

QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE QUARTER ENDED
MARCH 31, 2024

HEALTH

2024



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Ohio Dental Association Wellness Trust

NAIC Group Code	6000	NAIC Company Code	00117	Employer's ID Number	47-6503449
Organized under the Laws of	Current Ohio	State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America				
Licensed as business type	Other				
Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X <input type="checkbox"/>					
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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1370 Dublin Road (Street and Number)	Columbus, OH, US 43215 (Area Code) (Telephone Number)			
Internet Web site Address	www.odawt.org				
Statutory Statement Contact	Ryan Davis (Name) rDavis@oda.org (E-mail Address)	678-300-3508 (Area Code) (Telephone Number) (FAX Number)			

OFFICERS

President	Thomas Palmer DDS
Secretary/Treasurer	Thomas Kelly DDS

OTHER

DIRECTORS OR TRUSTEES	
Monica Newby DDS	Thomas Kelly 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 herein 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 standards and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this statement by the described officers also includes the related correspondence electronic filing with the NAIC, when required, that is an exact copy (except for formalizing 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 Palmer, DDS
President

Thomas Kelly, DDS
Secretary/Treasurer

Ryan Davis
Plan Administrator

a. Is this an original filing? Yes X No J
b. If no:
1. State the amendment number: _____
2. Date filed: _____ 05/15/2024
3. Number of pages attached: _____

15th day of May, 2024

Signature of Notary Public



STACIA A. COX
Notary Public, State of Ohio
My Commission Expires 7/22/2027

STATEMENT AS OF MARCH 31, 2024 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	1,245,358		1,245,358	1,249,503
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	3,122,288		3,122,288	2,913,965
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 (\$ 1,069,450), cash equivalents (\$ 4,995,518) and short-term investments (\$)	6,064,967		6,064,967	5,022,517
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)	10,432,613	0	10,432,613	9,185,985
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	4,270		4,270	33,877
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			0	0
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	49,854		49,854	89,638
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	100,380		100,380	75,100
25. Aggregate write-ins for other than invested assets	136,382	61,556	74,826	22,432
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,723,499	61,556	10,661,943	9,407,032
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	10,723,499	61,556	10,661,943	9,407,032
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. Prepaid Assets	61,556	61,556	0	0
2502. IMO Receivable	74,826		74,826	22,432
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)	136,382	61,556	74,826	22,432

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,314,219		2,314,219	2,223,377
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	521,625		521,625	385,052
9. General expenses due or accrued	187,942		187,942	244,329
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	32,826		32,826	70,154
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	151,043		151,043	151,687
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)	3,207,655	0	3,207,655	3,074,599
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	4,530,478
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	2,923,810	1,801,955
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	7,454,288	6,332,433
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,661,943	9,407,032
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	9,541	10,343	40,804
2. Net premium income (including \$ non-health premium income).....	XXX	4,905,224	4,895,419	18,956,354
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	4,905,224	4,895,419	18,956,354
Hospital and Medical:				
9. Hospital/medical benefits		2,600,809	3,800,415	11,823,516
10. Other professional services		248,781	178,239	875,857
11. Outside referrals		9,476	99,946	535,792
12. Emergency room and out-of-area		88,880	138,115	475,385
13. Prescription drugs		318,167	507,245	1,873,042
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	3,266,113	4,723,960	15,583,592
Less:				
17. Net reinsurance recoveries		53,626	23,236	456,583
18. Total hospital and medical (Lines 16 minus 17)	0	3,212,487	4,700,724	15,127,009
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		206,130	268,958	858,766
21. General administrative expenses		494,762	469,468	2,112,244
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	0	3,913,378	5,439,150	18,098,019
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	991,846	(543,731)	858,335
25. Net investment income earned		73,346	46,817	326,192
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	73,346	46,817	326,192
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	1,065,192	(496,914)	1,184,527
31. Federal and foreign income taxes incurred	XXX	38,029		113,894
32. Net income (loss) (Lines 30 minus 31)	XXX	1,027,163	(496,914)	1,070,633
DETAILS OF WRITE-INS				
0601.	XXX			0
0602.	XXX			
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 Reimbursement				0
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
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	6,332,433	4,970,417	4,970,417
34. Net income or (loss) from Line 32	1,027,163	128,145	1,070,633
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	149,665	117,892	288,427
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(54,973)	(52,848)	2,956
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)	1,121,855	193,189	1,362,016
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,454,288	5,163,606	6,332,433
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

