



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2018
OF THE CONDITION AND AFFAIRS OF THE

Bright Health Insurance Company of Ohio, Inc.

NAIC Group Code 4887 (Current) (Prior) NAIC Company Code 16353 Employer's ID Number 37-1873205

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 10/26/2017 Commenced Business 01/01/2019

Statutory Home Office 219 N 2nd St, Suite 401, Minneapolis, MN, US 55401
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 219 N 2nd St, Suite 401
(Street and Number)
Minneapolis, MN, US 55401, 612-238-1321
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 219 N 2nd St, Suite 401, Minneapolis, MN, US 55401
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 219 N 2nd St, Suite 401
(Street and Number)
Minneapolis, MN, US 55401, 612-238-1321
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.brighthouseplan.com

Statutory Statement Contact Marie Theresa Vyvyan, 612-238-1321
(Name) (Area Code) (Telephone Number)
mvyvyan@brighthouseplan.com,
(E-mail Address) (FAX Number)

OFFICERS

President Kyle Robert Roling # Chief Financial Officer Donald Alan Powers #
Secretary Brian Keith Beutner # Chief Executive Officer Robert John Sheehy #

OTHER

Tomas David Valdivia M.D. #, Chief Medical Officer

DIRECTORS OR TRUSTEES

Robert John Sheehy # Kyle Robert Roling # Tomas David Valdivia M.D #
Donald Alan Powers # Brian Keith Beutner #

