

00117

**ANNUAL STATEMENT**

**RECEIVED**

**APR 03 2017**

**OFFICE OF RISK  
ASSESSMENT**

**OF THE**

**Ohio Dental Association Wellness Trust**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE YEAR ENDED  
DECEMBER 31, 2016**

**HEALTH**

**2016**



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 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 OH

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 855-337-2478  
(Name) (Area Code) (Telephone Number)  
rdavis@healthcoopstrategies.com  
(E-mail Address) (FAX Number)

### OFFICERS

President Thomas Paumier DDS  
Secretary Jeffery Benton

### OTHER

### DIRECTORS OR TRUSTEES

Michael Gallagher DDS # Thomas Kelly DDS Ronald Lemmo DDS  
Wayne Marshall Thomas Matanzo DDS

State of Georgia SS:  
County of Fulton

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, 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 27th day of March 2017  
Mary Cassie Folsom

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number  
2. Date filed 03/31/2017



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
**Ohio Dental Association Wellness Trust**

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Is HMO Federally Qualified? Yes [ ] No [ ]

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Thomas Paumier, DDS  
President

Jeffery Benton  
Secretary

W. Ken Southerland  
COO

Subscribed and sworn to before me this 20th day of March 2017  
Mary Cassie Folsom

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

b. If no,

1. State the amendment number

2. Date filed

03/31/2017

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) _____			0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks _____			0	0
2.2 Common stocks _____			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens _____			0	0
3.2 Other than first liens _____			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ _____ encumbrances) _____			0	0
4.2 Properties held for the production of income (less \$ _____ encumbrances) _____			0	0
4.3 Properties held for sale (less \$ _____ encumbrances) _____			0	0
5. Cash (\$ _____ 2,705,874, Schedule E - Part 1), cash equivalents (\$ _____, Schedule E - Part 2) and short-term investments (\$ _____, Schedule DA) _____	2,705,874		2,705,874	1,707,618
6. Contract loans, (including \$ _____ premium notes) _____			0	0
7. Derivatives (Schedule DB) _____			0	0
8. Other invested assets (Schedule BA) _____			0	0
9. Receivables for securities _____			0	0
10. Securities lending reinvested collateral assets (Schedule DL) _____			0	0
11. Aggregate write-ins for invested assets _____	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) _____	2,705,874	0	2,705,874	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 _____	36,169		36,169	47,418
15.2 Deferred premiums and 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 _____	240,039		240,039	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 _____	3,539	0	3,539	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) _____	2,985,621	0	2,985,621	3,020,644
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts _____			0	0
28. Total (Lines 26 and 27) _____	2,985,621	0	2,985,621	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 thru 1103 plus 1198)(Line 11 above) _____	0	0	0	0
2501. MIO Receivable _____	3,539		3,539	
2502. _____				
2503. _____				
2598. Summary of remaining write-ins for Line 25 from overflow page _____	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) _____	3,539	0	3,539	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ 0 reinsurance ceded) .....	1,569,977		1,569,977	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 reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	254,423		254,423	640,519
9. General expenses due or accrued .....	189,581		189,581	278,740
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized capital gains (losses)) ....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	81,691		81,691	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, \$ _____ 0 unauthorized reinsurers and \$ _____ 0 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) .....	57,348	0	57,348	65,736
24. Total liabilities (Lines 1 to 23) .....	2,153,020	0	2,153,020	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	(73,061)	(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	832,601	442,346
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	2,985,622	3,020,644
<b>DETAILS OF WRITE-INS</b>				
2301. ACA Fee Payable .....	57,348		57,348	65,736
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	57,348	0	57,348	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 thru 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 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	36,192	28,456
2. Net premium income (including \$ _____ non-health premium income)	XXX	13,194,467	9,502,716
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ _____ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	13,194,467	9,502,716
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits		8,312,190	8,250,355
10. Other professional services		0	
11. Outside referrals		0	
12. Emergency room and out-of-area		0	
13. Prescription drugs		2,226,726	
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	
16. Subtotal (Lines 9 to 15)	0	10,538,916	8,250,355
<b>Less:</b>			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	10,538,916	8,250,355
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ _____ 133,665 cost containment expenses		958,316	735,665
21. General administrative expenses		1,316,304	976,059
22. Increase in reserves for life and accident and health contracts (including \$ _____ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	12,813,536	9,962,079
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	386,931	(459,363)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			0
26. Net realized capital gains (losses) less capital gains tax of \$ _____			
27. Net investment gains (losses) (Lines 25 plus 26)	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	5,371	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	386,302	(459,363)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	386,302	(459,363)
<b>DETAILS OF WRITE-INS</b>			
0601. _____	XXX		
0602. _____	XXX	0	
0603. _____	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. _____	XXX		
0702. _____	XXX		
0703. _____	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401. _____			
1402. _____			
1403. _____			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. ACA Fees Collected		92,615	
2902. ACA Fees Expensed		(87,244)	
2903. _____			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	5,371	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	442,346	0
34. Net income or (loss) from Line 32.....	386,302	(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.....	3,953	(3,953)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	500,000
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	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
48. Net change in capital and surplus (Lines 34 to 47).....	390,255	442,346
49. Capital and surplus end of reporting period (Line 33 plus 48).....	832,601	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
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above).....	0	0