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	5,070,760	4,795,561	18,715,575
2. Net investment income	73,346	46,817	326,192
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	5,144,106	4,842,378	19,041,767
5. Benefit and loss related payments	3,146,925	4,764,258	15,596,528
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	811,791	845,510	3,097,903
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	35,573	(6,967)	(8,559)
10. Total (Lines 5 through 9)	3,994,289	5,602,801	18,685,872
11. Net cash from operations (Line 4 minus Line 10)	1,149,817	(760,423)	355,895
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	(9,295)	7,794	39,141
13.2 Stocks	9,295	7,293	102,264
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	15,087	141,405
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	(15,087)	(141,405)
Cash from Financing and Miscellaneous Sources			
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)	(107,367)	(59,093)	(19,476)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(107,367)	(59,093)	(19,476)
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)	1,042,450	(834,603)	195,014
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,022,517	4,827,503	4,827,503
19.2 End of period (Line 18 plus Line 19.1)	6,064,967	3,992,900	5,022,517

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	3,489	0	3,489	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	3,182	0	3,182	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541	9,541
Total Member Ambulatory Encounters for Period:														
7. Physician	2,290	0	2,290	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	3,100	0	3,100	0	0	0	0	0	0	0	0	0	0	0
9. Total	5,390	0	5,390	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	34	34	34	34	34	34	34	34	34	34	34	34	34	34
11. Number of Inpatient Admissions	14	14	14	14	14	14	14	14	14	14	14	14	14	14
12. Health Premiums Written (a)	5,326,925	0	5,326,925	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casually Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	5,326,925	0	5,326,925	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casually Premiums Earned	0	0	0	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	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487	3,212,487

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

1 Account	Aging Analysis of unpaid claims						7 Total
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days		
Claims Unpaid (Reported)							
MMO 11ins Payable	514,219	0	0	0	0	0	514,219
01999999. Individually listed claims unpaid	514,219	0	0	0	0	0	514,219
02999999 Aggregate accounts not individually listed-uncovred							0
03999999 Aggregate accounts not individually listed-covered							0
04999999 Subtotals	514,219	0	0	0	0	0	514,219
05999999 Unreported claims and other claim reserves							1,800,000
06999999 Total amounts withheld							2,314,219
07999999 Total claims unpaid							
08999999 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		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 Claims Incurred During the Year	
1. Comprehensive (hospital and medical) individual	1,796,867	1,425,158	445,746	1,868,473	2,242,613
2. Comprehensive (hospital and medical) group					2,223,377
3. Medicare Supplement					0
4. Vision only					0
5. Dental only					0
6. Federal Employees Health Benefits Plan					0
7. Title XVIII - Medicare					0
8. Title XIX - Medicaid					0
9. Credit A&H					0
10. Disability Income					0
11. Long-term care					0
12. Other health					0
13. Health subtotal (Lines 1 to 12)	1,796,867	1,425,158	445,746	1,868,473	2,242,613
14. Health care receivables (a)	0	100,380			75,100
15. Other non-health					0
16. Medical incentive pools and bonus amounts					0
17. Totals (Lines 13 - 14 + 15 + 16)	1,796,867	1,324,778	445,746	1,868,473	2,148,277

(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 and (i) accounts receivable over 90 days outstanding. 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:

NET INCOME						
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	.....	1,027,163	..... 1,070,633
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: .....	.....	.....	.....	.....	.....	.....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: .....	.....	.....	.....	.....	.....	.....
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	.....	1,027,163	..... 1,070,633
SURPLUS						
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	.....	7,454,288	..... 6,332,433
(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	.....	7,454,288	..... 6,332,433

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"). IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus – statutory basis at present value.

Non-admitted assets

Non-admitted assets for the year end March 31, 2024 totaled \$61,556 and consisted of prepaid assets.

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. Accounts receivable over 90 days outstanding shall be reclassified to non-admitted assets.

