

QUARTERLY STATEMENT

OF THE

ODAWT

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE QUARTER ENDED
MARCH 31, 2025

HEALTH

2025



HEALTH QUARTERLY STATEMENT
 AS OF MARCH 31, 2025
 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		47-6503449
Organized under the Laws of	Ohio		State of Domicile or Port of Entry			OH
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	01/07/2015		Commenced Business	03/01/2015		
Statutory Home Office	1370 Dublin Road (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1370 Dublin Road Columbus, OH, US 43215 (Street and Number)		614-486-2700 (Area Code) (Telephone Number)			
Mail Address	1370 Dublin Road (Street and Number or P.O. Box)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1370 Dublin Road Columbus, OH, US 43215 (Street and Number)		(Area Code) (Telephone Number)			
Internet Website Address	www.odawl.org					
Statutory Statement Contact	Ryan Davis rdavis@oda.org (Name) (E-mail Address)		678-300-3508 (Area Code) (Telephone Number) (FAX Number)			

OFFICERS

President	Thomas Paumier DDS
Secretary/Treasurer	Thomas Kelly DDS

OTHER

DIRECTORS OR TRUSTEES		Thomas Paumier DDS
Monica Newby DDS	Thomas Kelly DDS	Thomas Paumier DDS

State of Ohio
County of Columbus SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Thomas Paumier, DDS
President

Thomas Kelly, DDS
Secretary/Treasurer

Ryan Davis
Plan Administrator

Subscribed and sworn to before me this
day of May, 2025

Thomas Paumier

a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed 05/15/2025
 3. Number of pages attached.....



STACIA A COX
Notary Public, State of Ohio
My Commission Expires

7/22/2027

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

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	1,313,951		1,313,951	1,278,823
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	3,311,141		3,311,141	3,323,414
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 1,054,543), cash equivalents (\$ 5,316,974) and short-term investments (\$)	6,371,517		6,371,517	6,067,820
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	10,996,609		10,996,609	10,670,057
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	17,414		17,414	39,690
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	132,366		132,366	99,126
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable	118,575		118,575	96,880
25. Aggregate write-ins for other-than-invested assets	126,657	50,186	76,471	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	11,391,621	50,186	11,341,435	10,905,753
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	11,391,621	50,186	11,341,435	10,905,753
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Prepaid Assets	50,186	50,186		
2502. IMO Receivable	76,471		76,471	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	126,657	50,186	76,471	
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,023,531		2,023,531	1,994,653
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	488,077		488,077	326,166
9. General expenses due or accrued	228,741		228,741	234,316
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability	160,899		160,899	145,777
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	2,901,248		2,901,248	2,700,912
25. Aggregate write-ins for special surplus funds	XXX	XXX		
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		
31. Unassigned funds (surplus)	XXX	XXX	3,909,709	3,674,363
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	8,440,187	8,204,841
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,341,435	10,905,753
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	9,266	9,541	37,299
2. Net premium income (including \$ non-health premium income).....	XXX	4,646,229	4,905,224	18,893,125
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			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	4,646,229	4,905,224	18,893,125
Hospital and Medical:				
9. Hospital/medical benefits		3,374,551	2,600,809	11,720,508
10. Other professional services		174,382	248,781	1,003,592
11. Outside referrals		40,314	9,476	55,268
12. Emergency room and out-of-area		118,923	88,880	443,743
13. Prescription drugs		111,581	318,167	1,653,869
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		3,819,751	3,266,113	14,876,980
Less:				
17. Net reinsurance recoveries		94,307	53,626	134,206
18. Total hospital and medical (Lines 16 minus 17)		3,725,444	3,212,487	14,742,774
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		217,018	206,130	879,606
21. General administrative expenses		493,152	494,762	1,995,373
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22).....		4,435,614	3,913,378	17,617,753
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	210,615	991,846	1,275,372
25. Net investment income earned		68,691	73,346	498,007
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)		68,691	73,346	498,007
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				
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	279,306	1,065,192	1,773,379
31. Federal and foreign income taxes incurred	XXX		38,029	
32. Net income (loss) (Lines 30 minus 31)	XXX	279,306	1,027,163	1,773,379
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401.				
1402.				
1403				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901.				
2902.				
2903				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)				

