

ANNUAL STATEMENT

OF THE

Ohio Dental Association Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

**FOR THE YEAR ENDED
DECEMBER 31, 2018**

HEALTH

2018

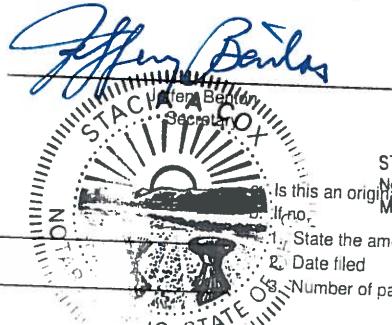


HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE
Ohio Dental Association Wellness Trust

NAIC Group Code	0000	NAIC Company Code	00117	Employer's ID Number	47-6503449
Organized under the Laws of	(Current) 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 (Street and Number)	Columbus, OH, US 43215 (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)			
Mail Address	1370 Dublin Road (Street and Number or P.O. Box)	614-486-2700 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1370 Dublin Road (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.odawt.org				
Statutory Statement Contact	Ryan Davis (Name) rdavis@oda.org (E-mail Address)	678-300-3508 (Area Code) (Telephone Number)			
		(FAX Number)			
President	Thomas Paumier DDS	OFFICERS			
Secretary	Jeffery Benton				
OTHER					
Michael Gallagher DDS Wayne Marshall	DIRECTORS OR TRUSTEES			Ronald Lemmo DDS	
Thomas Kelly DDS Thomas Matanzo DDS					
State of Ohio County of Columbus	SS:				

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



Ryan Davis
 Plan Administrator

Subscribed and sworn to before me this
 18th day of March, 2019

 Stacia Cox
 Notary Public, State of Ohio
 My Commission Expires 7/22/22
 1. State the amendment number
 2. Date filed
 3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

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):			0	0
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):			0	0
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):			0	0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ _____ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ _____, Schedule E - Part 1), cash equivalents (\$ _____, Schedule E - Part 2) and short-term investments (\$ _____, Schedule DA)	5,286,275		5,286,275	1,652,905
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	300,000
12. Subtotals, cash and invested assets (Lines 1 to 11)	5,286,275	0	5,286,275	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:			19,335	36,385
15.1 Uncollected premiums and agents' balances in the course of collection	19,335		19,335	36,385
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	42,874		42,874	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	17,631	0	17,631	2,680
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,376,115	0	5,376,115	3,281,355
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	5,376,115	0	5,376,115	3,281,355
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 thru 1103 plus 1198)(Line 11 above)	0	0	0	300,000
2501. IMO Receivable	16,631		16,631	2,680
2502. Prepaid 2019 COA Fee	1,000		1,000	
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)	17,631	0	17,631	2,680

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	1,414,345		1,414,345	1,342,188
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 \$ 0 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	749,559		749,559	421,294
9. General expenses due or accrued	186,501		186,501	206,137
10.1 Current federal and foreign income tax payable and interest thereon (Including \$ 0 on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	112,259		112,259	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 \$ 0 current) and interest thereon \$ 0 (including \$ 0 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 \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ 0) 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 \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	2,472,684	0	2,472,684	2,074,888
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	1,697,789	(18,305)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 28 \$ 0)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,803,451	1,188,357
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,376,115	3,261,355
DETAILS OF WRITE-INS				
2301. ACA Fee Payable			0	0
2302.				
2303.				
2388. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2388)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2588. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2589. Totals (Lines 2501 thru 2503 plus 2588)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3088. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3089. Totals (Lines 3001 thru 3003 plus 3088)(Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	37,351	38,579
2. Net premium income (including \$ _____ non-health premium income) _____	XXX	16,107,635	15,206,112
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	16,107,635	15,206,112
Hospital and Medical:			
9. Hospital/medical benefits		9,861,053	10,363,800
10. Other professional services		0	
11. Outside referrals		0	
12. Emergency room and out-of-area		0	
13. Prescription drugs		1,945,823	2,078,258
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	11,806,876	12,441,859
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	11,806,876	12,441,859
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 139,876 cost containment expenses		945,779	1,028,050
21. General administrative expenses		1,587,682	1,508,807
22. Increase in reserves for life and accident and health contracts (including \$ _____ Increase in reserves for life only)		57,625	172,640
23. Total underwriting deductions (Lines 18 through 22)	0	14,388,072	15,152,358
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,709,563	53,758
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		9,533	0
26. Net realized capital gains (losses) less capital gains tax of \$ _____			
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,533	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
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	1,719,096	53,756
31. Federal and foreign income taxes incurred	XXX	2,002	
32. Net income (loss) (Lines 30 minus 31)	XXX	1,717,094	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
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			0
2902. ACA Fees Expensed			0
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	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	1,188,357	832,601
34. Net income or (loss) from Line 32	1,717,094	353,756
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
41. Change in treasury stock	0	0
42. Change in surplus notes	0	300,000
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	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
48. Net change in capital and surplus (Lines 34 to 47)	1,717,094	353,756
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,903,451	1,188,357
DETAILS OF WRITE-INS		
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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	16,459,841	15,398,444
2. Net investment income	9,533	0
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	16,469,374	15,398,444
5. Benefit and loss related payments	10,565,923	13,871,644
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	2,558,078	2,581,309
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ _____ tax on capital gains (losses)	2,002	0
10. Total (Lines 5 through 9)	13,126,003	18,452,953
11. Net cash from operations (Line 4 minus Line 10)	3,343,370	(1,056,508)
Cash from Investments		
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	300,000	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	300,000	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	300,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	300,000
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)	300,000	(300,000)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	300,000
16.2 Capital and paid in surplus, less treasury stock	0	0
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)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	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)	3,643,370	(1,056,508)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,652,905	2,709,413
19.2 End of year (Line 18 plus Line 19.1)	5,286,275	1,652,905