State of Minnesota SS:
County of Hennepin

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

Robert John Sheehy
Chief Executive Officer

Donald Alan Powers
Chief Financial Officer

Brian Beutner
Secretary

Subscribed and sworn to before me this _____ day of _____, October 2018

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

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|--|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 5,954,847 | 0 | 5,954,847 | 0 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | 0 | 0 | 0 | 0 |
| 3.2 Other than first liens..... | 0 | 0 | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 5. Cash (\$100,008), cash equivalents (\$635,917) and short-term investments (\$0) | 735,925 | 0 | 735,925 | 0 |
| 6. Contract loans (including \$0 premium notes) | 0 | 0 | 0 | 0 |
| 7. Derivatives | 0 | 0 | 0 | 0 |
| 8. Other invested assets | 0 | 0 | 0 | 0 |
| 9. Receivables for securities | 500,000 | 0 | 500,000 | 0 |
| 10. Securities lending reinvested collateral assets | 0 | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 7,190,772 | 0 | 7,190,772 | 0 |
| 13. Title plants less \$0 charged off (for Title insurers only) | 0 | 0 | 0 | 0 |
| 14. Investment income due and accrued | 35,082 | 0 | 35,082 | 0 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 0 | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums) | 0 | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0) | 0 | 0 | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 | 0 |
| 18.2 Net deferred tax asset | 0 | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$0) | 0 | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 24. Health care (\$0) and other amounts receivable | 0 | 0 | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 7,225,854 | 0 | 7,225,854 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 7,225,854 | 0 | 7,225,854 | 0 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$0 reinsurance ceded) | 0 | 0 | 0 | 0 |
| 2. Accrued medical incentive pool and bonus amounts | 0 | 0 | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 0 | 0 | 0 | 0 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | 0 | 0 | 0 | 0 |
| 5. Aggregate life policy reserves | 0 | 0 | 0 | 0 |
| 6. Property/casualty unearned premium reserve | 0 | 0 | 0 | 0 |
| 7. Aggregate health claim reserves | 0 | 0 | 0 | 0 |
| 8. Premiums received in advance | 0 | 0 | 0 | 0 |
| 9. General expenses due or accrued | 314 | 0 | 314 | 0 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses)) | 0 | 0 | 0 | 0 |
| 10.2 Net deferred tax liability | 3,460 | 0 | 3,460 | 0 |
| 11. Ceded reinsurance premiums payable | 0 | 0 | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | 0 | 0 | 0 | 0 |
| 13. Remittances and items not allocated | 0 | 0 | 0 | 0 |
| 14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current) | 0 | 0 | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 13,880 | 0 | 13,880 | 0 |
| 16. Derivatives | 0 | 0 | 0 | 0 |
| 17. Payable for securities | 0 | 0 | 0 | 0 |
| 18. Payable for securities lending | 0 | 0 | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers) | 0 | 0 | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$0) companies | 0 | 0 | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 0 | 0 | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$0 current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 17,654 | 0 | 17,654 | 0 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 0 |
| 27. Preferred capital stock | XXX | XXX | 0 | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 6,146,351 | 0 |
| 29. Surplus notes | XXX | XXX | 0 | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 61,849 | 0 |
| 32. Less treasury stock, at cost: | | | | |
| 32.10 shares common (value included in Line 26 \$0) | XXX | XXX | 0 | 0 |
| 32.20 shares preferred (value included in Line 27 \$0) | XXX | XXX | 0 | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 7,208,200 | 0 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 7,225,854 | 0 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | 0 | 0 | 0 |
| 2. Net premium income (including \$0 non-health premium income)..... | XXX | 0 | 0 | 0 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | 0 | 0 | 0 |
| 4. Fee-for-service (net of \$0 medical expenses)..... | XXX | 0 | 0 | 0 |
| 5. Risk revenue | XXX | 0 | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 0 | 0 | 0 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | 0 | 0 | 0 | 0 |
| 10. Other professional services | 0 | 0 | 0 | 0 |
| 11. Outside referrals | 0 | 0 | 0 | 0 |
| 12. Emergency room and out-of-area | 0 | 0 | 0 | 0 |
| 13. Prescription drugs | 0 | 0 | 0 | 0 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | 0 | 0 | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 0 | 0 | 0 |
| Less: | | | | |
| 17. Net reinsurance recoveries | 0 | 0 | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 0 | 0 | 0 |
| 19. Non-health claims (net) | 0 | 0 | 0 | 0 |
| 20. Claims adjustment expenses, including \$0 cost containment expenses | 0 | 0 | 0 | 0 |
| 21. General administrative expenses | 0 | 505 | 0 | 0 |
| 22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only) | 0 | 0 | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 505 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (505) | 0 | 0 |
| 25. Net investment income earned | 0 | 78,795 | 0 | 0 |
| 26. Net realized capital gains (losses) less capital gains tax of \$0 | 0 | 0 | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 78,795 | 0 | 0 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]..... | 0 | 0 | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 78,290 | 0 | 0 |
| 31. Federal and foreign income taxes incurred | XXX | 12,981 | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 65,309 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 0 | 0 | 0 |
| 34. Net income or (loss) from Line 32 | 65,309 | 0 | 0 |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0 | 0 | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | (3,460) | 0 | 0 |
| 39. Change in nonadmitted assets | 0 | 0 | 0 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 1,000,000 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 | 0 |
| 44.3 Transferred to surplus..... | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 6,146,351 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 7,208,200 | 0 | 0 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 7,208,200 | 0 | 0 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 0 | 0 | 0 |
| 2. Net investment income | 27,621 | 0 | 0 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 27,621 | 0 | 0 |
| 5. Benefit and loss related payments | 0 | 0 | 0 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 470 | 0 | 0 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses) | 0 | 0 | 0 |
| 10. Total (Lines 5 through 9) | 470 | 0 | 0 |
| 11. Net cash from operations (Line 4 minus Line 10) | 27,151 | 0 | 0 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 5,938,476 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 500,000 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 6,438,476 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (6,438,476) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 7,146,351 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 899 | 0 | 0 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 7,147,250 | 0 | 0 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 735,925 | 0 | 0 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 0 | 0 | 0 |
| 19.2 End of period (Line 18 plus Line 19.1) | 735,925 | 0 | 0 |

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

Exhibit of Premiums, Enrollment and Utilization

NONE

Claims Payable - Aging Analysis of Unpaid Claims

NONE

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operations

Bright Health Insurance Company of Ohio, Inc. (the "Company") is incorporated in the State of Ohio, dually licensed as a health maintenance organization ("HMO") and a life, accident and health insurer, and is a wholly owned subsidiary of Bright Health Management, Inc. ("BHM"). BHM is a wholly owned subsidiary of Bright Health, Inc. ("Bright Health"), a for-profit privately held company. The Company was incorporated October 26, 2017, and received its license from the Ohio Department of Insurance (the "Department") on April 23, 2018. The Company plans to begin writing health policies for Medicare-eligible enrollees effective January 1, 2019.

