

# QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

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FOR THE QUARTER ENDED  
MARCH 31, 2016

HEALTH

2016



## HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2016

## OF THE CONDITION AND AFFAIRS OF THE

Ohio Dental Association Wellness Trust

|  |   |   |       |                      |  |
|--|---|---|-------|----------------------|--|
| NAIC Group Code  | 0000<br>(Current)                                   | 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 <input type="checkbox"/> No <input type="checkbox"/> |   |   |       |                      |  |
| Incorporated/Organized   | 01/07/2015  | Commenced Business  |       |                      | 03/01/2015                                     |
| Statutory Home Office  | 1370 Dublin Road<br>(Street and Number)             | Columbus, OH, US 43215<br>(City or Town, State, Country and Zip Code) |       |                      |  |
| Main Administrative Office   | 1370 Dublin Road<br>(Street and Number)             | Columbus, OH, US 43215<br>(City or Town, State, Country and Zip Code) |       |                      | 614-486-2700<br>(Area Code) (Telephone Number) |
| Mail Address   | 1370 Dublin Road<br>(Street and Number or P.O. Box) | Columbus, OH, US 43215<br>(City or Town, State, Country and Zip Code) |       |                      |  |
| Primary Location of Books and Records  | 1370 Dublin Road<br>(Street and Number)             | Columbus, OH, US 43215<br>(City or Town, State, Country and Zip Code) |       |                      |  |
| Internet Website Address   | www.odawt.com                                       |   |       |                      |  |
| Statutory Statement Contact  | Ryan Davis<br>(Name)                                | 678-242-1391<br>(Area Code) (Telephone Number)                        |       |                      |  |
|  | rDavis@healthcoopstrategies.com<br>(E-mail Address) | 678-242-1390<br>(FAX Number)  |       |                      |  |

## OFFICERS

Chairman Thomas Paumier  
Secretary Jeffery Benton

**OTHER**

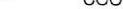
**DIRECTORS OR TRUSTEES**

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  
Chairman

  
Jeffery Benton  
Secretary

  
W. Ken Southerland  
COO

Subscribed and sworn to before me this  
\_\_\_\_\_  
day of \_\_\_\_\_

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

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**ASSETS**

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  |                        |                         | 0   | 0   |
| 2. Stocks:  |                        |                         | 0   | 0   |
| 2.1 Preferred stocks .....  |                        |                         | 0   | 0   |
| 2.2 Common stocks .....   |                        |                         | 0   | 0   |
| 3. Mortgage loans on real estate:   |                        |                         | 0   | 0   |
| 3.1 First liens .....   |                        |                         | 0   | 0   |
| 3.2 Other than first liens .....  |                        |                         | 0   | 0   |
| 4. Real estate:   |                        |                         | 0   | 0   |
| 4.1 Properties occupied by the company (less \$ encumbrances) .....   |                        |                         | 0   | 0   |
| 4.2 Properties held for the production of income (less \$ encumbrances) .....   |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less \$ encumbrances) .....   |                        |                         | 0   | 0   |
| 5. Cash (\$ 2,405,574 ), cash equivalents (\$ ) and short-term investments (\$ ) .....  | 2,405,574              |                         | 2,405,574                                 | 1,707,618   |
| 6. Contract loans (including \$ premium notes) .....  |                        |                         | 0   | 0   |
| 7. Derivatives .....  |                        |                         | 0   | 0   |
| 8. Other invested assets .....  |                        |                         | 0   | 0   |
| 9. Receivables for securities .....   |                        |                         | 0   | 0   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         | 0   | 0   |
| 11. Aggregate write-ins for invested assets .....   | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 2,405,574              | 0                       | 2,405,574                                 | 1,707,618   |
| 13. Title plants less \$ charged off (for Title insurers only) .....  |                        |                         | 0   | 0   |
| 14. Investment income due and accrued .....   |                        |                         | 0   | 0   |
| 15. Premiums and considerations:  |                        |                         | 0   | 0   |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  | 196,051                | 67,617                  | 128,434                                   | 134,568   |
| 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:  |                        |                         | 0   | 0   |
| 16.1 Amounts recoverable from reinsurers .....  | 568,754                |                         | 568,754                                   | 765,608   |
| 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 .....  |                        |                         | 0   | 0   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  |                        |                         | 0   | 0   |
| 18.2 Net deferred tax asset .....   |                        |                         | 0   | 0   |
| 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 (\$ ) .....  |                        |                         | 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   | 500,000   |
| 24. Health care (\$ ) and other amounts receivable .....  | 0                      |                         | 0   | 0   |
| 25. Aggregate write-ins for other than invested assets .....  | 0                      | 0                       | 0   | 0   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                            | 3,170,379              | 67,617                  | 3,102,762                                 | 3,107,794   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |                        |                         | 0   | 0   |
| 28. Total (Lines 26 and 27) .....   | 3,170,379              | 67,617                  | 3,102,762                                 | 3,107,794   |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 1101. .....   |                        |                         |   |   |
| 1102. .....   |                        |                         |   |   |
| 1103. .....   |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....   | 0                      | 0                       | 0   | 0   |
| 2501. .....   |                        |                         |   |   |
| 2502. .....   |                        |                         |   |   |
| 2503. .....   |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....   | 0                      | 0                       | 0   | 0   |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Period |                |            | Prior Year |
|--|----------------|----------------|------------|------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ reinsurance ceded) .....   | 1,071,528      |                | 1,071,528  | 1,593,303  |
| 2. Accrued medical incentive pool and bonus amounts .....  |                |                | 0          | 0          |
| 3. Unpaid claims adjustment expenses .....   |                |                | 0          | 0          |
| 4. Aggregate health policy reserves, including the liability of<br>\$ for medical loss ratio rebate per the Public<br>Health Service Act ..... |                |                | 0          | 0          |
| 5. Aggregate life policy reserves .....  |                |                | 0          | 0          |
| 6. Property/casualty unearned premium reserve .....  |                |                | 0          | 0          |
| 7. Aggregate health claim reserves .....   |                |                | 0          | 0          |
| 8. Premiums received in advance .....  | 790,437        |                | 790,437    | 750,469    |
| 9. General expenses due or accrued .....   | 564,069        |                | 564,069    | 272,801    |
| 10.1 Current federal and foreign income tax payable and interest thereon<br>(including \$ on realized gains (losses)) .....                    |                |                | 0          | 0          |
| 10.2 Net deferred tax liability .....  |                |                | 0          | 0          |
| 11. Ceded reinsurance premiums payable .....   |                |                | 0          | 0          |
| 12. Amounts withheld or retained for the account of others .....   |                |                | 0          | 0          |
| 13. Remittances and items not allocated .....  |                |                | 0          | 0          |
| 14. Borrowed money (including \$ current) and<br>interest thereon \$ (including<br>\$ current) .....   |                |                | 0          | 0          |
| 15. Amounts due to parent, subsidiaries and affiliates .....   |                |                | 0          | 0          |
| 16. Derivatives .....  |                |                | 0          | 0          |
| 17. Payable for securities .....   |                |                | 0          | 0          |
| 18. Payable for securities lending .....   |                |                | 0          | 0          |
| 19. Funds held under reinsurance treaties (with \$<br>authorized reinsurers, \$ unauthorized<br>reinsurers and \$ certified reinsurers) .....  |                |                | 0          | 0          |
| 20. Reinsurance in unauthorized and certified (\$ companies .....  |                |                | 0          | 0          |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....  |                |                | 0          | 0          |
| 22. Liability for amounts held under uninsured plans .....   |                |                | 0          | 0          |
| 23. Aggregate write-ins for other liabilities (including \$ current) .....   | 20,444         | 0              | 20,444     | 65,736     |
| 24. Total liabilities (Lines 1 to 23) .....  | 2,446,478      | 0              | 2,446,478  | 2,682,309  |
| 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    | 405,662    |
| 29. Surplus notes .....  | XXX            | XXX            | 500,000    | 500,000    |
| 30. Aggregate write-ins for other than special surplus funds .....   | XXX            | XXX            | 0          | 0          |
| 31. Unassigned funds (surplus) .....   | XXX            | XXX            | (249,378)  | (480,177)  |
| 32. Less treasury stock, at cost:  |                |                |            |            |
| 32.1 \$ shares common (value included in Line 26<br>\$ ) .....   | XXX            | XXX            |            |            |
| 32.2 \$ shares preferred (value included in Line 27<br>\$ ) .....  | XXX            | XXX            |            |            |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX            | XXX            | 656,284    | 425,485    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            | 3,102,762  | 3,107,794  |
| <b>DETAILS OF WRITE-INS</b>  |                |                |            |            |
| 2301. ACA Fee Payable .....  | 20,444         |                | 20,444     | 65,736     |
| 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)  | 20,444         | 0              | 20,444     | 65,736     |
| 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 OF REVENUE AND EXPENSES**

