



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016
OF THE CONDITION AND AFFAIRS OF THE

Ohio Dental Association Wellness Trust

NAIC Group Code 0000 (Current) NAIC Company Code 00117 Employer's ID Number 47-8503449

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.org

Statutory Statement Contact Ryan Davis 404-410-2480
(Name) (Area Code) (Telephone Number)
rdavis@healthcoopstrategies.com
(E-mail Address) (FAX Number)

OFFICERS

President Thomas Paumer DDS
Secretary Jeffery Benton

OTHER

DIRECTORS OR TRUSTEES

Michael Gallagher DDS
Wayne Marshall

Thomas Kelly DDS
Thomas Matanzo DDS

Ronald Lemmo DDS

State of Ohio SS:
County of Franklin

The officers of the 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 expansions thereon 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 regulatory authority or in addition to the enclosed statement.

Thomas Paumer
Thomas Paumer DDS
President

Jeffery Benton
Jeffery Benton
Secretary

W. Ken Southerland
W. Ken Southerland
COO

Subscribed and sworn to before me this
29th day of November
Kimberly L. Gutheil

- a. Is this an original filing? Yes ☒ No ☐
- b. If no:
1. State the amendment number
 2. Date filed 11/15/2016
 3. Number of pages attached



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

117

QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

RECEIVED

NOV 22 2016

**OFFICE OF RISK
ASSESSMENT**

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2016**

HEALTH

2016



HEALTH QUARTERLY STATEMENT
AS OF SEPTEMBER 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

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Country of Domicile United States of America

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Wayne Marshall Thomas Matanzo DDS

State of _____ SS:
County of _____

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Thomas Paumier, DDS Jeffery Benton W. Ken Southerland
President Secretary 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 _____ 11/15/2015
3. Number of pages attached _____

STATEMENT AS OF SEPTEMBER 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 (\$ _____) _____	3,548,830		3,548,830	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) _____	3,548,830	0	3,548,830	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 _____	21,646		21,646	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 _____	181,708		181,708	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 Not 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 _____	13,727		13,727	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) _____	3,765,911	0	3,765,911	3,020,644
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts _____			0	0
28. Total (Lines 26 and 27) _____	3,765,911	0	3,765,911	3,020,644
DETAILS OF WRITE-INS				
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 SEPTEMBER 30, 2016 OF THE Ohio Dental Association Wellness Trust

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ reinsurance ceded) _____	1,285,791		1,285,791	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 \$ _____ 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 _____	600,057		600,057	640,519
9. General expenses due or accrued _____	577,823		577,823	278,740
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 _____			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 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) _____	40,219	0	40,219	65,736
24. Total liabilities (Lines 1 to 23) _____	2,503,890	0	2,503,890	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	356,359	(463,316)
32. Loss 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	1,262,021	442,346
34. Total liabilities, capital and surplus (Lines 24 and 33) _____	XXX	XXX	3,765,911	3,020,644
DETAILS OF WRITE-INS				
2301. ACA Fee Payable _____	40,219		40,219	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) _____	40,219	0	40,219	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 AS OF SEPTEMBER 30, 2016 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months _____	XXX	27,146	19,669	28,456
2. Net premium income (Including \$ _____ non-health premium income) _____	XXX	9,938,423	6,527,403	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	9,938,423	6,527,403	9,502,716
Hospital and Medical:				
9. Hospital/medical benefits _____		5,949,046	3,774,629	8,250,355
10. Other professional services _____				
11. Outside referrals _____				
12. Emergency room and out-of-area _____				
13. Prescription drugs _____		1,616,149	600,977	
14. Aggregate write-ins for other hospital and medical _____	0	0	938,283	0
15. Incentive pool, withhold adjustments and bonus amounts _____				
16. Subtotal (Lines 9 to 15) _____	0	7,565,195	5,313,889	8,250,355
Less:				
17. Net reinsurance recoveries _____		181,708	129,462	
18. Total hospital and medical (Lines 16 minus 17) _____	0	7,383,487	5,184,427	8,250,355
19. Non-health claims (net) _____				
20. Claims adjustment expenses, including \$ _____ cost containment expenses _____		718,213	504,020	735,665
21. General administrative expenses _____		1,021,006	703,861	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	9,122,708	6,392,308	9,962,079
24. Net underwriting gain or (loss) (Lines 8 minus 23) _____	XXX	815,715	135,095	(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	815,715	135,095	(459,363)
31. Federal and foreign income taxes incurred _____	XXX			
32. Net income (loss) (Lines 30 minus 31) _____	XXX	815,715	135,095	(459,363)
DETAILS OF WRITE-INS				
0601. _____	XXX			
0602. _____	XXX			
0603. _____	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page _____	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) _____	XXX	0	0	0
0701. _____	XXX			
0702. _____	XXX			
0703. _____	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page _____	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) _____	XXX	0	0	0
1401. _____				
1402. _____				
1403. _____				
1498. Summary of remaining write-ins for Line 14 from overflow page _____	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) _____	0	0	0	0
2901. _____				
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 AS OF SEPTEMBER 30, 2016 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	442,346		0
34. Net income or (loss) from Line 32.....	815,715	135,095	(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.....	3,960	(11,779)	(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).....	819,675	528,978	442,346
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,262,021	528,978	442,346
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above).....	0	0	0