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.....	8,204,841	6,332,433	6,332,433
34. Net income or (loss) from Line 32	279,306	1,027,163	1,773,379
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	2,116	149,665	96,555
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(46,076)	(54,973)	2,474
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in			
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			
48. Net change in capital & surplus (Lines 34 to 47)	235,346	1,121,855	1,872,408
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,440,187	7,454,288	8,204,841
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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	4,845,538	5,070,760	18,822,516
2. Net investment income	68,691	73,346	498,007
3. Miscellaneous income			
4. Total (Lines 1 to 3)	4,914,229	5,144,106	19,320,523
5. Benefit and loss related payments	3,718,261	3,146,925	14,993,278
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	711,514	811,791	2,974,661
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	33,240	35,573	79,642
10. Total (Lines 5 through 9)	4,463,015	3,994,289	18,047,581
11. Net cash from operations (Line 4 minus Line 10)	451,214	1,149,817	1,272,942
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds	14,575	(9,295)	45,757
13.2 Stocks	10,395	9,295	206,788
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	24,970		252,545
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(24,970)		(252,545)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(122,547)	(107,367)	24,906
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(122,547)	(107,367)	24,906
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)	303,697	1,042,450	1,045,303
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,067,820	5,022,517	5,022,517
19.2 End of period (Line 18 plus Line 19.1)	6,371,517	6,064,967	6,067,820

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

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STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	2 Comprehensive (Hospital & Medical)	3 Individual Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7	8	9	10	11	12	13	14
Total Members at end of:														
1. Prior Year	3,080	.....	.....	3,080	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. First Quarter	3,029	.....	.....	3,029	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Second Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Third Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Current Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Current Year Member Months	9,286	.....	9,286	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total Member Ambulatory Encounters for Period:														
7. Physician	2,100	.....	.....	2,100	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. Non-Physician	1,900	.....	.....	1,900	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Total	4,000	.....	.....	4,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Hospital Patient Days Incurred	146	.....	146	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Number of Inpatient Admissions	52	.....	52	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Health Premiums Written (a)	5,132,618	.....	5,132,618	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Life Premiums Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Property/Casualty Premiums Written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Health Premiums Earned	5,132,618	.....	5,132,618	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16. Property/Casualty Premiums Earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Amount Paid for Provision of Health Care Services .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18. Amount Incurred for Provision of Health Care Services	3,725,444	.....	3,725,444	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

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)						
000 Claims Payable						
0199999. Individually listed claims unpaid	223,531	223,531	223,531	223,531	223,531	223,531
0299999. Aggregate accounts not individually listed-uncovered						
0399999. Aggregate accounts not individually listed-covered						
0499999. Subtotals						
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						1,800,000
0799999. Total claims unpaid						2,023,531
0899999. Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Claims Incurred During the Year	Claims Unpaid Dec. 31 of Prior Year	Claims Incurred in Prior Years (Columns 1 + 3)	Claims Incurred in Current Quarter 4	Liability End of Current Quarter 3	Estimated Claim Reserve and Claim Liability 31 of Prior Year	6
	1	2							
1. Comprehensive (hospital and medical) individual									
2. Comprehensive (hospital and medical) group	1,437,496		2,280,465		272,159	1,751,372		1,709,655	1,994,655
3. Medicare Supplement									
4. Vision only									
5. Dental only									
6. Federal Employees Health Benefits Plan									
7. Title XVIII - Medicare									
8. Title XIX - Medicaid									
9. Credit A&H									
10. Disability Income									
11. Long-term care									
12. Other health									
13. Health subtotal (Lines 1 to 12)	1,437,496		2,280,465		272,159	1,751,372		1,709,655	1,994,655
14. Health care receivables (a)			118,275					96,880	96,880
15. Other non-health									
16. Medical incentive pools and bonus amounts									
17. Totals (Lines 13 - 14 + 15 + 16)	1,437,496		2,162,190		272,159	1,751,372		1,709,655	1,897,773

(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 (including valuation allowances), 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 #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	.....279,306	.....1,773,379
(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	.....279,306	.....1,773,379
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	.....8,440,187	.....8,204,841
(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	.....8,440,187	.....8,204,841

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory financial statements and the reported amounts of revenue and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserve. Actual results could differ from those estimates.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned. Deferred health care fees are recognized for amounts paid in advance by individual employers for covered benefits, prior to the effective date of the policy or for which services have not yet been provided.

