

**QUARTERLY STATEMENT**

**OF THE**

**Ohio Dental Association Wellness Trust**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Ohio

FOR THE QUARTER ENDED  
SEPTEMBER 30, 2020

HEALTH

**2020**



# HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020  
OF THE CONDITION AND AFFAIRS OF THE

## Ohio Dental Association Wellness Trust

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

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

Country of Domicile United States of America

Licensed as business type: \_\_\_\_\_ Other \_\_\_\_\_

Is HMO Federally Qualified? Yes [ ] No [ X ]

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

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

Main Administrative Office 1370 Dublin Road  
(Street and Number) Columbus, OH, US 43215  
(City or Town, State, Country and Zip Code) 614-486-2700  
(Area Code) (Telephone Number)

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

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

Internet Website Address www.odawt.org

Statutory Statement Contact Ryan Davis, 678-300-3508  
(Name) (Area Code) (Telephone Number)  
rdavis@oda.org \_\_\_\_\_  
(E-mail Address) (FAX Number)

### OFFICERS

President Thomas Paumier DDS  
Secretary/Treasurer Thomas Kelly DDS

### OTHER

### DIRECTORS OR TRUSTEES

Monica Newby DDS Thomas Kelly DDS Thomas Paumier DDS

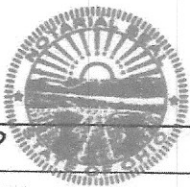
State of Ohio SS:  
County of Columbus

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

Thomas Paumier, DDS  
President

Thomas Kelly, DDS  
Secretary/Treasurer

Ryan Davis  
Plan Administrator



**Cody M. Hill**  
Notary Public, State of Ohio  
My Commission Expires 09-26-2025

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

Yes [  ] No [ ]

Subscribed and sworn to before me this  
11<sup>th</sup> day of Nov, 2020  
Cody M. Hill  
Comm. Expires 09-26-2025

## STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Ohio Dental Association Wellness Trust

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....361,873 ), cash equivalents (\$ .....6,571,855 ) and short-term investments (\$ ..... ) .....	6,933,728		6,933,728	7,123,489
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	6,933,728	0	6,933,728	7,123,489
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	10,082		10,082	14,298
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,348,915	954,520	394,395	1,155,863
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 .....	24,157		24,157	13,530
25. Aggregate write-ins for other than invested assets .....	19,532	4,538	14,994	20,137
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	8,336,414	959,058	7,377,356	8,327,317
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	8,336,414	959,058	7,377,356	8,327,317
<b>DETAILS OF WRITE-INS</b>				
1101. Surplus Note Proceeds Receivable .....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. MMO Receivable .....	19,532	4,538	14,994	20,137
2502. Prepaid 2019 COA Fee .....			0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	19,532	4,538	14,994	20,137

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	1,778,014		1,778,014	2,759,335
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....			0	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	684,432		684,432	451,073
9. General expenses due or accrued .....	201,505		201,505	231,055
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	149,348		149,348	215,924
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	2,813,299	0	2,813,299	3,657,387
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	405,662	405,662
29. Surplus notes .....	XXX	XXX	800,000	800,000
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	3,358,395	3,464,268
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	4,564,057	4,669,930
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	7,377,356	8,327,317
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	28,604	27,996	37,131
2. Net premium income ( including \$ non-health premium income)	XXX	12,011,556	12,459,436	16,467,490
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	12,011,556	12,459,436	16,467,490
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		8,190,618	1,679,532	11,857,766
10. Other professional services		395,682	3,935,441	699,594
11. Outside referrals		70,360	3,844,063	37,167
12. Emergency room and out-of-area		293,771		386,980
13. Prescription drugs		1,860,487	1,715,603	2,493,775
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	10,810,918	11,174,639	15,475,282
<b>Less:</b>				
17. Net reinsurance recoveries		1,605,445	2,418,081	3,486,904
18. Total hospital and medical (Lines 16 minus 17)	0	9,205,473	8,756,558	11,988,378
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		710,725	687,457	677,853
21. General administrative expenses		1,254,014	1,325,544	1,967,978
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				100,177
23. Total underwriting deductions (Lines 18 through 22)	0	11,170,212	10,769,559	14,734,386
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	841,344	1,689,877	1,733,104
25. Net investment income earned		17,150	73,419	63,870
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	17,150	73,419	63,870
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )]				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	858,494	1,763,296	1,796,974
31. Federal and foreign income taxes incurred	XXX	6,309	25,867	29,495
32. Net income (loss) (Lines 30 minus 31)	XXX	852,185	1,737,429	1,767,479
<b>DETAILS OF WRITE-INS</b>				
0601.	XXX			0
0602.	XXX			0
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	4,669,930	2,903,451	2,903,451
34. Net income or (loss) from Line 32.....	852,185	1,737,429	1,767,479
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.....	(958,058)	(2,738)	(1,000)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	(105,873)	1,734,691	1,766,479
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,564,057	4,638,142	4,669,930
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	12,182,555	12,462,242	16,277,706
2. Net investment income .....	17,150	73,419	63,870
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	12,199,705	12,535,661	16,341,576
5. Benefit and loss related payments .....	10,379,846	10,274,966	11,856,554
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,003,311	2,017,662	2,628,313
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	6,309	25,867	29,495
10. Total (Lines 5 through 9) .....	12,389,466	12,318,495	14,514,362
11. Net cash from operations (Line 4 minus Line 10) .....	(189,761)	217,166	1,827,214
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	0	(2,738)	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	0	(2,738)	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(189,761)	214,428	1,827,214
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	7,123,489	5,296,275	5,296,275
19.2 End of period (Line 18 plus Line 19.1) .....	6,933,728	5,510,703	7,123,489

