96265202320100103 2023 Document Code: 201

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 01/06/1986 Commenced Business 03/01/1988

Statutory Home Office 96 Worcester Street (Street and Number), Wellesley Hills, MA, US 02481 (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)237-0707 (Fax Number)

OFFICERS

Name	Title
Robert Lynn	President
Colleen Kallas	Secretary
Miles Yakre	Treasurer #

OTHERS

DIRECTORS OR TRUSTEES

Robert Lynn
David Riley
Scott Davis #
Neil Haynes #
Brett Bostrack

State of
County of 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	Colleen Louise Kallas	Miles B Yakre
(Signature)	(Signature)	(Signature)
Robert Lynn	Colleen Kallas	Miles Yakre
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 10th day of November, 2023

see attached certificate
(Notary Public Signature)

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

Notarized online using audio-video communication

State of Florida, County of Broward
Subscribed and sworn to before me this 23rd day of October 2023 by Colleen Kallas. Identification verified by Drivers License

Raymond D Stonecipher
Raymond D Stonecipher

RAYMOND D STONECIPHER
Notary Public - State of Florida
Commission # HH 162425
Expires on August 8, 2025

State of Texas, County of Harris
Subscribed and sworn to before me this 20th day of October 2023 by Miles Yakre.

Notary Public, State of Texas

Sheirita Ann Patterson
ID NUMBER
131644443
COMMISSION EXPIRES
July 16, 2026

Notarized online using audio-video communication

JURAT

State/Commonwealth of TEXAS)
)
☐ City ☑ County of Dallas)

On 11/10/2023 (*Date*), before me, Jaeland Cleark (*Notary Name*),
the foregoing instrument was subscribed and sworn (or affirmed) before me by:

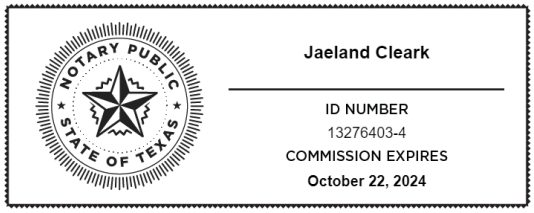
Robert Lynn
(*Name of Affiant(s)*)

❑ Personally known to me **-- OR --**

❑ Proved to me on the basis of the oath of _____ (*Name of Credible Witness*) **-- OR --**

☑ Proved to me on the basis of satisfactory evidence: driver_license (*Type of ID Presented*)

WITNESS my hand and official seal.



Notary Public Signature: Jaeland Cleark

Notary Name: Jaeland Cleark

Notary Commission Number: 13276403-4

Notary Commission Expires: 10/22/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Quarterly Statement

Document Date: 11/10/2023

Number of Pages (including notarial certificate): 2