# QUARTERLY STATEMENT

**OF THE**

**Ohio Dental Association Wellness Trust**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Ohio

FOR THE QUARTER ENDED
JUNE 30, 2021

**HEALTH**

# 2021

# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2021

OF THE CONDITION AND AFFAIRS OF THE

# Ohio Dental Association Wellness Trust

NAIC Group Code 0000 (Current) 0000 (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 (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), 614-486-2700 (Area Code) (Telephone Number)

Mail Address 1370 Dublin Road (Street and Number or P.O. Box), Columbus, OH, US 43215 (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 (Name), 678-300-3508 (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
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<br>President | Thomas Kelly, DDS<br>Secretary/Treasurer | Ryan Davis<br>Plan Administrator |
|---|---|---|

Subscribed and sworn to before me this 12th day of August, 2021

Cody M. Hill

a. Is this an original filing? ..... Yes [ X ] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed .....08/15/2021
3. Number of pages attached.....

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

# ASSETS

| | Current Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | | | 0 | 0 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 4,211,986 | | 4,211,986 | 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 ($ 180,121 ), cash equivalents ($ 6,975,315 ) and short-term investments ($ ..... ) | 7,155,437 | | 7,155,437 | 10,441,902 |
| 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) | 11,367,423 | 0 | 11,367,423 | 10,441,902 |
| 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 | 20,875 | | 20,875 | 56,929 |
| 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 | 147,473 | 111,285 | 36,188 | 31,636 |
| 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 | 46,500 | | 46,500 | 24,497 |
| 25. Aggregate write-ins for other than invested assets | 26,808 | 22,551 | 4,257 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 11,609,079 | 133,836 | 11,475,243 | 10,554,964 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 11,609,079 | 133,836 | 11,475,243 | 10,554,964 |
| **DETAILS OF WRITE-INS** | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. MMO Receivable | 4,257 | | 4,257 | |
| 2502. Prepaid Assets | 22,551 | 22,551 | 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) | 26,808 | 22,551 | 4,257 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|---|---|---|---|---|---|
| | | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. | Claims unpaid (less $ ..... reinsurance ceded) | 2,276,136 | | 2,276,136 | 2,648,275 |
| 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 | 524,768 | | 524,768 | 181,090 |
| 9. | General expenses due or accrued | 234,722 | | 234,722 | 220,433 |
| 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 | 12,703 | | 12,703 | 0 |
| 11. | Ceded reinsurance premiums payable | 111,011 | | 111,011 | 301,112 |
| 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) | 3,159,340 | 0 | 3,159,340 | 3,350,910 |
| 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 | 4,530,478 | 2,805,662 |
| 29. | Surplus notes | XXX | XXX | | 800,000 |
| 30. | Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. | Unassigned funds (surplus) | XXX | XXX | 3,785,425 | 3,608,252 |
| 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 | 8,315,903 | 7,213,914 |
| 34. | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 11,475,243 | 10,564,824 |
| | **DETAILS OF WRITE-INS** | | | | |
| 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 | 20,400 | 19,096 | 38,124 |
| 2. | Net premium income ( including $ non-health premium income) | XXX | 8,412,792 | 8,094,058 | 15,942,934 |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | | | |
| 4. | Fee-for-service (net of $ medical expenses) | XXX | | | |
| 5. | Risk revenue | XXX | | | |
| 6. | Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. | Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. | Total revenues (Lines 2 to 7) | XXX | 8,412,792 | 8,094,058 | 15,942,934 |
| | **Hospital and Medical:** | | | | |
| 9. | Hospital/medical benefits | | 5,358,631 | 5,334,097 | 10,957,275 |
| 10. | Other professional services | | 377,012 | 247,796 | 568,329 |
| 11. | Outside referrals | | 40,094 | 21,329 | 79,963 |
| 12. | Emergency room and out-of-area | | 203,129 | 193,478 | 391,089 |
| 13. | Prescription drugs | | 1,256,110 | 1,171,320 | 2,561,596 |
| 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 | 7,234,975 | 6,968,020 | 14,558,252 |
| | **Less:** | | | | |
| 17. | Net reinsurance recoveries | | 368,696 | 1,224,252 | 1,790,750 |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | 6,866,279 | 5,743,768 | 12,767,502 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including $ cost containment expenses | | 493,424 | 357,937 | 712,115 |
| 21. | General administrative expenses | | 973,433 | 950,457 | 1,870,368 |
| 22. | Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | | | 300,000 |
| 23. | Total underwriting deductions (Lines 18 through 22) | 0 | 8,333,136 | 7,052,162 | 15,649,985 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 79,656 | 1,041,896 | 292,949 |
| 25. | Net investment income earned | | 28,118 | 4,470 | (4,547) |
| 26. | Net realized capital gains (losses) less capital gains tax of $ | | | | |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 28,118 | 4,470 | (4,547) |
| 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 | 22,375 | 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 | 130,149 | 1,046,366 | 288,402 |
| 31. | Federal and foreign income taxes incurred | XXX | 7,328 | 6,309 | 5,020 |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 122,821 | 1,040,057 | 283,382 |
| | **DETAILS OF WRITE-INS** | | | | |
| 0601. | | XXX | | | 0 |
| 0602. | | XXX | | 0 | 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. | D&O Claim Recovery | | 22,375 | | |
| 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 | 22,375 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|---|
| | **CAPITAL AND SURPLUS ACCOUNT** | | | |
| 33. | Capital and surplus prior reporting year | 7,213,914 | 4,669,930 | 4,669,930 |
| 34. | Net income or (loss) from Line 32 | 122,821 | 1,040,057 | 283,382 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | 60,493 | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | (12,703) | | |
| 39. | Change in nonadmitted assets | 6,562 | (7,243) | (139,398) |
| 40 | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 | 0 |
| 42. | Change in surplus notes | (800,000) | 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 | 1,724,816 | 0 | 2,400,000 |
| | 45.2 Transferred to capital (Stock Dividend) | | | |
| | 45.3 Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. | Net change in capital & surplus (Lines 34 to 47) | 1,101,989 | 1,032,814 | 2,543,984 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 8,315,903 | 5,702,744 | 7,213,914 |
| | **DETAILS OF WRITE-INS** | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