|   | Current Year<br>To Date |            | Prior Year<br>To Date | Prior Year Ended<br>December 31 |
|---|-------------------------|------------|-----------------------|---------------------------------|
|   | 1<br>Uncovered          | 2<br>Total | 3<br>Total            | 4<br>Total                      |
| 1. Member Months .....  | XXX                     | 8,938      | 2,612                 | 28,456                          |
| 2. Net premium income ( including \$ non-health premium income) .....   | XXX                     | 3,308,189  | 854,144               | 9,498,874                       |
| 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                     | 3,308,189  | 854,144               | 9,498,874                       |
| <b>Hospital and Medical:</b>  |                         |            |                       |                                 |
| 9. Hospital/medical benefits .....  |                         | 2,465,249  | 612,112               | 8,250,355                       |
| 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                       | 2,465,249  | 639,785               | 8,250,355                       |
| <b>Less:</b>  |                         |            |                       |                                 |
| 17. Net reinsurance recoveries .....  |                         |            |                       |                                 |
| 18. Total hospital and medical (Lines 16 minus 17) .....  | 0                       | 2,465,249  | 639,785               | 8,250,355                       |
| 19. Non-health claims (net) .....   |                         |            |                       |                                 |
| 20. Claims adjustment expenses, including \$ 32,853 cost containment expenses .....   |                         | 235,344    | 65,083                | 735,665                         |
| 21. General administrative expenses .....   |                         | 332,091    | 93,987                | 970,120                         |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....         |                         |            |                       | 0                               |
| 23. Total underwriting deductions (Lines 18 through 22) .....   | 0                       | 3,032,684  | 798,855               | 9,956,140                       |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....  | XXX                     | 275,505    | 55,289                | (457,266)                       |
| 25. Net investment income earned .....  |                         |            |                       | 0                               |
| 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                     | 275,505    | 55,289                | (457,266)                       |
| 31. Federal and foreign income taxes incurred .....   | XXX                     |            |                       |                                 |
| 32. Net income (loss) (Lines 30 minus 31) .....   | XXX                     | 275,505    | 55,289                | (457,266)                       |
| <b>DETAILS OF WRITE-INS</b>   |                         |            |                       |                                 |
| 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 .....  | 20,444                  |            |                       |                                 |
| 2902. ACA Fee Expense .....   | (20,444)                |            |                       |                                 |
| 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<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year.....                                      | 425,485                      | 0                          | 0                                    |
| 34. Net income or (loss) from Line 32 .....  | 275,505                      | 55,289                     | (457,266)                            |
| 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 .....   | (44,706)                     |                            | (22,911)                             |
| 40. Change in unauthorized and certified reinsurance .....                             | 0                            | 0                          | 0                                    |
| 41. Change in treasury stock .....   | 0                            | 0                          | 0                                    |
| 42. Change in surplus notes .....  | 0                            | 0                          | 500,000                              |
| 43. Cumulative effect of changes in accounting principles.....                         |                              |                            |                                      |
| 44. Capital Changes:   |                              |                            |                                      |
| 44.1 Paid in .....   | 0                            | 0                          | 0                                    |
| 44.2 Transferred from surplus (Stock Dividend).....                                    | 0                            | 0                          | 0                                    |
| 44.3 Transferred to surplus.....   |                              |                            |                                      |
| 45. Surplus adjustments:   |                              |                            |                                      |
| 45.1 Paid in .....   | 0                            | 405,662                    | 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) .....                             | 230,799                      | 460,951                    | 425,485                              |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                      | 656,284                      | 460,951                    | 425,485                              |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                                      |
| 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, 2016 OF THE Ohio Dental Association Wellness Trust

**CASH FLOW**

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....   | 3,309,585                    | 1,232,092                  | 10,091,864                           |
| 2. Net investment income .....   | 0                            | 0                          | 0                                    |
| 3. Miscellaneous income .....  | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3) .....  | 3,309,585                    | 1,232,092                  | 10,091,864                           |
| 5. Benefit and loss related payments .....   | 2,790,170                    | 94,266                     | 7,422,660                            |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                             |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 321,459                      | (3,997)                    | 1,367,248                            |
| 8. Dividends paid to policyholders .....   |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....                 | 0                            | 0                          | 0                                    |
| 10. Total (Lines 5 through 9) .....  | 3,111,629                    | 90,269                     | 8,789,908                            |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | 197,956                      | 1,141,823                  | 1,301,956                            |
| <b>Cash from Investments</b>   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:   |                              |                            |                                      |
| 12.1 Bonds .....   | 0                            | 0                          | 0                                    |
| 12.2 Stocks .....  | 0                            | 0                          | 0                                    |
| 12.3 Mortgage loans .....  | 0                            | 0                          | 0                                    |
| 12.4 Real estate .....   | 0                            | 0                          | 0                                    |
| 12.5 Other invested assets .....   | 0                            | 0                          | 0                                    |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                    | 0                            | 0                          | 0                                    |
| 12.7 Miscellaneous proceeds .....  | 0                            | 0                          | 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                            | 0                          | 0                                    |
| 13.2 Stocks .....  | 0                            | 0                          | 0                                    |
| 13.3 Mortgage loans .....  | 0                            | 0                          | 0                                    |
| 13.4 Real estate .....   | 0                            | 0                          | 0                                    |
| 13.5 Other invested assets .....   | 0                            | 0                          | 0                                    |
| 13.6 Miscellaneous applications .....  | 0                            | 0                          | 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                            | 0                          | 0                                    |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  | 0                            | 0                          | 0                                    |
| <b>Cash from Financing and Miscellaneous Sources</b>   |                              |                            |                                      |
| 16. Cash provided (applied):   |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....  | 0                            | 0                          | 500,000                              |
| 16.2 Capital and paid in surplus, less treasury stock .....  | 0                            | 405,662                    | 405,662                              |
| 16.3 Borrowed funds .....  | 0                            | 0                          | 0                                    |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....  | 0                            | 0                          | 0                                    |
| 16.5 Dividends to stockholders .....   | 0                            | 0                          | 0                                    |
| 16.6 Other cash provided (applied) .....   | 500,000                      | 0                          | (500,000)                            |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) ..... | 500,000                      | 405,662                    | 405,662                              |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>   |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                | 697,956                      | 1,547,485                  | 1,707,618                            |
| 19. Cash, cash equivalents and short-term investments:   |                              |                            |                                      |
| 19.1 Beginning of year .....   | 1,707,618                    | 0                          | 0                                    |
| 19.2 End of period (Line 18 plus Line 19.1) .....  | 2,405,574                    | 1,547,485                  | 1,707,618                            |

