



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
**Ohio Dental Association Wellness Trust**

NAIC Group Code	0000 (Current)	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)		614-486-2700 (Area Code) (Telephone Number)		
Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)					
Mail Address	1370 Dublin Road (Street and Number or P.O. Box)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1370 Dublin Road (Street and Number)		614-486-2700 (Area Code) (Telephone Number)		
Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.odawt.org				
Statutory Statement Contact	Ryan Davis (Name)		678-300-3508 (Area Code) (Telephone Number)		
rdavis@oda.org (E-mail Address)	678-300-3508 (Area Code) (Telephone Number)				
<b>OFFICERS</b>					
President	Thomas Paumier DDS				
Secretary/Treasurer	Thomas Kelly DDS				
<b>OTHER</b>					
<b>DIRECTORS OR TRUSTEES</b>					
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	STACIA A. COX Notary Public, State of Ohio My Commission Expires 7/27/2027	Thomas Kelly, DDS Secretary/Treasurer	Ryan Davis Plan Administrator
<p>Subscribed and sworn to before me this 14th day of August, 2023</p> <p><i>Stacia A. Cox</i></p>		<p>a. Is this an original filing? ..... Yes [ X ] No [ ]</p> <p>b. If no,</p> <ol style="list-style-type: none"> <li>1. State the amendment number.....</li> <li>2. Date filed ..... 08/15/2023</li> <li>3. Number of pages attached.....</li> </ol>	