Cash and Cash Equivalents

For purposes of the statements of cash flows – statutory basis, the plan considers short-term investments with an initial maturity of one year or less to be cash equivalents.

Concentration of Credit Risk

The Plan maintains cash balances at one financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of this institution in an effort to minimize collection risk.

Investments

Investments in mutual funds are carried at fair value. Unrealized gains and losses are reflected in surplus, net of deferred taxes. Refer to Note 5 – Investments and Note 9 – Fair Value for further explanation on the Plan's methodology for mutual funds.

Reserve for Incurred but Not Reported Claims

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus – statutory basis at present value.

Non-admitted assets

Non-admitted assets for the year end March 31, 2025 totaled \$50,186 and consisted of prepaid assets.

In accordance with statutory accounting principles, prepaid expenses are reported as non-admitted assets and charged against unassigned surplus. Such expenses are amortized against net income as the estimated economic benefit expires. Accounts receivable over 90 days outstanding shall be reclassified to non-admitted assets.

Going Concern

For the year ended March 31, 2025, management has determined there are no events or conditions that raise substantial doubt about the Plan's ability to continue as a going concern.

Note 2: Accounting Changes and Correction of Errors

No significant change.

Note 3: Business Combinations and Goodwill

No significant change.

Note 4: Discontinued Operations – Not Applicable

None

Note 5: Investments

The Plan's investment portfolio as of the year ended March 31, 2025 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	\$4,863,631	\$90,577	\$(329,116)	\$4,625,092	\$4,625,092
Total	\$4,863,631	\$90,577	\$(329,116)	\$4,625,092	\$4,625,092

There were no sales of mutual funds for the year ended March 31, 2025.

A. Mortgage Loans

The Plan has no investments in Mortgage Loans.

B. Debt Restructuring

The Plan has no Debt Restructuring investments.

C. Reverse Mortgages

The Plan has no investments in Reverse Mortgage.

D. Loan Backed Securities

The Plan has no investments in Loan Backed Securities.

E-I. Repurchase Agreements

The Plan has no investments in Repurchase Agreements.

J. Real Estate

The Plan has no Real Estate investments.

K. Investments in low-income housing tax credits

The Plan has no investments in low-income housing tax credits.

L. Restricted Assets

The Plan has no investments in Restricted Assets.

M. Working Capital Finance Investments

The Plan has no Working Capital Finance Investments.

N. Offsetting and Netting of Assets and Liabilities

The Plan does not have any offsetting or netting of assets and liabilities as it relates to derivative, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5* Securities

The Plan does not have any investments with an NAIC designation of 5* as of March 31, 2025.

P. Short Sales

The Plan has no Short Sale investments

Q. Prepayment Penalty and Acceleration Fees

The Plan did not sell, redeem or dispose of any assets.

R. Cash Pools

The Plan had no reporting of the cash pool by asset type during the periods reported.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

The Plan reported investment income totaling \$68,691 for the year ended March 31, 2025 related to interest and dividends from money market accounts and mutual funds. There is no investment income in default that would be excluded from investment income and considered non-admitted for the year ended March 31, 2025.

Note 8: Derivative Investments

None

Note 9: Income Taxes

Pursuant to Title 17, Chapter 1746 of the Ohio Revised Code, the Plan is established as an Ohio Business Trust under which investment earnings net of associated expenses are subject to income tax. As of March 31, 2025, there was no tax liability for income taxes. Further, the Plan holds a deferred tax asset or liability on respective unrealized gains and losses related to investment holdings. As of March 31, 2025, the Plan recorded a statutory valuation allowance of \$50,538 related to the deferred tax asset to reflect the application of the accounting provision below, as it is unlikely the deferred tax asset will be realized in a future period.

The Plan applies the provisions of accounting standards for uncertain income tax positions. These standards require that a tax position be recognized or derecognized based on a more likely than not threshold. This applies to positions taken or expected to be taken in a tax return. The Plan does not believe its statutory financial statements include any uncertain tax positions for the year ended March 31, 2025. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended March 31, 2025.

