

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: OHIO DENTAL ASSOCIATION WELLNESS TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan): OHIO DENTAL ASSOCIATION SERVICES CORPORATION
2b Employer Identification Number (EIN): 47-6503449
2c Plan Sponsor's telephone number: 614-486-2700
2d Business code (see instructions): 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 163281351

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan OHIO DENTAL ASSOCIATION WELLNESS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO DENTAL ASSOCIATION SERVICES CORPORATION	D Employer Identification Number (EIN) 47-6503449	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OHIO DENTAL ASSOC. SERVICES CORP.

1370 DUBLIN ROAD
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	PLAN SPONSOR	189807	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MRJ ACCOUNTING

320 HOME PORT LANE
CHARLOTTESVILLE, VA 23229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	48000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BENNETT THRASHER LLP

3300 RIVERWOOD PARKWAY
SUITE 700
ATLANTA, GA 30339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CPA AUDIT FIRM	38168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEWIS & ELLIS

11225 COLLEGE BLVD
SUITE 320
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	165881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MEDICAL MUTUAL SERVICES

100 AMERICAN ROAD
BROOKLYN, OH 44144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	TPA & REINSURER	1466597	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

OHIO DENTAL ASSOC. INSURANCE AGENCY

1370 DUBLIN ROAD
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	MGA	1439204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OHIO DENTAL ASSOCIATION WELLNESS TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO DENTAL ASSOCIATION SERVICES CORPORATION	D Employer Identification Number (EIN) 47-6503449

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1026237	1040577
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33876	39690
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	97532	96880
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3996280	5027243
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4163468	4602237
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	89639	99126

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9407032	10905753
Liabilities			
g Benefit claims payable.....	1g	2223377	1994652
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	851224	706260
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3074601	2700912
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6332431	8204841

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	18893125	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18893125
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	240442	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		240442
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	257565	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		19391132

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14742774	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14742774
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	185497	
(2) Contract administrator fees	2i(2)	879606	
(3) Recordkeeping fees	2i(3)	48000	
(4) IQPA audit fees	2i(4)	38168	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	23417	
(7) Actuarial fees	2i(7)	165645	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1534646	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2874979
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17617753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1773379
l Transfers of assets:			
(1) To this plan	2l(1)		99031
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BENNETT THRASHER**

(2) EIN: **58-1673613**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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Ohio Dental Association Wellness Trust

Statutory Financial Statements

December 31, 2024 and 2023



Ohio Dental Association Wellness Trust

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Independent Auditor's Report

To the Board of Trustees
Ohio Dental Association Wellness Trust

Opinions

We have audited the accompanying statutory financial statements of Ohio Dental Association Wellness Trust, which comprise the statutory statements of admitted assets, liabilities and surplus as of December 31, 2024 and 2023, and the related statutory statements of revenue and expenses and surplus, and cash flows for the years then ended, and the related notes to the statutory financial statements.

Unmodified Opinion on Statutory Basis of Accounting

In our opinion, the statutory financial statements referred to in the first paragraph present fairly, in all material respects, the admitted assets, liabilities, and surplus of Ohio Dental Association Wellness Trust as of December 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended, in accordance with the financial reporting provisions prescribed or permitted by the Ohio Department of Insurance as described in Note 2.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter discussed in the Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles section of our report, the financial statements referred to in the first paragraph do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of Ohio Dental Association Wellness Trust as of December 31, 2024 and 2023, or the results of its operations or its cash flows for the years then ended.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ohio Dental Association Wellness Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our unmodified audit opinion on the statutory basis of accounting and our adverse opinion on U.S. generally accepted accounting principles.



Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 2, the financial statements are prepared by Ohio Dental Association Wellness Trust on the basis of the financial reporting provisions prescribed or permitted by the Ohio Department of Insurance, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the requirements of the Ohio Department of Insurance. The effects on the financial statements of the variances between the statutory basis of accounting described in Note 2 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material and pervasive.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the financial reporting provisions of the Ohio Department of Insurance, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ohio Dental Association Wellness Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ohio Dental Association Wellness Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

BennettThrasherLLP

Atlanta, Georgia
June 23, 2025

Ohio Dental Association Wellness Trust

Statutory Statements of Admitted Assets, Liabilities and Surplus December 31, 2024 and 2023

	2024	2023
Admitted Assets		
Cash and cash equivalents	\$ 6,067,820	\$ 5,022,518
Investments	4,602,237	4,163,468
Subscriber receivables	39,690	33,876
Other receivables	96,880	97,532
Income taxes receivable	99,126	-
Deferred tax asset	-	89,638
Total admitted assets	<u>\$ 10,905,753</u>	<u>\$ 9,407,032</u>
Liabilities and Surplus		
Liabilities:		
Unpaid claims reserve	\$ 1,800,000	\$ 1,800,000
Claims payable	194,652	423,377
Deferred health care fees	326,166	385,052
Reinsurance premiums payable	145,777	151,688
Accounts payable and accrued expenses	234,317	241,341
Income taxes payable	-	73,143
Total liabilities	<u>2,700,912</u>	<u>3,074,601</u>
Surplus:		
Statutory contribution	4,530,478	4,530,478
Non-admitted assets	(4,110)	(6,584)
Unrealized losses, net	(240,654)	(337,210)
Unassigned surplus	<u>3,919,127</u>	<u>2,145,747</u>
Total surplus	<u>8,204,841</u>	<u>6,332,431</u>
Total liabilities and surplus	<u>\$ 10,905,753</u>	<u>\$ 9,407,032</u>

See accompanying notes to statutory financial statements.

Ohio Dental Association Wellness Trust

Statutory Statements of Revenue and Expenses and Surplus For the Years Ended December 31, 2024 and 2023

	2024	2023
Revenue:		
Health care fees, net of reinsurance	\$ 18,893,125	\$ 18,956,354
Expenses:		
Medical and prescription drug benefits incurred, net of pharmacy rebates	14,742,774	15,127,009
Administrative fees	1,178,055	1,131,539
Broker fees	1,429,233	1,561,476
Professional fees	203,813	206,423
Other expenses	63,877	63,694
Total expenses	<u>17,617,752</u>	<u>18,090,141</u>
Net underwriting profit	1,275,373	866,213
Net investment income	<u>498,007</u>	<u>326,192</u>
Profit before income tax expense	1,773,380	1,192,405
Income tax expense	<u>-</u>	<u>121,772</u>
Net profit	1,773,380	1,070,633
Surplus, beginning of year	6,332,431	4,970,415
Change in unrealized gains, net of deferred tax	96,556	288,427
Change in non-admitted assets (Note 7)	<u>2,474</u>	<u>2,956</u>
Surplus, end of year	<u>\$ 8,204,841</u>	<u>\$ 6,332,431</u>

See accompanying notes to statutory financial statements.

Ohio Dental Association Wellness Trust

Statutory Statements of Cash Flows For the Years Ended December 31, 2024 and 2023

	2024	2023
Cash from operations:		
Cash inflows:		
Health care fees collected, net of reinsurance	\$ 18,822,514	\$ 18,715,577
Net investment income	<u>498,007</u>	<u>326,192</u>
Total cash inflows	<u>19,320,521</u>	<u>19,041,769</u>
Cash outflows:		
Medical and prescription drug benefits paid	(14,993,279)	(15,596,528)
Fees and expenses paid	<u>(3,029,365)</u>	<u>(3,108,821)</u>
Total cash outflows	<u>(18,022,644)</u>	<u>(18,705,349)</u>
Net cash from operations	<u>1,297,877</u>	<u>336,420</u>
Cash from investments:		
Cost of investments acquired	<u>(248,166)</u>	<u>(141,405)</u>
Net cash used for investments	<u>(248,166)</u>	<u>(141,405)</u>
Net change in cash and cash equivalents	1,049,711	195,015
Cash and cash equivalents, beginning of year	<u>5,022,518</u>	<u>4,827,503</u>
Cash and cash equivalents, end of year	<u>\$ 6,072,229</u>	<u>\$ 5,022,518</u>

See accompanying notes to statutory financial statements.

