

QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Dental Care Plus, Inc.

NAIC Group Code	0549 (Current Period)	0549 (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	10300 Springfield Pike (Street and Number)		Cincinnati, OH, US 0248145215 (City or Town, State, Country and Zip Code)			
Main Administrative Office			96 Worcester Street (Street and Number)			
	Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code)		(781)446-1514 (Area Code) (Telephone Number)			
Mail Address	96 Worcester Street (Street and Number or P.O. Box)		Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			96 Worcester Street (Street and Number)			
	Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code)		(781)446-1514 (Area Code) (Telephone Number)			
Internet Web Site Address	N/A					
Statutory Statement Contact	Janelle Randall (Name)		(781)446-1514 (Area Code)(Telephone Number)(Extension)			
	janelle.randall@sunlife.com (E-Mail Address)		(781)446-2398 (Fax Number)			

OFFICERS

Name	Title
Robert Lynn	President
Colleen Kallas	Secretary
Frank Scalise	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Robert Lynn
David Riley
Scott Davis

Frank Scalise
Brett Bostrack

State of

Ohio

County of

Hamilton

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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.

Brett A Bostrack

(Signature)

Robert Lynn

(Printed Name)

1.

President

(Title)

Colleen Kallas

(Signature)

Colleen Kallas

(Printed Name)

2.

Secretary

(Title)

Miles Yakre

(Signature)

Miles Yakre

(Printed Name)

3.

Treasurer

(Title)

Subscribed and sworn to before me this

19th

day of

April

, 2023

Robin L. Pierce

(Notary Public Signature)

- a. Is this an original filing?
- b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached



ROBIN L. PIERCE

My Commission Expires

September 23, 2024

Clay County

Commission #12616812

Yes[X] No[]

Subscribed and sworn to before me this

20

day of

April

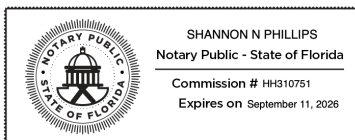
2023

by Brett A. Bostrack

Shannon N Phillips

Notary Public

HH310751



Notarized online using audio-video communication