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OFFICE OF RISK  
ASSESSMENT

COMPANY INFORMATION PAGE (JURAT)  
Health Risk-Based Capital  
For the Year Ending ~~December 31, 2015~~

June 30, 2016



(A) Company Name Ohio Dental Association Wellness Trust

(B) NAIC Group 0000 (C) NAIC Company Code 00117 (D) Employer's ID Number 47-6503449

(E) Organized under the Laws of the State of Ohio

Contact Person for Health Risk-Based Capital:

(F) First Name Ryan (G) Middle S. (H) Last Name Davis

(I) Mail Address of Contact Person 1370 Dublin Road  
(Street and Number or P.O. Box)

(J) City Columbus (K) State OH (L) Zip 43215

(M) Phone Number 678-242-1391

(N) E-mail Address of RBC Contact Person rdavis@healthcoopstrategies.com

(O) Date Prepared 03/01/2016

(P) Preparer (if different than Contact) \_\_\_\_\_  
First Middle Last

(Q) Is this an Original, Amended, or Refiling? (O, A, R) O

(Q1) If Amended, Amendment Number: \_\_\_\_\_

(R) Were any items that come directly from the annual statement entered manually to prepare this filing? (Yes/No) \_\_\_\_\_

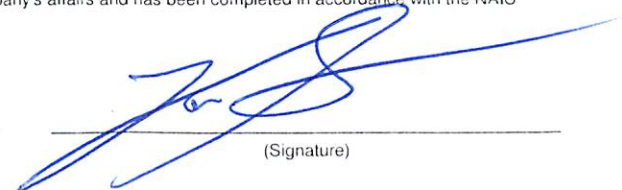
(S) Was the entity in business for the entire reporting year? No

Officers:	Name	<u>Thomas Paumier</u>	<u>Jeffery Benton</u>	<u>W. Ken Southerland</u>
	Title	<u>Chairman</u>	<u>Secretary</u>	<u>COO</u>

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions, according to the best of their information, knowledge and belief, respectively.

  
(Signature)

  
(Signature)

  
(Signature)

XR001



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
**Ohio Dental Association Wellness Trust**

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

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

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [ ] No [ ]

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

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

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

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

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

Internet Website Address www.odawt.com

Statutory Statement Contact Ryan Davis 678-242-1391  
(Name) (Area Code) (Telephone Number)  
rdavis@healthcoopstrategies.com 678-242-1390  
(E-mail Address) (FAX Number)

## OFFICERS

President Thomas Paumier DDS

Secretary Jeffery Benton

## OTHER

## DIRECTORS OR TRUSTEES

Christopher Connell DDS

Wayne Marshall

Thomas Kelly DDS

Thomas Matanzo DDS

Ronald Lemmo DDS

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, DDS  
President

Jeffery Benton  
Secretary

W. Ken Southerland  
COO

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

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

08/15/2016

## STATEMENT AS OF JUNE 30, 2016 OF THE Ohio Dental Association Wellness Trust

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
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 (\$ .....), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	3,433,067		3,433,067	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) .....	3,433,067	0	3,433,067	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:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	34,907		34,907	47,418
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	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	500,000
24. Health care (\$ ..... ) and other amounts receivable .....			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) .....	3,467,974	0	3,467,974	3,020,644
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	3,467,974	0	3,467,974	3,020,644
<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



**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ reinsurance ceded) _____	1,091,878		1,091,878	968,578
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 \$ _____ for medical loss ratio rebate per the Public 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 _____	595,939		595,939	640,519
9. General expenses due or accrued _____	572,780		572,780	820,099
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized gains (losses)) _____			0	0
10.2 Net deferred tax liability _____			0	0
11. Ceded reinsurance premiums payable _____	172,822		172,822	83,366
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 interest thereon \$ _____ (including \$ _____ 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 \$ _____ authorized reinsurers, \$ _____ unauthorized 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) _____	21,289	0	21,289	65,736
24. Total liabilities (Lines 1 to 23) _____	2,454,708	0	2,454,708	2,578,298
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	107,604	(463,316)
32. Less treasury stock, at cost:				
32.1 _____ shares common (value included in Line 26 \$ _____ ) _____	XXX	XXX		
32.2 _____ shares preferred (value included in Line 27 \$ _____ ) _____	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) _____	XXX	XXX	1,013,266	442,346
34. Total liabilities, capital and surplus (Lines 24 and 33) _____	XXX	XXX	3,467,974	3,020,644
<b>DETAILS OF WRITE-INS</b>				
2301. ACA Fees Payable _____	21,289		21,289	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) _____	21,289	0	21,289	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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months _____	XXX	17,967	10,896	28,456
2. Net premium income (including \$ _____ non-health premium income) _____	XXX	6,710,705	3,585,409	9,502,716
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	6,710,705	3,585,409	9,502,716
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits _____		4,938,190	2,451,550	8,250,355
10. Other professional services _____		679,627		
11. Outside referrals _____				
12. Emergency room and out-of-area _____				
13. Prescription drugs _____			478,295	
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	5,617,817	2,929,845	8,250,355
<b>Less:</b>				
17. Net reinsurance recoveries _____				
18. Total hospital and medical (Lines 16 minus 17) _____	0	5,617,817	2,929,845	8,250,355
19. Non-health claims (net) _____				
20. Claims adjustment expenses, including \$ _____ 66,803 cost containment expenses _____		477,266	276,411	735,665
21. General administrative expenses _____			387,134	976,059
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	6,095,083	3,593,390	9,962,079
24. Net underwriting gain or (loss) (Lines 8 minus 23) _____	XXX	615,622	(7,981)	(459,363)
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	615,622	(7,981)	(459,363)
31. Federal and foreign income taxes incurred _____	XXX			
32. Net income (loss) (Lines 30 minus 31) _____	XXX	615,622	(7,981)	(459,363)
<b>DETAILS OF WRITE-INS</b>				
0601. ACA Fees _____	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. _____				
2902. _____				
2903. _____				
2998. Summary of remaining write-ins for Line 29 from overflow page _____	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) _____	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	442,346		0
34. Net income or (loss) from Line 32.....	615,622	(7,981)	(459,363)
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)	(5,639)	(3,953)
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).....	570,916	392,042	442,346
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,013,262	392,042	442,346
<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 JUNE 30, 2016 OF THE Ohio Dental Association Wellness Trust