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|   | 1         | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|---|-----------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
|   |           | Total                                 | Individual |                             |                     |                     |   |                              |                            |             |
| <b>Total Members at end of:</b>                                 |           |                                       |            |                             |                     |                     |   |                              |                            |             |
| 1. Prior Year .....   | 2,915     | 0                                     | 2,915      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 2. First Quarter .....  | 2,612     | 2,612                                 | 2,612      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 3. Second Quarter .....   | 2,783     | 2,783                                 | 2,783      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 4. Third Quarter .....  | 2,949     | 2,949                                 | 2,949      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 5. Current Year .....   | 2,980     | 2,980                                 | 2,980      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 6. Current Year Member Months .....                             | 8,938     | 8,938                                 | 8,938      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| <b>Total Member Ambulatory Encounters for Period:</b>           |           |                                       |            |                             |                     |                     |   |                              |                            |             |
| 7. Physician .....  | 4,515     | 4,515                                 | 4,515      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 8. Non-Physician .....  | 2,430     | 2,430                                 | 2,430      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 9. Total .....  | 6,945     | 6,945                                 | 6,945      | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred .....                        | 37        | 37                                    | 37         | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions .....                        | 15        | 15                                    | 15         | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 12. Health Premiums Written (a) .....                           | 3,308,189 | 3,308,189                             | 3,308,189  | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 13. Life Premiums Direct .....                                  | 0         | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 14. Property/Casualty Premiums Written .....                    | 0         | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 15. Health Premiums Earned .....                                | 0         | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 16. Property/Casualty Premiums Earned .....                     | 0         | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision of Health Care Services .....     | 0         | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of Health Care Services ..... | 2,465,249 | 2,465,249                             | 2,465,249  | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |

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

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

| 1<br>Account   |  | Aging Analysis of Unpaid Claims |                   |                   |                    |                    |           | 7<br>Total |
|--|--|---------------------------------|-------------------|-------------------|--------------------|--------------------|-----------|------------|
| Claims Unpaid (Reported)                                     |  | 2<br>1 - 30 Days                | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days |           |            |
| 0299999 Aggregate accounts not individually listed-uncovered |  |                                 |                   |                   |                    |                    | 0         | 0          |
| 0399999 Aggregate accounts not individually listed-covered   |  |                                 |                   |                   |                    |                    | 0         | 0          |
| 0499999 Subtotals  |  | 0                               | 0                 | 0                 | 0                  | 0                  | 0         | 0          |
| 0599999 Unreported claims and other claim resources          |  |                                 |                   |                   |                    |                    | 1,071,528 | 1,071,528  |
| 0699999 Total amounts withheld                               |  |                                 |                   |                   |                    |                    | 0         | 0          |
| 0799999 Total claims unpaid                                  |  |                                 |                   |                   |                    |                    | 1,071,528 | 1,071,528  |
| 0899999 Accrued medical incentive pool and bonus amounts     |  |                                 |                   |                   |                    |                    |           |            |

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business                                    | Claims Paid<br>Year to Date   |   | Claims Unpaid<br>Dec. 31<br>of Prior Year | Claims Incurred<br>During the Year | Claims Incurred<br>During the Year | Claims Incurred in<br>Prior Years<br>(Columns 1 + 3) | Estimated Claim<br>Reserve and<br>Claim Liability<br>December 31 of<br>Prior Year | 5       | 6         |
|---|---|---|---|------------------------------------|------------------------------------|--|---|---------|-----------|
|   | 1<br>On<br>Claims Incurred<br>Prior<br>to January 1<br>of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year |   |                                    |                                    |  |   |         |           |
| 1. Comprehensive (hospital and medical) .....       | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 974,996 | 96,532    |
| 2. Medicare Supplement .....                        | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 3. Dental Only .....                                | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 4. Vision Only .....                                | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 5. Federal Employees Health Benefits Plan .....     | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 6. Title XVIII - Medicare .....                     | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 7. Title XIX - Medicaid .....                       | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 8. Other health .....                               | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 9. Health subtotal (Lines 1 to 8) .....             | 0   | 0   | 96,532                                    | 974,996                            | 96,532                             | 1,593,303  | 96,532  | 96,532  | 1,593,303 |
| 10. Healthcare receivables (a) .....                | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 11. Other non-health .....                          | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 12. Medical incentive pools and bonus amounts ..... | .....   | .....   | .....                                     | .....                              | .....                              | .....  | .....   | 0       | 0         |
| 13. Totals (Lines 9+10+11+12) .....                 | 0   | 0   | 96,532                                    | 974,996                            | 96,532                             | 1,593,303  | 96,532  | 96,532  | 1,593,303 |

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

STATEMENT AS OF MARCH 31, 2016 OF The Ohio Dental Association Wellness Trust

## NOTES TO FINANCIAL STATEMENTS

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### 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 Ohio 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**

The book value of non-admitted assets as of March 31, 2016 was equal to 67,617.

### 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

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## STATEMENT AS OF MARCH 31, 2016 OF The Ohio Dental Association Wellness Trust

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None Owned

### Note 9 - Income Taxes

No income taxes were incurred or payments made in 2016, for taxable investment income earned in 2016. At March 31, 2016, 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

### 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, 2016 and are based on quoted market prices.

### Note 21 - Other Items

None

### Note 22 - Events Subsequent

None

### Note 23 - Reinsurance

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## STATEMENT AS OF MARCH 31, 2016 OF The Ohio Dental Association Wellness Trust

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### **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, 2016 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

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust  
**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 [ ]

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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|---------------------|-----------------------------|----------|----------|-----------|----------|

## STATEMENT AS OF MARCH 31, 2016 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:

|   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] |  |   |
| 14.2 If yes, please complete the following:   |  |   |
| 14.21 Bonds .....   | \$ .....   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ .....   | \$ .....  |
| 14.23 Common Stock .....  | \$ .....   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ .....   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....   | \$ .....  |
| 14.26 All Other .....   | \$ .....   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....   | \$ .....   | \$ .....  |
| 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, 2016 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, III - 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<br>Name of Custodian(s) | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Central Registration Depository | 2<br>Name(s) | 3<br>Address |
|--------------------------------------|--------------|--------------|

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis 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 .....  | 75.5 % |
| 1.2 A&H cost containment percent .....                            | .1.0 % |
| 1.3 A&H expense percent excluding cost containment expenses ..... | 16.2 % |

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, 2016 OF THE Ohio Dental Association Wellness Trust**

**SCHEDULE S - Ceded Reinsurance**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

| States, etc.   | Active Status | 1                            | 2                    | 3                  | 4  | 5  | 6                          | 7                         | 8                      | 9 |
|--|---------------|------------------------------|----------------------|--------------------|--|--|----------------------------|---------------------------|------------------------|---|
|  |               | 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            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 2. Alaska  | AK            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 3. Arizona   | AZ            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 4. Arkansas  | AR            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 5. California  | CA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 6. Colorado  | CO            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 7. Connecticut   | CT            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 8. Delaware  | DE            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 9. District of Columbia  | DC            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 10. Florida  | FL            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 11. Georgia  | GA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 12. Hawaii   | HI            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 13. Idaho  | ID            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 14. Illinois   | IL            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 15. Indiana  | IN            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 16. Iowa   | IA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 17. Kansas   | KS            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 18. Kentucky   | KY            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 19. Louisiana  | LA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 20. Maine  | ME            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 21. Maryland   | MD            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 22. Massachusetts  | MA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 23. Michigan   | MI            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 24. Minnesota  | MN            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 25. Mississippi  | MS            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 26. Missouri   | MO            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 27. Montana  | MT            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 28. Nebraska   | NE            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 29. Nevada   | NV            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 30. New Hampshire  | NH            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 31. New Jersey   | NJ            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 32. New Mexico   | NM            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 33. New York   | NY            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 34. North Carolina   | NC            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 35. North Dakota   | ND            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 36. Ohio   | OH            | 3,544,340                    |                      |                    |  |  |                            | 3,544,340                 |                        |   |
| 37. Oklahoma   | OK            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 38. Oregon   | OR            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 39. Pennsylvania   | PA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 40. Rhode Island   | RI            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 41. South Carolina   | SC            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 42. South Dakota   | SD            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 43. Tennessee  | TN            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 44. Texas  | TX            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 45. Utah   | UT            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 46. Vermont  | VT            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 47. Virginia   | VA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 48. Washington   | WA            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 49. West Virginia  | WV            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 50. Wisconsin  | WI            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 51. Wyoming  | WY            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 52. American Samoa   | AS            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 53. Guam   | GU            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 54. Puerto Rico  | PR            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 55. U.S. Virgin Islands  | VI            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 56. Northern Mariana Islands   | MP            |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 57. Canada   | CAN           |                              |                      |                    |  |  |                            | 0                         |                        |   |
| 58. Aggregate Other Aliens   | OT            | XXX                          | 0                    | 0                  | 0  | 0  | 0                          | 0                         | 0                      |   |
| 59. Subtotal   |               | XXX                          | 3,544,340            | 0                  | 0  | 0  | 0                          | 3,544,340                 | 0                      |   |
| 60. Reporting Entity Contributions for Employee Benefit Plans        |               | XXX                          |                      |                    |  |  |                            | 0                         |                        |   |
| 61. Totals (Direct Business)   | (a)           | 0                            | 3,544,340            | 0                  | 0  | 0  | 0                          | 3,544,340                 | 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                      | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)  |               | XXX                          | 0                    | 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.