Going Concern

For the year ended March 31, 2024, 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 year ended March 31, 2024 is as follows:

Description for each class of asset or liability	Cost	Gross Unrealized Gains	Gross Unrealized (Losses)	Fair Value	Total
Common Stock and Bond Mutual Funds	\$4,605,046	.....\$51,607	.....\$(289,006)	.....\$4,367,646	.....\$4,367,646
Total	\$4,605,046	.....\$51,607	.....\$(289,006)	.....\$4,367,646	.....\$4,367,646

There were no sales of mutual funds for the year ended March 31, 2024.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

The Plan reported investment income totaling \$73,346 for the year ended March 31, 2024 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 ended March 31, 2024.

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 March 31, 2024, the Plan reported current income tax expense related to investment income of \$38,029. The Plan reported a deferred tax asset of \$49,854 related to net unrealized 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 year ended March 31, 2024. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended March 31, 2024.

Statement as of March 31, 2024 of the Ohio Dental Association Wellness Trust

The following schedule reflects the Plan's deferred income taxes for the year ended March 31, 2024:

	As of End of Current Period			12/31/2023			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		49,854	49,854		89,638	89,638	0	(39,784)	(39,784)
(b) Statutory Valuation Allowance Adjustment		0	0		0	0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	49,854	49,854	0	89,638	89,638	0	(39,784)	(39,784)
(d) Deferred Tax Assets Nonadmitted		0	0		0	0	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	49,854	49,854	0	89,638	89,638	0	(39,784)	(39,784)
(f) Deferred Tax Liabilities		0	0		0	0	0	0	0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	0	49,854	49,854	0	89,638	89,638	0	(39,784)	(39,784)

Current income taxes incurred consist of the following major components at March 31, 2024:

	(1) As of End of Current Period	(2) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	36,059	113,894	(77,835)
(b) Foreign			0
(c) Subtotal (1a+1b)	36,059	113,894	(77,835)
(d) Federal income tax on net capital gains			0
(e) Utilization of capital loss carry-forwards			0
(f) Other	1,970	7,877	(5,907)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	38,029	121,771	(83,742)

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 Service Corporation	31-1116500	YES	Health Insurance	B	5,326,925
Total	XXX	XXX	XXX	XXX	5,326,925

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 March 31, 2024 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 year ended March 31, 2024, which the Plan has included as bonds and common stock, respectively, 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	\$4,367,646			\$4,367,646	\$4,367,646
Total assets at fair value/NAV	\$4,367,646			\$4,367,646	\$4,367,646

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, 2024 through December 31, 2024 and paid from January 1, 2024 through December 31, 2025 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 March 31, 2024 were approximately \$2,314,219. As of March 31, 2024, approximately \$1,796,867 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 \$445,746 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 \$100,380 of Rx rebates receivable as of March 31, 2024. 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
03/31/2021	141,591		141,591		
06/30/2021	140,430		140,430		
09/30/2021	139,950		139,950		
12/31/2021	139,560		139,560		
03/31/2022	205,840		205,840		
06/30/2022	205,878		205,878		
09/30/2022	205,296		205,296		
12/31/2022	202,608		202,608		
03/31/2023	236,450		236,450		
06/30/2023	230,700		230,700		
09/30/2023	229,300		229,300		
12/31/2023	227,500		227,500		
03/31/2024	304,990		304,990		

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
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]

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

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
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 [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 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	\$ (
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$

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

STATEMENT AS OF MARCH 31, 2024 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 [] 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
Fifth Third Securities	5050 Kingsley Drive 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 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 []

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 []

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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 [] 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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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 []

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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 []

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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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 []

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	66.0 %
1.2 A&H cost containment percent	1.0 %
1.3 A&H expense percent excluding cost containment expenses	14.0 %
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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 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.....5,326,925							5,326,925	
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.....5,326,925	0	0	0	0	0	0	5,326,925	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX.....							0	
61. Totals (Direct Business)		XXX.....5,326,925	0	0	0	0	0	0	5,326,925	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:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 4. Q - Qualified - Qualified or accredited reinsurer.....0
 2. R - Registered - Non-domiciled RRGs.....0 5. N - None of the above - Not allowed to write business in the state.....0
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines 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

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
---	-----

Explanation:

1. N/A

Bar Code:

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 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

	1 Year to Date	2 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 premium 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

	1 Year to Date	2 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 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,163,468	3,656,966
2. Cost of bonds and stocks acquired		141,405
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		365,097
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10)	4,163,468	4,163,468
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	4,163,468	4,163,468