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance	12,905,264	10,175,230
2. Net investment income	0	0
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	12,905,264	10,175,230
5. Benefit and loss related payments	10,036,673	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	2,366,798	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
10. Total (Lines 5 through 9)	12,403,469	8,873,274
11. Net cash from operations (Line 4 minus Line 10)	501,795	1,301,956
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	500,000
16.2 Capital and paid in surplus, less treasury stock	0	405,662
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	500,000	(500,000)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	500,000	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)	1,001,795	1,707,618
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,707,618	0
19.2 End of year (Line 18 plus Line 19.1)	2,709,413	1,707,618

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

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## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	13,194,467	13,194,467								
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ medical expenses)										
4. Risk revenue										
5. Aggregate write-ins for other health care related revenues										
6. Aggregate write-ins for other non-health care related revenues										
7. Total revenues (Lines 1 to 6)	13,194,467	13,194,467	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Hospital/medical benefits	8,312,190	8,312,190								
9. Other professional services										
10. Outside referrals										
11. Emergency room and out-of-area										
12. Prescription drugs	2,728,726	2,728,726								
13. Aggregate write-ins for other hospital and medical										
14. Incentive pool, withhold adjustments and bonus amounts										
15. Subtotal (Lines 8 to 14)	10,538,916	10,538,916								
16. Net reinsurance recoveries										
17. Total medical and hospital (Lines 15 minus 16)	10,538,916	10,538,916								
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Claims adjustment expenses including \$ 133,665 cost containment expenses	958,316	958,316								
20. General administrative expenses	1,316,304	1,316,304								
21. Increase in reserves for accident and health contracts										
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)	12,813,536	12,813,536								
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	380,931	380,931								
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598.										XXX
0599. Summary of remaining write-ins for Line 5 from overflow page										XXX
Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Summary of remaining write-ins for Line 6 from overflow page										XXX
Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301.										XXX
1302.										XXX
1303.										XXX
1398.										XXX
1399. Summary of remaining write-ins for Line 13 from overflow page										XXX
Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)										XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	14,155,837		961,370	13,194,467
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				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
9. Health subtotal (Lines 1 through 8)	14,155,837	0	961,370	13,194,467
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	14,155,837	0	961,370	13,194,467

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	10,337,936	10,337,936								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	10,337,936	10,337,936								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,569,977	1,569,977								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	1,569,977	1,569,977								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year	240,039	240,039								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,593,303	1,593,303								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	1,593,303	1,593,303								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	765,608	765,608								
12. Incurred Benefits:										
12.1 Direct	10,314,610	10,314,610								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	(525,569)	(525,569)								
12.4 Net	10,840,179	10,840,179								
13. Incurred medical incentive pools and bonuses										
(a) Excludes \$ _____ loans or advances to providers not yet expensed.										

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	1,569,977	1,569,977								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	1,569,977	1,569,977	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitalizations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	1,569,977	1,569,977	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	1,569,977	1,569,977	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred In Prior Years (Columns 1 + 3)	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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,038,448	9,244,433	18,696	1,551,281	1,057,144	1,593,303
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)	1,038,448	9,244,433	18,696	1,551,281	1,057,144	1,593,303
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,038,448	9,244,433	18,696	1,551,281	1,057,144	1,593,303

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	0		0		
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	6,657,052	1,038,448
6. 2016	XXX	XXX	XXX	XXX	9,244,433

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	0		0		
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	8,250,355	8,357,293
6. 2016	XXX	XXX	XXX	XXX	10,795,714

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 Claim Adjustment Expense Payments (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012				0.0	0	0.0			0	0.0
2. 2013				0.0	0	0.0			0	0.0
3. 2014				0.0	0	0.0			0	0.0
4. 2015	10,192,715	7,281,777	735,665	10.1	8,017,442	78.7	1,593,303	88,930	9,699,675	95.2
5. 2016	14,155,837	10,337,936	958,324	9.3	11,296,260	79.8	1,589,977	80,067	12,946,324	91.5