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**  
**SCHEDULE Y**

| Asterisk | Explanation |
|----------|-------------|
|          |             |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

## 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? ..... |          |
| Explanation:  |          |
| Bar Code:   |          |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE A - VERIFICATION**

Real Estate

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                           | 0                 |                                      |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition .....   |                   |                                      |
| 2.2 Additional investment made after acquisition .....                                     |                   |                                      |
| 3. Current year change in encumbrances .....   |                   | 0                                    |
| 4. Total gain (loss) on disposals .....  |                   |                                      |
| 5. Deduct amounts received on disposals .....  |                   |                                      |
| 6. Total foreign exchange change in book/adjusted carrying value .....                     |                   | 0                                    |
| 7. Deduct current year's other than temporary impairment recognized .....                  |                   | 0                                    |
| 8. Deduct current year's depreciation .....  |                   | 0                                    |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4+5+6-7-8) ..... | 0                 | 0                                    |
| 10. Deduct total nonadmitted amounts .....   |                   | 0                                    |
| 11. Statement value at end of current period (Line 9 minus Line 10) .....                  | 0                 | 0                                    |

**SCHEDULE B - VERIFICATION**

Mortgage Loans

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....                             | 0                 |                                      |
| 2. Cost of acquired:  |                   |                                      |
| 2.1 Actual cost at time of acquisition .....  |                   |                                      |
| 2.2 Additional investment made after acquisition .....  |                   |                                      |
| 3. Capitalized deferred interest and other .....  |                   | 0                                    |
| 4. Accrual of discount .....  |                   | 0                                    |
| 5. Unrealized valuation increase (decrease) .....   |                   | 0                                    |
| 6. Total gain (loss) on disposals .....   |                   |                                      |
| 7. Deduct amounts received on disposals .....   |                   |                                      |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees .....                                  |                   | 0                                    |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....                       |                   | 0                                    |
| 10. Deduct current year's other than temporary impairment recognized .....  |                   | 0                                    |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) ..... | 0                 | 0                                    |
| 12. Total valuation allowance .....   | 0                 | 0                                    |
| 13. Subtotal (Line 11 plus Line 12) .....   | 0                 | 0                                    |
| 14. Deduct total nonadmitted amounts .....  |                   | 0                                    |
| 15. Statement value at end of current period (Line 13 minus Line 14) .....  | 0                 | 0                                    |

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                             | 0                 |                                      |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition .....   |                   |                                      |
| 2.2 Additional investment made after acquisition .....                                       |                   |                                      |
| 3. Capitalized deferred interest and other .....   |                   | 0                                    |
| 4. Accrual of discount .....   |                   | 0                                    |
| 5. Unrealized valuation increase (decrease) .....  |                   | 0                                    |
| 6. Total gain (loss) on disposals .....  |                   |                                      |
| 7. Deduct amounts received on disposals .....  |                   |                                      |
| 8. Deduct amortization of premium and depreciation .....                                     |                   | 0                                    |
| 9. Total foreign exchange change in book/adjusted carrying value .....                       |                   | 0                                    |
| 10. Deduct current year's other than temporary impairment recognized .....                   |                   | 0                                    |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) ..... | 0                 | 0                                    |
| 12. Deduct total nonadmitted amounts .....   |                   | 0                                    |
| 13. Statement value at end of current period (Line 11 minus Line 12) .....                   | 0                 | 0                                    |

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....      | 0                 |                                      |
| 2. Cost of bonds and stocks acquired .....  |                   | 0                                    |
| 3. Accrual of discount .....  |                   | 0                                    |
| 4. Unrealized valuation increase (decrease) .....   |                   | 0                                    |
| 5. Total gain (loss) on disposals .....   |                   | 0                                    |
| 6. Deduct consideration for bonds and stocks disposed of .....                            |                   | 0                                    |
| 7. Deduct amortization of premium .....   |                   | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    |                   | 0                                    |
| 9. Deduct current year's other than temporary impairment recognized .....                 |                   | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9) ..... | 0                 | 0                                    |
| 11. Deduct total nonadmitted amounts .....  |                   | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11) .....                | 0                 | 0                                    |

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE D - PART 1B**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation                          | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|---|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                              |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 2. NAIC 2 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 3. NAIC 3 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 4. NAIC 4 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 5. NAIC 5 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 6. NAIC 6 (a) .....                       | 0   |  |  |  | 0   |  |   | 0   |
| 7. Total Bonds .....                      | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| <b>PREFERRED STOCK</b>                    |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                           | 0   |  |  |  | 0   |  |   |   |
| 9. NAIC 2 .....                           | 0   |  |  |  | 0   |  |   |   |
| 10. NAIC 3 .....                          | 0   |  |  |  | 0   |  |   |   |
| 11. NAIC 4 .....                          | 0   |  |  |  | 0   |  |   |   |
| 12. NAIC 5 .....                          | 0   |  |  |  | 0   |  |   |   |
| 13. NAIC 6 .....                          | 0   |  |  |  | 0   |  |   |   |
| 14. Total Preferred Stock .....           | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 15. Total Bonds and Preferred Stock ..... | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ;

NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE DA - PART 1**

Short-Term Investments

|                | 1<br>Book/Adjusted<br>Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected<br>Year-to-Date | 5<br>Paid for<br>Accrued Interest<br>Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|---|---|
| 9199999 Totals |                                      | XXX            |                  |   |   |

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 0                 | 0                                    |
| 2. Cost of short-term investments acquired .....  |                   | 0                                    |
| 3. Accrual of discount .....  |                   | 0                                    |
| 4. Unrealized valuation increase (decrease) .....   |                   | 0                                    |
| 5. Total gain (loss) on disposals .....   |                   | 0                                    |
| 6. Deduct consideration received on disposals .....                                       |                   | 0                                    |
| 7. Deduct amortization of premium .....   |                   | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    |                   | 0                                    |
| 9. Deduct current year's other than temporary impairment recognized .....                 |                   | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 0                 | 0                                    |
| 11. Deduct total nonadmitted amounts .....  |                   | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 0                 | 0                                    |

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

|  |   |
|--|---|
| 1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)    | 0 |
| 2. Cost Paid/(Consideration Received) on additions                               |   |
| 3. Unrealized Valuation increase/(decrease)                                      |   |
| 4. Total gain (loss) on termination recognized                                   |   |
| 5. Considerations received/(paid) on terminations                                |   |
| 6. Amortization  |   |
| 7. Adjustment to the Book/Adjusted Carrying Value of hedged item                 |   |
| 8. Total foreign exchange change in Book/Adjusted Carrying Value                 |   |
| 9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8) | 0 |
| 10. Deduct nonadmitted assets  | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10)              | 0 |