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

NAIC Designation		During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation		Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter					
BONDS								
1. NAIC 1 (a)		1,249,503				1,249,503		1,249,503
2. NAIC 2 (a)		0				0		0
3. NAIC 3 (a)		0				0		0
4. NAIC 4 (a)		0				0		0
5. NAIC 5 (a)		0				0		0
6. NAIC 6 (a)		0				0		0
7. Total Bonds		1,249,503		0	0	0	0	0
PREFERRED STOCK								
8. NAIC 1		0				0		
9. NAIC 2		0				0		
10. NAIC 3		0				0		
11. NAIC 4		0				0		
12. NAIC 5		0				0		
13. NAIC 6		0				0		
14. Total Preferred Stock		0		0	0	0	0	0
15. Total Bonds and Preferred Stock		1,249,503		0	0	1,249,503	0	1,249,503

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,996,280	3,797,552
2. Cost of cash equivalents acquired	999,238	198,728
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	0
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4,995,518	3,996,280
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	4,995,518	3,996,280

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

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

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

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
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
SCHEDULE E - PART 2 - CASH EQUIVALENTS

CUSIP		Description		Show Investments Owned	End of Current Quarter	5	6	7	8	9
1	2	3	4	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
010999999999	Total - U.S. Government Bonds							0	0	0
030999999999	Total - All Other Government Bonds							0	0	0
050999999999	Total - U.S. States, Territories and Possessions Bonds							0	0	0
070999999999	Total - U.S. Political Subdivisions Bonds							0	0	0
080999999999	Total - U.S. Special Revenues Bonds							0	0	0
110999999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds							0	0	0
130999999999	Total - Hybrid Securities							0	0	0
150999999999	Total - Parent, Subsidiaries and Affiliates Bonds							0	0	0
190999999999	Subtotal - Unaffiliated Bank Loans							0	0	0
241999999999	Total - Issuer Options							0	0	0
242999999999	Total - Residential Mortgage-Backed Securities							0	0	0
243999999999	Total - Commercial Mortgage-Backed Securities							0	0	0
244999999999	Total - Other Loan-Backed and Structured Securities							0	0	0
245999999999	Total - SVO Identified Funds							0	0	0
246999999999	Total - Affiliated Bank Loans							0	0	0
247999999999	Total - Unaffiliated Bank Loans							0	0	0
250999999999	Total Bonds							0	0	0
.....	RC Money Market Account							0	0	0
.....	Fifth Third Money Market Account							2,908,497	2,908,497	20,923
830999999999	Subtotal - All Other Money Market Mutual Funds							5,080	5,080	26,314
.....	.....							4,965,517	4,965,517	47,247
860999999999	Total Cash Equivalents							4,965,517	4,965,517	47,247



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 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..	
2. Earned Premiums		XXX		XXX..	XXX..
3. Claims Paid		XXX		XXX..	
4. Claims Incurred				XXX..	XXX..
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - Change		XXX		XXX..	XXX..
7. Expenses Paid		XXX		XXX..	
8. Expenses Incurred		XXX		XXX..	XXX..
9. Underwriting Gain or Loss		XXX		XXX..	XXX..
10. Cash Flow Result	XXX	XXX	XXX	XXX	

