

QUARTERLY STATEMENT**OF THE****Ohio Dental Association Wellness Trust****TO THE****Insurance Department****OF THE****STATE OF****FOR THE QUARTER ENDED
JUNE 30, 2018****RECEIVED****AUG 14 2018****OFFICE OF RISK
ASSESSMENT****HEALTH****2018**



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2018
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 [X]

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 614-486-2700
(Street and Number) (Area Code) (Telephone Number)
Columbus, OH, US 43215
(City or Town, State, Country and Zip Code)

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 Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)
614-486-2700
(Area Code) (Telephone Number)

Internet Website Address www.odawt.org

Statutory Statement Contact Ryan Davis 678-300-3508
(Name) (Area Code) (Telephone Number)
rdavis@oda.org 678-300-3508
(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 Ohio SS:
County of Columbus

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Thomas Paumier, DDS
President
Subscribed and sworn to before me this 31st day of July

Jeffery Benton
Secretary

Ryan Davis
Plan Administrator

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

Yes [X] No []

Commission expires: June 6, 2022

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds _____			0	0
2. Stocks:				
2.1 Preferred stocks _____			0	0
2.2 Common stocks _____			0	0
3. Mortgage loans on real estate:				
3.1 First liens _____			0	0
3.2 Other than first liens _____			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ _____ encumbrances) _____			0	0
4.2 Properties held for the production of income (less \$ _____ encumbrances) _____			0	0
4.3 Properties held for sale (less \$ _____ encumbrances) _____			0	0
5. Cash (\$ _____), cash equivalents (\$ _____) and short-term investments (\$ _____) _____	4,526,110		4,526,110	1,652,905
6. Contract loans (including \$ _____ premium notes) _____			0	0
7. Derivatives _____			0	0
8. Other Invested assets _____			0	0
9. Receivables for securities _____			0	0
10. Securities lending reinvested collateral assets _____			0	0
11. Aggregate write-ins for invested assets _____	0	0	0	300,000
12. Subtotals, cash and invested assets (Lines 1 to 11) _____	4,526,110	0	4,526,110	1,952,905
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 _____	15,959		15,959	36,365
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ _____ earned but unbilled premiums) _____			0	0
15.3 Accrued retrospective premiums (\$ _____) and contracts subject to redetermination (\$ _____) _____			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers _____	146,382		146,382	1,269,405
16.2 Funds held by or deposited with reinsured companies _____			0	0
16.3 Other amounts receivable under reinsurance contracts _____			0	0
17. Amounts receivable relating to uninsured plans _____			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon _____			0	0
18.2 Net deferred tax asset _____			0	0
19. Guaranty funds receivable or on deposit _____			0	0
20. Electronic data processing equipment and software _____			0	0
21. Furniture and equipment, including health care delivery assets (\$ _____) _____			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates _____			0	0
23. Receivables from parent, subsidiaries and affiliates _____			0	0
24. Health care (\$ _____) and other amounts receivable _____			0	0
25. Aggregate write-ins for other than invested assets _____	2,614	0	2,614	2,680
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) _____	4,691,065	0	4,691,065	3,261,355
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts _____			0	0
28. Total (Lines 26 and 27) _____	4,691,065	0	4,691,065	3,261,355
DETAILS OF WRITE-INS				
1101. Surplus Note Proceeds Receivable _____			0	300,000
1102. _____				
1103. _____				
1198. Summary of remaining write-ins for Line 11 from overflow page _____	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) _____	0	0	0	300,000
2501. MMO Receivable _____	2,614		2,614	2,680
2502. _____				
2503. _____				
2598. Summary of remaining write-ins for Line 25 from overflow page _____	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) _____	2,614	0	2,614	2,680