**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

|   |   |
|---|---|
| 1. Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)                               | 0 |
| 2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column) |   |
| 3.1 Add:  |   |
| Change in variation margin on open contracts - Highly Effective Hedges  |   |
| 3.11 Section 1, Column 15, current year to date minus   |   |
| 3.12 Section 1, Column 15, prior year   | 0 |
| Change in variation margin on open contracts - All Other  |   |
| 3.13 Section 1, Column 18, current year to date minus   |   |
| 3.14 Section 1, Column 18, prior year   | 0 |
| 3.2 Add:  |   |
| Change in adjustment to basis of hedged item  |   |
| 3.21 Section 1, Column 17, current year to date minus   |   |
| 3.22 Section 1, Column 17, prior year   | 0 |
| Change in amount recognized   |   |
| 3.23 Section 1, Column 19, current year to date minus   |   |
| 3.24 Section 1, Column 19, prior year   | 0 |
| 3.3 Subtotal (Line 3.1 minus Line 3.2)  | 0 |
| 4.1 Cumulative variation margin on terminated contracts during the year                                       |   |
| 4.2 Less:   |   |
| 4.21 Amount used to adjust basis of hedged item   |   |
| 4.22 Amount recognized  | 0 |
| 4.3 Subtotal (Line 4.1 minus Line 4.2)  | 0 |
| 5. Dispositions gains (losses) on contracts terminated in prior year:   |   |
| 5.1 Total gain (loss) recognized for terminations in prior year   |   |
| 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year                         |   |
| 6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)                          | 0 |
| 7. Deduct total nonadmitted amounts   |   |
| 8. Statement value at end of current period (Line 6 minus Line 7)   | 0 |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE DB - PART C - SECTION 1**

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE DB - PART C - SECTION 2**

Replication (Synthetic Asset) Transactions Open

|  | First Quarter                  |  | Second Quarter                 |  | Third Quarter                  |  | Fourth Quarter                 |  | Year To Date                   |   |
|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|---|
|  | 1<br>Number<br>of<br>Positions | 2<br>Total Replication<br>(Synthetic Asset)<br>Transactions<br>Statement Value | 3<br>Number<br>of<br>Positions | 4<br>Total Replication<br>(Synthetic Asset)<br>Transactions<br>Statement Value | 5<br>Number<br>of<br>Positions | 6<br>Total Replication<br>(Synthetic Asset)<br>Transactions<br>Statement Value | 7<br>Number<br>of<br>Positions | 8<br>Total Replication<br>(Synthetic Asset)<br>Transactions<br>Statement Value | 9<br>Number<br>of<br>Positions | 10<br>Total Replication<br>(Synthetic Asset)<br>Transactions<br>Statement Value |
| 1. Beginning Inventory .....   | 0                              | 0  |                                |  |                                |  |                                |  | 0                              | 0   |
| 2. Add: Opened or Acquired Transactions.....   |                                |  |                                |  |                                |  |                                |  | 0                              | 0   |
| 3. Add: Increases in Replication (Synthetic Asset)<br>Transactions Statement Value.....  | XXX                            |  | XXX                            |  | XXX                            |  | XXX                            |  | XXX                            | 0   |
| 4. Less: Closed or Disposed of Transactions.....   |                                |  |                                |  |                                |  |                                |  | 0                              | 0   |
| 5. Less: Positions Disposed of for Failing Effectiveness<br>Criteria.....                |                                |  |                                |  |                                |  |                                |  | 0                              | 0   |
| 6. Less: Decreases in Replication (Synthetic Asset)<br>Transactions Statement Value..... | XXX                            |  | XXX                            |  | XXX                            |  | XXX                            |  | XXX                            | 0   |
| 7. Ending Inventory  | 0                              | 0  | 0                              | 0  | 0                              | 0  | 0                              | 0  | 0                              | 0   |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

## SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

### Book/Adjusted Carrying Value Check

|  |       |       |
|--|-------|-------|
| 1. Part A, Section 1, Column 14.....   | ..... | ..... |
| 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance..... | ..... | 0     |
| 3. Total (Line 1 plus Line 2).....   | ..... | ..... |
| 4. Part D, Section 1, Column 5 .....   | ..... | ..... |
| 5. Part D, Section 1, Column 6 .....   | ..... | ..... |
| 6. Total (Line 3 minus Line 4 minus Line 5).....   | ..... | 0     |

### Fair Value Check

|   |       |       |
|---|-------|-------|
| 7. Part A, Section 1, Column 16.....                | ..... | ..... |
| 8. Part B, Section 1, Column 13.....                | ..... | ..... |
| 9. Total (Line 7 plus Line 8).....                  | ..... | 0     |
| 10. Part D, Section 1, Column 8 .....               | ..... | ..... |
| 11. Part D, Section 1, Column 9 .....               | ..... | ..... |
| 12. Total (Line 9 minus Line 10 minus Line 11)..... | ..... | 0     |

### Potential Exposure Check

|   |       |       |
|---|-------|-------|
| 13. Part A, Section 1, Column 21 .....              | ..... | ..... |
| 14. Part B, Section 1, Column 20 .....              | ..... | ..... |
| 15. Part D, Section 1, Column 11 .....              | ..... | ..... |
| 16. Total (Line 13 plus Line 14 minus Line 15)..... | ..... | 0     |

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 0                 | 0                                    |
| 2. Cost of cash equivalents acquired .....  |                   | 0                                    |
| 3. Accrual of discount .....  |                   | 0                                    |
| 4. Unrealized valuation increase (decrease) .....   |                   | 0                                    |
| 5. Total gain (loss) on disposals .....   |                   | 0                                    |
| 6. Deduct consideration received on disposals .....                                       |                   | 0                                    |
| 7. Deduct amortization of premium .....   |                   | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    |                   | 0                                    |
| 9. Deduct current year's other than temporary impairment recognized .....                 |                   | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 0                 | 0                                    |
| 11. Deduct total nonadmitted amounts .....  |                   | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11) .....                | 0                 | 0                                    |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE A - PART 2**

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1                       | 2    | 3        | 4     | 5             | 6              | 7                                  | 8                      | 9  |
|-------------------------|------|----------|-------|---------------|----------------|------------------------------------|------------------------|--|
| Description of Property | City | Location | State | Date Acquired | Name of Vendor | Actual Cost at Time of Acquisition | Amount of Encumbrances | Book/Adjusted Carrying Value Less Encumbrances |
| 039999 - Totals         |      |          |       |               |                | 0                                  | 0                      | 0  |

**SCHEDULE A - PART 3**

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

| 1                       | 2    | 3        | 4     | 5             | 6                 | 7           | 8  | 9   | 10                          | 11  | 12                                    | 13   | 14  | 15   | 16                           | 17                                       | 18                               | 19                            | 20   |                                      |
|-------------------------|------|----------|-------|---------------|-------------------|-------------|--|---|-----------------------------|---|---------------------------------------|--|---|--|------------------------------|--|----------------------------------|-------------------------------|--|--------------------------------------|
| Description of Property | City | Location | State | Disposal Date | Name of Purchaser | Actual Cost | Expanded for Additions, Permanent Improvements and Changes in Encumbrances | Book/Adjusted Carrying Value Less Encumbrances Prior Year | Current Year's Depreciation | Current Year's Other Than Temporary Impairment Recognized | Current Year's Change in Encumbrances | Total Change in Book/Adjusted Carrying Value (11-9-10) | Total Foreign Exchange Change in Book/Adjusted Carrying Value | Book/Adjusted Carrying Value Less Encumbrances on Disposal | Amounts Received During Year | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Gross Income Earned Less Interest Incurred on Encumbrances | Taxes, Repairs and Expenses Incurred |
| 039999 - Totals         |      |          |       |               |                   | 0           | 0  | 0   | 0                           | 0   | 0                                     | 0  | 0   | 0  | 0                            | 0  | 0                                | 0                             | 0  |                                      |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE B - PART 2**

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1<br>Loan Number  | Location  |            | 4<br>Loan Type | 5<br>Date Acquired | 6<br>Rate of Interest | 7<br>Actual Cost at Time of Acquisition | 8<br>Additional Investment Made After Acquisition | 9<br>Value of Land and Buildings |
|---|-----------|------------|----------------|--------------------|-----------------------|---|---|----------------------------------|
|   | 2<br>City | 3<br>State |                |                    |                       |   |   |                                  |
| 0899999. Total Mortgages in good standing                     |           |            |                |                    |                       | 0                                       | 0   | 0                                |
| 1699999. Total - Restructured Mortgages                       |           |            |                |                    |                       | 0                                       | 0   | 0                                |
| 2499999. Total - Mortgages with overdue interest over 90 days |           |            |                |                    |                       | 0                                       | 0   | 0                                |
| 3299999. Total - Mortgages in the process of foreclosure      |           |            |                |                    |                       | 0                                       | 0   | 0                                |
| 3399999 - Totals  |           |            |                |                    |                       | 0                                       | 0   | 0                                |