Ohio Dental Association Wellness Trust

Notes to Statutory Financial Statements December 31, 2024 and 2023

Note 1: Description of Plan

The following brief description of the Ohio Dental Association Wellness Trust (ODAWT or the Plan) is provided for informational purposes only. Participants should refer to the group participation agreement/contract and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a Multiple Employer Welfare Arrangement, which was formed in the State of Ohio pursuant to a Trust Agreement dated August 25, 2014. On January 7, 2015, the Superintendent of the Ohio Department of Insurance (OH DOI) granted the Plan a Certificate of Authority to act as a Multiple Employer Welfare Arrangement (MEWA). A MEWA is a plan qualifying under Section 419 of the Internal Revenue Code (IRC), whereby multiple employers join together to self-insure the health benefits of their employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. The first employer group was enrolled in the Plan in March 2015.

Benefits

The Plan's primary purpose is to provide health and prescription drug benefits to the employees and eligible dependents of members of the Ohio Dental Association, Ohio Dental Association Services Corporation, the sponsor of the Plan, and other participating dental societies.

The Plan will pay benefits only for the expenses incurred while coverage is in full force. No benefits are payable for expenses incurred before coverage began or after coverage terminates, even if expenses were incurred as a result of an accident, injury or disease that occurred, began or existed while coverage was in force. In the event that the Plan is unable to pay its obligations, enrolled participants of the Plan shall be required to contribute, on a joint and several earned contribution basis, the funds necessary to meet any unfilled obligations.

Contributions

Contributions, in the form of health care fees, are made by the employers on a monthly basis. Health care fees are determined annually by the Plan's actuary and are calculated based upon four elected coverage options: employee only, employee plus spouse, employee plus child, or employee plus family. The participating employers determine individual eligibility and the amount, if any, that employees are responsible for making to the employer for coverage under the Plan. Subscriber receivables are amounts due to the Plan from employers for benefits provided to covered employees under the Plan. As of December 31, 2024 and 2023, management reviewed the status of subscriber receivables and determined the entire balance is considered collectible; therefore, an allowance for credit losses is not necessary.

Eligibility

The eligibility of employers and employees shall be determined in accordance with the provisions of each individual group participation agreement and the Plan.

Note 2: Summary of Accounting Policies

Basis of Accounting

The accompanying statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the OH DOI, which has adopted the National Association of Insurance Commissioners (NAIC) statutory accounting principles as the basis of its statutory accounting practices, with certain exceptions. The accounting practices vary in certain respects from accounting principles generally accepted in the United States of America (U.S. GAAP). The more significant of these variances are summarized below:

- a) Policy acquisition costs are expensed as incurred, while under U.S. GAAP these costs are deferred and recognized over the life of the contract.
- b) Certain assets are designated as non-admitted assets and excluded from assets by a charge to unassigned surplus. Under U.S. GAAP, such amounts are carried at cost or amortized cost with the appropriate valuation allowance, when necessary. As of December 31, 2024 and 2023, non-admitted assets totaled \$4,110 and \$6,584, respectively (Note 7).
- c) The statutory statements of cash flows differs in certain respects from the presentation required by U.S. GAAP. For statutory purposes, there is no reconciliation between net income and cash from operations.
- d) Unrealized gains and losses on investments in equity securities are reported as a component of surplus, net of deferred taxes. Under U.S. GAAP such amounts are reported in income with related taxes included as income tax expense (Note 3).

Estimates

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the amounts reported in the statutory financial statements and accompanying notes. Actual results could differ from those estimates.

The most significant estimate relates to the unpaid claims reserve. The Plan's unpaid claims reserve, although supported by actuarial projections and other data, is ultimately based on management's reasoned expectations of future events. It is reasonably possible that the expectations associated with this account could change in the near term (i.e. within one year) and that the effect of such changes could be material to the statutory financial statements.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned, which is generally the effective date of the related policy. 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. As of December 31, 2024 and 2023, the Plan had deferred health care fees totaling \$326,166 and \$385,052, respectively.

Cash and Cash Equivalents

Short-term investments with an initial maturity of one year or less and investments in money market mutual funds registered under the Investment Company Act of 1940 (the Act) and regulated under rule 2a-7 of the Act are accounted for and reported as cash equivalents for statutory accounting. At times, cash and cash equivalents may exceed federally insured amounts. The Plan believes it mitigates risks by depositing cash and investing in cash equivalents with major financial institutions.

Pharmacy Rebates Receivable

During 2019, the Plan and Medical Mutual Services (the Claims Administrator) entered into an agreement wherein the Claims Administrator processes prescription drug claims on behalf of the Plan. The Claims Administrator is entitled to certain drug rebates from the pharmacy benefit manager based on a number of factors. The Claims Administrator has agreed to share the drug rebates with the Plan in the form of a per participant per month credit, which is outlined in the Plan’s Administrative Services Agreement with the Claims Administrator. Rebates are recorded in other receivables in the accompanying statutory statements of admitted assets, liabilities and surplus and as a reduction to medical and prescription drug benefits incurred, net of pharmacy rebates in the accompanying statutory statements of revenue and expenses and surplus (Note 5).

Unpaid Claims Reserve

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 actuary in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. IBNR is included in the unpaid claims reserve in the accompanying statutory statements of admitted assets, liabilities and surplus.

Investments

The Plan’s investment portfolio consists of investments in equity and fixed income mutual funds. All of the Plan’s investments are valued in accordance with guidelines established by the National Association of Insurance Commissioners Statutory Accounting Principles.

Mutual funds are stated at fair value with the change in fair value being recognized as a change in unrealized holding gains and losses.

Unrealized gains and losses are excluded from income and reported as net unrealized gains or losses in the Plan’s surplus. Investment income consists primarily of interest and dividends. Interest is recognized on an accrual basis and dividends are recorded as earned at the ex-dividend date. Investment securities are regularly reviewed by management for impairment based on criteria that include the extent to which cost exceeds fair value, the duration of the valuation decline, the financial health and specific prospects for the issuer, and the Plan’s intent and ability to hold the investment to recovery. A decline in the fair value below cost that is deemed other than temporary is charged to income in the reporting period for which the assessment is made.

Note 3: Investments

The amortized cost/adjusted carrying value, gross unrealized gains and losses, and fair value of investments as of December 31, 2024 are as follows:

	Amortized Cost/ Adjusted Carrying Value	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Mutual funds	\$ 4,842,892	\$ 90,226	\$ (330,881)	\$ 4,602,237

The amortized cost/adjusted carrying value, gross unrealized gains and losses, and fair value of investments as of December 31, 2023 are as follows:

	Amortized Cost/ Adjusted Carrying Value	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Mutual funds	\$ 4,590,315	\$ 13,966	\$ (440,814)	\$ 4,163,468

The following table shows securities with unrealized losses at December 31, 2024, aggregated by investment category and length of time individual securities have been in a continuous loss position:

	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
Mutual funds	\$ 1,873,954	\$ (97,023)	\$ 1,149,464	\$ (233,858)	\$ 3,023,418	\$ (330,881)

The following table shows securities with unrealized losses at December 31, 2023, aggregated by investment category and length of time individual securities have been in a continuous loss position:

	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
Mutual funds	\$ 1,761,237	\$ (177,125)	\$ 1,702,764	\$ (263,689)	\$ 3,464,001	\$ (440,814)

An investment in an equity security is impaired if its fair value falls below its book value and the decline is considered to be other than temporary. Factors considered in determining whether a decline is other than temporary include: the length of time and the extent to which fair value has been below cost; the financial condition and near term prospects of the issuer; and the Company's ability and intent to hold the investment for a period of time sufficient to allow for any anticipated recovery. Equity investments are impaired when it becomes apparent that the Company will not recover its cost over the expected holding period. Further, for securities expected to be sold, an other than temporary impairment charge is recognized if the Company does not expect the fair value of a security to recover the cost prior to the expected date of sale. The Company did not recognize an impairment loss during 2024 or 2023.

Note 4: Reinsurance Provisions

Effective January 1, 2024, ODAWT entered into a reinsurance agreement for aggregate excess loss and specific excess loss coverage with Medical Mutual of Ohio (the 2024 Agreement), which covered eligible medical and prescription benefits claims incurred from January 1, 2024 through December 31, 2024 and paid from January 1, 2024 through December 31, 2024. Under the terms of the 2024 Agreement, the Plan had an aggregate deductible of \$22,535,185 and a per member specific deductible of \$250,000. Under the aggregate excess loss provision of the 2024 Agreement, the Plan was eligible to receive reimbursement for all claims in excess of the aggregate deductible, with a maximum aggregate benefit of \$1,000,000 and a loss limit per member of \$250,000. Under the specific excess loss provision of the 2024 Agreement, the Plan was eligible to receive reimbursement for all claims in excess of the per member deductible, with an unlimited specific benefit per member for the benefit period described above.

