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OFFICE OF RISK ASSESSMENT



REC

HEALTH QUARTERLY STATEMENT AS OF MARCH 31, 2015 OF THE CONDITION AND AFFAIRS OF THE Ohio Dental Association Wellness Trust

NAIC Group Code 0000, NAIC Company Code 00117, Employer's ID Number 47-6503449, Organized under the Laws of Ohio, State of Domicile or Part of Entry Ohio, Country of Domicile United States of America, Licensed as business type: Other, Is HMO Federally Qualified? Yes [] No [], Incorporated/Organized 01/07/2015, Commenced Business 03/01/2015, Statutory Home Office 1370 Dublin Road, Columbus, OH, US 43215, Main Administrative Office 1370 Dublin Road, Columbus, OH, US 43215, 614-486-2700, Mail Address 1370 Dublin Road, Columbus, OH, US 43215, Primary Location of Books and Records 1370 Dublin Road, Columbus, OH, US 43215, 614-486-2700, Internet Website Address, Statutory Statement Contact Ryan Davis, 678-242-1391, rdavis@healthcoopstrategies.com, (E-mail Address), (FAX Number)

OFFICERS

President Thomas Paumier #, Secretary Jeffery Benton #

OTHER

DIRECTORS OR TRUSTEES

Ronald Lemmo #, Christopher Connell #, Thomas Kely #, Wayne Marshall #, Thomas Matanzo #

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.

Thomas Paumier, President

Jeffery Benton, Secretary

W. Ken Southerland, COO

Subscribed and sworn to before me this 14th day of May 2015, Kimberly L. Gutheil

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 05/15/2015
3. Number of pages attached



KIMBERLY L. GUTHEIL NOTARY PUBLIC STATE OF OHIO Comm. Expires June 06, 2017 Recorded in Franklin County

[Faint, mostly illegible text from the main body of the document]

NOTARILY CERTIFIED STATEMENT
NOTARY PUBLIC
STATE OF OHIO
Ohio Division of Professional Wellness
June 08, 2017
Recorded in
Franklin County





HEALTH QUARTERLY STATEMENT
 AS OF MARCH 31, 2015
 OF THE CONDITION AND AFFAIRS OF THE
Ohio Dental Association Wellness Trust

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 00117 Employer's ID Number 47-6503449

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 01/07/2015 Commenced Business 03/01/2015

Statutory Home Office 1370 Dublin Road Columbus, OH, US 43215
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1370 Dublin Road
 (Street and Number) Columbus, OH, US 43215
 (City or Town, State, Country and Zip Code) 614-486-2700
 (Area Code) (Telephone Number)

Mail Address 1370 Dublin Road Columbus, OH, US 43215
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1370 Dublin Road
 (Street and Number) Columbus, OH, US 43215
 (City or Town, State, Country and Zip Code) 614-486-2700
 (Area Code) (Telephone Number)

Internet Website Address _____

Statutory Statement Contact Ryan Davis 678-242-1391
 (Name) (Area Code) (Telephone Number)
rdavis@healthcoopstrategies.com _____
 (E-mail Address) (FAX Number)

OFFICERS

President Thomas Paumier #
 Secretary Jeffery Benton #

OTHER

DIRECTORS OR TRUSTEES

Ronald Lemmo # Christopher Connell # Thomas Kelly #
Wayne Marshall # Thomas Matanzo #

State of _____ SS:
 County of _____

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.

Thomas Paumier
 President

Jeffery Benton
 Secretary

W. Ken Southerland
 COO

Subscribed and sworn to before me this 14th day of May 2015
Kimberly L. Gutheil

- a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed 05/15/2015
 3. Number of pages attached.....



KIMBERLY L. GUTHEIL
 NOTARY PUBLIC
 STATE OF OHIO
 Comm. Expires
 June 06, 2017
 Recorded in
 Franklin County