# CASH FLOW

| | | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|---|
| | **Cash from Operations** | | | |
| 1. | Premiums collected net of reinsurance | 8,602,423 | 8,298,528 | 15,715,508 |
| 2. | Net investment income | 28,118 | 4,470 | (4,547) |
| 3. | Miscellaneous income | 0 | 0 | 0 |
| 4. | Total (Lines 1 to 3) | 8,630,541 | 8,302,998 | 15,710,961 |
| 5. | Benefit and loss related payments | 7,214,692 | 7,365,205 | 12,193,898 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 1,468,308 | 1,365,257 | 2,593,630 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | 7,328 | 3,022 | 5,020 |
| 10. | Total (Lines 5 through 9) | 8,690,328 | 8,733,484 | 14,792,548 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (59,787) | (430,486) | 918,413 |
| | **Cash from Investments** | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 0 | 0 | 0 |
| | 12.2 Stocks | 0 | 0 | 0 |
| | 12.3 Mortgage loans | 0 | 0 | 0 |
| | 12.4 Real estate | 0 | 0 | 0 |
| | 12.5 Other invested assets | 0 | 0 | 0 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| | 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | 1,328,928 | 0 | 0 |
| | 13.2 Stocks | 2,822,566 | 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) | 4,151,494 | 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) | (4,151,494) | 0 | 0 |
| | **Cash from Financing and Miscellaneous Sources** | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | (800,000) | 0 | 0 |
| | 16.2 Capital and paid in surplus, less treasury stock | 1,724,816 | 0 | 2,400,000 |
| | 16.3 Borrowed funds | 0 | 0 | 0 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| | 16.5 Dividends to stockholders | 0 | 0 | 0 |
| | 16.6 Other cash provided (applied) | 0 | 0 | 0 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 924,816 | 0 | 2,400,000 |
| | **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) | (3,286,465) | (430,486) | 3,318,413 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | 10,441,902 | 7,123,489 | 7,123,489 |
| | 19.2 End of period (Line 18 plus Line 19.1) | 7,155,437 | 6,693,003 | 10,441,902 |

