

QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

**FOR THE QUARTER ENDED
JUNE 30, 2024**

HEALTH

2024



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Ohio Dental Association Wellness Trust

NAIC Group Code 0900 (Current) NAIC Company Code 00117 Employer's ID Number 47-6503440
(Phone)
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 NAIC Federally Qualified? Yes [] No [☒]
Incorporated/Organized 01/07/2015 Commenced Business 03/01/2015
Statutory Home Office 1370 Dublin Road Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 1370 Dublin Road
(Street and Number) Columbus, OH, US 43215 614-466-2700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 1370 Dublin Road Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 1370 Dublin Road
(Street and Number) Columbus, OH, US 43215
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.odawt.org
Statutory Statement Contact Ryan Davis 678-300-3508
(Name) (Area Code) (Telephone Number)
rdavis@oda.org
(E-mail Address) (FAX Number)

OFFICERS

President Thomas Palmer DDS
Secretary/Treasurer Thomas Kelly DDS

OTHER

DIRECTORS OR TRUSTEES

Marcia Newby DDS Thomas Kelly DDS Thomas Palmer 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 Palmer, DDS
President

Thomas Kelly, DDS
Secretary/Treasurer

Ryan Davis
Plan Administrator

Subscribed and sworn to before me this August day of 2024

Stacia A. Cox

a. Is this an original filing? Yes [☒] No []
b. If no,
1. State the amendment number
2. Date filed 08/15/2023
3. Number of pages attached



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

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	1,248,979		1,248,979	1,249,503
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	3,168,804		3,168,804	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 (\$ 1,068,709), cash equivalents (\$ 5,613,443) and short-term investments (\$)	6,682,152		6,682,152	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)	11,099,935	0	11,099,935	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	14,406		14,406	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	47,356		47,356	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	98,350		98,350	75,100
25. Aggregate write-ins for other than invested assets	77,735	41,750	35,985	22,432
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	11,337,782	41,750	11,296,032	9,407,032
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	11,337,782	41,750	11,296,032	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	41,750	41,750	0	0
2502. IMO Receivable	35,985		35,985	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)	77,735	41,750	35,985	22,432

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,473,139		2,473,139	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	422,237		422,237	385,052
9. General expenses due or accrued	222,593		222,593	244,329
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	0		0	70,154
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	147,989		147,989	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)	3,265,958	0	3,265,958	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	3,499,596	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	8,030,074	6,332,433
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,296,032	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	18,826	20,496	40,804
2. Net premium income (including \$ non-health premium income).....	XXX	9,682,558	9,655,409	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	9,682,558	9,655,409	18,956,354
Hospital and Medical:				
9. Hospital/medical benefits		5,398,311	5,526,730	11,823,516
10. Other professional services		444,957	386,109	875,857
11. Outside referrals		21,485	212,066	535,792
12. Emergency room and out-of-area		227,188	245,505	475,385
13. Prescription drugs		759,078	1,670,296	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	6,851,019	8,040,706	15,583,592
Less:				
17. Net reinsurance recoveries		53,626	123,824	456,583
18. Total hospital and medical (Lines 16 minus 17)	0	6,797,393	7,916,882	15,127,009
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		433,642	434,492	858,766
21. General administrative expenses		984,449	1,075,952	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	8,215,484	9,427,326	18,098,019
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,467,074	228,083	858,335
25. Net investment income earned		172,555	115,552	326,192
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	172,555	115,552	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	1,639,629	343,635	1,184,527
31. Federal and foreign income taxes incurred	XXX	65,886	16,840	113,894
32. Net income (loss) (Lines 30 minus 31)	XXX	1,573,743	326,795	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	0
2902. D&O Claim Recovery			0	
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	1,573,743	326,795	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 \$	159,064	183,170	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	(35,166)	(33,471)	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)	1,697,641	476,494	1,362,016
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,030,074	5,446,911	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 JUNE 30, 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	9,735,516	9,507,299	18,715,575
2. Net investment income	172,555	115,552	326,192
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	9,908,071	9,622,851	19,041,767
5. Benefit and loss related payments	6,570,881	7,936,519	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	1,477,701	1,638,831	3,097,903
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	93,758	(7,479)	(8,559)
10. Total (Lines 5 through 9)	8,142,340	9,567,871	18,685,872
11. Net cash from operations (Line 4 minus Line 10)	1,765,731	54,980	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	21,238	7,589	39,141
13.2 Stocks	36,139	15,551	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)	57,377	23,140	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)	(57,377)	(23,140)	(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)	(48,719)	(47,219)	(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)	(48,719)	(47,219)	(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) ..	1,659,635	(15,379)	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)	6,682,152	4,812,124	5,022,517