FRANKLIN COUNTY
RECORDED IN
JUNE 06, 2017
COMM. EXPIRES
STATE OF OHIO
NOTARY PUBLIC
KIMBERLY L. GUTHER



STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (loss \$ reinsurance ceded)	545,519		545,519	
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses			0	
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	515,451		515,451	
9. General expenses due or accrued	153,913		153,913	
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$ companies)			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$ current)	9,154	0	9,154	0
24. Total liabilities (Lines 1 to 23)	1,224,037	0	1,224,037	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	405,662	0
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	55,289	0
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	460,951	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,684,988	0
DETAILS OF WRITE-INS				
2301. ACA Fee Payable	9,154		9,154	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	9,154	0	9,154	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	2,612		0
2. Net premium income (including \$ non-health premium income)		854,144		0
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	854,144	0	0
Hospital and Medical:				
9. Hospital/medical benefits		612,112		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		27,673		
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	639,785	0	0
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	639,785	0	0
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 9,087 cost containment expenses		65,083		
21. General administrative expenses		93,997		
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	0	798,855	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	55,289	0	0
25. Net investment income earned				
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	0	0	0
28. Net gain or (loss) from agents' or premium balances charged off ((amount recovered \$) (amount charged off \$))				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	55,289	0	0
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	55,289	0	0
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. ACA Fee Billed		9,154		0
2902. ACA Fee Expense		(9,154)		0
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	0		
34. Net income or (loss) from Line 32	55,289		
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
40. Change in unauthorized and certified reinsurance	0		
41. Change in treasury stock	0		
42. Change in surplus notes	0		
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in	0		
44.2 Transferred from surplus (Stock Dividend)	0		
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	405,662		
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	460,951	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	460,951	0	0
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,232,092		
2. Net investment income	0		
3. Miscellaneous income	0		
4. Total (Lines 1 to 3)	1,232,092	0	0
5. Benefit and loss related payments	94,266		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	(3,997)		
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0		
10. Total (Lines 5 through 9)	90,269	0	0
11. Net cash from operations (Line 4 minus Line 10)	1,141,823	0	0
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0		
12.2 Stocks	0		
12.3 Mortgage loans	0		
12.4 Real estate	0		
12.5 Other invested assets	0		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0		
12.7 Miscellaneous proceeds	0		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0		
13.2 Stocks	0		
13.3 Mortgage loans	0		
13.4 Real estate	0		
13.5 Other invested assets	0		
13.6 Miscellaneous applications	0		
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0		
16.2 Capital and paid in surplus, less treasury stock	405,662		
16.3 Borrowed funds	0		
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0		
16.5 Dividends to stockholders	0		
16.6 Other cash provided (applied)	0		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	405,662	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,547,485	0	0
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	0		
19.2 End of period (Line 18 plus Line 19.1)	1,547,485	0	0

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	2,612		2,612							
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,612		2,612							
Total Member Ambulatory Encounters for Period:										
7. Physician	304		304							
8. Non-Physician	162		162							
9. Total	466	0	466	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1		1							
11. Number of Inpatient Admissions	1		1							
12. Health Premiums Written (a)	854,144		854,144							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	854,144		854,144							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	639,785		639,785							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees &

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						545,519
0699999 Total amounts withheld						545,519
0799999 Total claims unpaid						545,519
0899999 Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		94,266		545,519	0	
2. Medicare Supplement					0	
3. Dental Only					0	
4. Vision Only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	0	94,266	0	545,519	0	0
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13 Totals (Lines 9-10+11+12)	0	94,266	0	545,519	0	0

(a) Excludes \$ loans or advances to providers not yet expensed

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF MARCH 31, 2015 OF The Ohio Dental Association Wellness Trust
NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying statutory financial statements of the Plan have been prepared in accordance with accounting practices outlined by the *National Association of Insurance Commissioners ("NAIC) Accounting Practices and Procedures* manual subject to deviations permitted by the Ohio Department of Insurance ("ODI"). There are no material differences in the accounting practices followed by the Plan from those designated by the NAIC. However, the practices designated by the NAIC, vary in certain respects from accounting principles generally accepted in the United States of America ("GAAP").

The significant differences from GAAP include the following: a) certain assets are designated as "non-admitted" assets; b) errors from prior years, if applicable, are corrected in the current year financial statements as an adjustment to surplus in the aggregate write-ins for gains and losses in surplus; c) loss reserves are reported net of reinsurance ceded; and d) policy acquisition costs are expensed in the year incurred and not amortized over the life of the policy; e) surplus notes payable are included as surplus in the statements of admitted assets, liabilities, and surplus as opposed to a liability; f) interest payable on surplus notes are not accrued until approved for payment by the Georgia Department of Insurance. The Plan was formed under the MEWA laws of the Official Code of Ohio Annotated §1739.

Estimates

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory financial statements and the reported amounts of revenues and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserves. Actual results could differ from those estimates.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned. Deferred health care fees are recognized for amounts paid in advance by individual employers for covered benefits, prior to the effective date of the policy or for which services have not yet been provided.

Cash and Cash Equivalents

For purposes of the statements of cash flows - statutory basis, the Plan considers short-term investments with an initial maturity of one year or less to be cash equivalents.

Concentration of Credit Risk

The Plan maintains cash balances at one financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of this institution in an effort to minimize collection risk.

Reserve for Incurred But Not Reported Claims

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). The IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus — statutory basis at present value.

Non-admitted Assets

There were no non-admitted assets as of March 31, 2015.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

There is no investment income in default that would be excluded from investment income and considered non-admitted at 3/31/2015.