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

ANNUAL STATEMENT FOR THE YEAR 2018 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 XVII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	16,107,685	16,107,685								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0								000	000
4. Risk revenue	0								000	000
5. Aggregate write-offs for other health care related revenues	0			0	0				0	000
6. Aggregate write-offs for other non-health care related revenues	0		000	000				000	000	0
7. Total revenues (Lines 1 to 6)	16,107,685	16,107,685	0	0	0			0	0	0
8. Hospital/medical benefits	9,861,063	9,861,063							000	000
9. Other professional services	0								000	000
10. Outside referrals	0								000	000
11. Emergency room and out-of-area	0								000	000
12. Prescription drugs	1,945,820	1,945,820							000	000
13. Aggregate write-offs for other hospital and medical	0	0							000	000
14. Incentive pool, withhold adjustments and bonus amounts	0								000	000
15. Subtotal (Lines 8 to 14)	11,805,805	11,805,805							000	000
16. Net reinsurance recoveries	0								000	000
17. Total medical and hospital (Lines 15 minus 16)	11,805,805	11,805,805							000	000
18. Non-Health claims (net)	0		000	000				000	000	000
19. Claims adjustment expenses including cost containment expenses	945,770	945,770	1,587,842	1,587,842					000	000
20. General administrative expenses	57,825	57,825	000	000					000	000
21. Increases in reserves for accident and health contracts	0		000	000				000	000	000
22. Increases in reserves for accident and health contracts	0		000	000				000	000	000
23. Total underwriting deductions (Lines 17 to 22)	14,389,022	14,389,022	0	0				000	000	000
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,709,615	1,709,615	0	0				000	000	000
DETAILS OF WRITE-OFFS										
0501.									000	000
0502.									000	000
0503.									000	000
0508.	Summary of remaining write-offs for Line 5 from overflow page	0	0	0	0				000	000
0509.	Totals (Lines 0501 thru 0503 plus 0508) (Line 5 above)	0	000	000	000			000	000	000
0601.		000	000	000	000			000	000	000
0602.		000	000	000	000			000	000	000
0603.		000	000	000	000			000	000	000
0608.	Summary of remaining write-offs for Line 6 from overflow page	0	000	000	000			000	000	000
0609.	Totals (Lines 0601 thru 0603 plus 0608) (Line 6 above)	0	000	000	000			000	000	000
1301.									000	000
1302.									000	000
1303.									000	000
1308.	Summary of remaining write-offs for Line 13 from overflow page	0	0	0	0				000	000
1309.	Totals (Lines 1301 thru 1303 plus 1308) (Line 13 above)	0	0	0	0				000	000

ANNUAL STATEMENT FOR THE YEAR 2018 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)		\$17,478,578			\$16,107,655
2. Medicare Supplement					0
3. Dental only					0
4. Vision only					0
5. Federal Employees Health Benefits Plan					0
6. Title XVIII - Medicare					0
7. Title XIX - Medicaid					0
8. Other health					0
9. Health subtotal (Lines 1 through 8)		\$17,478,578		0	\$16,107,655
10. Life					0
11. Property/casualty					0
12. Totals (Lines 9 to 11)		\$17,478,578		0	\$16,107,655