A. Accounting Practices

The statutory financial statements of the Company have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP"), the NAIC Annual Instructions, and other accounting practices, as prescribed or permitted by the Department.

No significant differences exist between the practices prescribed and permitted by the State of Ohio and those prescribed and permitted by the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

| | F/S | F/S | |
|---|---------------------------|-------|---------------------|
| | SSAP # | Page | Line # |
| | <u>September 30, 2018</u> | | |
| NET INCOME | | | |
| (1) State basis (Page 4, Line 32, Column 2 & 4) | XXX | XXX | XXX |
| | | | \$ 65,309 |
| (2) State prescribed practices that increase/(decrease) NAIC SAP: | _____ | _____ | _____ |
| | | | \$ - |
| (3) State permitted practices that increase/(decrease) NAIC SAP: | _____ | _____ | _____ |
| | | | \$ - |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX |
| | | | <u>\$ 65,309</u> |
| SURPLUS | | | |
| (1) State basis (Page 3, Line 33, Column 3 & 4) | XXX | XXX | XXX |
| | | | \$ 7,208,200 |
| (2) State prescribed practices that increase/(decrease) NAIC SAP: | _____ | _____ | _____ |
| | | | \$ - |
| (3) State permitted practices that increase/(decrease) NAIC SAP: | _____ | _____ | _____ |
| | | | \$ - |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX |
| | | | <u>\$ 7,208,200</u> |

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods.

C. Accounting Policy

Basis of Presentation - The Company prepares its statutory financial statements on the basis of accounting practices prescribed and permitted by the Department. These statutory practices differ from accounting principles generally accepted in the United States of America ("GAAP").

Accounting policy disclosures that are required by the NAIC Annual Statement instructions are as follows:

- (1 - 2) Bonds and short-term investments, and certain cash equivalent investments, are stated at amortized cost if they meet NAIC designation of one or two and stated at the lower of amortized cost or fair value if they meet an NAIC designation of three or higher. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office of the NAIC ("SVO") in accordance with the NAIC Valuations of Securities manual prepared by the SVO or an external pricing service;
- (3) The Company holds no common stock;
- (4) The Company holds no preferred stock;
- (5) The Company holds no mortgage loans;
- (6) The Company holds no loan-backed securities;

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- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statements of Statutory Accounting Principle ("SSAP") No. 54;
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and adjustments are reflected in the period determined;
- (12) The Company does not carry fixed assets on the statutory basis financial statements;
- (13) The Company does not have any pharmaceutical rebate receivables.

ASSETS

Cash and Invested Assets

- Bonds include U.S. government and agency securities, and corporate debt securities with a maturity of greater than one year at the time of purchase;
- Cash and cash equivalents in the statutory financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments that will mature in one year or less from the balance sheet date;
- Cash represents cash held by the Company in disbursement accounts. Claims and other payments are made from the disbursement account;
- Outstanding checks are required to be netted against cash balances or presented as cash overdrafts if in excess of cash balances in the statutory basis financial statements of admitted assets, liabilities and capital and surplus as opposed to being presented as liabilities under GAAP;
- Cash equivalents represent agency securities, corporate debt securities, and money-market funds. Cash equivalents have original maturity dates of three months or less from the date of acquisition and are reported at cost or amortized cost depending on the nature of the underlying security, which approximates fair value;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell the security that is in an impaired status, the Company will record a realized loss in net realized capital gains less capital gains tax in the statutory basis statements of operations. The new cost basis is changed for the subsequent recoveries in fair value. The Company has not recognized any other-than-temporary impairment for the period ended September 30, 2018;
- The statutory basis statements of cash flows reconcile cash, cash equivalents, and short-term investments with original maturities of one year or less from the time of acquisition; whereas under GAAP, the statements of cash flows reconcile the corresponding captions of cash and cash equivalents with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of GAAP cash flows. The statutory basis statements of cash flow are prepared in accordance with the NAIC Annual Statement instructions.