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

NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

Prior Year Validation Data

1. XZQSN000001 GENINTPT1INV, 14.21, 3 = PY 2023 ANNUAL HIST5YR, 26, 1	0
2. XZQSN000002 GENINTPT1INV, 14.22, 3 = PY 2023 ANNUAL HIST5YR, 27, 1	
3. XZQSN000004 GENINTPT1INV, 14.24, 3 = PY 2023 ANNUAL HIST5YR, 29, 1	
4. XZQSN000005 GENINTPT1INV, 14.25, 3 = PY 2023 ANNUAL HIST5YR, 30, 1	
5. XZQSN000006 GENINTPT1INV, 14.26, 3 = PY 2023 ANNUAL HIST5YR, 31, 1	
6. XZQSN000007 GENINTPT1INV, 14.27, 3 = PY 2023 ANNUAL HIST5YR, 32, 1	0
7. XZQSN000010 GENINTPT1INV, 14.23, 3 = PY 2023 ANNUAL HIST5YR, 28, 1	0
8. XETMU090024 SCAVER, 01, 1 = PY 2023 ANNUAL SCAVER, 09, 2	
9. XETMU090026 SCBAVER, 01, 1 = PY 2023 ANNUAL SCBAVER, 11, 2	
10. XETMU090025 SCBVER, 01, 1 = PY 2023 ANNUAL SCBVER, 11, 2	
11. XETMU900011 SCDVER, 01, 1 = PY 2023 ANNUAL SCDVER, 11, 2	4,163,468
12. XETMU090062 SCDPT1B, 07, 8 = PY 2023 ANNUAL SCDPT1ASN1 Sum(Column 7 Line 12.1 to 12.6)	1,249,503
13. XETMU090063 SCDAVER, 02, 2 = PY 2023 ANNUAL SCDAVER, 02, 1	
14. XETMU090065 SCDAVER, 05, 2 = PY 2023 ANNUAL SCDAVER, 05, 1	
15. XETMU090066 SCDAVER, 06, 2 = PY 2023 ANNUAL SCDAVER, 06, 1	
16. XETMU900005 SCDAVER 01, 1 = PY 2023 Annual SCDAPT1, 7709999999, 7	
17. XETMU900012 SCDBPTAVER, 01, 1 = PY 2023 ANNUAL SCDBPTAVER, 10, 2	
18. XETMU900013 SCDBPTBVER, 01, 4 = PY 2023 ANNUAL SCDBPTBVER, 06, 4	
19. XETMU090067 SCEVER, 01, 1 = PY 2023 ANNUAL SCEVER, 10, 1	3,996,280
20. XETMU990010 REVEX1, 06, C3 = PY YTD 2023 QUARTERLY REVEX1, 06, 2	
21. XETMU990015 REVEX1, 07, C3 = PY YTD 2023 QUARTERLY REVEX1, 07, 2	
22. XETMU990020 REVEX1, 14, C3 = PY YTD 2023 QUARTERLY REVEX1, 14, 2	
23. XETMU990025 REVEX1, 29, C3 = PY YTD 2023 QUARTERLY REVEX1, 29, 2	4,163,468
24. XETMU000030 REVEX2, 47, C2 = PY YTD 2023 QUARTERLY REVEX2, 47, 1	1,249,503
25. XETMU990030 SCAVER, 02, 1, 1 = SCAPT2, 0399999, 6 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
26. XETMU990035 SCAVER, 02, 2, 1 = SCAPT2, 0399999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
27. XETMU990040 SCAVER, 04, 1 = SCAPT3, 0399999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
28. XETMU990045 SCBVER, 02, 1, 1 = SCBPT2, 3399999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
29. XETMU990050 SCBVER, 02, 2, 1 = SCBPT2, 3399999, 8 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
30. XETMU990055 SCBVER, 06, 1 = SCBPT3, 0599999, 18 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
31. XETMU990060 SCBVER, 07, 1 = SCBPT3, 0599999, 15 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
32. XETMU990065 SCBAVER, 02, 1, 1 = SCBAPT2, 6299999, 9 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
33. XETMU990070 SCBAVER, 02, 2, 1 = SCBAPT2, 6299999, 10 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
34. XETMU990075 SCBAVER, 06, 1 = SCBAPT3, 6299999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
35. XETMU990080 SCBAVER, 07, 1 = SCBAPT3, 6299999, 16 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
36. XETMU990085 SCDVER, 02, 1 = SCDPT3, 6009999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	19,138
37. XETMU990090 SCDVER, 05, 1 = SCDPT4, 6009999999, 19 Current Quarter + Prior Quarter + 2nd Prior Quarter	0
38. XETMU990095 SCDVER, 06, 1 = SCDPT4, 6009999999, 7 Current Quarter + Prior Quarter + 2nd Prior Quarter	0

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer Ohio Dental Association Wellness Trust
Date _____ FEIN 47-6503449
NAIC Group # 0000 NAIC Company # 00117

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.		QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)				
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)				
3. Is this being re-filed due to changes to the data originally filed? (Y/N) (IF "YES", ENCLOSE HARD COPY PAGES FOR THE CHANGES.)				
4. Other? (Y/N) (If "yes", attach an explanation.)				