Effective January 1, 2023, ODAWT entered into a reinsurance agreement for aggregate excess loss and specific excess loss coverage with Medical Mutual of Ohio (the 2023 Agreement), which covered eligible medical and prescription benefits claims incurred from January 1, 2023 through December 31, 2023 and paid from January 1, 2023 through December 31, 2024. Under the terms of the 2023 Agreement, the Plan had an aggregate deductible of \$20,933,539 and a per member specific deductible of \$250,000. Under the aggregate excess loss provision of the 2023 Agreement, the Plan was eligible to receive reimbursement for all claims in excess of the aggregate deductible, with a maximum aggregate benefit of \$1,000,000 and a loss limit per member of \$250,000. Under the specific excess loss provision of the 2023 Agreement, the Plan was eligible to receive reimbursement for all claims in excess of the per member deductible, with an unlimited specific benefit per member for the benefit period described above.

For the years ended December 31, 2024 and 2023, premiums for reinsurance coverage totaled \$1,744,330 and \$1,866,194, respectively, and are reported as a reduction of health care fees revenue in the accompanying statutory statements of revenue and expenses and surplus. As of December 31, 2024 and 2023, reinsurance premiums payable under the reinsurance agreements was \$145,777 and \$151,687, respectively.

For the years ended December 31, 2024 and 2023, reinsurance recoveries under the reinsurance agreements totaled \$134,206 and \$456,583 respectively, and are reported as a reduction of medical and prescription drug benefits incurred in the accompanying statutory statements of revenue and expenses and surplus. As of December 31, 2024 and 2023, there were no unpaid reinsurance recoveries.

Note 5: Pharmacy Rebates

Pharmacy rebates receivable represents management's best estimate of amounts due to the Plan based on actual utilization incurred during the reporting period. Such estimates are based on rates reflected in the Administrative Services Agreement with the Claims Administrator and are subject to change based on factors such as changes in enrollment, benefits offered and amendments to rates. Pharmacy rebates receivable is presented net of the non-admitted portion of the receivable. Non-admitted pharmacy rebates receivable consists of rebate receivables not invoiced or confirmed in writing within two months following the reporting date of the estimated amount (Note 7). Pharmacy rebates received during the year are included in medical and prescription drug benefits incurred, net of pharmacy rebates in the accompanying statutory statements of revenue and expenses and surplus. Pharmacy rebates receivable as of December 31, 2024 and 2023 is included in other receivables in the accompanying statutory statements of admitted assets, liabilities and surplus.

The following represents the change in pharmacy rebates receivable for the Plan during the years ended December 31, 2024 and 2023:

	2024	2023
Pharmacy rebates receivable, beginning of year	\$ 75,100	\$ 67,074
Current year accrual	1,183,980	923,950
Receipts during the year	<u>(1,162,200)</u>	<u>(915,924)</u>
Pharmacy rebates receivable, end of year	96,880	75,100
Non-admitted	<u>-</u>	<u>-</u>
Admitted pharmacy rebates receivable, end of year	<u>\$ 96,880</u>	<u>\$ 75,100</u>

Note 6: Unpaid Claims Reserve

Medical and prescription drug benefits incurred reflect actual claims expenses for services provided to enrollees and provisions for IBNR. The Plan's management and actuary estimate the amount of the provision for IBNR claims using actuarial methodologies based upon historical costs and utilization, payment trends with respect to timing and a statistical analysis of claims development patterns. The estimates for IBNR claims are made on an accrual basis and adjusted in future periods as required. While the ultimate settlement of these claims expenses may differ from the estimated claims reserve, management believes that the reserve is adequate to satisfy its ultimate claims liability.

Despite the variability inherent in such estimates, management believes that the liability for unpaid claims is adequate and includes a buffer for adverse claim developments. However, the Plan's actual future experience may not conform to the assumptions inherent in the determination of this liability. Accordingly, the ultimate settlement of these claims expenses may vary significantly from the amounts included in the accompanying statutory financial statements.

Activity in the unpaid claims reserve for the years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Unpaid claims reserve, beginning of year	\$ <u>1,800,000</u>	\$ <u>2,290,000</u>
Claims incurred, net of reinsurance recoveries and pharmacy rebates:		
Current year	14,967,290	15,697,345
Prior years	<u>(224,516)</u>	<u>(570,335)</u>
Total incurred	<u>14,742,774</u>	<u>15,127,010</u>
Claims paid, net of reinsurance recoveries and pharmacy rebates:		
Current year	(13,253,443)	(13,914,087)
Prior year	<u>(1,489,331)</u>	<u>(1,702,923)</u>
Total paid	<u>(14,742,774)</u>	<u>(15,617,010)</u>
Unpaid claims reserve, end of year	\$ <u>1,800,000</u>	\$ <u>1,800,000</u>

Note 7: Non-Admitted Assets

Non-admitted assets recorded by the Plan primarily consist of prepaid assets. As of December 31, 2024 and 2023, the Plan had \$4,110 and \$6,584, respectively, of non-admitted assets.

Note 8: Income Taxes

The Plan is taxed as a nongrantor trust under the IRC. A nongrantor trust is taxed on the income it earns, net of deductible expenses. This includes the trust's investment income but not employer contributions to the trust, because these are contributions to the trust corpus and do not represent taxable income. For the years ended December 31, 2024 and 2023, the Plan earned investment income totaling \$498,007 and \$326,192, respectively, and incurred \$0 and \$121,772, respectively, in income tax expense, after the deduction of allowable operating expenses. At December 31, 2024 and 2023, \$99,126 and (\$73,143), respectively, is included in income taxes receivable (payable), in the accompanying statutory statements of admitted assets, liabilities and surplus.

As of December 31, 2024 and 2023, the Plan’s deferred tax asset consisted of the following:

	2024	2023
Deferred income tax assets:		
Net unrealized losses on investments	\$ <u>50,538</u>	\$ <u>89,638</u>
Deferred tax assets	50,538	89,638
Valuation allowance	<u>(50,538)</u>	<u>-</u>
Net deferred tax assets	<u>\$ -</u>	<u>\$ 89,638</u>

A valuation allowance was established against the deferred income tax assets due to uncertainty as to whether the tax benefits will be realized in the future.

There were no income tax related penalties or interest incurred by the Plan for the years ended December 31, 2024 and 2023.

Note 9: Statutory Requirements

The NAIC has a model law that establishes certain minimum RBC requirements for health insurance companies. The RBC calculation serves as a benchmark for the regulation of insurance companies and approved MEWA’s by state insurance regulators. The calculation specifies various formulas and weighting factors that are applied to the financial balances and various levels of activity, based on the perceived degree of risk as set forth in the RBC requirements. The amount determined under such formulas is called the authorized control level (ACL) RBC. The RBC guidelines define specific capital levels based on the Plan’s ACL that are determined by the ratio of the Plan’s total adjusted capital (TAC) to its ACL. TAC is equal to the Plan’s statutory surplus plus or minus other specified adjustments.

Following are the specific capital levels and applicable ratios in declining order:

Company Action Level:

- TAC is less than or equal to 2.0 times ACL.
- The Plan must submit a comprehensive financial plan to the insurance superintendent of the state of domicile.

Regulatory Action Level:

- TAC is less than or equal to 1.5 times ACL.
- The Plan is subject to a mandatory examination or analysis by the insurance superintendent and possible required corrective actions.

Authorized Control Level:

- TAC is less than or equal to 1.0 times ACL.
- The Plan is subject to, among other things, the insurance superintendent placing the Plan under regulatory control.

Mandatory Control Level:

- TAC is less than or equal to 0.7 times ACL.
- The insurance superintendent is required to place the Plan under regulatory control.

The Plan is required by the OH DOI to maintain the minimum RBC requirements specified above. In addition, the Plan is required to maintain a minimum surplus of \$500,000 at all times in accordance with its Certificate of Authority to operate as a MEWA in the State of Ohio. As of December 31, 2024 and 2023, the Plan met the minimum surplus requirements. As of December 31, 2024 and 2023, the Plan's TAC was 7.34 and 6.46 times ACL, respectively; therefore, the Plan was in compliance with RBC requirements prescribed by the OH DOI.