ANNUAL STATEMENT FOR THE YEAR 2018 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	12,421,168	12,421,168	0							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	12,421,168	12,421,168	0							
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,414,345	1,414,345	0							
3.2 Reinsurance assumed	0		0							
3.3 Reinsurance ceded	0		0							
3.4 Net	1,414,345	1,414,345	0							
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0		0							
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	42,674	42,674	0							
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,342,198	1,342,198	0							
8.2 Reinsurance assumed	0		0							
8.3 Reinsurance ceded	0		0							
8.4 Net	1,342,198	1,342,198	0							
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0		0							
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	1,269,405	1,269,405	0							
12. Incurred Benefits:										
12.1 Direct	12,483,313	12,483,313	0							
12.2 Reinsurance assumed	0		0							
12.3 Reinsurance ceded	(1,226,531)	614,190	0							
12.4 Net	13,719,844	11,679,123	0							
13. Incurred medical incentive pools and bonuses	0	0	0							

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

		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	14,522									
1.2	Reinsurance assumed	0									
1.3	Reinsurance ceded	0									
1.4	Net	14,522									
2.	Incurred but Unreported:										
2.1	Direct	1,389,823		1,389,823							
2.2	Reinsurance assumed	0									
2.3	Reinsurance ceded	0									
2.4	Net	1,389,823		1,389,823							
3.	Amounts Withheld from Paid Claims and Capitations:										
3.1	Direct	0									
3.2	Reinsurance assumed	0									
3.3	Reinsurance ceded	0									
3.4	Net	0		0							
4.	TOTALS:										
4.1	Direct	1,414,345		1,414,345							
4.2	Reinsurance assumed	0		0							
4.3	Reinsurance ceded	0		0							
4.4	Net	1,414,345		1,414,345							

ANNUAL STATEMENT FOR THE YEAR 2018 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 4 + 5)	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)	1,289,294	10,577,682		1,609	1,386,214	1,280,903
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	1,289,294	10,577,682		1,609	1,386,214	1,280,903
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 + 10 + 11 + 12)	1,289,294	10,577,682		1,609	1,386,214	1,280,903

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

ANNUAL STATEMENT FOR THE YEAR 2018 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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior		0	0	0	0	0
2. 2014						
3. 2015		6,657,052	1,059,448	38,527	227	
4. 2016		000	9,244,438	1,065,967	1,763	
5. 2017		000	000	11,307,728	1,282,155	
6. 2018		000	000	000	10,512,631	

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior		0	0	0	0	0
2. 2014						
3. 2015			8,250,355	8,357,288	38,527	227
4. 2016			000	10,785,714	1,058,742	1,763
5. 2017			000	000	12,847,711	1,283,744
6. 2018			000	000	000	10,568,867

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

	Years in which Premiums were Earned and Claims were Incurred	Comprehensive (Hospital & Medical)				
		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment: Expense Payments (Col. 3/2) Percent	4 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) Percent	5 Claims Unpaid (Col. 5/1) Percent
1. 2014		10,182,715	8,377,352	0.0	9,113,017	89.4
2. 2015		14,165,887	10,302,182	0.8	11,260,506	78.5
3. 2016		16,457,420	12,597,604	1.029 (50)	13,626,664	82.8
4. 2017		17,479,578	10,512,651	0.9	11,459,630	65.6
5. 2018					1,386,214	0

ANNUAL STATEMENT FOR THE YEAR 2018 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

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior		0	0	0	0	0
2. 2014		0	0	0	0	0
3. 2015		6,857,052	1,038,448	8,895,527	227	
4. 2016		000	9,244,453	1,055,987	1,163	
5. 2017		000	000	11,307,728	1,222,155	
6. 2018		000	000	000	10,512,857	

Section B - Incurred Health Claims - Grand Total

	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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior		0	0	0	0	0
2. 2014		0	0	0	0	0
3. 2015		8,250,355	8,567,289	8,527	227	
4. 2016		000	10,785,714	1,058,742	1,163	
5. 2017		000	000	12,647,711	1,239,744	
6. 2018		000	000	000	10,568,857	