**SCHEDULE B - PART 3**

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

| 1<br>Loan Number | Location  |            | 4         | 5             | 6             | 7<br>Book Value/ Recorded Investment Excluding Accrued Interest Prior Year | Change in Book Value/Recorded Investment      |   |   |  |   |  | 14<br>Book Value/ Recorded Investment Excluding Accrued Interest on Disposal | 15   | 16                                     | 17                                  | 18 |
|------------------|-----------|------------|-----------|---------------|---------------|--|---|---|---|--|---|--|--|--|--|-------------------------------------|----|
|                  | 2<br>City | 3<br>State | Loan Type | Date Acquired | Disposal Date | 8<br>Unrealized Valuation Increase (Decrease)                              | 9<br>Current Year's (Amortization) /Accretion | 10<br>Current Year's Other Than Temporary Impairment Recognized | 11<br>Capitalized Deferred Interest and Other | 12<br>Total Change in Book Value (8+9+10+11) | 13<br>Total Foreign Exchange Change in Book Value | 14<br>Book Value/ Recorded Investment Excluding Accrued Interest on Disposal | 15<br>Consid-eration   | 16<br>Foreign Exchange Gain (Loss) on Disposal | 17<br>Realized Gain (Loss) on Disposal | 18<br>Total Gain (Loss) on Disposal |    |
| 0599999 - Totals |           |            |           |               |               | 0  | 0   | 0   | 0   | 0  | 0   | 0  | 0  | 0  | 0                                      | 0                                   |    |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

## SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE during the Current Quarter

SCHEDUL E BA - PABT 3

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1<br>CUSIP<br>Identification                 | 2<br>Description | 3<br>Foreign | 4<br>Date<br>Acquired | 5<br>Name of Vendor | 6<br>Number of<br>Shares of<br>Stock | 7<br>Actual Cost | 8<br>Par Value | 9<br>Paid for Accrued<br>Interest and<br>Dividends | 10<br>NAIC Design-<br>nation or<br>Market<br>Indicator<br>(a) |
|--|------------------|--------------|-----------------------|---------------------|--------------------------------------|------------------|----------------|--|---|
| 8399997, Total - Bonds - Part 3              |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 8399998, Total - Bonds - Part 5              |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 8399999, Total - Bonds                       |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 8999997, Total - Preferred Stocks - Part 3   |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 8999998, Total - Preferred Stocks - Part 5   |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 8999999, Total - Preferred Stocks - Part 5   |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 9799997, Total - Common Stocks - Part 3      |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 9799998, Total - Common Stocks - Part 5      |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 9799999, Total - Common Stocks               |                  |              |                       |                     |                                      | XXX              | 0              | XXX  | 0   |
| 9999999, Total - Preferred and Common Stocks |                  |              |                       |                     |                                      | 0                | 0              | XXX  | 0   |
| 9999999, Totals                              |                  |              |                       |                     |                                      | 0                | 0              | XXX  | 0   |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE D - PART 4**

| CUSIP<br>Identification<br>Description   | Name<br>of Purchaser | Number of<br>Shares of<br>Stock | Par Value | Actual<br>Cost | Prior Year<br>Book/<br>Adjusted<br>Carrying<br>Value | Unrealized<br>Valuation<br>(Amor-<br>tization)/<br>(Decrease) | Current<br>Years<br>Temporary<br>Impairment<br>Recognized | Current<br>Years<br>(Amor-<br>tization)/<br>Accretion | Change in Book/Adjusted Carrying Value |     | 14<br>Total<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value<br>(11 + 12 -<br>13) | 15<br>Total<br>Foreign<br>Exchange<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value<br>(11 + 12 -<br>13) | 16<br>Book/<br>Adjusted<br>Carrying<br>Value at<br>Disposal<br>Date | 17<br>Foreign<br>Exchange<br>Gain<br>(Loss) on<br>Disposal | 18<br>Realized<br>Gain<br>(Loss) on<br>Disposal | 19<br>Total Gain<br>(Loss) on<br>Disposal | 20<br>Bond<br>Interest/<br>Stock<br>Dividends<br>Received<br>During Year | 21<br>Stated<br>Contractual<br>Maturity<br>Date | 22<br>NAIC<br>Design-<br>ation<br>or<br>Market<br>In-<br>dicator<br>(a) |     |     |
|--|----------------------|---------------------------------|-----------|----------------|--|---|---|---|--|-----|---|--|---|--|---|---|--|---|---|-----|-----|
|  |                      |                                 |           |                |  |   |   |   | 9                                      | 10  |   |  |   |  |   |   |  |   |   |     |     |
| 83999997. Total - Bonds - Part 4   |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 83999998. Total - Bonds - Part 5   |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 83999999. Total - Bonds  |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 89999997. Total - Preferred Stocks - Part 4  |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 89999998. Total - Preferred Stocks - Part 5  |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 89999999. Total - Preferred Stocks   |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 97999997. Total - Common Stocks - Part 4   |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 97999998. Total - Common Stocks - Part 5   |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 97999999. Total - Common Stocks  |                      |                                 | 0         | 0              | XXX  | 0   | XXX   | 0   | XXX                                    | XXX | 0   | XXX  | 0   | XXX  | 0   | XXX                                       | 0  | XXX   | 0   | XXX | XXX |
| 99999999. Total - Preferred and Common Stocks  |                      |                                 | 0         | 0              | 0  | 0   | 0   | 0   | 0                                      | 0   | 0   | 0  | 0   | 0  | 0   | 0   | 0  | 0   | 0   | 0   | 0   |
| (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues..... |                      |                                 |           |                |  |   |   |   |  |     |   |  |   |  |   |   |  |   |   |     |     |
| 99999999 - Totals  |                      |                                 |           |                |  |   |   |   |  |     |   |  |   |  |   |   |  |   |   |     |     |
| 0  |                      |                                 |           |                |  |   |   |   |  |     |   |  |   |  |   |   |  |   |   |     |     |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

**SCHEDULE DB - PART A - SECTION 1**

| Description of Hedged Risk(s) | (a) Code |
|-------------------------------|----------|
|-------------------------------|----------|

Financial or Economic Impact of the Hedge at the End of the Reporting Period

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust  
**SCHEDULE DB - PART B - SECTION 1**

| Futures Contracts Open as of the Current Statement Date |                     |                 |             |                             |                                |                        |          |                |                    |            |
|---|---------------------|-----------------|-------------|-----------------------------|--------------------------------|------------------------|----------|----------------|--------------------|------------|
| 1   | 2                   | 3               | 4           | 5                           | 6                              | 7                      | 8        | 9              | 10                 | 11         |
| Ticker Symbol   | Number of Contracts | National Amount | Description | Schedule/Exhibit Identifier | Date of Maturity or Expiration | Type(s) of Risk(s) (a) | Exchange | Reporting Date | Transac-tion Price | Trade Date |
| 13299999.. Subtotal - Long Futures                      |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 13899999.. Subtotal - Short Futures                     |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 13899999.. Subtotal - Hedging Effective                 |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14099999.. Subtotal - Hedging Other                     |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14199999.. Subtotal - Replication                       |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14299999.. Subtotal - Income Generation                 |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14399999.. Subtotal - Other                             |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Long Futures                      |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Short Futures                     |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Hedging Effective                 |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Hedging Other                     |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Replication                       |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Income Generation                 |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Subtotal - Other                             |                     |                 |             |                             |                                |                        |          |                |                    |            |
| 14499999.. Totals                                       |                     |                 |             |                             |                                |                        |          |                |                    |            |

| Total Net Cash Deposit \$ | Broker Name | Beginning Cash Balance | Cumulative Cash Change | Ending Cash Balance |
|---------------------------|-------------|------------------------|------------------------|---------------------|
| 0                         |             | 0                      | 0                      | 0                   |

|                |  |
|----------------|--|
| (a) Code ..... | Description of Hedged Risk(s) .....  |
| (b) Code ..... | Financial or Economic Impact of the Hedge at the End of the Reporting Period |

