



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Ohio Dental Association Wellness Trust

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

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

Country of Domicile United States of America

Licensed as business type: _____ Other _____

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

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

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

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

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

Primary Location of Books and Records 1370 Dublin Road _____
(Street and Number) (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 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. Furthermore, the scope of this statement 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

Subscribed and sworn to before me this 14th day of November, 2023
Stacia A. Cox
Notary Public, State of Ohio
My Commission Expires 7/22/2027

a. Is this an original filing? _____ Yes [X] No []
b. If no,
1. State the amendment number _____
2. Date filed _____ 11/15/2023
3. Number of pages attached _____