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

	Years in which Premiums were Earned and Claims were Incurred	Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total					
		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments (Col. 2 + 3) (Col. 32) Percent	4 Claim and Claim Adjustment Payments (Col. 2 + 3) (Col. 51) Percent	5 Claim and Claim Adjustment Payments (Col. 2 + 3) (Col. 51) Percent	
1. 2014		0	0	0	0.0	0	
2. 2015		10,182,715	8,377,552	75.65	9,113,017	89.4	
3. 2016		14,155,887	10,302,182	858,324	8.3	11,250,506	78.5
4. 2017		16,157,420	12,597,604	1,029,056	8.2	13,626,654	82.8
5. 2018		17,479,578	10,512,851	945,779	9.0	11,458,630	73.6

ANNUAL STATEMENT FOR THE YEAR 2018 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 XVII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ _____) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0598. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1198. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ _____ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		General Administrative Expenses	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) _____			1,049,370		1,049,370
4. Legal fees and expenses _____					0
5. Certifications and accreditation fees _____					0
6. Auditing, actuarial and other consulting services _____			158,232		158,232
7. Traveling expenses _____					0
8. Marketing and advertising _____			349,790		349,790
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 _____	139,878	805,903			945,779
15. Boards, bureaus and association fees _____					0
16. Insurance, except on real estate _____					0
17. Collection and bank service charges _____			11,809		11,809
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 _____			18,491		18,491
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) _____	139,878	805,903	1,587,692	0	(a) 2,533,471
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) _____	139,878	805,903	1,587,692	0	2,533,471
DETAILS OF WRITE-INS					
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.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	(b)	
2.21 Common stocks of affiliates	(b)	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 9,533	9,533
7. Derivative Instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	9,533	9,533
11. Investment expenses	(g) 0	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 0	
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i) 0	
15. Aggregate write-ins for deductions from investment income	0	
16. Total deductions (Lines 11 through 15)	0	
17. Net investment income (Line 10 minus Line 16)	9,533	
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0988. Summary of remaining write-ins for Line 9 from overflow page	0	0
0989. Totals (Lines 0901 thru 0903 plus 0988) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes \$ _____ accrual of discount fees \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
 (b) Includes \$ _____ accrual of discount fees \$ _____ amortization of premium and less \$ _____ paid for accrued dividends on purchases.
 (c) Includes \$ _____ accrual of discount fees \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
 (d) Includes \$ _____ for company's occupancy of its own buildings; and excludes \$ _____ interest on encumbrances.
 (e) Includes \$ _____ accrual of discount fees \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
 (f) Includes \$ _____ accrual of discount fees \$ _____ amortization of premium.
 (g) Includes \$ _____ investment expenses and \$ _____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and separate accounts.
 (h) Includes \$ _____ interest on surplus notes and \$ _____ interest on capital notes.
 (i) Includes \$ _____ depreciation on real estate and \$ _____ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative Instruments					
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0988. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0989. Totals (Lines 0901 thru 0903 plus 0988) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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			0
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	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	0	0	0
DETAILS OF WRITE-INS			
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 2018 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			6 Current Year Member Months
		1 Prior Year	2 First Quarter	3 Second Quarter	
1. Health Maintenance Organizations					
2. Provider Service Organizations					
3. Preferred Provider Organizations					
4. Point of Service					
5. Indemnity Only	\$,288	3,174	3,086	3,056	37,351
6. Aggregate write-ins for other lines of business	0	0	0	0	0
7. Total	\$,288	3,174	3,086	3,056	37,351
DETAILS OF WRITE-INS					
0601.					
0602.					
0603.					
0696. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0696) (Line 6 above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 90 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
01989898 Total Individuals						
Group Subscribers:						
Group Subscribers						
Group Subscribers						
Schedule Available Upon Request						
02989917 Group subscriber subtotal	19,336	0	0	0	0	0
02989918 Premiums due and unpaid not individually listed	19,336	0	0	0	0	0
02989919 Total group	19,336	0	0	0	0	0
03989919 Premiums due and unpaid from Medicare entities						
04989919 Premiums due and unpaid from Medicaid entities						
05989919 Accident and health premiums due and unpaid (Page 2, Line 15)	19,336	0	0	0	0	0

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
NONE

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates
NONE

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

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 & 3)	XXX	XXX	XXX	1,717,144	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	1,717,144	53,756
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	2,903,502	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	2,903,502	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 December 31, 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 year ended December 31, 2018 totaled \$0.