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT**  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

**Section A - Paid Health Claims - Grand Total**

	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	0	0	0	0	0
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	XXX	XXX	0	0	0
5. 2015	XXX	XXX	XXX	6,557,052	1,038,448
6. 2016	XXX	XXX	XXX	XXX	9,244,433

**Section B - Incurred Health Claims - Grand Total**

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	0	0	0	0	0
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	XXX	XXX	0	0	0
5. 2015	XXX	XXX	XXX	8,250,355	8,357,293
6. 2016	XXX	XXX	XXX	XXX	10,795,714

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2014	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2015	10,192,715	7,281,777	735,663	10.1	8,017,442	78.7	1,593,303	88,930	9,699,675	95.2
5. 2016	14,155,837	10,337,936	958,324	9.3	11,296,260	79.8	1,559,977	80,087	12,946,324	91.5

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	254,423	254,423							
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$ _____ ) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	254,423	254,423	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	254,423	254,423	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ \_\_\_\_\_ premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ _____ for occupancy of own building) _____					0
2. Salary, wages and other benefits _____					0
3. Commissions (less \$ _____ ceded plus \$ _____ assumed) _____			848,995		848,995
4. Legal fees and expenses _____					0
5. Certifications and accreditation fees _____					0
6. Auditing, actuarial and other consulting services _____		824,651	195,453		1,020,104
7. Traveling expenses _____					0
8. Marketing and advertising _____			271,856		271,856
9. Postage, express and telephone _____					0
10. Printing and office supplies _____					0
11. Occupancy, depreciation and amortization _____					0
12. Equipment _____					0
13. Cost or depreciation of EDP equipment and software _____					0
14. Outsourced services including EDP, claims, and other services _____	133,665				133,665
15. Boards, bureaus and association fees _____					0
16. Insurance, except on real estate _____					0
17. Collection and bank service charges _____					0
18. Group service and administration fees _____					0
19. Reimbursements by uninsured plans _____					0
20. Reimbursements from fiscal intermediaries _____					0
21. Real estate expenses _____					0
22. Real estate taxes _____					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes _____					0
23.2 State premium taxes _____					0
23.3 Regulatory authority licenses and fees _____					0
23.4 Payroll taxes _____					0
23.5 Other (excluding federal income and real estate taxes) _____					0
24. Investment expenses not included elsewhere _____					0
25. Aggregate write-ins for expenses _____	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) _____	133,665	824,651	1,316,304	0	(a) 2,274,620
27. Less expenses unpaid December 31, current year _____					0
28. Add expenses unpaid December 31, prior year _____					0
29. Amounts receivable relating to uninsured plans, prior year _____					0
30. Amounts receivable relating to uninsured plans, current year _____					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) _____	133,665	824,651	1,316,304	0	2,274,620
<b>DETAILS OF WRITE-INS</b>					
2501. _____					
2502. _____					
2503. _____					
2598. Summary of remaining write-ins for Line 25 from overflow page _____	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) _____	0	0	0	0	0

(a) Includes management fees of \$ \_\_\_\_\_ to affiliates and \$ \_\_\_\_\_ to non-affiliates.

Exhibit of Net Investment Income

**NONE**

Exhibit of Capital Gains (Losses)