STATEMENT AS OF SEPTEMBER 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
Cash from Operations			
1. Premiums collected net of reinsurance	9,913,959	7,120,388	10,175,230
2. Net investment income	0	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	9,913,959	7,120,388	10,175,230
5. Benefit and loss related payments	6,738,990	4,375,605	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	1,833,764	849,797	1,450,614
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)	8,572,754	5,225,402	8,873,274
11. Net cash from operations (Line 4 minus Line 10)	1,341,205	1,894,986	1,301,956
Cash from Investments			
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
Cash from Financing and Miscellaneous Sources			
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)	500,007	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)	500,007	405,662	405,662
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,841,212	2,300,648	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)	3,548,830	2,300,648	1,707,618

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

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STATEMENT AS OF SEPTEMBER 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							
Total Members at end of:										
1. Prior Year	2,915	0	2,915	0	0	0	0	0	0	0
2. First Quarter	2,812	0	2,812	0	0	0	0	0	0	0
3. Second Quarter	3,017	0	3,017	0	0	0	0	0	0	0
4. Third Quarter	3,038		3,038							
5. Current Year	0									
6. Current Year Member Months	27,146		27,146							
Total Member Ambulatory Encounters for Period:										
7. Physician	4,014		4,014							
8. Non-Physician	5,144		5,144							
9. Total	9,158	0	9,158	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	60		60							
11. Number of Inpatient Admissions	22		22							
12. Health Premiums Written (a)	10,664,610		10,664,610							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	10,664,610		10,664,610							
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 \$ _____										

Aging Analysis of Unpaid Claims

Accrued medical incentive pool and bonus amounts

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

UNDERWRITING AND INVESTMENT EXHIBIT

Line of Business	ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE					
	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	5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	1,007,457	6,285,745	5,448	1,280,343	1,012,905	1,258,596
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,007,457	6,285,745	5,448	1,280,343	1,012,905	1,258,596
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	1,007,457	6,285,745	5,448	1,280,343	1,012,905	1,258,596

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

STATEMENT AS OF SEPTEMBER 30, 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 following by the Plan from those designed by the NAIC. However, the practices by 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 years 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 revenue and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserve. 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

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

Note 2: Accounting Changes and Correction of Errors

No significant change.

Note 3: Business Combinations and Goodwill

No significant change.

Note 4: Discontinued Operations – Not Applicable

None

Note 5: Investments

No significant change.

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 as of September 30, 2016.

Note 8: Derivative Investments

None

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

Note 9: Income Taxes

No income taxes were incurred or payments made in 2016, for taxable investment income earned in 2016. At September 30, 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 & 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 – Quotes (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 September 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 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 September 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, a per member deductible of \$150,000 and an aggregating specific deductible of \$60,000. 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

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

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 SEPTEMBER 30, 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
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? _____ Yes [] No [X] N/A []
 If yes, attach an explanation. _____
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 6.4 By what department or departments? _____
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? _____ Yes [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
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | \$ 0 | \$ 0 |
| 14.23 Common Stock | \$ 0 | \$ 0 |
| 14.24 Short-Term Investments | \$ 0 | \$ 0 |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ 0 |
| 14.26 All Other | \$ 0 | \$ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent Included in Lines 14.21 to 14.26 above | \$ 0 | \$ 0 |
- 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 SEPTEMBER 30, 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. _____ \$ _____
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 _____ \$ _____
- 16.3 Total payable for securities lending reported on the liability page. _____ \$ _____

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 [X] No []

- 18.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent _____ 75.2 %

1.2 A&H cost containment percent _____ 3.0 %

1.3 A&H expense percent excluding cost containment expenses _____ 16.3 %

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

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Ohio Dental Association Wellness Trust
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1 States, etc.	Direct Business Only								
	2 Active Status	3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 7	10 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		10,664,610						10,664,610	
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	10,664,610	0	0	0	0	0	10,664,610	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	(a) 0	10,664,610	0	0	0	0	0	10,664,610	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 FRG; (R) Registered - Non-domiciled FRGs; (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 SEPTEMBER 30, 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


SCHEDULE Y

[illegible]16

STATEMENT AS OF SEPTEMBER 30, 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? _____ | NO |
| Explanation: | |
| 1. N/A | |
| Bar Code: | |
| 1. Medicare Part D Coverage Supplement (Document Identifier 365) |  |

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
PNC Bank Operating - 41-1642-2721					2,029,940	2,332,393	2,335,083	XXX
PNC Bank Deposit - 41-1642-3054					1,150,298	1,048,608	1,213,747	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,180,239	3,379,001	3,548,830	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See 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	3,180,239	3,379,001	3,548,830	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	3,180,239	3,379,001	3,548,830	XXX