CAPITAL AND SURPLUS

- **Restricted Cash Reserves** – The Company held regulatory deposits in the amount of \$448,390 as of September 30, 2018, in compliance with the state requirements for qualification purposes as a domestic insurer. These restricted cash reserves consist principally of government obligations and are stated at amortized cost, which approximates fair value. These restricted deposits are included in bonds and cash equivalents in the statutory basis statements of admitted assets, liabilities and capital and surplus. Interest earned on these deposits accrues to the Company.
- **Minimum Capital and Surplus** – Under the laws of the state of Ohio, the Department requires the Company to maintain minimum capital and surplus equal to \$2,500,000. The Company is in compliance with the required amount as of September 30, 2018.

D. Going Concern

The Company has the ability to continue as a going concern and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

The company had no changes in accounting principles or correction of errors as of September 30, 2018.

3. BUSINESS COMBINATIONS AND GOODWILL

Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

5. INVESTMENTS

A-C. Mortgage Loans, Debt Restructuring & Reverse Mortgages

The Company had no mortgage loans, real estate loans, or reverse mortgages.

D. Loan-Backed Securities

The Company has no loan-backed securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

(1) Restricted assets, including pledged securities as of September 30, 2018 are presented below:

| Restricted Asset Category | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Current Year Nonadmitted Restricted | 3 Total Current Year Admitted Restricted (1-2) | 4 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | 5 Admitted Restricted to Total Admitted Assets (b) |
|--|--|---|--|--|--|
| a. Subject to contractual obligation for which liability is not shown | \$ - | \$ - | \$ - | 0% | 0% |
| b. Collateral held under security lending agreements | - | - | - | 0 | 0 |
| c. Subject to repurchase agreements | - | - | - | 0 | 0 |
| d. Subject to reverse repurchase agreements | - | - | - | 0 | 0 |
| e. Subject to dollar repurchase agreements | - | - | - | 0 | 0 |
| f. Subject to dollar reverse repurchase agreements | - | - | - | 0 | 0 |
| g. Placed under option contracts | - | - | - | 0 | 0 |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | - | - | - | 0 | 0 |
| i. FHLB capital stock | - | - | - | 0 | 0 |
| j. On deposit with states | 448,390 | - | 448,390 | 6 | 6 |
| k. On deposit with other regulatory bodies | - | - | - | 0 | 0 |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | - | - | - | 0 | 0 |
| m. Pledged as collateral not captured in other categories | - | - | - | 0 | 0 |
| n. Other restricted assets | - | - | - | 0 | 0 |
| o. Total restricted assets | \$ 448,390 | \$ - | \$ 448,390 | 6% | 6% |

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company has no assets pledged as collateral not captured in other categories as of September 30, 2018.

(3) The Company has no Other Restricted Assets as of September 30, 2018.

(4) The Company did not receive any collateral which was reflected as assets as of September 30, 2018.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

Not applicable.

O. Structured Notes

Not applicable.

P. 5* Securities

Not applicable.

Q. Short Sales

Not applicable.

R. Prepayment Penalty and Acceleration Fees

Not applicable.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A-B. The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships and limited liability companies during the statement period.

7. INVESTMENT INCOME

A. The Company has admitted all investment income due and accrued in the statutory basis financial statements of admitted assets, liabilities and capital and surplus.

B. The Company has no investment amounts excluded from the statutory basis financial statements.

8. DERIVATIVE INSTRUMENTS

A-F. The Company has no derivative instruments.