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

| | | | |
|---|---|---|---|
| | | | |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior Year | 3,176 | 0 | 3,176 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 3,407 | 0 | 3,407 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 3,380 | | 3,380 | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 20,400 | | 20,400 | | | | | | | |
| **Total Member Ambulatory Encounters for Period:** | | | | | | | | | | |
| 7 Physician | 1,456 | | 1,456 | | | | | | | |
| 8. Non-Physician | 2,237 | | 2,237 | | | | | | | |
| 9. Total | 3,693 | 0 | 3,693 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 61 | | 61 | | | | | | | |
| 11. Number of Inpatient Admissions | 10 | | 10 | | | | | | | |
| 12. Health Premiums Written (a) | 9,087,788 | | 9,087,788 | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 9,087,788 | | 9,087,788 | | | | | | | |
| 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 $ .....

STATEMENT AS OF JUNE 30, 2021 OF THE Ohio Dental Association Wellness Trust

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

**Aging Analysis of Unpaid Claims**

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| **Claims Unpaid (Reported)** | | | | | | |
| Claims Payable | 476,136 | | | | | 476,136 |
| 0199999. Individually listed claims unpaid | 476,136 | 0 | 0 | 0 | 0 | 476,136 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0499999 Subtotals | 476,136 | 0 | 0 | 0 | 0 | 476,136 |
| 0599999 Unreported claims and other claim reserves | | | | | | 1,800,000 |
| 0699999 Total amounts withheld | | | | | | |
| 0799999 Total claims unpaid | | | | | | 2,276,136 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | |

# 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 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid Dec. 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | 1,502,560 | 4,887,583 | 66,178 | 2,209,958 | 1,568,738 | 2,648,275 |
| 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) | 1,502,560 | 4,887,583 | 66,178 | 2,209,958 | 1,568,738 | 2,648,275 |
| 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) | 1,502,560 | 4,887,583 | 66,178 | 2,209,958 | 1,568,738 | 2,648,275 |

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

# 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; 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; (g) unrealized gains and losses from equity securities are reflected as a component of surplus, net of deferred taxes, whereas under U.S. GAAP, unrealized gains and losses are reflected in earnings (h) deferred income taxes exclude state income taxes and are admitted to the extent they can be realized within three years subject to a 15% limitation of capital and surplus with changes in the net deferred tax reflected as a component of surplus, whereas under U.S. GAAP, deferred taxes include both Federal and state income taxes and changes in deferred taxes are reflected in earnings. 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 # | 2021 | 2020 |
|---|---|---|---|---|---|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | 122,821 | 283,382 |
| (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 | 122,821 | 283,382 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | 8,315,903 | 7,213,914 |
| (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 | 8,315,903 | 7,213,914 |

**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.

**Investments**

Investments in mutual funds are carried at fair value. Unrealized gains and losses are reflected in surplus, net of deferred taxes. Refer to Note 5 – Investments and Note 9 – Fair Value for further explanation on the Plan's methodology for mutual funds.

**Reserve for Incurred but Not Reported Claims**

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

**Non-admitted assets**

Non-admitted assets for the period ended June 30, 2021 totaled $133,836 and consisted of prepaid assets totaling $22,551 and amounts recoverable from reinsurers over ninety days outstanding totaling $111,285.

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 June 30, 2021, 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**

The Plan's investment portfolio as of the period ended June 30, 2021 is as follows:

| Description for each class of asset or liability | Carrying Value | Gross Unrealized Gains | Gross Unrealized (Losses) | Fair Value | Total |
|---|---|---|---|---|---|
| Mutual Funds | 4,151,494 | 63,958 | (3,466) | 4,211,986 | 4,211,986 |
| Total | 4,151,494 | 63,958 | (3,466) | 4,211,986 | 4,211,986 |

There were no sales of mutual funds for the period ended June 30, 2021.

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

No significant change.

**Note 7: Investment Income**

The Plan reported investment income totaling $28,118 for the period ended June 30, 2021 related to interest and dividends from money market accounts and mutual funds. There is no investment income in default that would be excluded from investment income and considered non-admitted for the year period ended June 30, 2021.