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

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STATEMENT AS OF JUNE 30, 2024 OF THE Ohio Dental Association Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX 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		3,182											
3. Second Quarter	3,100		3,100											
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	18,826		18,826											
Total Member Ambulatory Encounters for Period:														
7. Physician	2,200		2,200											
8. Non-Physician	3,250		3,250											
9. Total	5,450	0	5,450	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	30		30											
11. Number of Inpatient Admissions	10		10											
12. Health Premiums Written (a)	10,551,489		10,551,489											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,551,489		10,551,489											
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	6,797,393		6,797,393											

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

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

[illegible]

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STATEMENT AS OF JUNE 30, 2024 OF THE Ohio Dental Association Wellness Trust

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		6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	
1. Comprehensive (hospital and medical) individual					0
2. Comprehensive (hospital and medical) group	1,808,344	4,837,638	121,454	2,351,684	1,929,798
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)	1,808,344	4,837,638	121,454	2,351,684	1,929,798
14. Health care receivables (a)		98,350			75,100
15. Other non-health					0
16. Medical incentive pools and bonus amounts					0
17. Totals (Lines 13 - 14 + 15 + 16)	1,808,344	4,739,288	121,454	2,351,684	1,929,798
(a) Excludes \$					2,148,277

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:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	1,573,743	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	1,573,743	1,070,633
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	8,030,074	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	8,030,074	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 June 30, 2024 totaled \$41,750 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 June 30, 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 June 30, 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	\$4,643,284	\$64,665	\$(290,166)	\$4,417,783	\$4,417,783
Total	\$4,643,284	\$64,665	\$(290,166)	\$4,417,783	\$4,417,783

There were no sales of mutual funds for the year ended June 30, 2024.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

The Plan reported investment income totaling \$172,555 for the year ended June 30, 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 June 30, 2024.

Note 8: Derivative Investments

None

Note 9: Income Taxes

The Plan is 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, 2024, the Plan reported current income tax expense related to investment income of \$65,886. The Plan reported a deferred tax asset of \$47,356 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 June 30, 2024. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended June 30, 2024.

Statement as of June 30, 2024 of the Ohio Dental Association Wellness Trust

The following schedule reflects the Plan's deferred income taxes for the year ended June 30, 2024:

	As of End of Current Period			12/31/2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col. 1 + 2)	Ordinary	Capital	(Col. 4 + 5)	(Col. 1 - 4)	(Col. 2 - 5)	(Col. 7 + 8)
(a) Gross Deferred Tax Assets	47,356	47,356	89,638	89,638	(42,282)	(42,282)
(b) Statutory Valuation Allowance Adjustment	0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	47,356	47,356	0	89,638	89,638	0	(42,282)	(42,282)
(d) Deferred Tax Assets Nonadmitted	0	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	47,356	47,356	0	89,638	89,638	0	(42,282)	(42,282)
(f) Deferred Tax Liabilities	0	0	0	0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	0	47,356	47,356	0	89,638	89,638	0	(42,282)	(42,282)

Current income taxes incurred consist of the following major components at June 30, 2024:

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

1. Current Income Tax	(1)	(2)	(3)
	As of End of Current Period	12/31/2023	(Col. 1 - 2) Change
(a) Federal	61,946	113,894	(51,948)
(b) Foreign	0
(c) Subtotal (1a+1b)	61,946	113,894	(51,948)
(d) Federal income tax on net capital gains	0
(e) Utilization of capital loss carry-forwards	0
(f) Other	3,940	7,877	(3,937)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	65,886	121,771	(55,885)

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	10,551,489
Total	XXX	XXX	XXX	XXX	10,551,489

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, 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 June 30, 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					
	\$4,417,783			\$4,417,783	\$4,417,783
Total assets at fair value/NAV	\$4,417,783			\$4,417,783	\$4,417,783

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 June 30, 2024 were approximately \$2,473,139. As of June 30, 2024, approximately \$1,808,344 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 \$121,454 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 \$98,350 of Rx rebates receivable as of June 30, 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
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		
06/30/2024	297,220		297,220		

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]
- 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

GENERAL INTERROGATORIES

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

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [☐] No [☒]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$
13. Amount of real estate and mortgages held in short-term investments:\$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [☐] No [☒]
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [☐] No [☒]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [☐] No [☐] N/A [☐]
- If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
- 16.3 Total payable for securities lending reported on the liability page.\$0