9. INCOME TAXES

The Company is included in the consolidated federal income tax return with its ultimate parent, Bright Health. The entities included within the consolidated return are included in NAIC Statutory Statement Schedule Y – Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes for the Company are calculated and estimated under a tax sharing agreement with Bright Health. There have been no significant events which require a federal income tax provision to be recorded as of September 30, 2018.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A-N. Material Related Party Transactions

The Company has a management services agreement with BHM to provide the Company with personnel, information systems, claims processing, billing and enrollment, supplies and other services for the performance of all necessary and appropriate management services and functions. As compensation for the management services performed the Company pays a management fee that is the greater of a percentage of premiums or actual cost. The management fee will be reflected in the Company's statutory basis financial statements upon commencement of business in 2019.

The Company has a Tax Sharing Agreement with Bright Health.

The Company recorded \$13,880 in amounts due to parents, subsidiaries and affiliates, net in the statutory basis statements of assets, liabilities, capital and surplus as of September 30, 2018.

11. DEBT

A-B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements as of September 30, 2018.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A-I. The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding plans, postemployment benefits, and compensated absence plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of BHM which provides services to the Company under the terms of a management agreement.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

- (1) The Company has 100,000 shares authorized and 100,000 shares issued and outstanding of \$10 par value common stock. All issued and outstanding shares are owned by BHM, the parent company.
- (2) The Company has issued no preferred stock.
- (3) Payment of dividends may be restricted by the Department, which generally requires that dividends be paid out of accumulated surplus.
- (4) The Company paid no dividends in 2018.
- (5) The amount of ordinary dividends that may be paid out during any given time period is subject to certain restrictions as specified by state statute.
- (6) The Company has no restrictions placed on its unassigned funds.
- (7) The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- (8) The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- (9) The Company has no special surplus funds.
- (10) The Company has no unassigned funds represented or reduced by cumulative unrealized gains and losses.
- (11) The Company issued no debentures or similar obligations.
- (12-13) The Company has never been party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A-F. The Company has no contingent commitments, assessments, gain contingencies, claims related extra contractual obligation and bad faith losses from lawsuits, joint and several liabilities, or other contingencies which require disclosure in the statutory basis financial statements.

15. LEASES

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

A-B. According to the management agreement between the Company and BHM (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of BHM. Fees associated with the lease agreements are included as a component of the Company's management fee agreement.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1-4) The Company does not hold any financial instruments with off-balance sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

A-C. The Company did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A-C. The Company had no operations from uninsured or partially insured plans as of September 30, 2018.

19. DIRECT PREMIUMS WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

The Company did not have any direct premiums produced or written by agents or third-party administrators as of September 30, 2018.

20. FAIR VALUE MEASUREMENTS

The NAIC defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

LEVEL 1 – Inputs are unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.

LEVEL 2 – Inputs are quoted prices for similar assets or liabilities in active markets or quoted prices in markets that are not active, or inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability.

LEVEL 3 - Inputs are unobservable and significant to the fair value measurement.

The estimated fair values of bonds, short-term investments and cash equivalent investments are based on quoted market prices, where available. The Company contracts with a vendor, Clearwater Analytics, to utilize their software to assist in accounting for its investments. The Company obtains one price for each security primarily from its custodian, or if unavailable, the Company is able to obtain pricing overrides from other acceptable sources or methods. However, based upon the relatively high rating of its investments, this is generally not required.

The Company is ultimately responsible for determining fair value, as well as the appropriate level within the fair value hierarchy, based on the significant of unobservable inputs, however it relies on the expertise of Clearwater to assist with the determination of fair value and identification of any impaired securities.

A. Fair Value

(1-5) The Company does not have any financial assets that are measured and reported at fair value in the statutory basis financial statements of admitted assets, liabilities, and capital and surplus at September 30, 2018.