**NONE**

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) _____			0
2. Stocks (Schedule D):			
2.1 Preferred stocks _____			0
2.2 Common stocks _____			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens _____			0
3.2 Other than first liens _____			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company _____			0
4.2 Properties held for the production of income _____			0
4.3 Properties held for sale _____			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) _____			0
6. Contract loans _____			0
7. Derivatives (Schedule DB) _____			0
8. Other invested assets (Schedule BA) _____			0
9. Receivables for securities _____			0
10. Securities lending reinvested collateral assets (Schedule DL) _____			0
11. Aggregate write-ins for invested assets _____	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) _____	0	0	0
13. Title plants (for Title Insurers only) _____			0
14. Investment income due and accrued _____			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection _____		3,953	3,953
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due _____			0
15.3 Accrued retrospective premiums and contracts subject to redetermination _____			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers _____			0
16.2 Funds held by or deposited with reinsured companies _____			0
16.3 Other amounts receivable under reinsurance contracts _____			0
17. Amounts receivable relating to uninsured plans _____			0
18.1 Current federal and foreign income tax recoverable and interest thereon _____			0
18.2 Net deferred tax asset _____			0
19. Guaranty funds receivable or on deposit _____			0
20. Electronic data processing equipment and software _____			0
21. Furniture and equipment, including health care delivery assets _____			0
22. Net adjustment in assets and liabilities due to foreign exchange rates _____			0
23. Receivable from parent, subsidiaries and affiliates _____			0
24. Health care and other amounts receivable _____			0
25. Aggregate write-ins for other than invested assets _____	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) _____	0	3,953	3,953
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts _____			0
28. Total (Lines 26 and 27) _____	0	3,953	3,953
<b>DETAILS OF WRITE-INS</b>			
1101. _____			
1102. _____			
1103. _____			
1198. Summary of remaining write-ins for Line 11 from overflow page _____	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) _____	0	0	0
2501. _____			
2502. _____			
2503. _____			
2598. Summary of remaining write-ins for Line 25 from overflow page _____	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) _____	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment		Total Members at End of			Current Year		Current Year	
		1	2	3	4	5	6	
		Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Current Year	Member Months
1.	Health Maintenance Organizations							
2.	Provider Service Organizations							
3.	Preferred Provider Organizations							
4.	Point of Service							
5.	Indemnity Only	2,915	2,980	3,022	3,038	3,022		36,192
6.	Aggregate write-ins for other lines of business	0	0	0	0	0		0
7.	Total	2,915	2,980	3,022	3,038	3,022		36,192
<b>DETAILS OF WRITE-INS</b>								
0601.								
0602.								
0603.								
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0		0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0		0

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

12

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Health Care Receivables Collected and Accrued

**NONE**

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

24



Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

**NONE**

Exhibit 7 - Part 1 - Summary of Transactions with Providers

**NONE**

Exhibit 7 - Part 2

**NONE**

Exhibit 8 - Furniture and Equipment Owned

**NONE**

**NOTES TO FINANCIAL STATEMENTS**

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## 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 year ended December 31, 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 December 31, 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 December 31, 2016, there was no taxable income to the Plan. The Plan has no significant items which would result in a deferred tax asset or liability.

**Note 10: Information Concerning Parent, Subsidiaries & 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 year ended December 31, 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 DECEMBER 31, 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

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

- 1.1 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, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 1.3 State Regulating? \_\_\_\_\_
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_ 01/06/2015
- 3.2 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. \_\_\_\_\_ 01/06/2015
- 3.3 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). \_\_\_\_\_ 01/07/2015
- 3.4 By what department or departments?  
Ohio \_\_\_\_\_
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? \_\_\_\_\_ Yes [ ] No [ X ]  
4.12 renewals? \_\_\_\_\_ Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? \_\_\_\_\_ Yes [ ] No [ X ]  
4.22 renewals? \_\_\_\_\_ Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? \_\_\_\_\_ Yes [ ] No [ X ]
- 5.2 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 |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the 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 ]
- 6.2 If yes, give full information: \_\_\_\_\_
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? \_\_\_\_\_ Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control. \_\_\_\_\_ %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

- 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Bennett Thrasher  
 One Overton Park, Suite 1000  
 3625 Cumberland Blvd. SE  
 Atlanta, GA 30339
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? \_\_\_\_\_ Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: \_\_\_\_\_
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? \_\_\_\_\_ Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: \_\_\_\_\_
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]  
 10.6 If the response to 10.5 is no or n/a, please explain  
 Not required \_\_\_\_\_
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Mike Brown  
 Lewis & Ellis, Inc.  
 11225 College Blvd., Suite 320  
 Overland Park, KS 66210
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? \_\_\_\_\_ Yes [ ] No [ X ]  
     12.11 Name of real estate holding company \_\_\_\_\_  
     12.12 Number of parcels involved \_\_\_\_\_  
     12.13 Total book/adjusted carrying value \$ \_\_\_\_\_
- 12.2 If, yes provide explanation: \_\_\_\_\_
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? \_\_\_\_\_
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? \_\_\_\_\_ Yes [ X ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? \_\_\_\_\_ Yes [ ] No [ X ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 14.1 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 [ X ] 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.
- 14.11 If the response to 14.1 is No, please explain: \_\_\_\_\_
- 14.2 Has the code of ethics for senior managers been amended? \_\_\_\_\_ Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). \_\_\_\_\_
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? \_\_\_\_\_ Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). \_\_\_\_\_