Note 10: Plan Termination

Should the Plan terminate at some future time, the surplus of the Plan will be allocated to its creditors and reserves for unreported claims on a pro-rata basis to plan participants, as defined in the Trust Agreement.

Note 11: Reconciliation to Annual Statements

There were no reconciling items between the audited financial statements for the year ended December 31, 2024 and the information reported on the 2024 Annual Statement to the Insurance Department of the State of Ohio Filed by the Company with the Ohio DOL.

The following table is the reconciliation between the 2023 audited statutory financial statements and the information reported on the 2023 Annual Statement to the Insurance Department of the State of Ohio filed by the Company with the Ohio DOL.

	2023 Annual Statement	Variance	2023 Audited Statutory Financial Statements
Accounts payable and accrued payable	244,329	(2,988)	241,341
Income taxes payable	70,154	2,989	73,143

The variances collectively net to zero and are due to classification differences between the 2023 Annual Statement and the 2023 audited statutory financial statements.

Note 12: Commitments and Contingencies

Litigation

From time to time, the Plan may become involved in various proceedings and litigations in the ordinary course of business. While any proceeding or litigation has an element of uncertainty, the Plan believes that the outcome of any lawsuit or claim that is pending or threatened or all of them combined will not have a material or adverse effect on its financial position or results of operations.

Note 13: Subsequent Events

The Plan evaluated events and transactions occurring subsequent to December 31, 2024 through the report date, the date the statutory financial statements were available for issuance. Management has concluded that all subsequent events requiring recognition or disclosure have been incorporated into these statutory financial statements herein.

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

MICHAEL A JOHNSON DDS INC
KROGG & JAYJOHN FAMILY DENTAL
HUDEPOHL FAMILY DENTISTRY
AYOUB ENDODONTICS LLC
DR BRAD WELSH & ASSOCIATES INC
KENNETH H LAWRENCE DDS INC
DR RALPH M WHITAKER
DR DENISE ANTALIS
DR LAUREL MARSHALL
RYAN N ESKRIDGE DDS INC
DR MICHAEL ANTONE
RYAN LEWIS WHEATON DDS CORP
DAVID A CRANS DDS
ADAM U GIBSON DMD LLC
WRIGHT DENTAL CENTER - DR VANESSA
SHORT
TRAILSIDE DENTAL CARE
NEWARK DENTAL ASSOCIATES BRIAN C
STICKEL DDS LLC
JOHN S PYKE III DDS INC
DR CHARLES MICHALAK
HEALTH PROFESSIONALS MANAGEMENT
CAREY HEIN DDS
MOOREHEAD DENTISTRY LLC - BATAVIA
BARTON J GIRDWOOD DDS
AMANDA GARRISON DDS
RYCKMAN ORTHODONTICS LLC
BETHANY CRAWFORD DDS LLC
RUSSELL KISER
STOW DENTAL GROUP INC
SANDUSKY PERIODONTICS AND DENTAL
IMPLANTS
JACK IRVIN DDS INC
ERIN SINHA LLC
ERIN A KNIERIM DMD MS LLC
POLARIS ORTHODONTIC CENTER AMIN
MASON DDS LLC
LEMKE DDS MS LLC
MAIN STREET DENTAL OF NEW ALBANY
DR EJAZ A LAKHANI
FACIAL AESTHETIC DESIGNERS INC
DR JAMES W THOMAS
DR JOSEPH KIM
SPRINGFIELD GENTLE DENTAL

OMAR ALMAKKY DMD LLC
GREGORY W ANDERSON DDS MS LLC
COMFORT DENTAL CIRCLEVILLE
MICHAELS ORAL SURGERY
PLAS FAMILY DENTAL
ADVANCED DENTISTRY HEFFERNAN DDS
INC
MARISSA L MILLER DDS INC
DR MICHELLE A POMARICO
CALEB A ROBINSON DDS
E JOHN REWWER DDS LLC
MORROW COUNTY DENTAL
STRAWMAN-TANGNEY DENTISTRY LLC
GRAF FAMILY DENTAL LLC
ERIC D HENIZE DDS LLC
DR EMILY ZEISLER
BELLEVUE FAMILY DENTISTRY
MILFORD FAMILY DENTISTRY
R L DENNIS DDS LLC
HENSLEY PEDIATRIC DENTISTRY INC
BWR DENTAL MANAGEMENT
TEAM DDS NEW CARLISLE
EMILY A BOEHM DDS LLC
MICHAEL LOCHTEFELD DDS
THOMAS M PAUMIER DDS
#N/A
CROMWELL DENTAL CARE INC
ZACARI R CHRISAGIS DDS LLC
DIPIERO FAMILY DENTAL
MATTHEW PINGEL DMD LLC
HUNSICKER FAMILY DENTAL
HAPPY SMILES FAMILY DENTAL LLC
STEPHEN S FENSTEMAKER DDS LLC
CHRIS HERRICK DDS
MINT TO BE FAMILY DENTISTRY LLC
JOSEPH DAGHER DDS LLC
CHAGRIN VALLEY DENTAL
KEVIN T WEITZEL DMD MS
ROBERT SCOTT MEUSELBACH DDS INC
JONATHAN R TAYLOR DMD
DR TODD BARNETT
APEX ENDODONTICS ANAS FAYATER DMD
LLC

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

SCHAEFERLE AND SCHAEFERLE FAMILY
DENTAL CARE
SOUTH COURT DENTAL MEDICINE LLC
ORLOSKY DENTAL
DOERING VISION CENTER
DAVID J SCHLUETER DDS LLC
MERTES PEDIATRIC DENTISTRY INC
TRAVIS CLARK DDS LLC
LANIAKEA W.D. ENDODONTICS LLC
AIX DENTAL
GROVE CITY EYE ASSOCIATES
MCCARTHY DENTISTRY LLC
SCOTT CUNNINGHAM DDS
HOWARD SPECTOR DDS
ALEX M PENTINO DDS INC
SETH M PEZAR DDS LLC
VANCE & TEKNIPP EYE CARE LLC
ERIC BUCK DDS LLC
NORTH ORANGE FAMILY DENTISTRY
SPRING VALLEY DENTAL
ATHENS EYE PROFESSIONALS
DELHI FAMILY DENTISTRY
VILLAGE GREEN DENTAL PROFESSIONALS
LLC
HOMETOWN FAMILY DENTAL
ROSS GIBSON DDS
YOUNG K JIN
JOSEPH M MESS DDS MS LLC
MOOREHEAD DENTISTRY LEBANON LLC
JULIA M ERON CRANE DMD LLC
DR BRIAN E GARRISON
PAUL F SIEGEL DDS INC
WIGAL ORTHODONTICS
DUGAS DENTAL INC
ALBERT JOHNSTON DDS LLC
CHRISTOPHER J MARTIN DDS
ALEXANDER J MCILVAINE DMD LLC
SIMPLY PRACTICE LLC
DAVID H VERZELLA DDS
BROWN EYECARE LLC
DR MANDANA MOZAYENI
KAREN E SCHEN DDS
THOMAS S KELLY DDS INC

RUSTY M ALBRECHT DDS INC
MICHAEL D SHRALLOW DDS INC
DR JEFFREY S SOBECKS
DAVIS FAMILY DENTISTRY
THE GREATER CLEVELAND DENTAL SOCIETY
KENNETH C MYERS DDS
BRYAN S DODD DDS INC
DAVID E CHLYSTA DDS
KATHERINE A THOKEY DDS
DR CHRIS MATINIDES
KENNETH C MYERS DDS
DONNA C NOLL - VIOLET FAMILY DENTAL
BRIAN K SMITH DDS MD INC
KIOURTSIS ORTHODONTICS INC
MICHAEL POWERS DDS MS
DR A REZA MIREMADI MD DDS
DRS KRAMER & ASSOC INC
CINCINNATI DENTAL SOCIETY
ABSOLUTE SMILE LLC
ROBSON FAMILY DENTISTRY
ZACHARY IMPERIAL DDS MS INC
JEFFREY C LOGAN DDS
DR ORVIN JEREMY WILDE
THOMAS MATANZO DDS INC
THU LEPHAN DDS LLC
W SCOTT HENDRICKS DDS
G MICHAEL APPEL DDS LLC
JOHN N SANTIN DDS
LIGHT TOUCH DENTAL CARE INC
ATHENS DENTAL ARTS
MATT MCIVER DDS
PETER MARAGOS DDS MSD LLC
WEST MILTON DENTAL CENTER
SOUTHWEST FAMILY DENTISTRY LTD
JERRY E HECK DMD INC
PERRY COUNTY DENTAL GROUP INC
BRIAN P SUHEY DDS
KEITH M SCHNEIDER
SHIRCK ORTHODONTICS
LUNT ORTHODONTICS
RIVER CITY DENTAL GROUP INC
NORTH COAST ORAL AND MAXILLOFACIAL
SURGERY INC