As of March 31, 2025, the Plan has recorded an income tax receivable of \$132,366 related to overpayments from estimated taxes made during 2024 and 2025.

The following schedule reflects the Plan's deferred income taxes for the year ended March 31, 2025:

	As of End of Current Period			12/31/2024			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	50,093	50,093	50,093	50,538	50,538	50,538	0	(445)	(445)
(b) Statutory Valuation Allowance Adjustment	50,093	50,093	50,093	50,538	50,538	50,538	0	(445)	(445)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0	0	0	0	0	0	0
(d) Deferred Tax Assets Nonadmitted							0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0	0	0	0	0	0	0
(f) Deferred Tax Liabilities			0			0	0	0	0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	0	0	0	0	0	0	0	0	0

Current income taxes incurred consist of the following major components at March 31, 2025:

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

1. Current Income Tax
 - (a) Federal
 - (b) Foreign
 - (c) Subtotal (1a+1b)
 - (d) Federal income tax on net capital gains
 - (e) Utilization of capital loss carry-forwards
 - (f) Other
 - (g) Federal and foreign income taxes incurred (1c+1d+1e+1f)

(1) As of End of Current Period	(2) 12/31/2024	(3) (Col. 1 - 2) Change
0	0	0
0	0	0
0	0	0
0	0	0

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

None

Note 11: Debt

None

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits, and Compensated Absences and Other Postretirement Benefit Plans

None

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

On March 12, 2018, the Plan issued a \$300,000 surplus note to ODASC with an effective date of December 31, 2017. On March 21, 2018, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2017 financial statements. Accordingly, the proceeds from the surplus note were recorded as an admitted asset and as a component of surplus in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 19, 2018.

On March 11, 2016, the Plan issued a \$500,000 surplus note to ODASC with an effective date of December 31, 2015. On March 22, 2016, the Plan received approval from the Superintendent of the OH DOI to record the surplus note as a Type 1 subsequent event in the 2015 financial statements. Accordingly, the proceeds from the surplus note were recorded as an admitted asset and as a component of surplus in accordance with Statements of Statutory Accounting Principles No. 9 – Subsequent Events, No. 41 – Surplus Notes and No. 72 – Surplus and Quasi-Reorganizations, and pursuant to Section 3901.72 of the Ohio Revised Code. The entire proceeds under the surplus note were received by the Plan on March 23, 2016.

On December 23, 2020, the Ohio Dental Association Services Corporation (the Plan Sponsor) made a capital contribution of \$2,400,000 to the Plan as part of an ongoing Department of Labor (DOL) audit. The final voluntary repayment negotiated and agreed upon by the DOL and the Plan in March 2021 totaled \$1,721,816, bringing the total settlement to \$4,121,816. Of this amount, \$289,932 related to loss earnings. The final repayment was funded by the Plan Sponsor to the Plan in March 2021.

On May 3, 2021, the Plan received approval from the Ohio Department of Insurance to repay surplus notes in the amount of \$800,000 to ODASC, and the repayment was made by the Plan on May 4, 2021.

Note 14: Liabilities, Contingencies and Assessments

None

Note 15: Leases

None

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

None

Note 18: Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

Note 19: Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administrator	FEIN NUMBER	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/Produced By
Ohio Dental Association Service Corporation	31-1116500 ..	YES	Health Insurance	B	\$5,132,618
Total	XXX	XXX	XXX	XXX	\$5,132,618

C - Claims Payment

CA - Claims Adjustment

R - Reinsurance Ceding

B - Binding Authority

P - Premium Collection

U - Underwriting

Note 20: Fair Value Measurement

In accordance with SSAP No. 100, Fair Value Measurements, the Plan is required to disclose the valuation methodology used to record assets and liabilities that are recorded at fair value on a recurring basis and financial instruments for disclosure purposes. Additionally, from time to time, the Plan may be required to record at fair value other assets on a nonrecurring basis. These nonrecurring fair value adjustments typically involve application of the lower of cost or market accounting or write-down of individual assets.

The Plan uses the following fair value hierarchy to present its fair value disclosures:

Level 1 – Quotes (unadjusted) prices for identical assets in active markets.

Level 2 – Other observable inputs, either directly or indirectly, including quoted prices for similar assets in active markets.