**Note 8: Derivative Investments**

None

**Note 9: Income Taxes**

The Plan is a taxed as a nongrantor trust under the IRC. A nongrantor trust is taxed on the income it earns. This includes the trust's investment income but not employer contributions to the trust, as these are contributions to the trust corpus and do not represent taxable income. For the period ended June 30, 2021, the Plan reported current income tax expense related to investment income of $7,328. The Plan reported a deferred tax liability of $12,703 related to unrealized gains and losses on investments.

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 June 30, 2021.

Further, there were no income tax related penalties or interest incurred by the Plan for the period ended June 30, 2021. The following schedule reflects the Plan's current and deferred income tax expense for the period ended June 30, 2021:

The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

| | As of End of Current Period | | | 12/31/2020 | | | Change | | |
|---|---|---|---|---|---|---|---|---|---|
| | (1) Ordinary | (2) Capital | (3) (Col. 1 + 2) Total | (4) Ordinary | (5) Capital | (6) (Col. 4 + 5) Total | (7) (Col. 1 – 4) Ordinary | (8) (Col. 2 – 5) Capital | (9) (Col. 7 + 8) Total |
| (a) Gross Deferred Tax Assets | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 |
| (b) Statutory Valuation Allowance Adjustment | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 |
| © Adjusted Gross Deferred Tax Assets (1a – 1b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (d) Deferred Tax Assets Nonadmitted | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 |
| © Subtotal Net Admitted Deferred Tax Asset (1c – 1d) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (f) Deferred Tax Liabilities | 0 | 12,703 | 12,703 | | | 0 | 0 | 12,703 | 12,703 |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f) | 0 | (12,703) | (12,703) | 0 | 0 | 0 | 0 | (12,703) | (12,703) |

Income taxes incurred consist of the following major components:

9

| | (1) As of End of Current Period | (2) 12/31/2020 | (3) (Col. 1 – 2) Change |
|---|---|---|---|
| (a) Federal | 7,134 | 5,020 | 2,114 |
| (b) Foreign | | | 0 |
| © Subtotal | 7,134 | 5,020 | 2,114 |
| (d) Federal income tax on net capital gains | | | 0 |
| © Utilization of capital loss carry-forwards | | | 0 |
| (f) Other | 194 | 257 | (63) |
| (g) Federal and foreign income taxes incurred | 7,328 | 5,277 | 2,051 |
| Deferred Tax Assets: | | | |
| (i) Admitted deferred tax assets (2d + 2h) | 0 | 0 | 0 |
| Deferred Tax Liabilities: | | | |
| (a) Ordinary: | | | |
| (1) Investments | | | 0 |
| (2) Fixed assets | | | 0 |
| (3) Deferred and uncollected premium | | | 0 |
| (4) Policyholder reserves | | | 0 |
| (5) Other (including items <5% of total ordinary tax liabilities) | | | 0 |
| (99) Subtotal | 0 | 0 | 0 |
| (b) Capital: | | | |
| (1) Investments | 12,703 | | 12,703 |
| (2) Real estate | | | 0 |
| (3) Other (including items <5% of total capital tax liabilities) | | | 0 |
| (99) Subtotal | 12,703 | 0 | 12,703 |
| © Deferred tax liabilities (3a99 + 3b99) | 12,703 | 0 | 12,703 |
| Net deferred tax assets/liabilities | (12,703) | 0 | (12,703) |

**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 were recorded as an admitted asset and as a component of surplus 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 were recorded as an admitted asset and as a component of surplus 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.

On December 23, 2020, the Ohio Dental Association Services Corporation (the Plan Sponsor) made a capital contribution of $2,400,000 to the Plan as part of an ongoing Department of Labor (DOL) audit. The final voluntary repayment negotiated and agreed upon by the DOL and the Plan in March 2021 totaled $1,721,816, bringing the total settlement to $4,121,816. Of this amount, $289,932 related to loss earnings. The final repayment was funded by the Plan Sponsor to the Plan in March 2021.

On May 3, 2021, the Plan received approval from the Ohio Department of Insurance to repay surplus notes in the amount of $800,000 to ODASC, and the repayment was made by the Plan on May 4, 2021.