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

COCKLEYS PLAYTIME DENTAL INC	REYNOLDSBURG DENTAL ASSOC H M SHAH LLC
AMIR P SHAIBANI DMD	STEVEN W JOHNSON DDS LLC
KATHRYN K MONTGOMERY DDS LLC	BLAINE KINCAID DDS LLC
EMERALD EYECARE LLC	ARLINGTON DENTAL GROUP
DR LISA C PETROV	SOLON ORTHODONTICS PHILIP BOMELI DDS MS INC
STARK COUNTY DENTAL SOCIETY	BELLBROOK FAMILY DENTISTRY
FEHRING FAMILY DENTISTRY LLC	ANTHONY HEIBILI DDS
SMILES4KIDS PEDIATRIC DENTISTRY	DAVID P LUBINSKY DDS LLC
AMBER L AUSNEHMER DDS	STINE DENTAL LLC
KENNETH SIROCKY DDS	LONE OAK DENTAL LLC
PREMIER DENTAL INC	GHERING DENTAL COMPANY
MICHAEL J HULIT DDS INC	MARTINEZ & MARTINEZ FAMILY DENTAL CARE
MORGAN & LEMKE DDS MS INC	LAKOTA DENTAL
J ERIC JONES DDS INC	ANDREW A PETERSON DDS LTD
DR ROCKLAND RAY	THOMAS G LEATHERMAN DDS INC
KENT MORRIS ORTHODONTICS	CHRISTOPHER F HECK DMD LLC
TRI STATE VISION CENTER INC	AFFILIATES IN ORAL & MAXILLOFACIAL SURGERY
PAUL MIKHLI DDS INC	ERIC D BROWN DDS INC
CRAIG A HEWITT DDS	SIMONE & LOWE, LLC
ANGELA R COURTNEY DDS	SOUTHWOOD PAUL POPE FAMILY DENTISTRY
ROBERTSON FAMILY DENTISTRY	BRYAN J KEEFE DDS LLC
LISA ELIAS DMD LLC	R SILVERMAN DENTAL LLC
MARK T ARMSTRONG DDS INC	JONATHAN K DAVIS DDS INC
A SMILE BY DR DEVESE	BENJAMIN K METZ
EAST COLUMBUS FAMILY DENTAL CARE LLC	DAVID A BENNETT DDS LTD
SCHOOLEY DENTAL	HARRIS PERIODONTICS & IMPLANT DENTISTRY
MICHAEL W HULL DDS INC	APPLE TREE DENTAL CENTER DR ZAMORA LLC
MONICA L NEWBY DDS INC	THOMAS R HUGHES DDS
JENNIFER MILLER DDS	MONFREDI FAMILY DENTAL
DAVID R REICH DDS INC	DROCKTON & RODRIGUEZ DDS LLC
MELISSA MULLANE PADGETT DDS LLC	STACEY BLUME DMD MS
J.C. KLINE DDS INC	STADIEM ORTHODONTICS LLC
RAMEZ ASSAD DMD INC	MARK A MASSA DDS INC
PAUL L SCHWARTZ DDS INC	RINALDI ORTHODONTICS
MICROSURGICAL ENDODONTICS INC	TAYLORSVILLE FAMILY DENTAL
PATRICK SORIA DDS INC	J E RHODES DDS INC
HEWITT COOPER DDS	JULIE D MESSERLY DDS
JOHN & ALAN BURLEY DDS INC	
MATTHEW G SCHNEIDER	
ATHENS DENTAL DEPOT	
GENTLE FAMILY DENTAL CARE LLC	
ALEXIOU DENTAL INC	

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

#N/A	THOMAS J MADL JR DMD LLC
CHARLES D MOOREHEAD DDS	CHRIS S RUGGIERO DMD INC
TIMOTHY W PETERS DDS & ERICH D LENZ DDS INC	ANN A BOCKRATH DDS
SCOTT W NIEMAN DDS INC	FRANCINE PIATT MILLER DDS
SAMUEL E TAYLOR DDS	WEST PARK DENTAL
GREGORY LIS DDS	THOMAS NIEDERHELMAN DDS
ANDY BEN GILBERT DDS MS LLC	ANTHONY J BOHMAN
JUNG HUN MARTY RYU DDS	GREGORY DROBA DDS INC
RANDALL W RADEFELD DDS	RICHARD BOHME DDS LLC
BRUMFIELD & WEISBROT DENTISTRY LLC	JOHN C CARLOZZI DDS INC
DR PHILLIP KATZ	DENNIS J CUSTER DDS LLC
KEVIN J ISON DMD PSC	RAYMOND BONOMO PERIODONTICS
AUGLAIZE DENTAL ASSOCIATES	DENTKOS ENDODONTICS LLC
DR JASON A DOERSCHUK	NATHAN M DOWNEY DDS MS INC
BUCYRUS DENTAL	JOHN W MYERS DDS MSD INC
BEAUTIFUL SMILES	JACQUELINE M CERAR DDS INC
ERIN L WHITTAKER DDS LLC	GREGORY P GATES DDS INC
DARCY A WAKEFIELD DDS LLC	KEITH A HOOVER APRIL A YANDA & ASSOCIATES INC
HELEN HOLTE DDS	MAXTOWN FAMILY DENTAL
FAIRLAWN DENTAL CARE	#N/A
AMY GAVIN DMD LLC OLENTANGY MODERN DENTAL	GREGG ORTHODONTICS ASHLAND
CHERRY & WILLIAMS DDS INC	ERIC W HICKMAN DDS INC
ROLAND PAGNIANO DDS MS & ASSOC INC	MICHAEL R WILLIAMS DDS INC
#N/A	INNOVATIVE VISION LLC
SHAYER SHAH DDS LLC	ILDIKO E BAKOS DDS MSD INC
NATHANIEL M TAYLOR DMD LLC	DR. NEAL PATEL
TOMORROWS DENTISTRY INC	RICHARD S MAYO
TIMOTHY A FREEMAN JR DDS	GALLATIN ENDODONTICS
DENNIS M LAMBERT DDS INC	MARK A LARJ DDS INC
NEET TEETH LLC DR AVNEET SANDHU- PATIL	JAMES R ZETTLER DMD INC
GREGORY T MCCUNE DDS INC	TYLER L SCOTT DDS
CRAIG SPLETZER DDS	THOMAS FITZSIMMONS DDS
RONALD A GRIFFIN DDS LLC	BUCKEYE GROVE DENTAL
DAVID M LENHART DDS MSD INC	DR. JASON HORAN
KARL G ESPELETA DDS LLC	HEIGHTS DENTAL GROUP DOROTHY SOBOLEWSKI DDS
JENNIFER BRYK HECHKO DDS MS LLC	TESTERMAN & HUDEPOHL DENTAL PARTNERSHIP
JEFFREY A LABISHAK DDS INC	DUBLIN FAMILY DENTAL
MATTHEW A NEELY DDS LLC	SURABHI CHHIBBER BDS INC
PAULUS ORTHODONTICS	DAVISON ORTHODONTICS
GREENHILLS FAMILY DENTISTRY	W R WAULIGMAN DDS INC