**SCHEDULE DB - PART D - SECTION 1**

1. Offset per SSAP No. 64  
2. Net offset right of offset per SSAP No. 64

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust  
**SCHEDULE DB - PART D - SECTION 2**  
 Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

| 1  | 2                     | 3                    | 4           | 5          | 6         | 7                            | 8             | 9                          |
|--|-----------------------|----------------------|-------------|------------|-----------|------------------------------|---------------|----------------------------|
| Exchange Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book/Adjusted Carrying Value | Maturity Date | Type of Margin (L, V or M) |
| 0199999 - Total                                |                       |                      |             | 0          | 0         | 0                            | XXX           | XXX                        |

Collateral Pledged to Reporting Entity

| 1   | 2                     | 3                    | 4           | 5          | 6         | 7                            | 8             | 9                          |
|---|-----------------------|----------------------|-------------|------------|-----------|------------------------------|---------------|----------------------------|
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book/Adjusted Carrying Value | Maturity Date | Type of Margin (L, V or M) |
| 0299999 - Total                                 |                       |                      |             | 0          | 0         | 0                            | XXX           | XXX                        |

**SCHEDULE DL - PART 1**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

| 1<br>CUSIP<br>Identification                                       | 2<br>Description | 3 | 4<br>NAIC<br>Designation/<br>Market Indicator | 5<br>Fair Value | 6<br>Book/Adjusted<br>Carrying Value | 7<br>Maturity Date |
|--|------------------|---|---|-----------------|--------------------------------------|--------------------|
| 0599999, Total - U.S. Government Bonds                             |                  |   |   | 0               | 0                                    | XXX                |
| 1099999, Total - All Other Government Bonds                        |                  |   |   | 0               | 0                                    | XXX                |
| 1799999, Total - U.S. States, Territories and Possessions Bonds    |                  |   |   | 0               | 0                                    | XXX                |
| 2499999, Total - U.S. Political Subdivisions Bonds                 |                  |   |   | 0               | 0                                    | XXX                |
| 3199999, Total - U.S. Special Revenues Bonds                       |                  |   |   | 0               | 0                                    | XXX                |
| 3899999, Total - Industrial and Miscellaneous (Unaffiliated) Bonds |                  |   |   | 0               | 0                                    | XXX                |
| 4899999, Total - Hybrid Securities                                 |                  |   |   | 0               | 0                                    | XXX                |
| 5599999, Total - Parent, Subsidiaries and Affiliates Bonds         |                  |   |   | 0               | 0                                    | XXX                |
| 6199999, Total - Issuer Obligations                                |                  |   |   | 0               | 0                                    | XXX                |
| 6299999, Total - Residential Mortgage-Backed Securities            |                  |   |   | 0               | 0                                    | XXX                |
| 6399999, Total - Commercial Mortgage-Backed Securities             |                  |   |   | 0               | 0                                    | XXX                |
| 6499999, Total - Other Loan-Backed and Structured Securities       |                  |   |   | 0               | 0                                    | XXX                |
| 6599999, Total Bonds   |                  |   |   | 0               | 0                                    | XXX                |
| 7099999, Total - Preferred Stocks                                  |                  |   |   | 0               | 0                                    | XXX                |
| 7599999, Total - Common Stocks                                     |                  |   |   | 0               | 0                                    | XXX                |
| 7699999, Total - Preferred and Common Stocks                       |                  |   |   | 0               | 0                                    | XXX                |
| 9999999 - Totals   |                  |   |   | 0               | 0                                    | XXX                |

## General Interrogatories:

1. Total activity for the year to date Fair Value \$ ..... Book/Adjusted Carrying Value \$ .....
2. Average balance for the year to date Fair Value \$ ..... Book/Adjusted Carrying Value \$ .....
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:  
NAIC 1 \$ ..... NAIC 2 \$ ..... NAIC 3 \$ ..... NAIC 4 \$ ..... NAIC 5 \$ ..... NAIC 6 \$ .....

**SCHEDULE DL - PART 2**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

| 1<br>CUSIP<br>Identification                                       | 2<br>Description | 3<br>NAIC<br>Code | 4<br>Designation/<br>Market Indicator | 5<br>Fair Value | 6<br>Book/Adjusted<br>Carrying Value | 7<br>Maturity Date |
|--|------------------|-------------------|---------------------------------------|-----------------|--------------------------------------|--------------------|
| 0599999, Total - U.S. Government Bonds                             |                  |                   |                                       | 0               | 0                                    | XXX                |
| 1099999, Total - All Other Government Bonds                        |                  |                   |                                       | 0               | 0                                    | XXX                |
| 1799999, Total - U.S. States, Territories and Possessions Bonds    |                  |                   |                                       | 0               | 0                                    | XXX                |
| 2499999, Total - U.S. Political Subdivisions Bonds                 |                  |                   |                                       | 0               | 0                                    | XXX                |
| 3199999, Total - U.S. Special Revenues Bonds                       |                  |                   |                                       | 0               | 0                                    | XXX                |
| 3899999, Total - Industrial and Miscellaneous (Unaffiliated) Bonds |                  |                   |                                       | 0               | 0                                    | XXX                |
| 4899999, Total - Hybrid Securities                                 |                  |                   |                                       | 0               | 0                                    | XXX                |
| 5599999, Total - Parent, Subsidiaries and Affiliates Bonds         |                  |                   |                                       | 0               | 0                                    | XXX                |
| 6199999, Total - Issuer Obligations                                |                  |                   |                                       | 0               | 0                                    | XXX                |
| 6299999, Total - Residential Mortgage-Backed Securities            |                  |                   |                                       | 0               | 0                                    | XXX                |
| 6399999, Total - Commercial Mortgage-Backed Securities             |                  |                   |                                       | 0               | 0                                    | XXX                |
| 6499999, Total - Other Loan-Backed and Structured Securities       |                  |                   |                                       | 0               | 0                                    | XXX                |
| 6599999, Total Bonds   |                  |                   |                                       | 0               | 0                                    | XXX                |
| 7099999, Total - Preferred Stocks                                  |                  |                   |                                       | 0               | 0                                    | XXX                |
| 7599999, Total - Common Stocks                                     |                  |                   |                                       | 0               | 0                                    | XXX                |
| 7699999, Total - Preferred and Common Stocks                       |                  |                   |                                       | 0               | 0                                    | XXX                |
| 9999999 - Totals   |                  |                   |                                       | 0               | 0                                    | XXX                |

## General Interrogatories:

1. Total activity for the year to date Fair Value \$ ..... Book/Adjusted Carrying Value \$ .....  
 2. Average balance for the year to date Fair Value \$ ..... Book/Adjusted Carrying Value \$ .....

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

| 1<br>Depository   | 2<br>Code | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest Received<br>During Current<br>Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month<br>During Current Quarter |                   |                  | 9<br>• |
|---|-----------|--------------------------|--|--|---|-------------------|------------------|--------|
|   |           |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |        |
| PNC BANK Operating Account ..   |           |                          | 0  | 0  | 501,031   | 1,314,481         | 1,557,304        | XXX    |
| PNC BANK Deposit Account ..   |           |                          | 0  | 0  | 942,771   | 426,479           | 848,270          | XXX    |
| 0199998. Deposits in ...<br>depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Open Depositories      | XXX       | XXX                      |  |  |   |                   |                  | XXX    |
| 0199999. Totals - Open Depositories   | XXX       | XXX                      | 0  | 0  | 1,443,802   | 1,740,960         | 2,405,574        | XXX    |
| 0299998. Deposits in ...<br>depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Suspended Depositories | XXX       | XXX                      |  |  |   |                   |                  | XXX    |
| 0299999. Totals - Suspended Depositories  | XXX       | XXX                      | 0  | 0  | 0   | 0                 | 0                | XXX    |
| 0399999. Total Cash on Deposit  | XXX       | XXX                      | 0  | 0  | 1,443,802   | 1,740,960         | 2,405,574        | XXX    |
| 0499999. Cash in Company's Office   | XXX       | XXX                      | XXX  | XXX  |   |                   |                  | XXX    |
| 0599999. Total - Cash   | XXX       | XXX                      | 0  | 0  | 1,443,802   | 1,740,960         | 2,405,574        | XXX    |

STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0000

NAIC Company Code 00000

|   | Individual Coverage |                | Group Coverage |                | 5<br>Total Cash |
|---|---------------------|----------------|----------------|----------------|-----------------|
|   | 1<br>Insured        | 2<br>Uninsured | 3<br>Insured   | 4<br>Uninsured |                 |
| 1. Premiums Collected .....   |                     | XXX .....      |                | XXX .....      | 0               |
| 2. Earned Premiums .....  |                     | XXX .....      |                | XXX .....      | XXX .....       |
| 3. Claims Paid .....  |                     | XXX .....      |                | XXX .....      | 0               |
| 4. Claims Incurred .....  |                     | XXX .....      |                | XXX .....      | XXX .....       |
| 5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) ..... | XXX .....           |                | XXX .....      |                | 0               |
| 6. Aggregate Policy Reserves - Change .....   |                     | XXX .....      |                | XXX .....      | XXX .....       |
| 7. Expenses Paid .....  |                     | XXX .....      |                | XXX .....      | 0               |
| 8. Expenses Incurred .....  |                     | XXX .....      |                | XXX .....      | XXX .....       |
| 9. Underwriting Gain or Loss .....  | 0                   | XXX .....      | 0              | XXX .....      | XXX .....       |
| 10. Cash Flow Result .....  | XXX .....           | XXX .....      | XXX .....      | XXX .....      | 0               |

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS

## STATEMENT AS OF MARCH 31, 2016 OF THE Ohio Dental Association Wellness Trust

**Prior Year Validation Data**

|  |           |
|--|-----------|
| 1. XXQSU090058 ASSETS, 12, 4 = PY 2015 ANNUAL ASSETS, 12, 3 .....  | 1,707,618 |
| 2. XXQSU090059 ASSETS, 28, 4 = PY 2015 ANNUAL ASSETS, 28, 3 .....  | 3,107,794 |
| 3. XXQSU090060 ASSETS, 01, 4 = PY 2015 ANNUAL ASSETS, 01, 3 .....  | 0         |
| 4. XXOSN000229 LIAB, 34, 4 = PY 2015 ANNUAL LIAB, 34, 3 .....  | 3,107,794 |
| 5. XXQSU090061 CASH, 19,2, 3 = PY 2015 ANNUAL CASH, 19,2, 1.....   | 1,707,618 |
| 6. XXQSU090068 CASH, 19,1, 1 = PY 2015 ANNUAL ASSETS, 05, 1 .....  | 1,707,618 |
| 7. XXOSN000001 GENINTPT1INV, 14,21, 3 = PY 2015 ANNUAL HIST5YR,<br>26, 1 .....                                       |           |
| 8. XXQSN000002 GENINTPT1INV, 14,22, 3 = PY 2015 ANNUAL HIST5YR,<br>27, 1 .....                                       |           |
| 9. XXQSN000004 GENINTPT1INV, 14,24, 3 = PY 2015 ANNUAL HIST5YR,<br>29, 1 .....                                       | 0         |
| 10. XXOSN000005 GENINTPT1INV, 14,25, 3 = PY 2015 ANNUAL HIST5YR,<br>30, 1 .....                                      |           |
| 11. XXOSN000006 GENINTPT1INV, 14,26, 3 = PY 2015 ANNUAL HIST5YR,<br>31, 1 .....                                      | 0         |
| 12. XXQSN000007 GENINTPT1INV, 14,27, 3 = PY 2015 ANNUAL HIST5YR,<br>32, 1 .....                                      |           |
| 13. XXQSN000010 GENINTPT1INV, 14,23, 3 = PY 2015 ANNUAL HIST5YR,<br>28, 1 .....                                      |           |
| 14. XXQSU090024 SCAVER, 01, 1 = PY 2015 ANNUAL SCAVER, 09, 2.....  | 0         |
| 15. XXQSU090026 SCBAVER, 01, 1 = PY 2015 ANNUAL SCBAVER, 11, 2.....  | 0         |
| 16. XXQSU090025 SCBVER, 01, 1 = PY 2015 ANNUAL SCBVER, 11, 2 .....   | 0         |
| 17. XXQSU090062 SCDPT1B, 07, 8 = PY 2015 ANNUAL SCDPT1ASN1<br>Sum(Column 6 Line 9.1 to 9.6).....                     | 0         |
| 18. XXQSU00005 SCDAVER 01, 1 = PY 2015 Annual SCDAVT1, 9199999, 8.....   | 0         |
| 19. XXQSU090063 SCDAVER, 02, 2 = PY 2015 ANNUAL SCDAVER, 02, 1.....  | 0         |
| 20. XXQSU090065 SCDAVER, 05, 2 = PY 2015 ANNUAL SCDAVER, 05, 1.....  | 0         |
| 21. XXQSU090066 SCDAVER, 06, 2 = PY 2015 ANNUAL SCDAVER, 06, 1.....  | 0         |
| 22. XXQSU090011 SCDVER, 01, 1 = PY 2015 Annual SCDVER, 10, 2.....  | 0         |
| 23. XXQSU090012 SCDBPTAVER, 01, 1 = PY 2015 ANNUAL SCDBPTAVER,<br>09, 2 .....  | 0         |
| 24. XXQSU090013 SCDBPTBVER, 01, 4 = PY 2015 ANNUAL SCDBPTBVER,<br>06, 4 .....  | 0         |
| 25. XXQSU090067 SCEVER, 01, 1 = PY 2015 ANNUAL SCEVER, 10, 1.....  | 0         |
| 26. XETMU990010 REVEX1, 06, C3 = PY YTD 2015 QUARTERLY REVEX1,<br>06, 2 .....  | 0         |
| 27. XETMU990015 REVEX1, 07, C3 = PY YTD 2015 QUARTERLY REVEX1,<br>07, 2 .....  | 0         |
| 28. XETMU990020 REVEX1, 14, C3 = PY YTD 2015 QUARTERLY REVEX1,<br>14, 2 .....  | 0         |
| 29. XETMU990025 REVEX1, 29, C3 = PY YTD 2015 QUARTERLY REVEX1,<br>29, 2 .....  | 0         |
| 30. XETMU00030 REVEX2, 47, C2 = PY YTD 2015 QUARTERLY REVEX2,<br>47, 1 .....   | 0         |
| 31. XETMU990030 SCAVER, 02,1, 1 = SCAPT2, 0399999, 6 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....    | 0         |
| 32. XETMU990035 SCAVER, 02,2, 1 = SCAPT2, 0399999, 9 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....    | 0         |
| 33. XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....     | 0         |
| 34. XETMU990045 SCBVER, 02,1, 1 = SCBPT2, 3399999, 7 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....    | 0         |
| 35. XETMU990050 SCBVER, 02,2, 1 = SCBPT2, 3399999, 8 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....    | 0         |
| 36. XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 18 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....     | 0         |
| 37. XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....     | 0         |
| 38. XETMU990065 SCBAVER, 02,1, 1 = SCBAPT2, 4199999, 9 Current Quarter<br>+ Prior Quarter + 2nd Prior Quarter .....  | 0         |
| 39. XETMU990070 SCBAVER, 02,2, 1 = SCBAPT2, 4199999, 10 Current<br>Quarter + Prior Quarter + 2nd Prior Quarter ..... | 0         |
| 40. XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 4199999, 19 Current Quarter<br>+ Prior Quarter + 2nd Prior Quarter .....   | 0         |
| 41. XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 4199999, 16 Current Quarter<br>+ Prior Quarter + 2nd Prior Quarter .....   | 0         |
| 42. XETMU990085 SCDVER, 02, 1 = SCDPT3, 9999999, 7 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....      | 0         |
| 43. XETMU990090 SCDVER, 05, 1 = SCDPT4, 9999999, 19 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....     | 0         |
| 44. XETMU990095 SCDVER, 06, 1 = SCDPT4, 9999999, 7 Current Quarter +<br>Prior Quarter + 2nd Prior Quarter .....      | 0         |