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? \_\_\_\_\_ Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? \_\_\_\_\_ Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? \_\_\_\_\_ Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? \_\_\_\_\_ Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? \_\_\_\_\_ Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |          |
|---|----------|
| 20.11 To directors or other officers              | \$ _____ |
| 20.12 To stockholders not officers                | \$ _____ |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ _____ |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |          |
|---|----------|
| 20.21 To directors or other officers              | \$ _____ |
| 20.22 To stockholders not officers                | \$ _____ |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ _____ |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? \_\_\_\_\_ Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- |                            |          |
|----------------------------|----------|
| 21.21 Rented from others   | \$ _____ |
| 21.22 Borrowed from others | \$ _____ |
| 21.23 Leased from others   | \$ _____ |
| 21.24 Other                | \$ _____ |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? \_\_\_\_\_ Yes [ ] No [ X ]
- 22.2 If answer is yes:
- |  |          |
|--|----------|
| 22.21 Amount paid as losses or risk adjustment | \$ _____ |
| 22.22 Amount paid as expenses                  | \$ _____ |
| 22.23 Other amounts paid                       | \$ _____ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? \_\_\_\_\_ Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \_\_\_\_\_ \$ \_\_\_\_\_

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) \_\_\_\_\_ Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto \_\_\_\_\_
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) \_\_\_\_\_
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \_\_\_\_\_ \$ \_\_\_\_\_
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \_\_\_\_\_ \$ \_\_\_\_\_
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]

**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
 24.103 Total payable for securities lending reported on the liability page .....\$ .....0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ..... Yes [ ] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....\$ .....  
 25.22 Subject to reverse repurchase agreements .....\$ .....  
 25.23 Subject to dollar repurchase agreements .....\$ .....  
 25.24 Subject to reverse dollar repurchase agreements .....\$ .....  
 25.25 Placed under option agreements .....\$ .....  
 25.26 Letter stock or securities restricted as to sale -  
       excluding FHLB Capital Stock .....\$ .....  
 25.27 FHLB Capital Stock .....\$ .....  
 25.28 On deposit with states .....\$ .....  
 25.29 On deposit with other regulatory bodies .....\$ .....  
 25.30 Pledged as collateral - excluding collateral pledged to  
       an FHLB .....\$ .....  
 25.31 Pledged as collateral to FHLB - including assets  
       backing funding agreements .....\$ .....  
 25.32 Other .....\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [X]  
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: .....\$ .....

28. 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 [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? ..... Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

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

**GENERAL INTERROGATORIES**

- 28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes ☐ No ☒

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes ☐ No ☒

- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes ☐ No ☒

- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29 2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			0
30.2 Preferred stocks	0		0
30.3 Totals	0	0	0

- 30.4 Describe the sources or methods utilized in determining the fair values:

\_\_\_\_\_

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ☐ No ☒

- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ☐ No ☐

- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

\_\_\_\_\_

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes ☒ No ☐

- 32.2 If no, list exceptions:

\_\_\_\_\_

**GENERAL INTERROGATORIES****OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \_\_\_\_\_\$ \_\_\_\_\_0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? \_\_\_\_\_\$ \_\_\_\_\_0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \_\_\_\_\_\$ \_\_\_\_\_0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? \_\_\_\_\_ Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only. \_\_\_\_\_ \$ \_\_\_\_\_

1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \_\_\_\_\_ \$ \_\_\_\_\_

1.31 Reason for excluding \_\_\_\_\_

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \_\_\_\_\_ \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.62 Total incurred claims \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.63 Number of covered lives \_\_\_\_\_ 0

All years prior to most current three years:

1.64 Total premium earned \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.65 Total incurred claims \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.66 Number of covered lives \_\_\_\_\_ 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.72 Total incurred claims \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.73 Number of covered lives \_\_\_\_\_ 0

All years prior to most current three years:

1.74 Total premium earned \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.75 Total incurred claims \_\_\_\_\_ \$ \_\_\_\_\_ 0

1.76 Number of covered lives \_\_\_\_\_ 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator _____		
2.2 Premium Denominator _____	13,194,467	9,502,716
2.3 Premium Ratio (2.1/2.2) _____	0.000	0.000
2.4 Reserve Numerator _____		
2.5 Reserve Denominator _____	1,569,977	1,593,303
2.6 Reserve Ratio (2.4/2.5) _____	0.000	0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? \_\_\_\_\_ Yes [ ] No [ X ]

3.2 If yes, give particulars: \_\_\_\_\_

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? \_\_\_\_\_ Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? \_\_\_\_\_ Yes [ ] No [ X ]

5.1 Does the reporting entity have stop-loss reinsurance? \_\_\_\_\_ Yes [ X ] No [ ]

5.2 If no, explain: \_\_\_\_\_

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \_\_\_\_\_ \$ \_\_\_\_\_ 150,000