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

GREGORY S MYERS DDS MS INC
MATTHEW M GAEBELEIN DDS INC
GAMBER FAMILY DENTAL INC
ZENON FARIAN DDS INC
EDWIN T REYES DDS LLC
CLEARFORK FAMILY DENTISTRY
EDWARD JIMENEZ DDS
DELAWARE SMILE CENTER
VINKOVICH FAMILY DENTAL
DRS GOLOVAN & GOLOVAN
WARREN ORAL AND FACIAL SURGERY
MOLNAR AND SKASKO DDS LLC
JEFFREY M NASH DDS
PERIODONTAL VISIONS INC/DR ROBERT J
LIMARDI
WARREN ORAL AND FACIAL SURGERY
SUSAN M FRANKO
ODAWT COBRA
STEVEN B WALTERS DDS INC
NATHAN C SPRINGER DDS
RACHEL M SANYK DDS
JAMES HOMON DDS MS
EASTPOINT DENTAL
ROBERT J PRIJATEL DDS
ROBYN E VICEK DDS MS INC
HEALTHY SMILE DENTISTRY
JENNIFER M ZAVORAL DMD MPH LLC
PHILLIPPI DENTAL OF SPRINGFIELD
REBECCA MINTZ GECOVICH
DRS PAVLICK AND REPPAS INC
BRITTANY L W POTTS DDS INC
SHARON R SCHMAHL DDS MSD INC
FAIRFIELD ORAL & MAXILLOFACIAL
SURGERY BRIAN D CUTRIGHT DDS
FISHINGER DENTAL DR NATHAN DESAI
NEAL POSTEL DDS
DAVID A DIXON DDS
ANTHONY J CARUSO DDS LLC
JOHN R CONTE DDS
EBERT DENTAL GROUP
CHARLES S BAKER DDS
HIJAZI DENTAL ASSOCIATES LLC
JUSTIN YUN DMD LLC
STEWART A HINKLEY DDS MS
MARIE A SIMON DDS INC
KAHO AND KAHU DDS INC
SCARLET DENTAL KATIE VINCER SEARS DDS
LLC
SUMMIT ENDODONTIC SPECIALISTS INC
HICKMAN ORTHODONTICS
BRYAN R WIRTZ DDS MS INC
MARIA VANHUFFEL DDS INC
RICHARD S MORGAN DDS INC
DR JOHN M FIOCCA
MARK D JONES DMD INC
SHANE M WELLINGTON DMD LLC
RICHARD S WEISER DDS INC
WIECHART DENTAL LLC
RICHARD L JACKSON DDS INC
DR PETER AMIN
MUSKINGUM VALLEY ORAL SURGERY
OAKWOOD DENTAL, ATTILA NAGY DDS,
MICHELLE NAGY DDS LLC
MCCARTHY DENTAL GROUP LLC
ANDREW A PETERSON DDS
ZANESVILLE DENTAL LLC
DR SEAN ABIDIN
ORAL & FACIAL SURGEONS OF OHIO
MATTHEW W PETERSON DDS
SUNNY PAHOUIA DDS INC
DENTAL EXCELLENCE GROUP - MICHAEL D
CARPENTER
ANGELA M OTT
FINDLAY DENTAL GROUP
MARIETTA DENTAL WORKS
JENNIE NICHOLS DDS
DR TRENT TUCKER - SOUTH DAYTON ORAL
& MAXILLOFACIAL SURGERY
JEFFREY D BREYMAIER DDS
THOMAS A TURNER DDS
JERMAN FAMILY DENTISTRY
ZACHARY T SKABELUND DDS MS LLC
TODD D FLERE DDS INC
BRIAN BRITT DDS LLC
SOUTHWEST ENDODONTICS &
PERIODONTICS INC
LESIA LANGSTON MCKENNA DMD INC

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

PARK DENTAL
CHRISTOPHER OMELTSCHENKO
MOUNDBUILDERS GENERAL DENTISTRY
WEININGER FAMILY DENTISTRY
SCOTT SILVERSTEIN DDS
WILLIAM R GLOCKNER DDS
PERCIVAL F DACOSTA DDS
MATTHEW M ZAVARELLA DDS MS LLC
GENEVA FAMILY DENTAL
THEIL & THEIL DDS INC
NORTHERN DENTAL SPECIALISTS
WOODLAWN DENTAL CENTER
KATHRYN M SHROYER DDS MS
GARY M JUDIS DDS INC
BRIAN D FINELLI DDS
ANDREW C PALMER DENTISTRY LLC
GEROME & PATRICE DENTAL LLC
SINICK FAMILY DENTAL
JAROD L WALLS DDS LLC
THOMAS J LILLER DDS INC
YASSAMIN DOROSTI DDS LLC
BRADLEY E COHN DDS
WILLIAM D ALMONEY DDS INC.
MOORE DENTAL CENTER AT LEWIS CENTER
T SCOTT MCMILLIN DDS INC
CHRISTINE MARQUARD DDS LLC
JOSEPH R SCHMIDBAUER DDS INC
WENGER ORTHODONTICS INC
DDS FAMILY DENTAL LLC
DRS ROBERT & CHRISTOPHER HARTER INC
FRANK G RADIS DDS MS INC
MICHAEL P FLEITZ DDS
WILMINGTON DENTAL ARTS
JEFFREY W LAUBMEIER DMD INC
SEE MORE SMILES GEIER DMD & AMIN
DDS LLC
MEHRDAD SAFAVIAN DDS TOOTH FAMILY
DENTISTRY
DOMENIC DINELLO DMD INC
CHAD S WEBB DDS MS INC
MICHAEL C MCCUTCHEON DDS
MICHAEL D ROLFES DDS INC
OHIO OPTOMETRIC ASSOCIATION
STEFANO DENTAL
N RIDGEVILLE FAMILY DENTISTRY
BRIDGET RYAN INC
MEGAN J WEISENBERGER DMD
CORY B SELLERS DDS LLC
CEDAR VILLAGE DENTISTRY
DRS DONALD R AND JEFFREY S LEE
NAVARRE DENTISTRY & ORTHODONTICS
JAMES C RAMUNNO DDS INC
DREAM DENTAL
RABER DENTAL INC
FINNEY FAMILY DENTAL
MERKER MCALLISTER LLC
NICHOLAS J TERSE DDS
DR JOHN L KINSLEY
TIMOTHY D MEYER
FRYE DENTAL GROUP
ERIC E BERSCHIG DDS
ADEL H HANNA DDS
OHIO DENTAL ASSOCIATION
RONALD L POULOS DDS
MIDWEST OHIO DENTAL CARE
IOANA M CIRSTESCU DDS INC
RICHARD BAUDENDISTEL DENTISTRY
KELLY ANN ROTH DDS INC
MICHAEL S MEAD JR DDS INC
ALI KHAKSARFARD
ORAL & FACIAL SURGERY FOR ADULTS &
CHILDREN LLC
ZIDEL DENTAL GROUP INC
TD DENTAL LLC
GREGORY R SY DDS & ASSOCIATES INC
ANDERSON FERRY DENTAL - STEVEN A.
LEVINSOHN, DDS
WADSWORTH FAMILY DENTISTRY
RYAN S KINN DMD LLC
TONYA L PHILLIPS DDS LLC
DR BRIAN C ASH
ROBERT H REINECK
MICHAEL E O'LEARY DDS LLC
ENDODONTICS SOUTH INC
JOHN G IMM III DDS LLC
BRUNSWICK KIDDS-NTRAGATAKIS DDS LLC