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ reinsurance ceded)	1,303,081		1,303,081	1,342,198
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$ _____ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	679,198		679,198	421,294
9. General expenses due or accrued	208,275		208,275	208,137
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	112,678		112,678	105,389
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ _____ current) and interest thereon \$ _____ (including \$ _____ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ _____ authorized reinsurers, \$ _____ unauthorized reinsurers and \$ _____ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ _____) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ _____ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	2,303,240	0	2,303,240	2,074,998
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	405,682	405,682
29. Surplus notes	XXX	XXX	800,000	800,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,182,163	(19,305)
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	2,387,825	1,186,357
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,691,065	3,261,355
DETAILS OF WRITE-INS				
2301. ACA Fee Payable			0	0
2302. _____				
2303. _____				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. _____	XXX	XXX		
2502. _____	XXX	XXX		
2503. _____	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. _____	XXX	XXX		
3002. _____	XXX	XXX		
3003. _____	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	18,993	19,348	38,579
2. Net premium income (including \$ _____ non-health premium income)	XXX	8,241,996	7,679,491	15,208,112
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$ _____ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	8,241,996	7,679,491	15,208,112
Hospital and Medical:				
9. Hospital/medical benefits		4,761,936	4,797,813	10,363,600
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		949,811	1,195,173	2,078,259
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	5,711,749	5,992,986	12,441,859
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	5,711,749	5,992,986	12,441,859
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ _____ cost containment expenses		502,039	516,399	1,029,050
21. General administrative expenses		826,740	761,849	1,508,807
22. Increase in reserves for life and accident and health contracts (including \$ _____ Increase in reserves for life only)				172,640
23. Total underwriting deductions (Lines 18 through 22)	0	7,040,528	7,271,233	15,152,356
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,201,468	408,258	53,756
25. Net investment income earned				0
26. Net realized capital gains (losses) less capital gains tax of \$ _____				
27. Net investment gains (losses) (Lines 25 plus 26)	0	0	0	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ _____) (amount charged off \$ _____)]				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	1,201,468	408,258	53,756
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	1,201,468	408,258	53,756
DETAILS OF WRITE-INS				
0601. _____	XXX			0
0602. _____	XXX			0
0603. _____	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701. _____	XXX			
0702. _____	XXX			
0703. _____	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. _____				
1402. _____				
1403. _____				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. ACA Fees Collected				0
2902. ACA Fees Expensed				0
2903. _____				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	1,186,357	832,601	832,601
34. Net income or (loss) from Line 32	1,201,468	408,258	53,756
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		0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	300,000
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	1,201,468	408,258	353,756
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,387,825	1,240,859	1,186,357
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	8,527,633	8,126,261	15,396,444
2. Net investment income	0	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	8,527,633	8,126,261	15,396,444
5. Benefit and loss related payments	4,627,633	6,258,220	13,871,644
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expense paid and aggregate write-ins for deductions	1,326,595	1,316,988	2,581,309
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	5,954,428	7,575,208	16,452,953
11. Net cash from operations (Line 4 minus Line 10)	2,573,205	553,073	(1,056,508)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	300,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	300,000
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from Investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	(300,000)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	300,000	0	300,000
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	300,000	0	300,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,873,205	553,073	(1,056,508)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,652,905	2,709,413	2,709,413
19.2 End of period (Line 18 plus Line 19.1)	4,526,110	3,262,486	1,652,905

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

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STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
Total										
Total Members at end of:										
1. Prior Year	3,288	0	3,288	0	0	0	0	0	0	0
2. First Quarter	3,174	0	3,174	0	0	0	0	0	0	0
3. Second Quarter	3,088		3,088							
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	18,983		18,983							
Total Member Ambulatory Encounters for Period:										
7. Physician	877		877							
8. Non-Physician	2,313		2,313							
9. Total	2,890	0	2,890	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	68		68							
11. Number of Inpatient Admissions	24		24							
12. Health Premiums Written (a)	8,938,988		8,938,988							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,938,988		8,938,988							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									
For Health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____										

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

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,240,140	4,510,718	43,829	1,259,182	1,284,089	1,342,188
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)	1,240,140	4,510,718	43,829	1,259,182	1,284,089	1,342,188
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	1,240,140	4,510,718	43,829	1,259,182	1,284,089	1,342,188

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

NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies and Going Concern

Basis of Accounting

The accompanying statutory financial statements of the Plan have been prepared in accordance with accounting practices outlined by the *National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures* manual subject to deviations permitted by the Ohio Department of Insurance ("ODI"). There are no material differences in the accounting practices followed by the Plan from those 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.

The following table is a reconciliation of the Plan's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	1,201,468	53,756
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	1,201,468	53,756
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	2,387,824	1,186,357
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	2,387,824	1,186,357

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.

Statement as of June 30, 2018 of the Ohio Dental Association Wellness Trust

Reserve for Incurred but Not Reported Claims

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

Non-admitted assets

Non-admitted assets for the period ended June 30, 2018 totaled \$0.

Going Concern

For the period ended June 30, 2018, management has determined there are no events or conditions that raise substantial doubt about the Plan's ability to continue as a going concern.

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 June 30, 2018.

Note 8: Derivative Investments

None

Note 9: Income Taxes

No income taxes were incurred or payments made in 2018, for taxable investment income earned in 2018. At June 30, 2018, 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

On March 12, 2018, the Plan issued a \$300,000 surplus note to ODASC with an effective date of December 31, 2017. On March 21, 2018, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2017 financial statements. Accordingly, the proceeds from the surplus note are recorded as an admitted asset and as a component of surplus in the accompanying financial statements as of June 30, 2018 in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 19, 2018.

On March 11, 2016, the Plan issued a \$500,000 surplus note to ODASC with an effective date of December 31, 2015. On March 22, 2016, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2015 financial statements. Accordingly, the proceeds from the surplus note are recorded as an admitted asset and as a component of surplus in the accompanying financial statements as of June 30, 2018 in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 23, 2016.

