

QUARTERLY STATEMENT

OF THE

Ohio Dental Association Wellness Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE QUARTER ENDED
SEPTEMBER 30, 2024

HEALTH

2024



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

Ohio Dental Association Wellness Trust

NAIC Group Code	0000 (Current)	NAIC Company Code	00117 (Prior)	Employer's ID Number	47-6603449
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 HMD Federally Qualified? Yes <input checked="" type="checkbox"/> No <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, County and Zip Code)			
Main Administrative Office	1370 Dublin Road (Street and Number)	Columbus, OH US 43215 (City or Town, State, County and Zip Code)			
Primary Location of Books and Records	1370 Dublin Road (Street and Number)	Columbus, OH US 43215 (City or Town, State, County and Zip Code)			
Internet Website Address	www.oda-wt.org				
Statutory Statement Contact	Ryan Davis (Name) rDavis@oda.org (E-mail Address)	678-300-3508 (Area Code) (Telephone Number)			
Secretary/Treasurer	Thomas Paumer DDS (Name)	678-300-3508 (Area Code) (Telephone Number)			

OFFICERS

President	Thomas Paumer DDS
Secretary/Treasurer	Thomas Kelly DDS

OTHER

DIRECTORS OR TRUSTEES

Monica Newby DDS	Thomas Kelly DDS	Thomas Paumer DDS
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State of
County of Ohio
Columbus SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the prescribed 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 the statement, together with related exhibits, schedules and explanations thereto 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 statement 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 Paumer DDS
President

Thomas Kelly DDS
Secretary/Treasurer

Ryan Davis
Plan Administrator

Subscribed and sworn to before me this
day of November, 2024

a. Is this an original filing? Yes No

b. If no,
1. State the amendment number: 11/15/2024
2. Date rec'd: 11/15/2024
3. Number of pages attached: 1



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

STATEMENT AS OF SEPTEMBER 30, 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	1,313,896		1,313,896	1,249,503
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	3,373,838		3,373,838	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 (\$ 1,040,396), cash equivalents (\$ 5,905,846) and short-term investments (\$)	6,946,241		6,946,241	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)	11,633,975	0	11,633,975	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	20,819		20,819	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			0	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	96,600		96,600	75,100
25. Aggregate write-ins for other than invested assets	72,744	22,345	50,399	22,432
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	11,824,138	22,345	11,801,793	9,407,032
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	11,824,138	22,345	11,801,793	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	22,345	22,345	0	0
2502. IMO Receivable	50,399		50,399	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)	72,744	22,345	50,399	22,432

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,464,459		2,464,459	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	361,490		361,490	385,052
9. General expenses due or accrued	220,307		220,307	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	4,996		4,996	0
11. Ceded reinsurance premiums payable	145,355		145,355	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)	3,196,607	0	3,196,607	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	4,074,708	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	8,605,186	6,332,433
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,801,793	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	28,056	30,538	40,804
2. Net premium income (including \$ non-health premium income).....	XXX	14,327,448	14,354,399	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	14,327,448	14,354,399	18,956,354
Hospital and Medical:				
9. Hospital/medical benefits		8,201,710	7,890,078	11,823,516
10. Other professional services		748,375	601,470	875,857
11. Outside referrals		45,802	333,907	535,792
12. Emergency room and out-of-area		322,705	352,661	475,385
13. Prescription drugs		1,116,264	2,389,492	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	10,434,856	11,567,608	15,583,592
Less:				
17. Net reinsurance recoveries		53,626	121,799	456,583
18. Total hospital and medical (Lines 16 minus 17)	0	10,381,230	11,445,809	15,127,009
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		660,804	795,267	858,766
21. General administrative expenses		1,512,712	1,437,215	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	12,554,746	13,678,291	18,098,019
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,772,702	676,108	858,335
25. Net investment income earned		258,934	188,885	326,192
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	258,934	188,885	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	2,031,636	864,993	1,184,527
31. Federal and foreign income taxes incurred	XXX	99,126	48,629	113,894
32. Net income (loss) (Lines 30 minus 31)	XXX	1,932,510	816,364	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	1,932,510	816,364	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 \$	356,004	87,225	288,427
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax		(18,317)	
39. Change in nonadmitted assets	(15,761)	(16,469)	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)	2,272,753	868,803	1,362,016
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,605,186	5,839,220	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 SEPTEMBER 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	14,310,612	14,201,149	18,715,575
2. Net investment income	258,934	188,885	326,192
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	14,569,546	14,390,034	19,041,767
5. Benefit and loss related payments	10,161,648	11,522,980	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	2,292,172	2,331,424	3,097,903
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	74,646	73,000	(8,559)
10. Total (Lines 5 through 9)	12,528,466	13,927,404	18,685,872
11. Net cash from operations (Line 4 minus Line 10)	2,041,080	462,630	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	28,739	10,720	39,141
13.2 Stocks	44,889	8,000	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)	73,628	18,720	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)	(73,628)	(18,720)	(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)	(43,728)	(36,075)	(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)	(43,728)	(36,075)	(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)	1,923,724	407,835	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)	6,946,241	5,235,338	5,022,517