**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 | 9,087,788 |
| Total | XXX | XXX | XXX | XXX | 9,087,788 |

C – Claims Payment
CA – Claims Adjustment
R – Reinsurance Ceding
B – Binding Authority
P – Premium Collection
U - Underwriting

**Note 20: Fair Value Measurement**

In accordance with SSAP No. 100, Fair Value Measurements, the Plan is required to disclose the valuation methodology used to record assets and liabilities that are recorded at fair value on a recurring basis and financial instruments for disclosure purposes. Additionally, from time to time, the Plan may be required to record at fair value other assets on a nonrecurring basis. These nonrecurring fair value adjustments typically involve application of the lower of cost or market accounting or write-down of individual assets.

The Plan uses the following fair value hierarchy to present its fair value disclosures:

Level 1 – Quotes (unadjusted) prices for identical assets in active markets.
Level 2 – Other observable inputs, either directly or indirectly, including quoted prices for similar assets in active markets.
Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

The Plan's financial assets that are measured at fair value on a recurring basis are all Level 1 investments at June 30, 2021 and are based on quoted market prices.

*Mutual funds* – Mutual funds are valued using the published quoted price, which is the net asset value ("NAV") of the fund. The NAV is based on the fair value of the underlying securities.

The table below presents the fair value of financial instruments for the period ended June 30, 2021, which the Plan has included as common stock on the accompanying balance sheet per guidance set for the in *SSAP No. 30R – Unaffiliated Common Stock*.

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|---|---|---|---|---|---|
| a. Assets at fair value | | | | | |
| Mutual Funds | 4,211,986 | | | 4,211,986 | 4,211,986 |
| Total assets at fair value/NAV | 4,211,986 | 0 | 0 | 4,211,986 | 4,211,986 |

**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 Medical Mutual of Ohio, which covers medical and prescription benefits. Under the terms of the policy, the Plan has an aggregate maximum limit of reimbursement liability of $1,000,000, a per member deductible of $250,000 and an unlimited annual maximum per member. Eligible expenses incurred from January 1, 2021 through December 31, 2021 and paid from January 1, 2021 through December 31, 2022 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

**Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination**

None

**Note 25: Changes to Incurred Claims and Claim Adjustment Expenses**

Reserves as of June 30, 2021 were approximately $2,276,136. As of June 30, 2021, approximately $1,502,560 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 $66,178 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 $46,500 of Rx rebates receivable as of June 30, 2021. 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 | | |
| 03/31/2020 | | 73,678 | 73,678 | | |
| 06/30/2020 | | 74,086 | 74,086 | | |
| 09/30/2020 | | 72,998 | 72,998 | | |
| 12/31/2020 | | 73,270 | 73,270 | | |
| 03/31/2021 | | 141,591 | 141,591 | | |
| 06/30/2021 | | 140,430 | 140,430 | | |

**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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

# GENERAL INTERROGATORIES

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

9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

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

## INVESTMENT

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

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

| | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|---|---|
| 14.21 Bonds | $ 0 | $ |
| 14.22 Preferred Stock | $ 0 | $ |
| 14.23 Common Stock | $ 0 | $ 4,211,986 |
| 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 | $ 4,211,986 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | $ | $ |

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

# 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<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| FIFTH THIRD SECURITIES | 5050 KINGSLEY DRIVE<br>CINCINNATI, OH 45263 |

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<br>Name(s) | 2<br>Location(s) | 3<br>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<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Name of Firm or Individual | 2<br>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 [ ]

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 [ ]

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<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>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 ..... 83.0 %

   1.2 A&H cost containment percent ..... 1.0 %

   1.3 A&H expense percent excluding cost containment expenses ..... 11.0 %

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

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

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

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

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

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

# SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Ceded | 7<br>Type of Business Ceded | 8<br>Type of Reinsurer | 9<br>Certified Reinsurer Rating (1 through 6) | 10<br>Effective Date of Certified Reinsurer Rating |
|---|---|---|---|---|---|---|---|---|---|
| 29076 | 34-0648820 | 01/01/2021 | Medical Mutual of Ohio | OH | OTH/G | SLEL | Authorized | | |

