



QUARTERLY STATEMENT

AS OF JUNE 30, 2025
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			Ohio	State of Domicile or Port of Entry			Ohio
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]				
Incorporated/Organized	01/06/1986	Commenced Business					
Statutory Home Office	4400 Easton Commons Way, Suite 125 (Street and Number)	Columbus, OH, US 43219 (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)					
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)					
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	Name	Title
David Olson	President	Colleen Kallas	Secretary
Craig Wright #	VP, Chief Financial Officer and Treasurer		

OTHER OFFICERS

David Olson	Neil Haynes	David Riley	Brett Bostrack
Scott Davis			

Virginia
State of

County of Prince William, Virginia

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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.

David Olson

David Olson
President

Colleen Kallas
Secretary

Craig Wright
VP, Chief Financial Officer and Treasurer

Subscribed and sworn to before me this
28th day of July, 2025
by David Olson.

M
Electronic Notary Public

Notary Public 04/30/2029

Notarized remotely online using communication technology via Proof.
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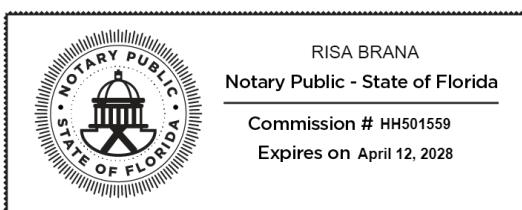


State of Florida County of Miami-Dade

Subscribed and sworn to before me on this 28th day of July 2025 by
Colleen L. Kallas.

S
Notary Public

04/12/2028



Notarized remotely online using communication technology via Proof.

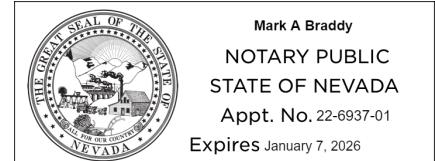
Nevada State of _____ County of _____ Clark

Subscribed and sworn to before me on this 28th day of
July 2025 by Craig Wright.

M.A. Braddy
Notary Public

01/07/2026

Mark A Braddy



Notarized remotely using audio-video communication technology via Proof.