5.32 Medical Only \_\_\_\_\_ \$ \_\_\_\_\_

5.33 Medicare Supplement \_\_\_\_\_ \$ \_\_\_\_\_

5.34 Dental & Vision \_\_\_\_\_ \$ \_\_\_\_\_

5.35 Other Limited Benefit Plan \_\_\_\_\_ \$ \_\_\_\_\_

5.36 Other \_\_\_\_\_ \$ \_\_\_\_\_

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Plan Sponsor capital infusion \_\_\_\_\_

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? \_\_\_\_\_ Yes [ X ] No [ ]

7.2 If no, give details \_\_\_\_\_

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year \_\_\_\_\_

8.2 Number of providers at end of reporting year \_\_\_\_\_

9.1 Does the reporting entity have business subject to premium rate guarantees? \_\_\_\_\_ Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months \_\_\_\_\_ \$ \_\_\_\_\_

9.22 Business with rate guarantees over 36 months \_\_\_\_\_ \$ \_\_\_\_\_

**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? \_\_\_\_\_ Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses \_\_\_\_\_ \$ \_\_\_\_\_

10.22 Amount actually paid for year bonuses \_\_\_\_\_ \$ \_\_\_\_\_

10.23 Maximum amount payable withholds \_\_\_\_\_ \$ \_\_\_\_\_

10.24 Amount actually paid for year withholds \_\_\_\_\_ \$ \_\_\_\_\_

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, \_\_\_\_\_ Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, \_\_\_\_\_ Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? \_\_\_\_\_ Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? \_\_\_\_\_ Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. \_\_\_\_\_ Ohio

11.4 If yes, show the amount required. \_\_\_\_\_ \$ 500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? \_\_\_\_\_ Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation \_\_\_\_\_

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area

13.1 Do you act as a custodian for health savings accounts? \_\_\_\_\_ Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \_\_\_\_\_ \$ \_\_\_\_\_

13.3 Do you act as an administrator for health savings accounts? \_\_\_\_\_ Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \_\_\_\_\_ \$ \_\_\_\_\_

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? \_\_\_\_\_ Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \_\_\_\_\_ \$ \_\_\_\_\_

15.2 Total Incurred Claims \_\_\_\_\_ \$ \_\_\_\_\_

15.3 Number of Covered Lives \_\_\_\_\_

*Ordinary Life Insurance includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

**FIVE-YEAR HISTORICAL DATA**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	2,985,621	3,020,644			
2. Total liabilities (Page 3, Line 24) .....	2,153,020	2,578,298			
3. Statutory minimum capital and surplus requirement .....	500,000	500,000			
4. Total capital and surplus (Page 3, Line 33) .....	832,601	442,346			
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 6) .....	13,194,467	9,502,716			
6. Total medical and hospital expenses (Line 18) .....	10,538,918	8,250,355			
7. Claims adjustment expenses (Line 20) .....	958,316	735,665			
8. Total administrative expenses (Line 21) .....	1,318,304	976,059			
9. Net underwriting gain (loss) (Line 24) .....	380,931	(459,363)			
10. Net investment gain (loss) (Line 27) .....	0	0			
11. Total other income (Lines 28 plus 29) .....	5,371	0			
12. Net Income or (loss) (Line 32) .....	386,302	(459,363)			
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	501,795	1,301,956			
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	832,601	438,393			
15. Authorized control level risk-based capital .....	673,939	606,477			
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	3,022	2,915			
17. Total members months (Column 6, Line 7) .....	36,192	28,456			
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	79.9	86.8			
20. Cost containment expenses .....	1.0	1.1			
21. Other claims adjustment expenses .....	6.2	6.7			
22. Total underwriting deductions (Line 23) .....	97.1	104.8			
23. Total underwriting gain (loss) (Line 24) .....	2.9	(4.8)			
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	1,057,144	0			
25. Estimated liability of unpaid claims-prior year (Line 13, Col. 6) .....	1,593,303	0			
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....		0			
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? \_\_\_\_\_

Yes [ ] No [ ]

If no, please explain: \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Dental Association Wellness Trust