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	6,837,778	4,259,858	10,091,864
2. Net investment income	0	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	6,837,778	4,259,858	10,091,864
5. Benefit and loss related payments	4,728,909	2,103,034	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	815,803	115,178	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)	5,544,712	2,218,212	8,789,908
11. Net cash from operations (Line 4 minus Line 10)	1,293,066	2,041,646	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)	432,383	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)	432,383	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)	1,725,449	2,447,308	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)	3,433,067	2,447,308	1,707,618

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

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STATEMENT AS OF JUNE 30, 2016 OF THE Ohio Dental Association Wellness Trust

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<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	0	2,612	0	0	0	0	0	0	0
3. Second Quarter .....	3,020		3,020							
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	17,967		17,967							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	1,330		1,330							
8. Non-Physician .....	1,687		1,687							
9. Total	3,017	0	3,017	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	44		44							
11. Number of Inpatient Admissions	17		17							
12. Health Premiums Written (a) .....	3,402,516		3,402,516							
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	3,402,516		3,402,516							
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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



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

[illegible]

## STATEMENT AS OF JUNE 30, 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT****ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	4,802,930	3,830,749	22,733	1,069,145	4,825,663	968,578
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) .....	4,802,930	3,830,749	22,733	1,069,145	4,825,663	968,578
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) .....	4,802,930	3,830,749	22,733	1,069,145	4,825,663	968,578

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

## NOTES TO FINANCIAL STATEMENTS

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### Note 1: Summary of Significant Accounting Policies

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 accounting practices followed by the Plan from the designated by the NAIC. However, the practices designated by the NAIC, vary in certain respects from accounting principles generated accepted in the United States of America ("GAAP").

The significant differences from GAAP include the following: a) certain assets are designed 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 ODI. 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 and 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**

Non-admitted assets for the period ended June 30, 2016 totaled \$0.

### Note 2: Accounting Changes and Correction of Errors

No significant change.

### Note 3: Business Combinations and Goodwill – Not Applicable

No significant change.

### Note 4: Discontinued Operations – Not Applicable

None

### Note 5: Investments

None

### Note 6: Joint Ventures, Partnerships and Limited Liability Companies

None

### Note 7: Investment Income

There is no investment income in default that would be excluded from investment income and considered non-admitted as June 30, 2016.

### Note 8: Derivative Investments

None

### Note 9: Income Taxes

No income taxes were incurred or payments made in 2016, for taxable investment income earned in 2016. At June 30, 2016, there was no taxable income to the Plan. The Plan has no significant items which would result in a deferred tax liability.



STATEMENT AS OF JUNE 30, 2016 OF The Ohio Dental Association Wellness Trust  
Note 10: Information Concerning Parent, Subsidiaries & Affiliated

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: Liabilities, Contingencies and Assessments

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 Extinguishment 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 Measurement

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 June 30, 2016 and are based on quoted market prices.

Note 21: Other Items

None

Note 22: Events Subsequent

None

Note 23: Reinsurance

The Plan entered into an 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 June 30, 2016, the Plan has an aggregate deductible of the greater of \$2,000,000 or 100 percent of the first Monthly Aggregate Deductible amounts 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: Changes to Incurred Claims and Claim Adjustment Expenses

None

Note 26: Intercompany Pooling Arrangements

None

Note 27: Structured Settlements

None

Note 28: Health Care Receivables

None

STATEMENT AS OF JUNE 30, 2016 OF The Ohio Dental Association Wellness Trust

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? \_\_\_\_\_ Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? \_\_\_\_\_ Yes [ ] No [ ]
- 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 [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? \_\_\_\_\_ Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? \_\_\_\_\_ Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? \_\_\_\_\_ Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? \_\_\_\_\_ Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

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



**GENERAL INTERROGATORIES**

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

**FINANCIAL**

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

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ☐ ] No [ ☒ ]
- 11.2 If yes, give full and complete information relating thereto: \_\_\_\_\_
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ \_\_\_\_\_
13. Amount of real estate and mortgages held in short-term investments: \$ \_\_\_\_\_
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ☐ ] No [ ☒ ]
- 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 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.

**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 Name of Custodian(s)	2 Custodian Address

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC 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 \_\_\_\_\_ 74.6 %
- 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 \_\_\_\_\_ \$



## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

13

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
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		7,190,842						7,190,842	
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	.0
59. Subtotal	XXX	7,190,842	.0	.0	.0	.0	.0	7,190,842	.0
60. Reporting Entity Contributions for Employee Benefit Plans.....	XXX							.0	
61. Totals (Direct Business)	(a) 0	7,190,842	0	0	0	0	0	7,190,842	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.

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

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## SCHEDULE Y

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

# LEZON

### Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1. N/A

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

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

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Verification - Cash Equivalents

NONE

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

NONE



Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

## SCHEDULE E - PART 1 - CASH

[illegible]

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

NONE

Medicare Part D Coverage Supplement

NONE