Note 8 - Derivative Instruments

None Owned

Note 9 - Income Taxes

No income taxes were incurred or payments made in 2015, for taxable investment income earned in 2015. At March 31, 2015, there was no taxable income to the Plan. The Plan has no significant items which would result in a deferred tax asset or liability.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

None

Note 11 - Debt

None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

STATEMENT AS OF MARCH 31, 2015 OF The Ohio Dental Association Wellness Trust

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

None

Note 14 - Contingencies

None

Note 15 - Leases

None

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20 - Fair Value

The Plan uses the following fair value hierarchy to present its fair value disclosures:

Level 1 - Quoted (unadjusted) prices for identical assets in active markets.

Level 2 - Other observable inputs, either directly or indirectly, including quoted prices for similar assets in active markets.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data.

The Plan's financial assets that are measured at fair value on a recurring basis are all Level 1 investments at March 31, 2015 and are based on quoted market prices.

Note 21 - Other Items

None

Note 22 - Events Subsequent

None

Note 23 - Reinsurance

Reinsurance Provisions

The Plan entered into an insurance agreement for aggregate excess loss and individual excess loss with the American Alternative Insurance Company, which covers medical and prescription benefits. Under the terms of the policy, for the quarter ended March 31, 2015 Plan has an aggregate deductible of the greater of \$2,000,000, or 100 percent of the first Monthly Aggregate Deductible amount times twelve, and a per member deductible of \$150,000. The Plan will receive reimbursement for all claims, in any contract year, over the deductible, with no maximum annual benefit under the Plan per member.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

Note 25 - Change In Incurred Losses and Loss Adjustment Expenses

None

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

Note 28 - Health Care Receivables

None

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- | | | |
|--|----|---|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. | \$ | 0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.3 Total payable for securities lending reported on the liability page. | \$ | 0 |

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, II - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [] No [X]

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

- 1.1 A&H loss percent 75.9 %
- 1.2 A&H cost containment percent 1.0 %
- 1.3 A&H expense percent excluding cost containment expenses 11.0 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Code	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
1972	12-204113	02/01/2015	American Alternative Insurance Corporation	DE	09A/1	Authorized		

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1	Direct Business Only							9
		2	3	4	5	6	7	8	
Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
1. Alabama	AL	N							0
2. Alaska	AK	N							0
3. Arizona	AZ	N							0
4. Arkansas	AR	N							0
5. California	CA	N							0
6. Colorado	CO	N							0
7. Connecticut	CT	N							0
8. Delaware	DE	N							0
9. District of Columbia	DC	N							0
10. Florida	FL	N							0
11. Georgia	GA	N							0
12. Hawaii	HI	N							0
13. Idaho	ID	N							0
14. Illinois	IL	N							0
15. Indiana	IN	N							0
16. Iowa	IA	N							0
17. Kansas	KS	N							0
18. Kentucky	KY	N							0
19. Louisiana	LA	N							0
20. Maine	ME	N							0
21. Maryland	MD	N							0
22. Massachusetts	MA	N							0
23. Michigan	MI	N							0
24. Minnesota	MN	N							0
25. Mississippi	MS	N							0
26. Missouri	MO	N							0
27. Montana	MT	N							0
28. Nebraska	NE	N							0
29. Nevada	NV	N							0
30. New Hampshire	NH	N							0
31. New Jersey	NJ	N							0
32. New Mexico	NM	N							0
33. New York	NY	N							0
34. North Carolina	NC	N							0
35. North Dakota	ND	N							0
36. Ohio	OH	L	915,184					915,184	
37. Oklahoma	OK	N							0
38. Oregon	OR	N							0
39. Pennsylvania	PA	N							0
40. Rhode Island	RI	N							0
41. South Carolina	SC	N							0
42. South Dakota	SD	N							0
43. Tennessee	TN	N							0
44. Texas	TX	N							0
45. Utah	UT	N							0
46. Vermont	VT	N							0
47. Virginia	VA	N							0
48. Washington	WA	N							0
49. West Virginia	WV	N							0
50. Wisconsin	WI	N							0
51. Wyoming	WY	N							0
52. American Samoa	AS	N							0
53. Guam	GU	N							0
54. Puerto Rico	PR	N							0
55. U.S. Virgin Islands	VI	N							0
56. Northern Mariana Islands	MP	N							0
57. Canada	CAN	N							0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX		915,184	0	0	0	0	915,184	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	(a) 1		915,184	0	0	0	0	915,184	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