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

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

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	3,100	0	3,100	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	3,079	0	3,079	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	28.056													
Total Member Ambulatory Encounters for Period:														
7. Physician	2,100													
8. Non-Physician	3,400													
9. Total	5,500	0	5,500	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	25													
11. Number of Inpatient Admissions	10													
12. Health Premiums Written (a)	15,636.027													
13. Life Premiums Direct	0													
14. Property/Casually Premiums Written	0													
15. Health Premiums Earned	15,636.027													
16. Property/Casually Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	10,381.230													

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

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

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61-90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Claims Payable	664,459	664,459	0	0	0	664,459
0199999, Individually listed claims unpaid						0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	664,459	664,459	0	0	0	664,459
0599999 Unreported claims and other claim reserves						1,800,000
0699999 Total amounts withheld						2,464,459
0799999 Total claims unpaid						0
0899999 Accrued medical incentive pool and bonus amounts						0

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		End of Current Quarter		Claims Incurred in Prior Years (Columns 1 + 3)	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	1,917,413	.....	.....	.....	.....	0
2. Comprehensive (hospital and medical) group	8,321,085	.....	48,437	.....	1,965,850
3. Medicare Supplement	0	0
4. Vision only	0	0
5. Dental only	0	0
6. Federal Employees Health Benefits Plan	0	0
7. Title XVIII - Medicare	0	0
8. Title XIX - Medicaid	0	0
9. Credit A&H	0	0
10. Disability Income	0	0
11. Long-term care	0	0
12. Other health	0	0
13. Health subtotal (Lines 1 to 12)	1,917,413	.....	8,321,085	48,437	.....	1,965,850
14. Health care receivables (a)	98,350	.....	.....	0	75,100
15. Other non-health	0	0
16. Medical incentive pools and bonus amounts	0	0
17. Totals (Lines 13 - 14 + 15 + 16)	1,917,413	8,222,735	48,437	2,416,022	1,965,850	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:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	1,932,510	1,070,63
(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	1,932,510	1,070,633
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	8,605,186	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	8,605,186	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.

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

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

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 September 30, 2024 totaled \$22,345 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 September 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 September 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	\$4,663,943	\$226,599	\$(202,809)	\$4,687,733	\$4,687,733
Total	\$4,663,943	\$226,599	\$(202,809)	\$4,687,733	\$4,687,733

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

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

The Plan reported investment income totaling \$258,934 for the year ended September 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 September 30, 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 September 30, 2024, the Plan reported current income tax expense related to investment income of \$99,126. The Plan reported a deferred tax liability of \$4,996 related to net unrealized gains 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 September 30, 2024. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended September 30, 2024.

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

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

The following schedule reflects the Plan's deferred income taxes for the year ended September 30, 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			0	89,638	89,638	0	0	(89,638)	(89,638)
(b) Statutory Valuation Allowance Adjustment			0	0	0	0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0	89,638	89,638	0	0	(89,638)	(89,638)
(d) Deferred Tax Assets Nonadmitted ..			0	0	0	0	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0	89,638	89,638	0	0	(89,638)	(89,638)
(f) Deferred Tax Liabilities		4,996	4,996	0	0	0	0	4,996	4,996
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	0	(4,996)	(4,996)	89,638	89,638	0	0	(94,634)	(94,634)

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

Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2023	(3) (Col. 1 - 2) Change
Current Income Tax			
(a) Federal	93,216	113,894	(20,678)
(b) Foreign	93,216	113,894	0
(c) Subtotal (1a+1b)	93,216	113,894	(20,678)
(d) Federal income tax on net capital gains			0
(e) Utilization of capital loss carry-forwards			0
(f) Other	5,910	7,877	(1,967)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	99,126	121,771	(22,645)

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

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

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

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	15,636,027
Total	XXX	XXX	XXX	XXX	15,636,027

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 September 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 September 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	\$4,687,733			\$4,687,733	\$4,687,733
Total assets at fair value/NAV	\$4,687,733			\$4,687,733	\$4,687,733

Note 21: Other Items

A. The Plan did not encounter any unusual or infrequent items for the period ended September 30, 2024.

B. The Plan has no troubled debt restructurings as of September 30, 2024.

C. The Plan does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. The Plan has not received any business interruption insurance recoveries in 2024.

Note 22: Subsequent Events

The Plan has evaluated for subsequent events as of September 30, 2024.

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 September 30, 2024 were approximately \$2,464,459. As of September 30, 2024, approximately \$1,917,413 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 \$48,437 as a result of re-estimation of unpaid claims and claim adjustment expenses.

