



QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
Dental Care Plus, Inc.

NAIC Group Code	0549 (Current Period)	4512 (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	United States					
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	01/06/1986		Commenced Business	03/01/1988		
Statutory Home Office	465 Medford St (Street and Number)		Boston, MA, US 02129 (City or Town, State, Country and Zip Code)			
Main Administrative Office			465 Medford St (Street and Number)			
	Boston, MA, US 02129 (City or Town, State, Country and Zip Code)		(617)886-1818 (Area Code) (Telephone Number)			
Mail Address	465 Medford St. (Street and Number or P.O. Box)		Boston, MA, US 02129 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			465 Medford St. (Street and Number)			
	Boston, MA, US 02129 (City or Town, State, Country and Zip Code)		(617)886-1332 (Area Code) (Telephone Number)			
Internet Web Site Address	www.dentaquestgov.com					
Statutory Statement Contact	Michael Kelly (Name)		(617)886-1332 (Area Code)(Telephone Number)(Extension)			
	michael.kelly@dentaquest.com (E-Mail Address)		(617)886-1515 (Fax Number)			

OFFICERS

Name	Title
Robert Lynn	President
Matthew Henning	Secretary
Frank Scalise	Treasurer

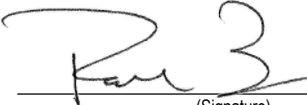
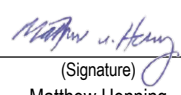
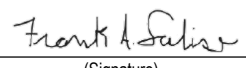
OTHERS

DIRECTORS OR TRUSTEES

Robert Lynn  
David Abelman  
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.

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