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | 1 | Direct Business Only | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| States, etc. | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. Alabama AL | | | | | | | | | 0 | |
| 2. Alaska AK | | | | | | | | | 0 | |
| 3. Arizona AZ | | | | | | | | | 0 | |
| 4. Arkansas AR | | | | | | | | | 0 | |
| 5. California CA | | | | | | | | | 0 | |
| 6. Colorado CO | | | | | | | | | 0 | |
| 7. Connecticut CT | | | | | | | | | 0 | |
| 8. Delaware DE | | | | | | | | | 0 | |
| 9. District of Columbia DC | | | | | | | | | 0 | |
| 10. Florida FL | | | | | | | | | 0 | |
| 11. Georgia GA | | | | | | | | | 0 | |
| 12. Hawaii HI | | | | | | | | | 0 | |
| 13. Idaho ID | | | | | | | | | 0 | |
| 14. Illinois IL | | | | | | | | | 0 | |
| 15. Indiana IN | | | | | | | | | 0 | |
| 16. Iowa IA | | | | | | | | | 0 | |
| 17. Kansas KS | | | | | | | | | 0 | |
| 18. Kentucky KY | | | | | | | | | 0 | |
| 19. Louisiana LA | | | | | | | | | 0 | |
| 20. Maine ME | | | | | | | | | 0 | |
| 21. Maryland MD | | | | | | | | | 0 | |
| 22. Massachusetts MA | | | | | | | | | 0 | |
| 23. Michigan MI | | | | | | | | | 0 | |
| 24. Minnesota MN | | | | | | | | | 0 | |
| 25. Mississippi MS | | | | | | | | | 0 | |
| 26. Missouri MO | | | | | | | | | 0 | |
| 27. Montana MT | | | | | | | | | 0 | |
| 28. Nebraska NE | | | | | | | | | 0 | |
| 29. Nevada NV | | | | | | | | | 0 | |
| 30. New Hampshire NH | | | | | | | | | 0 | |
| 31. New Jersey NJ | | | | | | | | | 0 | |
| 32. New Mexico NM | | | | | | | | | 0 | |
| 33. New York NY | | | | | | | | | 0 | |
| 34. North Carolina NC | | | | | | | | | 0 | |
| 35. North Dakota ND | | | | | | | | | 0 | |
| 36. Ohio OH | L | 9,087,788 | | | | | | | 9,087,788 | |
| 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 | 9,087,788 | 0 | 0 | 0 | 0 | 0 | 0 | 9,087,788 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 9,087,788 | 0 | 0 | 0 | 0 | 0 | 0 | 9,087,788 | 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

**N O N E**

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

**N O N E**

Schedule Y - Part 1A - Explanations

**N O N E**

# 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

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | |
| 7. | Deduct current year's other than temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | | |

# SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage interest points and commitment fees | | |
| 9. | Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

# SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | | |

# SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 0 | |
| 2. | Cost of bonds and stocks acquired | 4,151,494 | |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | 60,492 | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration for bonds and stocks disposed of | | |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 4,211,986 | 0 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 4,211,986 | 0 |

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

**N O N E**

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

# SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | 9,584,266 | 6,117,556 |
| 2. | Cost of cash equivalents acquired | | 3,466,710 |
| 3. | Accrual of discount | | 0 |
| 4. | Unrealized valuation increase (decrease) | | 0 |
| 5. | Total gain (loss) on disposals | | 0 |
| 6. | Deduct consideration received on disposals | 2,608,951 | 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) | 6,975,315 | 9,584,266 |
| 11. | Deduct total nonadmitted amounts | | 0 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 6,975,315 | 9,584,266 |