Going Concern

For the year ended December 31, 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

None.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

The Plan reported investment income totaling \$9,533 for the year ended December 31, 2018 from interest-bearing cash accounts. There is no investment income in default that would be excluded from investment income and considered non-admitted for the year ended December 31, 2018.

Note 8: Derivative Investments

None

Note 9: Income Taxes

The Plan is a taxable entity under the IRC. For the year ended December 31, 2018, income tax expense to the Plan totaled \$2,002. The Plan has no significant items which would result in a deferred tax asset or liability.

The Plan applies the provisions of accounting standards for uncertain income tax positions. These standards require that a tax position be recognized or derecognized based on a more likely than not threshold. This applies to positions taken or expected to be taken in a tax return.

The Plan does not believe its statutory financial statements include any uncertain tax positions for the year ended December 31, 2018. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended December 31, 2018. The following schedule reflects the Plan's current income tax for the year ended December 31, 2018:

C. Current income taxes incurred consist of the following major components:			
	(1) As of End of Current Period	(2) 12/31/2017	(3) (Col. 1 - 2) Change
1. Current income Tax			
(a) Federal	2,002	2,002	2,002
(b) Foreign	0	0	0
(c) Subtotal	2,002	0	2,002
(d) Federal income tax on net capital gains	0	0	0
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	0	0	0
(g) Federal and foreign income taxes incurred	2,002	0	2,002

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

Statement as of December 31, 2018 of the Ohio Dental Association Wellness Trust

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 December 31, 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 December 31, 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 year ended December 31, 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.

The following schedule reflects the balance on the surplus notes as of December 31, 2018:

1 Date Issued	2 Interest Rate	3 Par Value (Face Amount of Notes)	4 Carrying Value of Note*	5 Interest And/Or Principal Paid Current Year	6 Total Interest And/Or Principal Paid	7 Unapproved Interest And/Or Principal	8 Date of Maturity
03/11/2016	0.000	500,000	500,000	0	0	0	.....
03/12/2018	0.000	300,000	300,000	0	0	0	.....
1311099. Total		800,000	800,000	0	0	0	XXX

* Total should agree with Page 3, Line 29.

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

Name and Address of Managing General Agent or Third Party Administrator	FEIN NUMBER	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/Produced By
Ohio Dental Association Insurance Agency	31-1200910	YES	Health Insurance	B	17,479,578
Total	XXX	XXX	XXX	XXX	17,479,578

C - Claims Payment

CA - Claims Adjustment

R - Reinsurance Ceding

B - Binding Authority

P - Premium Collection

U - Underwriting

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 December 31, 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 year ended December 31, 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 \$80,000. 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 December 31, 2018 were approximately \$1,400,000. As of December 31, 2018, approximately \$1,289,000 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 \$1,600 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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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? _____

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? _____ Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

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? _____

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 compiled 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? _____ If yes, complete and file the merger history data file with the NAIC. _____ 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 Name of Entity	2 NAIC Company Code	3 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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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.

Yes [] No [X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? _____

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?

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

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?

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 trustee of the reporting entity?

Yes [X] No []

Yes [] No [X]

Yes [] N/A []

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? _____

13.3 Have there been any changes made to any of the trust indentures during the year? _____

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? _____ Yes [] No [] N/A []

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? _____

- (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.

Yes [X] No []

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).

Yes [] No [X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? _____

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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 (25.28) 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 [X] No []

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 [] No [X]

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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 [X]

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 [X]

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 [X]

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

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 [X]

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:

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- 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 5GI securities? _____ Yes [] No []

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? _____ Yes [] No []

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? _____ \$ _____ 0

35.2 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

36.1 Amount of payments for legal expenses, if any? _____ \$ _____ 0

36.2 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

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? _____ \$ _____ 0

37.2 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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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 _____	16,107,635 15,208,112
2.3	Premium Ratio (2.1/2.2) _____	0.000 0.000
2.4	Reserve Numerator _____	
2.5	Reserve Denominator _____	1,414,345 1,342,198
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:	_____
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 _____
8.1	Does the reporting entity have business subject to premium rate guarantees? _____	Yes [] No [X]
8.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months \$ _____ 9.22 Business with rate guarantees over 36 months \$ _____

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
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. _____

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

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)