Schedule Y - Part 1

NONE

Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

Schedule Y - Part 1A - Explanations

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

- 1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



Overflow Page for Write-ins

NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

NONE

Medicare Part D Coverage Supplement

NONE

STATEMENT AS OF MARCH 31, 2015 OF THE Ohio Dental Association Wellness Trust

Prior Year Validation Data

1.	XXQSU090058 ASSETS, 12, 4 = PY 2014 ANNUAL ASSETS, 12, 3	
2.	XXQSU090059 ASSETS, 28, 4 = PY 2014 ANNUAL ASSETS, 28, 3	
3.	XXQSU090060 ASSETS, 01, 4 = PY 2014 ANNUAL ASSETS, 01, 3	
4.	XXQSN000229 LIAB, 34, 4 = PY 2014 ANNUAL LIAB, 34, 3	
5.	XXQSU090061 CASH, 19.2, 3 = PY 2014 ANNUAL CASH, 19.2, 1	
6.	XXQSU090068 CASH, 19.1, 1 = PY 2014 ANNUAL ASSETS, 05, 1	
7.	XXQSN000001 GENINTPT1INV, 14.21, 3 = PY 2014 ANNUAL HIST5YR, 26, 1	
8.	XXQSN000002 GENINTPT1INV, 14.22, 3 = PY 2014 ANNUAL HIST5YR, 27, 1	
9.	XXQSN000004 GENINTPT1INV, 14.24, 3 = PY 2014 ANNUAL HIST5YR, 29, 1	
10.	XXQSN000005 GENINTPT1INV, 14.25, 3 = PY 2014 ANNUAL HIST5YR, 30, 1	
11.	XXQSN000006 GENINTPT1INV, 14.26, 3 = PY 2014 ANNUAL HIST5YR, 31, 1	
12.	XXQSN000007 GENINTPT1INV, 14.27, 3 = PY 2014 ANNUAL HIST5YR, 32, 1	
13.	XXQSN000010 GENINTPT1INV, 14.23, 3 = PY 2014 ANNUAL HIST5YR, 28, 1	
14.	XXQSU090024 SCAVER, 01, 1 = PY 2014 ANNUAL SCAVER, 09, 2	
15.	XXQSU090026 SCBAVER, 01, 1 = PY 2014 ANNUAL SCBAVER, 11, 2	
16.	XXQSU090025 SCBVER, 01, 1 = PY 2014 ANNUAL SCBVER, 11, 2	
17.	XXQSU090062 SCDPT1B, 07, 8 = PY 2014 ANNUAL SCDPT1ASN1 Sum(Column 6 Line 9.1 to 9.6)	
18.	XXQSU900005 SCDAPTER 01, 1 = PY 2014 Annual SCDAPT1, 9199999, 8	
19.	XXQSU090063 SCDAPTER, 02, 2 = PY 2014 ANNUAL SCDAPTER, 02, 1	
20.	XXQSU090065 SCDAPTER, 05, 2 = PY 2014 ANNUAL SCDAPTER, 05, 1	
21.	XXQSU090066 SCDAPTER, 06, 2 = PY 2014 ANNUAL SCDAPTER, 06, 1	
22.	XXQSU900011 SCDVER, 01, 1 = PY 2014 Annual SCDVER, 10, 2	
23.	XXQSU900012 SCDBPTAVER, 01, 1 = PY 2014 ANNUAL SCDBPTAVER, 09, 2	
24.	XXQSU900013 SCDBPTBVER, 01, 4 = PY 2014 ANNUAL SCDBPTBVER, 06, 4	
25.	XXQSU090067 SCEVER, 01, 1 = PY 2014 ANNUAL SCEVER, 10, 1	
26.	XETMU990010 REVEX1, 06, C3 = PY YTD 2014 QUARTERLY REVEX1, 06, 2	
27.	XETMU990015 REVEX1, 07, C3 = PY YTD 2014 QUARTERLY REVEX1, 07, 2	
28.	XETMU990020 REVEX1, 14, C3 = PY YTD 2014 QUARTERLY REVEX1, 14, 2	
29.	XETMU990025 REVEX1, 29, C3 = PY YTD 2014 QUARTERLY REVEX1, 29, 2	
30.	XETMU000030 REVEX2, 47, C2 = PY YTD 2014 QUARTERLY REVEX2, 47, 1	
31.	XETMU990030 SCAVER, 02, 1, 1 = SCAPT2, 0399999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
32.	XETMU990035 SCAVER, 02, 2, 1 = SCAPT2, 0399999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
33.	XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
34.	XETMU990045 SCBVER, 02, 1, 1 = SCBPT2, 3399999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
35.	XETMU990050 SCBVER, 02, 2, 1 = SCBPT2, 3399999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
36.	XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
37.	XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
38.	XETMU990065 SCBAVER, 02, 1, 1 = SCBAPT2, 4199999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
39.	XETMU990070 SCBAVER, 02, 2, 1 = SCBAPT2, 4199999, 10 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
40.	XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 4199999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
41.	XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 4199999, 16 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
42.	XETMU990085 SCDVER, 02, 1 = SCDPT3, 9999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
43.	XETMU990090 SCDVER, 05, 1 = SCDPT4, 9999999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
44.	XETMU990095 SCDVER, 06, 1 = SCDPT4, 9999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0