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

The Plan's financial assets that are measured at fair value on a recurring basis are all Level 1 investments at March 31, 2025 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.

Statement as of March 31, 2025 of the Ohio Dental Association Wellness Trust

The table below presents the fair value of financial instruments for the year ended March 31, 2025, 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	..... \$4,625,092	.....	.....	..... \$4,625,092	..... \$4,625,092
Total assets at fair value/NAV	..... \$4,625,092	.....	.....	..... \$4,625,092	..... \$4,625,092

Note 21: Other Items

- A. The Plan did not encounter any unusual or infrequent items for the year ended March 31, 2025.
- B. The Plan has no troubled debt restructurings as of March 31, 2025.
- 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 2025.

Note 22: Subsequent Events

The Plan has evaluated for subsequent events as of March 31, 2025.

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, 2025 through December 31, 2025 and paid from January 1, 2025 through December 31, 2026 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

Note 25: Changes to Incurred Claims and Claim Adjustment Expenses

Reserves as of March 31, 2025 were approximately \$2,023,531. As of March 31, 2025, approximately \$1,437,496 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 \$272,159 as a result of re-estimation of unpaid claims and claim adjustment expenses.

Note 26: Intercompany Pooling Arrangements

None

Note 27: Structured Settlements

None

Statement as of March 31, 2025 of the Ohio Dental Association Wellness Trust

Note 28: Health Care Receivables

In accordance with *SSAP No. 84 – Health Care and Government Insured Plan Receivable*, the Plan reported \$118,575 of Rx rebates receivable as of March 31, 2025. See below for analysis of rebates:

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/2023	78,250		78,250		
06/30/2023	76,300		76,300		
09/30/2023	76,700		76,700		
12/31/2023	75,100		75,100		
03/31/2024	100,380		100,380		
06/30/2024	98,350		98,350		
09/30/2024	96,600		96,600		
12/31/2024	96,880		96,880		
03/31/2025	118,575		118,575		

Note 29: Participating Policies

None

Note 30: Premium Deficiency Reserves

None

Note 31: Anticipated Salvage and Subrogation

None

**STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2018

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/22/2019

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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 [X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..
13. Amount of real estate and mortgages held in short-term investments: \$..
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
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 [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	\$
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page	\$

**STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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. This includes both primary and sub-advisors. 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	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	

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:

- 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 []

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 []

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 []

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	80.0 %
1.2 A&H cost containment percent	1.0 %
1.3 A&H expense percent excluding cost containment expenses	15.0 %

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 MARCH 31, 2025 OF THE ODAWT
SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
29076	34-064820	01/01/2025	Medical Mutual of Ohio	OH	01/01/6	SLB	Authorized		

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									
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR									
5. California	CA									
6. Colorado	CO									
7. Connecticut	CT									
8. Delaware	DE									
9. District of Columbia	DC									
10. Florida	FL									
11. Georgia	GA									
12. Hawaii	HI									
13. Idaho	ID									
14. Illinois	IL									
15. Indiana	IN									
16. Iowa	IA									
17. Kansas	KS									
18. Kentucky	KY									
19. Louisiana	LA									
20. Maine	ME									
21. Maryland	MD									
22. Massachusetts	MA									
23. Michigan	MI									
24. Minnesota	MN									
25. Mississippi	MS									
26. Missouri	MO									
27. Montana	MT									
28. Nebraska	NE									
29. Nevada	NV									
30. New Hampshire	NH									
31. New Jersey	NJ									
32. New Mexico	NM									
33. New York	NY									
34. North Carolina	NC									
35. North Dakota	ND									
36. Ohio	OH	L.....5,132,618							5,132,618	
37. Oklahoma	OK									
38. Oregon	OR									
39. Pennsylvania	PA									
40. Rhode Island	RI									
41. South Carolina	SC									
42. South Dakota	SD									
43. Tennessee	TN									
44. Texas	TX									
45. Utah	UT									
46. Vermont	VT									
47. Virginia	VA									
48. Washington	WA									
49. West Virginia	WV									
50. Wisconsin	WI									
51. Wyoming	WY									
52. American Samoa	AS									
53. Guam	GU									
54. Puerto Rico	PR									
55. U.S. Virgin Islands	VI									
56. Northern Mariana Islands	MP									
57. Canada	CAN									
58. Aggregate Other Aliens	OT	XXX.....								
59. Subtotal		XXX.....5,132,618							5,132,618	
60. Reporting Entity Contributions for Employee Benefit Plans		XXX.....								
61. Totals (Direct Business)		XXX.....5,132,618							5,132,618	
DETAILS OF WRITE-INS										
58001.		XXX.....								
58002.		XXX.....								
58003.		XXX.....								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX.....								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX.....								