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

16.1 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]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	5,378,115	3,261,355	2,985,621	3,020,644	
2. Total liabilities (Page 3, Line 24)	2,472,684	2,074,998	2,153,020	2,578,298	
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	
4. Total capital and surplus (Page 3, Line 33)	2,803,451	1,188,357	832,601	442,346	
Income Statement (Page 4)					
5. Total revenues (Line 8)	16,107,635	15,206,112	13,194,467	9,502,716	
6. Total medical and hospital expenses (Line 18)	11,806,878	12,441,859	10,538,918	8,250,355	
7. Claims adjustment expenses (Line 20)	945,779	1,029,050	958,316	735,665	
8. Total administrative expenses (Line 21)	1,587,692	1,508,807	1,316,304	976,059	
9. Net underwriting gain (loss) (Line 24)	1,709,563	53,756	380,931	(459,363)	
10. Net investment gain (loss) (Line 27)	9,533	0	0	0	
11. Total other income (Lines 28 plus 29)	0	0	5,371	0	
12. Net income or (loss) (Line 32)	1,717,094	53,756	386,302	(459,363)	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	3,343,370	(1,056,508)	501,785	1,301,956	
Risk-Based Capital Analysis					
14. Total adjusted capital	2,909,438	1,188,357	832,601	438,393	
15. Authorized control level risk-based capital	773,849	806,100	673,939	606,477	
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,043	3,288	3,022	2,915	
17. Total members months (Column 6, Line 7)	37,351	38,579	36,182	28,456	
Operating Percentage (Page 4) (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)	73.3	81.8	79.9	86.8	
20. Cost containment expenses	0.9	1.0	1.0	1.1	
21. Other claims adjustment expenses	5.0	5.8	6.2	6.7	
22. Total underwriting deductions (Line 23)	89.4	89.8	97.1	104.8	
23. Total underwriting gain (loss) (Line 24)	10.6	0.4	2.9	(4.8)	
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	1,290,903	1,497,688	1,057,144	0	
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	1,342,188	1,569,977	1,593,303	0	
Investments in Parent, Subsidiaries and Affiliates					
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	0	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? _____

If no, please explain: _____

Yes No



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR						(LOCATION)		
		1	2	3	4	5	6	7	8	9
	Total	Individual	Group	Medicare Supplement	Vision Only	Denial Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(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 \$ _____

and number of persons insured under indemnity only products _____.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE S - PART 1 - SECTION 2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1599999. Accident and Health - Non-U.S. Affiliates - Captive					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
19720. 01/01/2018 American Alternative Insurance Corporation				USA	42,874	
2099999. Accident and Health - Non-U.S. Non-Affiliates					42,874	0
2199999. Total Accident and Health - Non-Affiliates					42,874	0
2299999. Total Accident and Health					42,874	0
2399999. Total U.S. (Sum of 0399999, 0699999, 1499999 and 1999999)					0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					42,874	0
9999999 Totals - Life, Annuity and Accident and Health					42,874	0

ANNUAL STATEMENT FOR THE YEAR 2018 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	Name of Company	5	6	7	Type of Business Ceded S.R.	8	9	10	Reserve Credit Taken Other than for Unearned Premiums	11	12	13	Modified Comurance Reserve	14	Funds Withheld Under Comurance
NAIC Company Code 19720	ID Number	Effective Date 01/01/2018	American Alternative Insurance Corporation		Domi- nical- Juris- iction	Type of Reinsurance Ceded S.R.												
02898989. General Account - Authorized U.S. Affiliates - Other																		
03898989. Total General Account - Authorized U.S. Affiliates																		
02898989. Total General Account - Authorized Non-U.S. Affiliates																		
07298989. Total General Account - Authorized Affiliates																		
10998989. Total General Account - Authorized Non-Affiliates																		
11998989. Total General Account - Authorized and U.S. Affiliates																		
14998989. Total General Account - Unauthorized and U.S. Affiliates																		
17998989. Total General Account - Unauthorized Non-U.S. Affiliates																		
18998989. Total General Account - Unauthorized Affiliates																		
21998989. Total General Account - Unauthorized Non-Affiliates																		
22898989. Total General Account - Unauthorized																		
25998989. Total General Account - Certified																		
26998989. Total General Account - Certified Non-U.S. Affiliates																		
29998989. Total General Account - Certified Non-Affiliates																		
32898989. Total General Account - Certified Non-U.S. Affiliates																		
33898989. Total General Account - Authorized and Certified																		
34998989. Total General Account Authorized - Unauthorized and Certified																		
37998989. Total Separate Accounts - Authorized U.S. Affiliates																		
40998989. Total Separate Accounts - Authorized Non-U.S. Affiliates																		
41998989. Total Separate Accounts - Authorized Affiliates																		
45998989. Total Separate Accounts - Authorized Non-Affiliates																		
48998989. Total Separate Accounts - Unauthorized U.S. Affiliates																		
51998989. Total Separate Accounts - Unauthorized Non-U.S. Affiliates																		
52998989. Total Separate Accounts - Unauthorized Affiliates																		
55998989. Total Separate Accounts - Unauthorized Non-Affiliates																		
56998989. Total Separate Accounts - Unauthorized																		
58998989. Total Separate Accounts - Certified																		
62898989. Total Separate Accounts - Certified Non-U.S. Affiliates																		
63998989. Total Separate Accounts - Certified Affiliates																		
66998989. Total Separate Accounts - Certified Non-Affiliates																		
67998989. Total Separate Accounts Certified																		
68998989. Total Separate Accounts Authorized, Unauthorized and Certified																		
68998989. Total U.S. (Sum of 03998989, 08998989, 14998989, 19998989, 25998989, 30998989, 37998989, 42998989, 48998989, 53998989, 58998989 and 64998989)																		
70998989. Total Non-U.S. (Sum of 06898989, 09998989, 17998989, 20998989, 28998989, 31998989, 40998989, 43998989, 51998989, 54998989, 62998989, 68998989 and 85998989)																		
89998989 - Totals																		