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

NONE

Medicare Part D Coverage Supplement

NONE

STATEMENT AS OF SEPTEMBER 30, 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	3,020,644		
3.	XXQSU090060 ASSETS, 01, 4 = PY 2015 ANNUAL ASSETS, 01, 3	0		
4.	XXQSN000229 LIAB, 34, 4 = PY 2015 ANNUAL LIAB, 34, 3	3,020,644		
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.	XXQSN000001 GENINTPT1INV, 14,21, 3 = PY 2015 ANNUAL HIST5YR, 26, 1			
8.	XXQSN000002 GENINTPT1INV, 14,22, 3 = PY 2015 ANNUAL HIST5YR, 27, 1			
9.	XXQSN000004 GENINTPT1INV, 14,24, 3 = PY 2015 ANNUAL HIST5YR, 29, 1	0		
10.	XXQSN000005 GENINTPT1INV, 14,25, 3 = PY 2015 ANNUAL HIST5YR, 30, 1			
11.	XXQSN000006 GENINTPT1INV, 14,26, 3 = PY 2015 ANNUAL HIST5YR, 31, 1			
12.	XXQSN000007 GENINTPT1INV, 14,27, 3 = PY 2015 ANNUAL HIST5YR, 32, 1	0		
13.	XXQSN000010 GENINTPT1INV, 14,23, 3 = PY 2015 ANNUAL HIST5YR, 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 Sum(Column 6 Line 9.1 to 9.6)	0		
18.	XXQSU090005 SCDVER, 01, 1 = PY 2015 Annual SCDAPT1, 9199999, 8	0		
19.	XXQSU090063 SCDVER, 02, 2 = PY 2015 ANNUAL SCDVER, 02, 1	0		
20.	XXQSU090065 SCDVER, 05, 2 = PY 2015 ANNUAL SCDVER, 05, 1	0		
21.	XXQSU090066 SCDVER, 06, 2 = PY 2015 ANNUAL SCDVER, 06, 1	0		
22.	XXQSU090011 SCDVER, 01, 1 = PY 2015 Annual SCDVER, 10, 2	0		
23.	XXQSU090012 SCDBPTAVER, 01, 1 = PY 2015 ANNUAL SCDBPTAVER, 09, 2	0		
24.	XXQSU090013 SCDBPTBVER, 01, 4 = PY 2015 ANNUAL SCDBPTBVER, 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, 06, 2	0		
27.	XETMU990015 REVEX1, 07, C3 = PY YTD 2015 QUARTERLY REVEX1, 07, 2	0		
28.	XETMU990020 REVEX1, 14, C3 = PY YTD 2015 QUARTERLY REVEX1, 14, 2	939,283		
29.	XETMU990025 REVEX1, 29, C3 = PY YTD 2015 QUARTERLY REVEX1, 29, 2	0		
30.	XETMU000030 REVEX2, 47, C2 = PY YTD 2015 QUARTERLY REVEX2, 47, 1	0		
31.	XETMU990030 SCAVER, 02,1, 1 = SCAPT2, 0399999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
32.	XETMU990035 SCAVER, 02,2, 1 = SCAPT2, 0399999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
33.	XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
34.	XETMU990045 SCBVER, 02,1, 1 = SCBPT2, 3399999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
35.	XETMU990050 SCBVER, 02,2, 1 = SCBPT2, 3399999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
36.	XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
37.	XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
38.	XETMU990065 SCBAVER, 02,1, 1 = SCBAPT2, 4199999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
39.	XETMU990070 SCBAVER, 02,2, 1 = SCBAPT2, 4199999, 10 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
40.	XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 4199999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
41.	XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 4199999, 16 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
42.	XETMU990085 SCDVER, 02, 1 = SCDPT3, 9999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
43.	XETMU990090 SCDVER, 05, 1 = SCDPT4, 9999999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0
44.	XETMU990095 SCDVER, 06, 1 = SCDPT4, 9999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0	0	0

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer Ohio Dental Association Wellness Trust

Date _____

FEIN _____

47-6503449

NAIC Group # 0000

NAIC Company # 00117

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)			YES
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)			
3. Is this being re-filed due to changes to the data originally filed? (Y/N) (IF "YES", ENCLOSE HARD COPY PAGES FOR THE CHANGES.)			
4. Other? (Y/N) (If "yes", attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

Phone: _____

Address: _____

D. Software Vendor: Eagle Technology Management

Version: 2016

E. Have material validation failures been addressed in the explanation file?

Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2016 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name)

(version number)

Signed _____

Type Name and Title: _____

Barcode Generation Form

NONE

Florida - Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Florida - Exhibit 3 - Health Care Receivables

NONE

Florida - Exhibit 7 - Part 1 - Summary of Transactions with Providers

NONE

Florida - Exhibit 7 - Part 2

NONE

Florida - Schedule E - Part 3 - Special Deposits

NONE

Florida - Schedule G

NONE

Florida - Schedule D

NONE