2. Columbus, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR							(LOCATION)			
				1	2		3	4	5	6	7	8	9	10
					Comprehensive (Hospital & Medical)									
				Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:														
1. Prior Year				2,915		2,915								
2. First Quarter				2,980		2,980								
3. Second Quarter				3,022		3,022								
4. Third Quarter				3,038		3,038								
5. Current Year				3,022		3,022								
6. Current Year Member Months				36,192		36,192								
Total Member Ambulatory Encounters for Year:														
7. Physician				16,273		16,273								
8. Non-Physician				8,691		8,691								
9. Total				24,964	0	24,964	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred				236		236								
11. Number of Inpatient Admissions				91		91								
12. Health Premiums Written (b)				13,194,467		13,194,467								
13. Life Premiums Direct				0										
14. Property/Casualty Premiums Written				0										
15. Health Premiums Earned				0										
16. Property/Casualty Premiums Earned				0										
17. Amount Paid for Provision of Health Care Services				10,337,936		10,337,936								
18. Amount Incurred for Provision of Health Care Services				10,538,916		10,538,916								

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Ohio Dental Association Wellness Trust 2. Columbus, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF	DURING THE YEAR										(LOCATION)		
			Grand Total Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10			
			1	2	3										
Total															
Total Members at end of:															
1.	Prior Year		2,915	0	2,915	0	0	0	0	0	0	0	0		
2.	First Quarter		2,980	0	2,980	0	0	0	0	0	0	0	0		
3.	Second Quarter		3,022	0	3,022	0	0	0	0	0	0	0	0		
4.	Third Quarter		3,038	0	3,038	0	0	0	0	0	0	0	0		
5.	Current Year		3,022	0	3,022	0	0	0	0	0	0	0	0		
6.	Current Year Member Months		36,192	0	36,192	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:															
7.	Physician		16,273	0	16,273	0	0	0	0	0	0	0	0		
8.	Non-Physician		8,691	0	8,691	0	0	0	0	0	0	0	0		
9.	Total		24,964	0	24,964	0	0	0	0	0	0	0	0		
10.	Hospital Patient Days Incurred		236	0	236	0	0	0	0	0	0	0	0		
11.	Number of Inpatient Admissions		91	0	91	0	0	0	0	0	0	0	0		
12.	Health Premiums Written (b)		13,194,467	0	13,194,467	0	0	0	0	0	0	0	0		
13.	Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0		
14.	Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0		
15.	Health Premiums Earned		0	0	0	0	0	0	0	0	0	0	0		
16.	Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0		
17.	Amount Paid for Provision of Health Care Services		10,337,936	0	10,337,936	0	0	0	0	0	0	0	0		
18.	Amount Incurred for Provision of Health Care Services		10,538,916	0	10,538,916	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_.

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



**SCHEDULE S - PART 2**[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust

## SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domi- nary Juris- diction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Conformance Reserve	Funds Withheld Under Conformance
0299999	01720	01/01/2016	American Alternative Insurance Corporation	DE	OTH/ML	GR	961,371	0	0	0	0	0	0
0299999	0299999		General Account - Authorized U.S. Affiliates - Other				961,371	0	0	0	0	0	0
0699999	0369999		Total General Account - Authorized U.S. Affiliates				961,371	0	0	0	0	0	0
0799999	0799999		Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1099999	1099999		Total General Account - Authorized Affiliates				961,371	0	0	0	0	0	0
1099999	1099999		Total General Account - Authorized Non-Affiliates				0	0	0	0	0	0	0
1199999	1199999		Total General Account - Authorized				961,371	0	0	0	0	0	0
1499999	1499999		Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999	1799999		Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999	1899999		Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999	2199999		Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999	2299999		Total General Account - Unauthorized				0	0	0	0	0	0	0
2599999	2599999		Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999	2899999		Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999	2999999		Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999	3299999		Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999	3399999		Total General Account - Certified				0	0	0	0	0	0	0
3499999	3499999		Total General Account - Authorized and Certified				961,371	0	0	0	0	0	0
3799999	3799999		Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
4099999	4099999		Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
4199999	4199999		Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
4499999	4499999		Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
4599999	4599999		Total Separate Accounts - Authorized				0	0	0	0	0	0	0
4899999	4899999		Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5199999	5199999		Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999	5299999		Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
5599999	5599999		Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
5699999	5699999		Total Separate Accounts - Unauthorized				0	0	0	0	0	0	0
5999999	5999999		Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
6299999	6299999		Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999	6399999		Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
6599999	6599999		Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
6799999	6799999		Total Separate Accounts - Certified				0	0	0	0	0	0	0
6899999	6899999		Total Separate Accounts - Authorized and Certified				0	0	0	0	0	0	0
6999999	6999999		Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)				961,371	0	0	0	0	0	0
7099999	7099999		Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999 and 6599999)				0	0	0	0	0	0	0
9999999	9999999		Totals				961,371	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	961	690			
2. Title XVIII - Medicare .....	0	0			
3. Title XIX - Medicaid .....	0	0			
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	240	766			
8. Reinsurance recoverable on paid losses .....	0	0			
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0			
14. Letters of credit (L) .....	0	0			
15. Trust agreements (T) .....	0	0			
16. Other (O) .....	0	0			
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,705,874		2,705,874
2. Accident and health premiums due and unpaid (Line 15) .....	36,169		36,169
3. Amounts recoverable from reinsurers (Line 16.1) .....	240,039		240,039
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	3,539		3,539
6. Total assets (Line 28) .....	2,985,621	0	2,985,621
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	1,569,977		1,569,977
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	254,423		254,423
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	328,620		328,620
15. Total liabilities (Line 24) .....	2,153,020	0	2,153,020
16. Total capital and surplus (Line 33) .....	832,601	XXX	832,601
17. Total liabilities, capital and surplus (Line 34) .....	2,985,622	0	2,985,622
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	0		