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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	3,038	0	3,038	0	0	0	0	0	0	0
2. First Quarter .....	3,195	0	3,195	0	0	0	0	0	0	0
3. Second Quarter .....	3,147	0	3,147	0	0	0	0	0	0	0
4. Third Quarter .....	3,169		3,169							
5. Current Year	0									
6. Current Year Member Months	28,604		28,604							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	830		830							
8. Non-Physician .....	2,950		2,950							
9. Total	3,780	0	3,780	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	57		57							
11. Number of Inpatient Admissions	23		23							
12. Health Premiums Written (a) .....	13,377,435		13,377,435							
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	13,377,435		13,377,435							
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	0									
18. Amount Incurred for Provision of Health Care Services	0									

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



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	2,602,377	7,585,173	29,062	1,748,952	2,631,439	2,759,335
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	2,602,377	7,585,173	29,062	1,748,952	2,631,439	2,759,335
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)	2,602,377	7,585,173	29,062	1,748,952	2,631,439	2,759,335

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

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## 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 #	2020	2019
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4) .....	XXX	XXX	XXX	852,185	1,767,479
(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	852,185	1,767,479
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4) .....	XXX	XXX	XXX	4,564,057	4,669,930
(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	4,564,057	4,669,930

**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 September 30, 2020 of the Ohio Dental Association Wellness Trust

**Reserve for Incurred but Not Reported Claims**

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

**Non-admitted assets**

Non-admitted assets for the period ended September 30, 2020 totaled \$959,059 and consisted of prepaid assets totaling \$4,539 and amounts recoverable from reinsurers over ninety days outstanding totaling \$954,520.

In accordance with statutory accounting principles, prepaid expenses are reported as non-admitted assets and charged against unassigned surplus. Such expenses are amortized against net income as the estimated economic benefit expires.

In accordance with statutory accounting principles, amounts recoverable from reinsurers over ninety days outstanding meets the definition of non-admitted assets and will remain as an offset to unassigned surplus until collected. The Plan anticipates collecting the entire balance due from its reinsurer.

**Going Concern**

For the period ended September 30, 2020, management has determined there are no events or conditions that raise substantial doubt about the Plan’s ability to continue as a going concern.

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

No significant change.

**Note 3: Business Combinations and Goodwill**

No significant change.

**Note 4: Discontinued Operations – Not Applicable**

None

**Note 5: Investments**

No significant change.

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

No significant change.

**Note 7: Investment Income**

The Plan reported investment income totaling \$17,150 for the period ended September 30, 2020 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 period ended September 30, 2020.