(a) Active Status Counts:

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

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership/Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
NONE															

V. Starick

16

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
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Explanation:

1. N/A

Bar Code:

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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 points 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, depreciation and proportional amortization		
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	4,602,237	4,163,468
2. Cost of bonds and stocks acquired	24,970	252,545
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	(2,115)	186,224
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10)	4,625,092	4,602,237
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	4,625,092	4,602,237

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	1,278,823	.....	10,126	.....	25,002	.....	1,313,951	.....
2. NAIC 2 (a)	1,278,823
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total ICO	1,278,823	.....	10,126	.....	25,002	.....	1,313,951	.....
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total ABS
PREFERRED STOCK								
15. NAIC 1
16. NAIC 2
17. NAIC 3
18. NAIC 4
19. NAIC 5
20. NAIC 6
21. Total Preferred Stock
22. Total ICO, ABS & Preferred Stock	1,278,823	.....	10,126	.....	25,002	.....	1,313,951	.....
								1,278,823

(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

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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	5,027,143	3,996,280
2. Cost of cash equivalents acquired	289,831	1,030,863
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	5,316,974	5,027,143
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	5,316,974	5,027,143

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT
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
CUSIP Identification	Description	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
02630-10-3	AMERICAN US GOVT SECURITIES CLASS A REINVEST	01/02/2025	FIFTH THIRD SECURITIES		676	1,381		
02650-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST	01/02/2025	FIFTH THIRD SECURITIES		673	673		
02670-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST	01/02/2025	FIFTH THIRD SECURITIES		661	661		
02680-10-0	AMERICAN INVESTMENT BOND OF AMERICA CLASS A REINVEST	01/02/2025	FIFTH THIRD SECURITIES		703	703		
02680-10-3	AMERICAN US GOVT SECURITIES CLASS A REINVEST	01/02/2025	FIFTH THIRD SECURITIES		1,282	1,282		
02680-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST	02/03/2025	FIFTH THIRD SECURITIES		733	733		
02680-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST	02/03/2025	FIFTH THIRD SECURITIES		725	725		
02680-10-0	AMERICAN INVESTMENT BOND OF AMERICA CLASS A REINVEST	02/03/2025	FIFTH THIRD SECURITIES		672	672		
02680-10-3	AMERICAN HIGH INCOME TRUST CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		1,213	1,213		
02680-10-9	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		680	680		
02680-10-3	AMERICAN INVESTMENT BOND OF AMERICA CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		704	704		
02680-10-0	AMERICAN HIGH INCOME TRUST CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		10,126	10,126		
02680-10-9	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		10,126	10,126		
02680-10-3	AMERICAN INVESTMENT BOND OF AMERICA CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		10,126	10,126		
02680-10-0	AMERICAN HIGH INCOME TRUST CLASS A REINVEST	03/03/2025	FIFTH THIRD SECURITIES		10,126	10,126		
0489999999	Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				XXX	XXX		
0489999999	Total - Issuer Credit Obligations (Unaffiliated)				XXX	XXX		
0489999999	Total - Issuer Credit Obligations (Affiliated)				XXX	XXX		
0509999997	Total - Issuer Credit Obligations - Part 3				XXX	XXX		
0509999993	Total - Issuer Credit Obligations - Part 5				XXX	XXX		
0509999999	Total - Issuer Credit Obligations				XXX	XXX		
1889999993	Total - Asset-Backed Securities (Unaffiliated)				XXX	XXX		
1890999993	Total - Asset-Backed Securities (Affiliated)				XXX	XXX		
1909999993	Total - Asset-Backed Securities - Part 3				XXX	XXX		
1909999993	Total - Asset-Backed Securities - Part 5				XXX	XXX		
2009999993	Total - Asset-Backed Securities and Asset-Backed Securities				XXX	XXX		
4509999997	Total - Preferred Stocks - Part 3				XXX	XXX		
4509999993	Total - Preferred Stocks - Part 5				XXX	XXX		
4509999999	Total - Preferred Stocks				XXX	XXX		
02407-10-2	AMERICAN BALANCED CLASS A REINVEST	03/11/2025	FIFTH THIRD SECURITIES		23,351	803		
14013-10-3	AMERICAN CAPITAL INCOME BUILDER CLASS A REINVEST	03/11/2025	FIFTH THIRD SECURITIES		22,329	1,607		
14053-10-3	AMERICAN CAPITAL WORLD GROWTH & INC. A REINVEST	03/11/2025	FIFTH THIRD SECURITIES		11,885	757		
45320-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST	03/11/2025	FIFTH THIRD SECURITIES		66,397	1,678		
02780-10-5	AMERICAN FUND CLASS A REINVEST	03/13/2025	FIFTH THIRD SECURITIES		18,419	1,078		
93830-10-6	AMERICAN INVESTMENT FUND CLASS A REINVEST	03/13/2025	FIFTH THIRD SECURITIES		15,860	975		
14051-10-3	AMERICAN CAPITAL WORLD BOND CLASS A REINVEST	03/17/2025	FIFTH THIRD SECURITIES		10,390	1,637		
02820-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST	03/24/2025	FIFTH THIRD SECURITIES		28,435	1,065		
45561-10-5	AMERICAN INTERNAL GROWTH & INCOME CLASS A REINVEST	03/24/2025	FIFTH THIRD SECURITIES		20,280	795		
5819999999	Subtotal - Common Stocks - Exchange Traded Funds				XXX	XXX		
5989999997	Total - Common Stocks - Part 3				XXX	XXX		
5989999993	Total - Common Stocks - Part 5				XXX	XXX		
5989999993	Total - Common Stocks				XXX	XXX		
5989999999	Total - Preferred and Common Stocks				XXX	XXX		
6009999999	Totals				XXX	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