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Dental Association Wellness Trust**  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & 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		14,155,837						14,155,837	
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 alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	14,155,837	0	0	0	0	0	14,155,837	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 0	14,155,837	0	0	0	0	0	14,155,837	0
<b>DETAILS OF WRITE-INS</b>									
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.  
 Explanation of basis of allocation by states, premiums by state, etc.

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

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
 Allocated by States and Territories

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

**NONE**

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

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**NONE**

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

**NONE**

Schedule Y - Part 1A - Explanations

**NONE**

Schedule Y - Part 2

**NONE**

# ANNUAL STATEMENT FOR THE YEAR 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? _____	SEE EXPLANATION
2. Will an actuarial opinion be filed by March 1? _____	SEE EXPLANATION
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? _____	SEE EXPLANATION
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? _____	SEE EXPLANATION
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? _____	SEE EXPLANATION
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? _____	SEE EXPLANATION
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? _____	SEE EXPLANATION
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? _____	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? _____	YES
<b>AUGUST FILING</b>	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? _____	YES
<p>The following supplemental reports are required to be filed as part of your annual 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.</p>	
<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? _____	SEE EXPLANATION
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? _____	SEE EXPLANATION
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? _____	SEE EXPLANATION
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? _____	SEE EXPLANATION
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? _____	SEE EXPLANATION
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? _____	SEE EXPLANATION
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? _____	SEE EXPLANATION
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? _____	SEE EXPLANATION
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? _____	SEE EXPLANATION
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? _____	SEE EXPLANATION
<b>APRIL FILING</b>	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? _____	SEE EXPLANATION
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? _____	SEE EXPLANATION
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? _____	SEE EXPLANATION
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? _____	SEE EXPLANATION
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? _____	SEE EXPLANATION
<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? _____	YES
<p>Explanations:</p>	
1. N/A	
2. 3/31/2016 Filing Requirement	
3. 3/31/2016 Filing Requirement	
4. 3/31/2016 Filing Requirement	
5. N/A	
6. N/A	
7. N/A	
11. N/A	
12. N/A	
13. N/A	
14. N/A	
15. N/A	
16. N/A	
17. N/A	
18. N/A	
19. N/A	
20. N/A	
21. N/A	
22. N/A	
23. N/A	
24. N/A	
25. N/A	

Bar Codes:

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Summary Investment Schedule

**NONE**

Schedule A - Verification - Real Estate

**NONE**

Schedule B - Verification - Mortgage Loans

**NONE**

Schedule BA - Verification - Other Long-Term Invested Assets

**NONE**

Schedule D - Verification - Bonds and Stock

**NONE**

Schedule D - Summary By Country

**NONE**

Schedule D - Part 1A - Section 1 - Quality and Maturity Distribution of All Bonds Owned by Major Type and NAIC Designation

**NONE**

Schedule D - Part 1A - Section 2 - Quality and Maturity Distribution of All Bonds Owned by Major Type and Subtype

**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 1 - Real Estate Owned

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**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 1 - Other Long-Term Invested Assets Owned

**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 1 - Long Term Bonds Owned

**NONE**

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

**NONE**

Schedule D - Part 2 - Section 2 - Common Stocks Owned

**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 D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**NONE**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**NONE**

Schedule D - Part 6 - Section 2

**NONE**

Schedule DA - Part 1 - Short-Term Investments Owned

**NONE**

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

**NONE**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**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 B - Section 2 - Futures Contracts Terminated

**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

**TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR**

E26

Schedule E - Part 2 - Cash Equivalents Owned

**NONE**

Schedule E - Part 3 - Special Deposits

**NONE**