



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Superior Dental Care, Inc.

NAIC Group Code07300730NAIC Company Code96280Employer's ID Number31-1119867
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Dental Service Corporation

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized11/30/1984Commenced Business01/01/1986

Statutory Home Office100 American RoadCleveland, OH, US 44144
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office100 American RoadCleveland, OH, US 44144216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address100 American RoadCleveland, OH, US 44144
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records100 American RoadCleveland, OH, US 44144216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.SuperiorDental.com

Statutory Statement ContactKevin Spruch216-687-2759
(Name)(Area Code) (Telephone Number)

Kevin.Spruch@medmutual.com216-687-4073
(E-mail Address)(FAX Number)

OFFICERS

CEOSteven Craig GlassTreasurerAnthony Michael Helton

SecretaryAnthea Rena DanielsPresidentAndrea Marie Hogben

OTHER

DIRECTORS OR TRUSTEES

Steven Craig GlassAnthea Rena DanielsAndrea Marie HogbenAnthony Michael Helton

State ofOhioSS

County ofCuyahoga

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.

Steven Craig GlassAnthea Rena DanielsAnthony Michael Helton
CEOSecretaryTreasurer

Subscribed and sworn to before me this day of

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.....

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	10,371,300		10,371,300	7,151,222
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	950,970		950,970	996,853
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	0
5. Cash (\$3,535,188 , Schedule E - Part 1), cash equivalents (\$8,868,952 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	12,404,140		12,404,140	15,156,892
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	23,726,410	0	23,726,410	23,304,967
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	126,260		126,260	79,579
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,804,385		1,804,385	520,949
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	310,761		310,761	664,922
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	59,595		59,595	93,310
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	35,096	35,096	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	6,635	6,173	462	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual				0
2. Comprehensive (hospital and medical) group				0
3. Medicare Supplement				0
4. Vision only				0
5. Dental only	57,801,721			57,801,721
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	0			0
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	57,801,721	0	0	57,801,721
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	57,801,721	0	0	57,801,721