Schedule S - Part 4
NONE

Schedule S - Part 4 - Bank Footnote
NONE

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	1,372	1,251	961	690	
2. Title XVIII - Medicare	0	0	0	0	
3. Title XIX - Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	
8. Reinsurance recoverable on paid losses	43	1,269	240	766	
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					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	
15. Trust agreements (T)	0	0	0	0	
16. Other (O)	0	0	0	0	
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	5,298,275		5,298,275
2. Accident and health premiums due and unpaid (Line 15)	19,335		19,335
3. Amounts recoverable from reinsurers (Line 16.1)	42,874		42,874
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	17,631		17,631
6. Total assets (Line 28)	5,376,115	0	5,376,115
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,414,345		1,414,345
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	749,559		749,559
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
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	308,760		308,760
15. Total liabilities (Line 24)	2,472,684	0	2,472,684
16. Total capital and surplus (Line 33)	2,903,451	XXX	2,903,451
17. Total liabilities, capital and surplus (Line 34)	5,376,115	0	5,376,115
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	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	1	17,479,578					17,479,578	
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
59. Subtotal		XXX	17,479,578	0	0	0	0	17,479,578	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)		XXX	17,479,578	0	0	0	0	17,479,578	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG _____ 1 R - Registered - Non-domiciled RRGs _____ 0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state _____ 0 Q - Qualified - Qualified or accredited reinsurer, _____ 0

N - None of the above - Not allowed to write business in the state _____ 0

(b) Explanation of basis of allocation by states, premiums by state, etc.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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 2018 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
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
MARCH FILING	
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
APRIL FILING	
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
JUNE FILING	
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?	SEE EXPLANATION
AUGUST FILING	
The following supplemental reports are required to be filed as part of your annual statement filing If your company is engaged in the type of business covered by the supplement. 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.	
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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
17. 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
18. 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
19. 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
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
22. 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
23. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
Explanations:	
1. 3/31/2019 Filing Requirement	
2. 3/31/2019 Filing Requirement	
3. 3/31/2019 Filing Requirement	
4. 3/31/2019 Filing Requirement	
5. N/A	
6. N/A	
7. N/A	
10. 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	
26. N/A	

Bar Codes:

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
OVERFLOW PAGE FOR WRITE-INS

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported In the Annual Statement			
	1	2	3	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments		0.000	5,296,275		5,296,275	100.000
11. Other invested assets		0.000			0	0.000
12. Total invested assets	0	100,000	5,296,275	0	5,296,275	100,000

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 - 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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

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

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust
SCHEDULE E - PART 1 - CASH

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 2 - CASH EQUIVALENTS

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
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 Alien and Other	OT	XXX	XXX			
59. Subtotal		XXX	XXX			
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5888. Summary of remaining write-ins for Line 58 from overflow page		XXX	XXX			
5899. Totals (Lines 5801 thru 5803 plus 5888)(Line 58 above)		XXX	XXX			

NONE