Frank Scalise	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Robert Lynn
David Abelman
Brian Jones

Frank Scalise
Brett Bostrack

State of Ohio
County of Hamilton ss

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.

Robert Lynn
(Signature)
Robert Lynn
(Printed Name)
1.
President
(Title)

Matthew Henning
(Signature)
Matthew Henning
(Printed Name)
2.
Secretary
(Title)

Frank Scalise
(Signature)
Frank Scalise
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
_____ day of _____, 2022

- 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[]

(Notary Public Signature)