**Note 8: Derivative Investments**

None

**Note 9: Income Taxes**

The Plan is a taxable entity under the IRC. For the period ended September 30, 2020, income tax expense to the Plan totaled \$6,309. 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 period ended September 30, 2020. Further, there were no income tax related penalties or interest incurred by the Plan for the period ended September 30, 2020. The following schedule reflects the Plan’s current income tax for the period ended September 30, 2020:

C.Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2019	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	6,116	29,495	(23,379)
(b) Foreign			0
(c) Subtotal	6,116	29,495	(23,379)
(d) Federal income tax on net capital gains			0
(e) Utilization of capital loss carry-forwards			0
(f) Other	193	5,002	(4,809)
(g) Federal and foreign income taxes incurred	6,309	34,497	(28,188)

**Note 10: Information Concerning Parent, Subsidiaries & Affiliated**

None

**Note 11: Debt**

None

**Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits, and Compensated Absences and Other Postretirement Benefit Plans**

None

**Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

On March 12, 2018, the Plan issued a \$300,000 surplus note to ODASC with an effective date of December 31, 2017. On March 21, 2018, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2017 financial statements. Accordingly, the proceeds from the surplus note are recorded as an admitted asset and as a component of surplus in the accompanying financial statements as of September 30, 2020 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 September 30, 2020 in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 23, 2016.

The surplus notes carry no interest and have no stated maturity date. All or part of the principal on the surplus notes is payable on demand; however, no payment is to be made except out of the Plan's earned surplus, but only to the extent that the amount of surplus remaining after such repayment is greater than the original principal amount, and any such repayment of principal to be made by the Plan must be submitted to, and approved by, the Superintendent of the OH DOI prior to the Plan making such repayment. During the period ended September 30, 2020, there was no approved or unapproved principal paid out related to the surplus note. Claims under the surplus note are paid out of any assets remaining after payment of all liabilities, including senior claims and any senior indebtedness of the Plan.

**Note 14: Liabilities, Contingencies and Assessments**

None

**Note 15: Leases**

None

**Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

None

**Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

None

**Note 18: Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

None

**Note 19: Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

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.....	..... 13,377,435
Total	XXX	XXX	XXX	XXX	13,377,435

- 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 September 30, 2020 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 Nationwide Life Insurance Company, which covers medical and prescription benefits. Under the terms of the policy, the Plan has a maximum aggregate benefit per benefit period of \$2,000,000 in excess of the annual aggregate attachment point (100%), a per member deductible of \$200,000 and an aggregating specific deductible of \$60,000. Eligible expenses incurred from January 1, 2020 through December 31, 2020 and paid from January 1, 2020 through December 31, 2021 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 September 30, 2020 were approximately \$1,778,014. As of September 30, 2020, approximately \$2,602,377 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 \$29,062 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**

In accordance with SSAP No. 84 – Health Care and Government Insured Plan Receivable, the Plan reported \$24,157 of Rx rebates receivable as of September 30, 2020. See below for analysis of rebates:

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/2019		42,680	42,680		
06/30/2019		42,150	42,150		
09/30/2019		42,260	42,260		
12/31/2019		40,870	40,870		
03/31/2019		73,678	73,678		
06/30/2020		74,086	74,086		
09/30/2020		72,998	72,998		

**Note 29: Participating Policies**

None

**Note 30: Premium Deficiency Reserves**

None

**Note 31: Anticipated Salvage and Subrogation**

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ ] N/A [ X ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2018
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2018
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 08/22/2019
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

## GENERAL INTERROGATORIES

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

### FINANCIAL

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

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ .....0

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Ohio Dental Association Wellness Trust  
**GENERAL INTERROGATORIES**

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [ ] No [ X ]

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

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 [ X ]

20. 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 [ X ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- 1. Operating Percentages:
  - 1.1 A&H loss percent .....77.0 %
  - 1.2 A&H cost containment percent .....1.0 %
  - 1.3 A&H expense percent excluding cost containment expenses .....10.0 %
  
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....\$ .....
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date .....\$ .....
  