B. Fair Value Combination – Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of September 30, 2018 is presented in the table below:

| Type of Financial Instrument | September 30, 2018 | | | | | |
|---|----------------------|---------------------|---------------------|---------------------|-------------|----------------------------------|
| | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable (Carrying Value) |
| U.S. government securities | \$ 3,274,571 | \$ 3,290,490 | \$ 3,290,490 | \$ - | \$ - | \$ - |
| Agency securities | 1,317,776 | 1,321,741 | - | 1,321,741 | - | - |
| Corporate debt securities | 1,340,243 | 1,342,616 | - | 1,342,616 | - | - |
| Total bonds and cash equivalent investments | <u>\$ 5,932,590</u> | <u>\$ 5,954,847</u> | <u>\$ 3,290,490</u> | <u>\$ 2,664,357</u> | <u>\$ -</u> | <u>\$ -</u> |

Included as Level 1 in U.S. government securities in the fair value hierarchy tables above are U.S. Treasury securities of \$3,290,490 as of September 30, 2018.

D. Not Practicable to Estimate Fair Value – Not applicable.

21. OTHER ITEMS

The Company began completing statutory basis financial statements as of June 30, 2018 after receiving its license from the Department.

A-H. Not applicable.

22. EVENTS SUBSEQUENT

No significant change.

23. REINSURANCE

A-D. The Company does not have any reinsurance agreements.

24. RESTROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

A-E. The Company does not have any retrospectively rated contracts or contracts subject to redetermination.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Reserves for incurred claims and claims adjustment expenses were \$0 as of December 31, 2017 as there were no policies written with effective dates prior to January 1, 2018. As a result, there is no prior year development during 2018.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company did not have any intercompany pooling arrangements.

27. STRUCTURED SETTLEMENTS

Not applicable.

28. HEALTH CARE RECEIVABLES

A-B. The Company had no pharmaceutical rebate or risk-sharing receivables as of September 30, 2018.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2018.

30. PREMIUM DEFICIENCY RESERVES

Not applicable.

31. ANTICIPATED SALVAGE AND SUBROGATION

The Company did not anticipate salvage or subrogation in 2018.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$0

INVESTMENT

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

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- | | |
|--|-----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$0 |
| 16.3 Total payable for securities lending reported on the liability page | \$0 |

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|------------------------------------|--|
| US Bank National Association | 800 Nicollet Mall, Minneapolis, MN 55402 |

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

- 17.4 If yes, give full information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|--|------------------|
| US Bancorp Asset Management, Inc. | U..... |
| Internally Managed | I..... |

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

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

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|--|------------------------------------|----------------------|--|
| 111912 | US Bancorp Asset Management, Inc. | 8KUMV9E1J751BFMLFD23 | SEC | NO..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

- 18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5*GI securities? Yes No

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent0.0 %
 - 1.2 A&H cost containment percent0.0 %
 - 1.3 A&H expense percent excluding cost containment expenses0.0 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$.....0
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$.....0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