OHIO DENTAL ASSOCIATION WELLNESS TRUST
2024 PARTICIPATING EMPLOYERS LIST

DR ASHOO KHANUJA	BEECHCROFT DENTAL
STEPHEN M JOSEPH DDS INC	CREEKSIDE FAMILY DENTAL WILLIAM W
ERIK HRABOWY DDS MS INC	LEFFLER DDS LLC
ANNETTE M. BAUER DDS, JUSTIN T. BECK DDS, & ASSOC LLC	PAIGE DURKIN DDS LLC
JACKIE BERKOWITZ DDS MS INC	BEECHCROFT DENTAL
JOSHUA LEAVITT DMD MS LLC	DUBLIN KIDS DENTAL
CAROLYN CROWELL DMD	FARAHAY FAMILY DENTAL CARE
CAROL A TEREBA DDS INC	CVD KIDS DENTISTRY
GEORGE A DOWNING JR DDS	CANTON SOUTH DENTAL
JACKO & SIEFKER WELLINGTON DENTAL	GLAMM DENTISTRY
REYNOLDSBURG DENTAL CENTER	WAKEFIELD DENTAL
ANDERSON DENTAL CARE NATHAN	DIMASSA ENDODONTICS
BROOKS DDS INC	KENWOOD ENDODONTICS
RUSSELL HATFIELD	TOBY S WILSON DDS MS LLC
WING MACK & SMITH DDS INC	FOREST DENTAL PARTNERS LLC
GEORGE L NAMAY JR DDS	ANKIT PATEL DDS LLC
CELEBRATE SMILE DENTAL	CLEVEMORSE FAMILY DENTAL
CORCORAN PRIVITERA FAMILY DENTAL	M PINTER DDS INC
SEVEN STAR DENTAL	KENT R HAWKINS DDS
SCOTT ILIFF DDS	REED FAMILY DENTAL
COLUMBUS ENDODONTIC SPECIALISTS LLC	VOYLES FAMILY DENTAL
PROFESSIONAL ENDODONTICS INC	CHRISTOPHER D COLEMAN DDS LLC
JOHNNA M ASKINS DDS	JEREMY M THIEL DDS LLC
DENTAL ASSOCIATES	MARION ENDODONTICS
SOUTHERN OHIO SMILES LLC	MICHAEL D WASCO DDS
MARY ANN HANLON INC	BALOY FAMILY DENTISTRY LLC
DR JOHN KURZAWA DDS LLC	JOHN W MONHEIM DDS PC
NICOLE HELFRICH DDS LLC	EXPLORER PEDIATRIC DENTISTRY LLC JULIE
MARSHALL DENTAL - DR JOHN MARSHALL	RUDGERS CROFT DDS
FRED H PECK DDS	FAMILY DENTISTRY
JASON T CULLEY DDS INC - WATERMARK DENTAL	JENNIFER LAPE DDS LLC
KARI A CUNNINGHAM DMD LLC	
ENDODONTICS LIMITED INC	
GOLDEN OAK DENTISTRY	
DR BANA MOUREIDEN	
AMIT H PATEL DDS LLC	
PAUL W HARR DDS INC	
DR SHAINDY SILVERSTEIN	
ZACHARY N STEFAN DMD LLC	
PARTHIV PATEL DDS INC	
BRUNSWICK FAMILY DENTAL	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identifi- cation	2 Description	3 Codes		4 Foreign	5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	9 Rate Per Share Used to Obtain Fair Value	10 Fair Value	11 Actual Cost	12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Years (Amor- tization)/ Accretion	17 Current Years Other-Than- Temporary Impairment Recognized	18 Total Change in Book/Adjusted Carrying Value (15 + 16 - 17)	19 Total Foreign Exchange Change in Book/ Adjusted Carrying Value	20 NAIC Design- ation, NAIC Design- ation Modifier and SVO Admini- strative Symbol	21 Date Acquired
		3	4																		
NONE																					
4509999999 - Total Preferred Stocks																					

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Number	1A	1B	1C	1D	1E	1F	1G
1A	1B	1C	1D	1E	1F	1G	
2A	2B	2C					
3A	3B	3C					
4A	4B	4C					
5A	5B	5C					
6							