The surplus notes carry no interest and have no stated maturity date. All or part of the principal on the surplus notes is payable on demand; however, no payment is to be made except out of the Plan's earned surplus, but only to the extent that the amount of surplus remaining after such repayment is greater than the original principal amount, and any such repayment of principal to be made by the Plan must be submitted to, and approved by, the Superintendent of the OH DOI prior to the Plan making such repayment. During the period ended June 30, 2018, there was no approved or unapproved principal paid out related to the surplus note. Claims under the surplus note are paid out of any assets remaining after payment of all liabilities, including senior claims and any senior indebtedness of the Plan.

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 June 30, 2018 and are based on quoted market prices.

Note 21: Other Items

None

Note 22: Subsequent Events

None

Note 23: Reinsurance

The Plan entered into an insurance agreement for aggregate excess loss and individual excess loss with the American Alternative Insurance Company, which covers medical and prescription benefits. Under the terms of the policy, for the quarter ended June 30, 2018, 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. Eligible expenses incurred from January 1, 2018 through December 31, 2018 and paid from January 1, 2018 through December 31, 2019 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

Note 25: Changes to Incurred Claims and Claim Adjustment Expenses

Reserves as of June 30, 2018 were approximately \$1,303,000. As of June 30, 2018, approximately \$1,240,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$44,000 as a result of re-estimation of unpaid claims and claim adjustment expenses.

Note 26: Intercompany Pooling Arrangements

None

Note 27: Structured Settlements

None

Note 28: Health Care Receivables

None

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

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

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? _____ Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? _____ Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? _____ Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? _____ Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? _____ Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? _____ Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? _____ Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ____ Yes [X] No [] N/A []
If yes, attach an explanation.
Effective 6/29/2018 the ODAWT terminated the Health Cooperative Strategies, LLC Independent Plan Supervisor Agmt. Effective 7/1/2018, ODAWT appointed ODASC as Plan Administrator
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____ 01/08/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____ 01/08/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____ 01/07/2015
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? _____ Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been compiled with? _____ Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? _____ Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? _____ Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? _____ Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? _____ Yes [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.
- 9.11 If the response to 9.1 is No, please explain: _____
- 9.2 Has the code of ethics for senior managers been amended? _____ Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). _____
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? _____ Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). _____

FINANCIAL

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

INVESTMENT

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

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

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

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

- 17.4 If yes, give full information relating thereto:

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

- 17.5 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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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 ☒

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes ☐ No ☒

- 17.6 For those firms or individuals listed in the table for 17.5 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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes ☒ No ☐
- 18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5*GI securities? Yes ☐ No ☒

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent _____ 70.0 %

1.2 A&H cost containment percent _____ 1.0 %

1.3 A&H expense percent excluding cost containment expenses _____ 9.0 %

2.1 Do you act as a custodian for health savings accounts? _____ Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date _____ \$

2.3 Do you act as an administrator for health savings accounts? _____ Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date _____ \$

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? _____ Yes [] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? _____ Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

[illegible]

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1 States, etc.	Direct Business Only								9 Deposit-Type Contracts
	2 Active Status (a)	3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 7	
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	L	8,939,968						8,939,968	
37. Oklahoma OK								0	
38. Oregon OR								0	
39. Pennsylvania PA								0	
40. Rhode Island RI								0	
41. South Carolina SC								0	
42. South Dakota SD								0	
43. Tennessee TN								0	
44. Texas TX								0	
45. Utah UT								0	
46. Vermont VT								0	
47. Virginia VA								0	
48. Washington WA								0	
49. West Virginia WV								0	
50. Wisconsin WI								0	
51. Wyoming WY								0	
52. American Samoa AS								0	
53. Guam GU								0	
54. Puerto Rico PR								0	
55. U.S. Virgin Islands VI								0	
56. Northern Mariana Islands MP								0	
57. Canada CAN								0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	8,939,968	0	0	0	0	0	8,939,968	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	XXX	8,939,968	0	0	0	0	0	8,939,968	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG _____ 1
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state _____ 0
 N - None of the above - Not allowed to write business in the state _____ 0
 R - Registered - Non-domiciled RRGs _____ 0
 Q - Qualified - Qualified or accredited reinsurer _____ 0

Schedule Y - Part 1

NONE

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

NONE

Schedule Y - Part 1A - Explanations

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1. N/A

Bar Code:

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



Overflow Page for Write-ins

NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

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

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

STATEMENT AS OF JUNE 30, 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 1 - CASH

1	Month End Depository Balances				Book Balance at End of Each Month During Current Quarter			9
	2	3	4	5	6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
PNC Operating Account Ohio					1,314,430	89,637	1,419,407	XXX
PNC Deposit Account Ohio					3,245,535	4,630,324	3,106,703	XXX
0199999. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	4,559,965	4,719,961	4,526,110	XXX
0299999. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	4,559,965	4,719,961	4,526,110	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	4,559,965	4,719,961	4,526,110	XXX

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

NONE

Medicare Part D Coverage Supplement

NONE