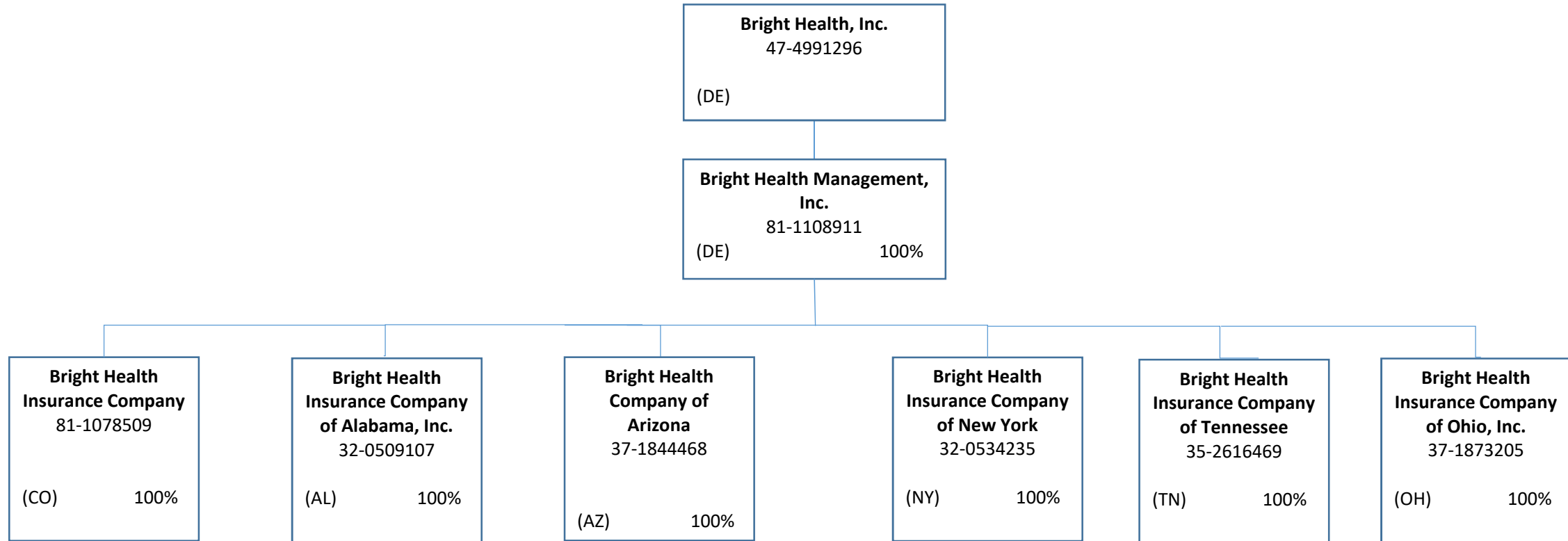
Schedule S - Ceded Reinsurance

NONE

Schedule T - Premiums and Other Considerations

NONE

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE Bright Health Insurance Company of Ohio, Inc.
Schedule Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-----------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .4887 | Bright Hlth Grp | .00000 | 47-4991296 | | | | Bright Health, Inc. | DE | UIP | | | 0.000 | | N | |
| .4887 | Bright Hlth Grp | .00000 | 81-1108911 | | | | Bright Health Management, Inc. | DE | UDP | Bright Health, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .16102 | 32-0509107 | | | | Bright Health Insurance Company of Alabama, Inc. | AL | IA | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .15963 | 81-1078509 | | | | Bright Health Insurance Company | CO | IA | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .16122 | 37-1844468 | | | | Bright Health Company of Arizona, Inc. | AZ | IA | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .16388 | 32-0534235 | | | | Bright Health Insurance Company of New York, Inc. | NY | IA | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .16341 | 35-2616469 | | | | Bright Health Insurance Company of Tennessee | TN | IA | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |
| .4887 | Bright Hlth Grp | .16353 | 37-1873205 | | | | Bright Health Insurance Company of Ohio, Inc. | OH | RE | Bright Health Management, Inc. | Ownership | 100.000 | Bright Health, Inc. | N | |

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|---|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage investment and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment including accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 0 | 0 |
| 2. Cost of bonds and stocks acquired | 5,938,476 | 0 |
| 3. Accrual of discount | 16,389 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 0 | 0 |
| 7. Deduct amortization of premium | 18 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 5,954,847 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 5,954,847 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 6,790,061 | 154,574 | 1,150,000 | 11,617 | 0 | 6,790,061 | 5,806,252 | 0 |
| 2. NAIC 2 (a) | 148,372 | 0 | 0 | 223 | 0 | 148,372 | 148,595 | 0 |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 6,938,433 | 154,574 | 1,150,000 | 11,840 | 0 | 6,938,433 | 5,954,847 | 0 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 6,938,433 | 154,574 | 1,150,000 | 11,840 | 0 | 6,938,433 | 5,954,847 | 0 |

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

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year-to-Date | 5 Paid for Accrued Interest Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|---|---|
| 9199999 Totals | 0 | XXX | 0 | 0 | 562 |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of short-term investments acquired | 886,890 | 0 |
| 3. Accrual of discount | 3,169 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 890,000 | 0 |
| 7. Deduct amortization of premium | 59 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of cash equivalents acquired | 7,984,734 | 0 |
| 3. Accrual of discount | 958 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 7,349,775 | 0 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 635,917 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 635,917 | 0 |

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