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 2 - SECTION 2

Showing All COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Ident- ification	2 Description	3 Codes		4 Foreign Code	5 Number of Shares	6 Book/ Adjusted Carrying Value	7 Rate Per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in Book/Adjusted Carrying Value (13 - 14)	16 Total Foreign Exchange Change in Book/Adjusted Carrying Value	17 Date Acquired	18 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	
		0	1																
5109999999	Total - Common Stock - Industrial and Miscellaneous (Unaffiliated)																		
04071-10-2	AMERICAN BALANCED CLASS A REINVEST				7,300,837	250,711	34.340	250,711	234,812	0	4,899	0	0	0	0	0	0	12/17/2024	1.A
14018-10-3	AMERICAN CAPITAL INCOME BUILDER CLASS A REINVEST				3,455,064	238,261	68.960	238,261	232,528	0	5,733	0	0	0	0	0	0	12/20/2024	1.A
14054-10-9	AMERICAN CAPITAL WORLD GRTH A INC A REINVEST				3,785,076	240,637	63.590	240,637	241,436	0	6,949	0	0	0	0	0	0	12/18/2024	1.A
45320-10-3	AMERICAN CAPITAL WORLD GRTH A INC A REINVEST				9,860,702	241,018	24.420	241,018	245,284	0	9,006	0	0	0	0	0	0	12/17/2024	1.A
02784-10-5	AMERICAN MIDLAND FUND CLASS A REINVEST				4,888,862	270,319	55.180	270,319	244,088	0	4,656	0	0	0	0	0	0	12/18/2024	1.A
00330-10-6	AMERICAN MIDLAND FUND CLASS A REINVEST				4,758,069	293,002	61.580	293,002	267,133	0	3,869	0	0	0	0	0	0	12/23/2024	1.A
02629-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST				5,919,200	216,988	36.660	216,988	228,637	0	7,532	0	0	0	0	0	0	12/23/2024	1.A
45951-10-5	AMERICAN INTERNATIONAL GROWTH & INCOME CLASS A REINVEST				5,676,945	203,632	35.870	203,632	230,451	0	6,421	0	0	0	0	0	0	12/23/2024	1.A
02375-10-8	AMERICAN INTCAP CLASS A REINVEST				5,962,943	255,591	42.720	255,591	250,428	0	18,718	0	0	0	0	0	0	12/18/2024	1.A
36987-10-8	AMERICAN GROWTH FUND OF AMERICA CLASS A REINVEST				3,638,669	270,935	74.460	270,935	259,593	0	21,314	0	0	0	0	0	0	12/20/2024	1.A
64902-10-9	AMERICAN NEW ECONOMIC FUND CLASS A REINVEST				3,907,362	238,657	61.130	238,657	242,260	0	5,235	0	0	0	0	0	0	12/20/2024	1.A
64818-10-9	AMERICAN NEW PERFECTIVE CLASS A REINVEST				3,817,383	237,088	62.110	237,088	242,756	0	20,981	0	0	0	0	0	0	12/20/2024	1.A
64529-10-4	AMERICAN NEW WORLD FUND CLASS A REINVEST				2,502,815	192,892	77.070	192,892	225,469	0	6,939	0	0	0	0	0	0	12/20/2024	1.A
64529-10-4	AMERICAN SMALL CAP WORLD CLASS A REINVEST				2,574,028	173,463	67.390	173,463	219,238	0	618	0	0	0	0	0	0	12/23/2024	1.A
5329999999	Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned					3,323,414	XXX	3,323,414	3,368,123	0	124,974	0	0	0	0	0	0	XXX	XXX
5409999999	Total - Common Stocks - Mutual Funds					3,323,414	XXX	3,323,414	3,368,123	0	124,974	0	0	0	0	0	0	XXX	XXX
5609999999	Total - Common Stocks - Unit Investment Trusts					0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5809999999	Total - Common Stocks - Closed-End Funds					0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5979999999	Total - Common Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999999	Total - Common Stocks					3,323,414	XXX	3,323,414	3,368,123	0	124,974	0	0	0	0	0	0	XXX	XXX
5999999999	Total Preferred and Common Stocks					3,323,414	XXX	3,323,414	3,368,123	0	124,974	0	0	0	0	0	0	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Number	1A	1B	1C	1D	1E	1F	1G
1A	3,323,414	0	0	0	0	0	0
1B	0	0	0	0	0	0	0
1C	0	0	0	0	0	0	0
1D	0	0	0	0	0	0	0
1E	0	0	0	0	0	0	0
1F	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
028300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	55,599	636		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	145,343	1,381		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	36,357	673		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		01/02/2024	FIFTH THIRD SECURITIES	32,635	661		
028300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	56,914	690		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	134,201	1,274		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	60,543	693		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		02/01/2024	FIFTH THIRD SECURITIES	52,838	664		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	58,848	661		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		03/01/2024	FIFTH THIRD SECURITIES	61,318	651		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	125,329	1,199		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	61,996	699		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		04/01/2024	FIFTH THIRD SECURITIES	55,855	693		
028547-10-9	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	63,360	722		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	127,779	1,208		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	66,599	729		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		05/01/2024	FIFTH THIRD SECURITIES	57,465	700		
028300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	60,734	711		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	135,860	1,298		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	66,839	739		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		06/03/2024	FIFTH THIRD SECURITIES	57,501	707		
140541-10-3	AMERICAN CAPITAL WORLD BOND		06/17/2024	FIFTH THIRD SECURITIES	79,079	1,258		
028300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		07/01/2024	FIFTH THIRD SECURITIES	57,347	676		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		07/01/2024	FIFTH THIRD SECURITIES	133,800	1,279		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		07/01/2024	FIFTH THIRD SECURITIES	64,101	716		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		07/01/2024	FIFTH THIRD SECURITIES	57,003	703		
028300-10-3	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		08/01/2024	FIFTH THIRD SECURITIES	60,017	721		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		08/01/2024	FIFTH THIRD SECURITIES	137,757	1,338		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		08/01/2024	FIFTH THIRD SECURITIES	66,672	759		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		08/01/2024	FIFTH THIRD SECURITIES	60,689	760		
028547-10-9	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		09/03/2024	FIFTH THIRD SECURITIES	56,428	688		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		09/03/2024	FIFTH THIRD SECURITIES	139,232	1,364		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		09/03/2024	FIFTH THIRD SECURITIES	64,794	746		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		09/23/2024	FIFTH THIRD SECURITIES	58,454	740		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		09/23/2024	FIFTH THIRD SECURITIES	82,459	1,382		
028300-10-3	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		10/01/2024	FIFTH THIRD SECURITIES	56,489	693		
028547-10-9	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		10/01/2024	FIFTH THIRD SECURITIES	138,248	1,347		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		10/01/2024	FIFTH THIRD SECURITIES	63,187	735		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		10/01/2024	FIFTH THIRD SECURITIES	57,254	739		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		11/01/2024	FIFTH THIRD SECURITIES	60,902	724		
028547-10-9	AMERICAN HIGH INCOME TRUST CLASS A REINVEST		11/01/2024	FIFTH THIRD SECURITIES	137,606	1,346		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		11/01/2024	FIFTH THIRD SECURITIES	67,063	756		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		11/01/2024	FIFTH THIRD SECURITIES	60,155	751		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		12/02/2024	FIFTH THIRD SECURITIES	57,628	688		
028547-10-9	AMERICAN US GOV'T SECURITIES CLASS A REINVEST		12/02/2024	FIFTH THIRD SECURITIES	62,246	706		
028300-10-3	AMERICAN BOND FUND OF AMERICA CLASS A REINVEST		12/02/2024	FIFTH THIRD SECURITIES	56,532	707		
028547-10-9	AMERICAN IMMEDIATE BOND OF AMERICA CLASS A REINVEST		12/19/2024	FIFTH THIRD SECURITIES	416,305	3,777		
1619899999	Subtotal - Bonds - SVO identified Funds		12/19/2024	FIFTH THIRD SECURITIES	95,983	1,596		
2509999997	Total - Bonds - Part 3				45,757	45,757		0
2509999998	Total - Bonds - Part 5				45,757	45,757		0
2509999999	Total - Bonds				45,757	45,757		0
4509999997	Total - Preferred Stocks - Part 3				0	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
4509999998 - Total - Preferred Stocks - Part 5								
4509999999 - Total - Preferred Stocks								
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	22,515	0		
140545-10-3	AMERICAN CAPITAL INCOME BUILDER CL A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	750	1,469	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	21,779	1,469	XXX	
453300-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		03/12/2024	FIFTH THIRD SECURITIES	703	1,056	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		03/14/2024	FIFTH THIRD SECURITIES	66,014	1,577	XXX	
598330-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		03/14/2024	FIFTH THIRD SECURITIES	18,513	891	XXX	
140541-10-3	AMERICAN CAPITAL WORLD BOND CLASS A REINVEST		03/18/2024	FIFTH THIRD SECURITIES	14,484	882	XXX	
026290-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		03/25/2024	FIFTH THIRD SECURITIES	77,567	1,250	XXX	
459561-10-5	AMERICAN INTERNAL GROWTH & INCOME CL A REINVEST		03/25/2024	FIFTH THIRD SECURITIES	19,027	673	XXX	
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	22,105	1,000	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CL A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	21,747	1,478	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		06/11/2024	FIFTH THIRD SECURITIES	18,820	1,244	XXX	
453300-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	66,037	1,588	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	108,554	4,469	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	18,788	1,019	XXX	
383300-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		06/13/2024	FIFTH THIRD SECURITIES	215,068	12,865	XXX	
026290-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		06/24/2024	FIFTH THIRD SECURITIES	32,865	1,238	XXX	
459561-10-5	AMERICAN INTERNAL GROWTH & INCOME CL A REINVEST		06/24/2024	FIFTH THIRD SECURITIES	57,969	2,181	XXX	
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		09/17/2024	FIFTH THIRD SECURITIES	21,051	755	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CL A REINVEST		09/17/2024	FIFTH THIRD SECURITIES	20,352	1,488	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		09/17/2024	FIFTH THIRD SECURITIES	10,557	709	XXX	
453300-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		09/17/2024	FIFTH THIRD SECURITIES	62,312	1,560	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		09/19/2024	FIFTH THIRD SECURITIES	17,559	1,023	XXX	
598330-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		09/19/2024	FIFTH THIRD SECURITIES	14,731	929	XXX	
026290-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		09/24/2024	FIFTH THIRD SECURITIES	26,749	1,058	XXX	
459561-10-5	AMERICAN INTERNAL GROWTH & INCOME CL A REINVEST		09/24/2024	FIFTH THIRD SECURITIES	32,147	1,228	XXX	
024071-10-2	AMERICAN BALANCED CLASS A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	21,462	757	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CL A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	54,632	1,927	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	341,155	12,038	XXX	
453300-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	64,612	1,610	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	121,623,000	3,031	XXX	
453300-10-3	AMERICAN INCOME FUND OF AMERICA CLASS A REINVEST		12/17/2024	FIFTH THIRD SECURITIES	212,880	5,985	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	20,947	861	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	320,177	14,229	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	1,033	397	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	16,255	1,027	XXX	
027881-10-5	AMERICAN MUTUAL FUND CLASS A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	207,614	11,674	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	7,059	462	XXX	
140545-10-9	AMERICAN CAPITAL WORLD GRTH & INC A REINVEST		12/18/2024	FIFTH THIRD SECURITIES	12,490	818	XXX	
648822-10-9	AMERICAN NEW ECONOMY FUND CLASS A		12/18/2024	FIFTH THIRD SECURITIES	211,719	13,659	XXX	
398874-10-6	AMERICAN GROWTH FUND OF AMERICA CLASS A		12/19/2024	FIFTH THIRD SECURITIES	338,345	20,981	XXX	
398874-10-6	AMERICAN GROWTH FUND OF AMERICA CLASS A		12/19/2024	FIFTH THIRD SECURITIES	19,828	1,035	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CLASS A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	384,640	21,314	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CLASS A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	21,945	1,497	XXX	
140198-10-3	AMERICAN CAPITAL INCOME BUILDER CLASS A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	24,871	1,697	XXX	
648018-10-9	AMERICAN NEW PERSPECTIVE CLASS A		12/20/2024	FIFTH THIRD SECURITIES	80,913	5,521	XXX	
648018-10-9	AMERICAN NEW PERSPECTIVE CLASS A		12/20/2024	FIFTH THIRD SECURITIES	21,430	1,336	XXX	
646290-10-4	AMERICAN NEW WORLD FUND CLASS A		12/20/2024	FIFTH THIRD SECURITIES	164,257	10,238	XXX	
646290-10-4	AMERICAN NEW WORLD FUND CLASS A		12/20/2024	FIFTH THIRD SECURITIES	20,358	1,576	XXX	
393300-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	67,628	4,102	XXX	
393300-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	3,383	205	XXX	
393300-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	15,321	892	XXX	
393300-10-6	AMERICAN INSMITH MUTUAL INVESTRS CL A REINVEST		12/20/2024	FIFTH THIRD SECURITIES	190,951	11,621	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Dental Association Wellness Trust

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
02829H-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		12/23/2024	FIFTH THIRD SECURITIES	27,098	986		
02829H-10-6	AMERICAN GLOBAL BALANCED CLASS A REINVEST		12/23/2024	FIFTH THIRD SECURITIES	205,077	7,532		
43266T-10-5	AMERICAN INTERNATIONAL GROWTH & INCOME CLASS A REINVEST		12/23/2024	FIFTH THIRD SECURITIES	2,389	803		
43266T-10-5	AMERICAN INTERNATIONAL GROWTH & INCOME CLASS A REINVEST		12/23/2024	FIFTH THIRD SECURITIES	42,078	1,510		
64292P-10-4	AMERICAN SMALL CAP WORLD CLASS A		12/23/2024	FIFTH THIRD SECURITIES	15,185	1,051		
595199999999	Subtotal - Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO					206,788	XXX	0
595999999997	Total - Common Stocks - Part 3					206,788	XXX	0
595999999998	Total - Common Stocks - Part 5					206,788	XXX	0
595999999999	Total - Common Stocks					206,788	XXX	0
595999999999	Total - Preferred and Common Stocks					206,788	XXX	0
600999999999	Totals					252,545	XXX	0