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
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 [X]
- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

1 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 [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 percent71.0 %
- 1.2 A&H cost containment percent 1.0 %
- 1.3 A&H expense percent excluding cost containment expenses14.0 %
- 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

[illegible]

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 10,551,489							10,551,489	
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	10,551,489	0	0	0	0	0	0	10,551,489	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	10,551,489	0	0	0	0	0	0	10,551,489	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
2. R - Registered - Non-domiciled RRGs..... 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
4. Q - Qualified - Qualified or accredited reinsurer..... 0
5. N - None of the above - Not allowed to write business in the state..... 0

Schedule Y - Part 1

NONE

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

NONE

Schedule Y - Part 1A - Explanations

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

 Response

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

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:

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 paid 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	57,377	141,405
3. Accrual of discount0
4. Unrealized valuation increase/(decrease)	196,938	365,097
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of0
7. Deduct amortization of premium0
8. Total foreign exchange change in book/adjusted carrying value0
9. Deduct current year's other than temporary impairment recognized0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	4,417,783	4,163,468
12. Deduct total nonadmitted amounts0
13. Statement value at end of current period (Line 11 minus Line 12)	4,417,783	4,163,468

STATEMENT AS OF JUNE 30, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,245,358	11,395		(7,774)	1,245,358	1,248,979		1,249,503
2. NAIC 2 (a)	0				0	0		0
3. NAIC 3 (a)	0				0	0		0
4. NAIC 4 (a)	0				0	0		0
5. NAIC 5 (a)	0				0	0		0
6. NAIC 6 (a)	0				0	0		0
7. Total Bonds	1,245,358	11,395	0	(7,774)	1,245,358	1,248,979	0	1,249,503
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	0	0
15. Total Bonds and Preferred Stock	1,245,358	11,395	0	(7,774)	1,245,358	1,248,979	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	2
	Year To Date	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	1,617,163	198,728
3. Accrual of discount0
4. Unrealized valuation increase/(decrease)0
5. Total gain (loss) on disposals0
6. Deduct consideration received on disposals0
7. Deduct amortization of premium0
8. Total foreign exchange change in book/adjusted carrying value0
9. Deduct current year's other than temporary impairment recognized0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	5,613,443	3,996,280
11. Deduct total nonadmitted amounts0
12. Statement value at end of current period (Line 10 minus Line 11)	5,613,443	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 JUNE 30, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and Administrative Symbol
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	55,593	676			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	145,343	1,381			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	38,557	673			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	52,635	661			
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	56,914	690			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	134,201	1,274			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	60,543	693			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	52,638	664			
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	58,214	667			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	121,641	1,153			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	38,848	690			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	52,701	651			
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	61,118	720			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	65,328	1,189			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	61,996	689			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	55,955	683			
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	63,380	732			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	127,719	1,208			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	66,509	729			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	57,465	700			
026300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	60,734	711			
026547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	135,880	1,289			
097873-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	65,839	730			
458806-10-3	AMERICAN INTERMEDIATE BOND OF AMERICA CL. A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	57,501	707			
140541-10-3	AMERICAN CAPITAL WORLD BOND		06/17/2024	FIFTH THIRD SECURITIES	79,079	1,258			
161959999999	Subtotal - Bonds - SVO Identified Funds					21,238	0	0	XXX
25099999997	Total - Bonds - Part 3					XXX	XXX	0	XXX
25099999998	Total - Bonds - Part 5						0	XXX	XXX
25099999999	Total - Bonds						0	0	XXX
45099999997	Total - Preferred Stocks - Part 3					21,238	XXX	XXX	XXX
45099999998	Total - Preferred Stocks - Part 5					0	XXX	XXX	XXX
45099999999	Total - Preferred Stocks					XXX	XXX	XXX	XXX
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	22,515	750			
140195-10-3	AMERICAN CAPITAL INCOME BUILDER CL. A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	21,719	1,469			
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC. A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	11,056	703			
453320-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	66,014	1,577			
027681-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		03/14/2024	FIFTH THIRD SECURITIES	18,513	991			
938330-10-6	AMERICAN NASMITH MUTUAL INVESTRS CL. A REINVEST		03/14/2024	FIFTH THIRD SECURITIES	14,484	882			
140541-10-3	AMERICAN CAPITAL WORLD BOND CLASS A REINVEST		03/18/2024	FIFTH THIRD SECURITIES	71,597	1,250			
026300-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		03/25/2024	FIFTH THIRD SECURITIES	18,027	673			
458667-10-5	AMERICAN INTERMUT. GROWTH & INCOME CL. A REINVEST		03/25/2024	FIFTH THIRD SECURITIES	26,567	1,000			
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	22,905	752			
140195-10-3	AMERICAN CAPITAL INCOME BUILDER CL. A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	21,747	1,476			
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC. A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	18,629	1,284			
453320-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	66,097	1,588			
027681-10-5	AMERICAN NASMUT. CLASS A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	106,554	4,489			
027681-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	18,788	1,019			