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Ohio Dental Association Wellness Trust  
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
1. Alabama ..... AL									0	
2. Alaska ..... AK									0	
3. Arizona ..... AZ									0	
4. Arkansas ..... AR									0	
5. California ..... CA									0	
6. Colorado ..... CO									0	
7. Connecticut ..... CT									0	
8. Delaware ..... DE									0	
9. District of Columbia ..... DC									0	
10. Florida ..... FL									0	
11. Georgia ..... GA									0	
12. Hawaii ..... HI									0	
13. Idaho ..... ID									0	
14. Illinois ..... IL									0	
15. Indiana ..... IN									0	
16. Iowa ..... IA									0	
17. Kansas ..... KS									0	
18. Kentucky ..... KY									0	
19. Louisiana ..... LA									0	
20. Maine ..... ME									0	
21. Maryland ..... MD									0	
22. Massachusetts ..... MA									0	
23. Michigan ..... MI									0	
24. Minnesota ..... MN									0	
25. Mississippi ..... MS									0	
26. Missouri ..... MO									0	
27. Montana ..... MT									0	
28. Nebraska ..... NE									0	
29. Nevada ..... NV									0	
30. New Hampshire ..... NH									0	
31. New Jersey ..... NJ									0	
32. New Mexico ..... NM									0	
33. New York ..... NY									0	
34. North Carolina ..... NC									0	
35. North Dakota ..... ND									0	
36. Ohio ..... OH	L	13,377,435							13,377,435	
37. Oklahoma ..... OK									0	
38. Oregon ..... OR									0	
39. Pennsylvania ..... PA									0	
40. Rhode Island ..... RI									0	
41. South Carolina ..... SC									0	
42. South Dakota ..... SD									0	
43. Tennessee ..... TN									0	
44. Texas ..... TX									0	
45. Utah ..... UT									0	
46. Vermont ..... VT									0	
47. Virginia ..... VA									0	
48. Washington ..... WA									0	
49. West Virginia ..... WV									0	
50. Wisconsin ..... WI									0	
51. Wyoming ..... WY									0	
52. American Samoa ..... AS									0	
53. Guam ..... GU									0	
54. Puerto Rico ..... PR									0	
55. U.S. Virgin Islands ..... VI									0	
56. Northern Mariana Islands ..... MP									0	
57. Canada ..... CAN									0	
58. Aggregate Other Aliens ..... OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	13,377,435	0	0	0	0	0	0	13,377,435	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	13,377,435	0	0	0	0	0	0	13,377,435	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	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

Schedule Y - Part 1

**NONE**

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

**NONE**

Schedule Y - Part 1A - Explanations

**NONE**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

Explanation:

1. N/A

Bar Code:

Overflow Page for Write-ins

**NONE**

Schedule A - Verification - Real Estate

**NONE**

Schedule B - Verification - Mortgage Loans

**NONE**

Schedule BA - Verification - Other Long-Term Invested Assets

**NONE**

Schedule D - Verification - Bonds and Stock

**NONE**

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

**NONE**

Schedule DA - Part 1 - Short-Term Investments

**NONE**

Schedule DA - Verification - Short-Term Investments

**NONE**

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

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	6,117,556	0
2. Cost of cash equivalents acquired .....	454,299	6,117,556
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) .....	6,571,855	6,117,556
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	6,571,855	6,117,556

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**







SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE Ohio Dental Association Wellness Trust  
**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code 0000

NAIC Company Code 00117

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....		XXX		XXX	0
2. Earned Premiums .....		XXX		XXX	XXX
3. Claims Paid .....		XXX		XXX	0
4. Claims Incurred .....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX		XXX		0
6. Aggregate Policy Reserves - Change .....		XXX		XXX	XXX
7. Expenses Paid .....		XXX		XXX	0
8. Expenses Incurred .....		XXX		XXX	XXX
9. Underwriting Gain or Loss .....	0	XXX	0	XXX	XXX
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Ohio Dental Association Wellness Trust

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Dental Association Wellness Trust

2. Columbus, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR 2020						(LOCATION)		
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	00117
			1 Total	2 Individual								3 Group	
<b>Total Members at end of:</b>													
1.	Prior Year	3,038	0	3,038	0	0	0	0	0	0	0	0	
2.	First Quarter	3,195	0	3,195	0	0	0	0	0	0	0	0	
3.	Second Quarter	3,147	0	3,147	0	0	0	0	0	0	0	0	
4.	Third Quarter	3,169	0	3,169	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	28,604	0	28,604	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>													
7.	Physician	830	0	830	0	0	0	0	0	0	0	0	
8.	Non-Physician	2,950	0	2,950	0	0	0	0	0	0	0	0	
9.	Total	3,780	0	3,780	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	57	0	57	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	23	0	23	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	13,377,435	0	13,377,435	0	0	0	0	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	13,377,435	0	13,377,435	0	0	0	0	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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