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

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

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 \$96,600 of Rx rebates receivable as of September 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
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		
09/30/2024	292,180		292,180		

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

STATEMENT AS OF SEPTEMBER 30, 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 SEPTEMBER 30, 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.)

11.2 If yes, give full and complete information relating thereto:

Yes [] No [X]

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	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 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 SEPTEMBER 30, 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 []

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Ohio Dental Association Wellness Trust
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	72.0 %
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]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Ohio Dental Association Wellness Trust
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...	15,636,027						15,636,027	
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
59. Subtotal		XXX...	15,636,027	0	0	0	0	0	15,636,027	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX...							0	
61. Totals (Direct Business)		XXX	15,636,027	0	0	0	0	0	15,636,027	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Ohio Dental Association Wellness Trust
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 SEPTEMBER 30, 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	73,628	141,405
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)	450,637	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)	4,687,733	4,163,468
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	4,687,733	4,163,468

STATEMENT AS OF SEPTEMBER 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)	1,248,979	11,888	0	53,049	1,245,358	1,248,979	1,313,896	1,249,503
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	1,248,979	11,888	0	53,049	1,245,358	1,248,979	1,313,896	1,249,503
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,248,979	11,888	0	53,049	1,245,358	1,248,979	1,313,896	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	1,909,566	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)	5,905,846	3,996,280
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	5,905,846	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 SEPTEMBER 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

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 SEPTEMBER 30, 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 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
.....MC Money Market Account						3,784.250	3,784.250	0
.....Fifth Third Money Market Account						2,141.586	2,141.586	0
080999999999. Subtotal - Bonds - U.S. Special Revenues - Commercial Mortgage-Backed Securities						5,905.845	5,905.845	0
090999999999. Total - U.S. Special Revenues Bonds						5,945.845	5,945.845	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 Obligations						0	0	0
242999999999. Total - Residential Mortgage-Backed Securities						0	0	0
243999999999. Total - Commercial Mortgage-Backed Securities						5,905.845	5,905.845	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						5,905.845	5,905.845	0
.....						160,066
860999999999. Total Cash Equivalents						5,905.845	0	0

Medicare Part D Coverage Supplement
N O N E

Validated Prior Year Data

N O N E

Transmittal Form

N O N E

Bar code Generation Form

N O N E



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Columbus, OH

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF			DURING THE YEAR							NAIC Company Code	13	00117	
		1	2	3	4	5	6	7	8	Title XVII Medicare	Title XX Medicare	Credit A&H	Disability Income	Long-Term Care	Other Health	Non-Health
Total Members at end of:															
1. Prior Year	3,489				3,489										
2. First Quarter	3,182	0			3,182	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
4. Third Quarter	3,079				3,079										
5. Current Year	0														
6. Current Year Member Months	28.056				28.056										
Total Member Ambulatory Encounters for Year:															
7. Physician	2,100				2,100										
8. Non-Physician	3,400				3,400										
9. Total	5,500	0			5,500	0									
10. Hospital Patient Days Incurred					25										
11. Number of Inpatient Admissions	10				10										
12. Health Premiums Written (b)	15,636.027				15,636.027										
13. Life Premiums Direct	0														
14. Property/Casualty Premiums Written	0														
15. Health Premiums Earned	15,636.027				15,636.027										
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	10,381.230				10,381.230										

(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 \$



STATEMENT AS OF SEPTEMBER 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	00000	BUSINESS IN THE STATE OF			DURING THE YEAR						NAIC Company Code	13	14	(LOCATION)	
		1	2	3	4	5	6	7	8	Title XVIII Medicare	Title XX Medicare	Credit A&H	Disability Income	Long-Term Care	Other 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	0
2. First Quarter	3,182	0	3,182	0	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	0
4. Third Quarter	3,079	0	3,079	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	0
6. Current Year Member Months	28.056	0	28.056	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:															
7. Physician	2,100	0	2,100	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	3,400	0	3,400	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	5,500	0	5,500	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	25	0	25	0	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	0
12. Health Premiums Written (b)	15,636.027	0	15,636.027	0	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	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	15,636.027	0	15,636.027	0	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	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,381.230	0	10,381.230	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
01999999 Total individuals.....						
Group Subscribers:						

05999999 Accident and health premiums due and unpaid (Page 2, Line 15)

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1-30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998, Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999, Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998, Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999, Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998, Aggregate Loans and Advances to Providers Not Individually Listed						
0399999, Total Loans and Advances to Providers	0	0	0	0	0	0
0499998, Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999, Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998, Aggregate Risk Sharing Receivables Not Individually Listed						
0599999, Total Risk Sharing Receivables	0	0	0	0	0	0
0699998, Aggregate Other Receivables Not Individually Listed						
0699999, Total Other Receivables	0	0	0	0	0	0
0799999 Gross Health care receivables	0	0	0	0	0	0

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 SEPTEMBER 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
	Total	Individual	Group	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)													