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

# SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1<br>CUSIP Identification | 2<br>Description | 3<br>Foreign | 4<br>Date Acquired | 5<br>Name of Vendor | 6<br>Number of Shares of Stock | 7<br>Actual Cost | 8<br>Par Value | 9<br>Paid for Accrued Interest and Dividends | 10<br>NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
|---|---|---|---|---|---|---|---|---|---|
| 097873-10-3 | AMERICAN BOND FUND OF AMERICA CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 16,469.120 | 221,180 | | | 1.A |
| 140541-10-3 | AMERICAN CAPITAL WOLRD BOND CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 10,737.300 | 222,993 | | | 1.A |
| 02630D-10-5 | AMERICAN FUNDS INFLT LINKED BOND CL A | | 04/21/2021 | FIFTH THIRD SECURITIES | 20,522.860 | 220,826 | | | 1.A |
| 026547-10-9 | AMERICAN HIGH INCOME TRUST CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 21,388.160 | 221,802 | | | 1.A |
| 458809-10-0 | AMERICAN INTRMEDIATE BOND OF AMERICA CL A | | 04/21/2021 | FIFTH THIRD SECURITIES | 15,983.460 | 221,052 | | | 1.A |
| 026300-10-3 | AMERICAN US GOV'T SECURITIES CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 15,746.070 | 221,075 | | | 1.A |
| 8099999. Subtotal - Bonds - SVO Identified Funds | | | | | | 1,328,928 | 0 | 0 | XXX |
| 8399997. Total - Bonds - Part 3 | | | | | | 1,328,928 | 0 | 0 | XXX |
| 8399998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 8399999. Total - Bonds | | | | | | 1,328,928 | 0 | 0 | XXX |
| 8999997. Total - Preferred Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 8999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | XXX |
| 023375-10-8 | AMERICAN AMCAP CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 4,848.850 | 207,152 | | | 1.A |
| 024071-10-2 | AMERICAN BALANCED CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 6,299.180 | 201,736 | | | 1.A |
| 140193-10-3 | AMERICAN CAPITAL INCOME BUILDER CL A | | 04/21/2021 | FIFTH THIRD SECURITIES | 2,982.250 | 201,186 | | | 1.A |
| 140543-10-9 | AMERICAN CAPITAL WORLD GRTH & INC A | | 04/21/2021 | FIFTH THIRD SECURITIES | 3,128.990 | 201,089 | | | 1.A |
| 02629W-10-6 | AMERICAN GLOBAL BALANCED CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 5,157.740 | 200,750 | | | 1.A |
| 399874-10-6 | AMERICAN GROWTH FUND OF AMERICA CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 2,753.680 | 200,000 | | | 1.A |
| 453320-10-3 | AMERICAN INCOME FUND OF AMERICA CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 7,914.430 | 201,298 | | | 1.A |
| 45956T-10-5 | AMERICAN INTERNATL GROWTH & INCOME CL A | | 04/21/2021 | FIFTH THIRD SECURITIES | 4,867.510 | 201,690 | | | 1.A |
| 027681-10-5 | AMERICAN MUTUAL FUND CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 4,071.730 | 200,831 | | | 1.A |
| 643822-10-9 | AMERICAN NEW ECONOMY FUND CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 3,194.880 | 200,000 | | | 1.A |
| 648018-10-9 | AMERICAN NEW PERSPECTIVE CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 3,085.470 | 200,000 | | | 1.A |
| 649280-10-4 | AMERICAN NEW WORLD FUND CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 2,181.260 | 200,000 | | | 1.A |
| 649280-10-4 | AMERICAN SMALL CAP WORLD CLASS A | | 04/21/2021 | FIFTH THIRD SECURITIES | 2,319.650 | 200,000 | | | 1.A |
| 939330-10-6 | AMERICAN WASHNTN MUTUAL INVESTRS CL A | | 04/21/2021 | FIFTH THIRD SECURITIES | 3,695.410 | 206,834 | | | 1.A |
| 9499999. Subtotal - Common Stocks - Mutual Funds | | | | | | 2,822,566 | XXX | 0 | XXX |
| 9799997. Total - Common Stocks - Part 3 | | | | | | 2,822,566 | XXX | 0 | XXX |
| 9799998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 9799999. Total - Common Stocks | | | | | | 2,822,566 | XXX | 0 | XXX |
| 9899999. Total - Preferred and Common Stocks | | | | | | 2,822,566 | XXX | 0 | XXX |
| 9999999 - Totals | | | | | | 4,151,494 | XXX | 0 | XXX |

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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**

# SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| PNC Operating Account Ohio | | 0.010 | 15 | | 316,457 | 538,291 | 180,121 | XXX |
| PNC Deposit Account Ohio | | 0.000 | | | | | | XXX |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 15 | 0 | 316,457 | 538,291 | 180,121 | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | | | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 15 | 0 | 316,457 | 538,291 | 180,121 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999. Total - Cash | XXX | XXX | 15 | 0 | 316,457 | 538,291 | 180,121 | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>CUSIP | 2<br>Description | 3<br>Code | 4<br>Date Acquired | 5<br>Rate of Interest | 6<br>Maturity Date | 7<br>Book/Adjusted Carrying Value | 8<br>Amount of Interest Due and Accrued | 9<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|---|
| 0599999. Total - U.S. Government Bonds | | | | | | 0 | 0 | 0 |
| 1099999. Total - All Other Government Bonds | | | | | | 0 | 0 | 0 |
| 1799999. Total - U.S. States, Territories and Possessions Bonds | | | | | | 0 | 0 | 0 |
| 2499999. Total - U.S. Political Subdivisions Bonds | | | | | | 0 | 0 | 0 |
| 3199999. Total - U.S. Special Revenues Bonds | | | | | | 0 | 0 | 0 |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | | 0 | 0 | 0 |
| 4899999. Total - Hybrid Securities | | | | | | 0 | 0 | 0 |
| 5599999. Total - Parent, Subsidiaries and Affiliates Bonds | | | | | | 0 | 0 | 0 |
| 6099999. Subtotal - SVO Identified Funds | | | | | | 0 | 0 | 0 |
| 6599999. Subtotal - Unaffiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 7699999. Total - Issuer Obligations | | | | | | 0 | 0 | 0 |
| 7799999. Total - Residential Mortgage-Backed Securities | | | | | | 0 | 0 | 0 |
| 7899999. Total - Commercial Mortgage-Backed Securities | | | | | | 0 | 0 | 0 |
| 7999999. Total - Other Loan-Backed and Structured Securities | | | | | | 0 | 0 | 0 |
| 8099999. Total - SVO Identified Funds | | | | | | 0 | 0 | 0 |
| 8199999. Total - Affiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 8299999. Total - Unaffiliated Bank Loans | | | | | | 0 | 0 | 0 |
| 8399999. Total Bonds | | | | | | 0 | 0 | 0 |
| | PNC Money Market Account | | | 0.030 | | 6,975,232 | | 1,297 |
| | Fifth Third Money Market Account | | | 0.010 | | 84 | | 45 |
| 8699999. Subtotal - All Other Money Market Mutual Funds | | | | | | 6,975,316 | 0 | 1,342 |
| 9999999 - Total Cash Equivalents | | | | | | 6,975,316 | 0 | 1,342 |

STATEMENT AS OF JUNE 30, 2021 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 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2021 NAIC Company Code 00117

| | 1 | Comprehensive (Hospital & Medical) 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior Year | 3,176 | | 3,176 | | | | | | | |
| 2. First Quarter | 3,407 | 0 | 3,407 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 3,380 | | 3,380 | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 20,400 | | 20,400 | | | | | | | |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7 Physician | 1,456 | | 1,456 | | | | | | | |
| 8. Non-Physician | 2,237 | | 2,237 | | | | | | | |
| 9. Total | 3,693 | 0 | 3,693 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 61 | | 61 | | | | | | | |
| 11. Number of Inpatient Admissions | 10 | | 10 | | | | | | | |
| 12. Health Premiums Written (b) | 9,087,788 | | 9,087,788 | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 9,087,788 | | 9,087,788 | | | | | | | |
| 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 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 $ .....

STATEMENT AS OF JUNE 30, 2021 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 (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2021 NAIC Company Code 00117

| | 1 | Comprehensive (Hospital & Medical) 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior Year | 3,176 | 0 | 3,176 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 3,407 | 0 | 3,407 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 3,380 | 0 | 3,380 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 20,400 | 0 | 20,400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7 Physician | 1,456 | 0 | 1,456 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 2,237 | 0 | 2,237 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 3,693 | 0 | 3,693 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 61 | 0 | 61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 10 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 9,087,788 | 0 | 9,087,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 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 |
| 15. Health Premiums Earned | 9,087,788 | 0 | 9,087,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 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 |
| 18 Amount Incurred for Provision of Health Care Services | 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