STATEMENT AS OF JUNE 30, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter									
1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
90830-10-6	AMERICAN MUSEUM MUTUAL INVESTS CL A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	215,066	12,865			
02829H-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		06/24/2024	FIFTH THIRD SECURITIES	32,865	1,238			
49561-10-5	AMERICAN INTERNAL GROWTH & INCOME CL A REINVEST		06/24/2024	FIFTH THIRD SECURITIES	57,999	2,181			
5519999999	Subtotal - Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO					36,139	XXX		
5989999997	Total - Common Stocks - Part 3					36,139	XXX	0	XXX
5989999998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks					36,139	XXX	0	XXX
5989999999	Total - Preferred and Common Stocks					36,139	XXX	0	XXX
6009999999	Totals					57,377	XXX	0	XXX

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

SCHEDULE E - PART 1 - CASH

E13

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]

Medicare Part D Coverage Supplement

NONE

Validated Prior Year Data

NONE

Transmittal Form

NONE

Bar code Generation Form

NONE

NONE



STATEMENT AS OF JUNE 30, 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										(LOCATION)		
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
			2	3														
			Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:		Total																
1. Prior Year		3,489		3,489														
2. First Quarter		3,182		3,182														
3. Second Quarter		3,100		3,100														
4. Third Quarter		0																
5. Current Year		0																
6. Current Year Member Months		18,826		18,826														
Total Member Ambulatory Encounters for Year:																		
7. Physician		2,200		2,200														
8. Non-Physician		3,250		3,250														
9. Total		5,450	0	5,450	0	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		30		30														
11. Number of Inpatient Admissions		10		10														
12. Health Premiums Written (b)		10,551,489		10,551,489														
13. Life Premiums Direct		0																
14. Property/Casualty Premiums Written		0																
15. Health Premiums Earned		10,551,489		10,551,489														
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		6,797,393		6,797,393														

(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 XVII exempt from state taxes or fees \$ and number of persons insured under indemnity only products



STATEMENT AS OF JUNE 30, 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			DURING THE YEAR										(LOCATION)		
		1	2		4	5	6	7	8	9	10	11	12	13	14		
			Comprehensive (Hospital & Medical)													Grand Total	
			Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:		Total															
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		3,100	0	3,100	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		18,826	0	18,826	0	0	0	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																	
7. Physician		2,200	0	2,200	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician		3,250	0	3,250	0	0	0	0	0	0	0	0	0	0	0		
9. Total		5,450	0	5,450	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		30	0	30	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions		10	0	10	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)		10,551,489	0	10,551,489	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/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned		10,551,489	0	10,551,489	0	0	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	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		6,797,393	0	6,797,393	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(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

NONE

Florida - Exhibit 3 - Health Care Receivables

NONE

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

NONE

Florida - Exhibit 7 - Part 2

NONE

Florida - Schedule E - Part 3 - Special Deposits

NONE

Florida - Schedule G

NONE

Florida - Schedule D

NONE

STATEMENT AS OF JUNE 30, 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
		Individual	Group												
	Total														
1. Net premium income	0														
2. Change in unearned premium reserves and reserve for rate credit	0														
3. Fee-for-service (net of \$ medical expenses)	0														
4. Risk revenue	0														
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	0														XXX
9. Other professional services	0														XXX
10. Outside referrals	0														XXX
11. Emergency room and out-of-area	0														XXX
12. Prescription drugs	0														XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Incentive pool, withhold adjustments and bonus amounts	0														XXX
15. Subtotal (Lines 8 to 14)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Net reinsurance recoveries	0														XXX
17. Total medical and hospital (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Non-health claims (net)	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	0														XXX
20. General administrative expenses	0														XXX
21. Increase in reserves for accident and health contracts	0														XXX
22. Increase in reserves for life contracts	0	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS															
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0