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

Phone: _____

Address: _____

D. Software Vendor: Sovos ETM

Version: 2024

E. Have material validation failures been addressed in the explanation file?

Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief, that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2024 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name)

(version number) _____

Signed

Type Name and Title:



STATEMENT AS OF MARCH 31, 2024 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 Ohio				DURING THE YEAR						NAIC Company Code	13	14	(LOCATION)	
		1	2	3	4	5	6	7	8	Title XIX Medicaid	Title XVIII Medicare					
Total Members at end of:																
1. Prior Year		3,489		3,489												
2. First Quarter		3,182		3,182												
3. Second Quarter		0		0												
4. Third Quarter		0		0												
5. Current Year		0		0												
6. Current Year Member Months		9,541		9,541												
Total Member Ambulatory Encounters for Year:																
7. Physician		2,250		2,250												
8. Non-Physician		3,100		3,100												
9. Total		5,350		5,350		0	0	0	0							
10. Hospital Patient Days Incurred		34		34												
11. Number of Inpatient Admissions		14		14												
12. Health Premiums Written (b)		5,326,925		5,326,925												
13. Life Premiums Direct		0		0												
14. Property/Casualty Premiums Written		0		0												
15. Health Premiums Earned		5,326,925		5,326,925												
16. Property/Casualty Premiums Earned		0		0												
17. Amount Paid for Provision of Health Care Services		0		0												
18. Amount Incurred for Provision of Health Care Services		3,212,487		3,212,487												

(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 MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Columbus, OH

Ohio Dental Association Wellness Trust (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF			DURING THE YEAR					NAIC Company Code	13	14
		1	2	3	4	5	6	7	8			
Total Members at end of:												
1. Prior Year	3,489	0	3,489	0	0	0	0	0	0	0	0	0
2. First Quarter	3,182	0	3,182	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	9,541	0	9,541	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:												
7. Physician	2,250	0	2,250	0	0	0	0	0	0	0	0	0
8. Non-Physician	3,100	0	3,100	0	0	0	0	0	0	0	0	0
9. Total	5,350	0	5,350	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	34	0	34	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	14	0	14	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	5,326,925	0	5,326,925	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	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	0
15. Health Premiums Earned	5,326,925	0	5,326,925	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	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	0
18. Amount Incurred for Provision of Health Care Services	3,212,487	0	3,212,487	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

Florida - Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Florida - Exhibit 3 - Health Care Receivables

N O N E

Florida - Exhibit 7 - Part 1 - Summary of Transactions with Providers

N O N E

Florida - Exhibit 7 - Part 2

N O N E

Florida - Schedule E - Part 3 - Special Deposits

N O N E

Florida - Schedule G

N O N E

Florida - Schedule D

N O N E

STATEMENT AS OF MARCH 31, 2024 OF THE Ohio Dental Association Wellness Trust
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Medicare Supplement	Vision Only	Dental Only	Federal Employee Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
1.	Net premium income													
2.	Change in unearned premium reserves and reserve for rate credit													
3.	Fee-for-service (net of \$ medical expenses)													
4.	Risk revenue													
5.	Aggregate write-ins for other health care related revenues													
6.	Aggregate write-ins for other non-health care related revenues													
7.	Total revenues (Lines 1 to 6)													
8.	Hospital/medical benefits													
9.	Other professional services													
10.	Outside referrals													
11.	Emergency room and out-of-area													
12.	Prescription drugs													
13.	Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts													
14.	Subtotal (Lines 8 to 14)													
15.	Net reinsurance recoveries													
16.	Total medical and hospital (Lines 15 minus 16)													
17.	Non-health claims (net)													
18.	Claims adjustment expenses including cost containment expenses													
19.	General administrative expenses													
20.	Increase in reserves for accident and health contracts													
21.	Increase in reserves for life contracts													
22.	Total underwriting deductions (Lines 17 to 22)													
23.	Net underwriting gain or (loss) (Line 7 minus Line 22)													
	DETAILS OF WRITE-INS													
0501.														
0502.														
0503.														
0598.	Summary of remaining write-ins for Line 5 from overflow page													
0599.	Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)													
0601.														
0602.														
0603.														
0698.	Summary of remaining write-ins for Line 6 from overflow page													
0699.	Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)													
1301.														
1302.														
1303.														
1398.	Summary of remaining write-ins for Line 13 from overflow page													
1399.	Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)													