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
PNC Operating Account Ohio	1.970		4,809		1,022,949	1,024,019	1,054,543	.XXX.
PNC Deposit Account Ohio	1.970		5			5		.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	4,814		1,022,949	1,024,024	1,054,543	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	4,814		1,022,949	1,024,024	1,054,543	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0599999. Total - Cash	XXX	XXX	4,814		1,022,949	1,024,024	1,054,543	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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 MARCH 31, 2025 OF THE ODAWT

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Columbus, OH

Ohio Dental Association Wellness Trust

NAIC Group Code	0000	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 Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year		3,080		3,080											
2. First Quarter		3,029		3,029											
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months	9,266		9,266												
Total Member Ambulatory Encounters for Year:															
7. Physician		2,100		2,100											
8. Non-Physician		1,900		1,900											
9. Total		4,000		4,000											
10. Hospital Patient Days Incurred		146		146											
11. Number of Inpatient Admissions	52		52												
12. Health Premiums Written (b)		5,132,618		5,132,618											
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned		5,132,618		5,132,618											
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services															
18. Amount Incurred for Provision of Health Care Services	3,725,444		3,725,444												

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

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



STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Columbus, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)		
		1	2	3	4	5	6	7	8	9	10	2025	NAIC Company Code	13	14
Total Members at end of:		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XX Medicare	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Prior Year	3,080			3,080										
2. First Quarter	3,029			3,029										
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	9,266			9,266										
Total Member Ambulatory Encounters for Year:														
7. Physician	2,100			2,100										
8. Non-Physician	1,900			1,900										
9. Total	4,000			4,000										
10. Hospital Patient Days Incurred	146			146										
11. Number of Inpatient Admissions	52			52										
12. Health Premiums Written (b)	5,132,618			5,132,618										
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	5,132,618			5,132,618										
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services	3,725,444			3,725,444										

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

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

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

N O N E

Florida - Exhibit 3 - Health Care Receivables

N O N E

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

N O N E

Florida - Exhibit 7 - Part 2

N O N E

Florida - Schedule E - Part 3 - Special Deposits

N O N E

Florida - Schedule G

N O N E

Florida - Schedule D

N O N E

STATEMENT AS OF MARCH 31, 2025 OF THE ODAWT

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.	Net 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)													