



**HEALTH ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
**Bright Health Insurance Company of Ohio, Inc.**

NAIC Group Code	4887 (Current)	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 (Street and Number)		Minneapolis, MN, US 55401 (City or Town, State, Country and Zip Code)		
Main Administrative Office	219 N 2nd St, Suite 401 (Street and Number)		Minneapolis, MN, US 55401 (City or Town, State, Country and Zip Code) 612-238-1321 (Area Code) (Telephone Number)		
Mail Address	219 N 2nd St, Suite 401 (Street and Number or P.O. Box)		Minneapolis, MN, US 55401 (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 (City or Town, State, Country and Zip Code) 612-238-1321 (Area Code) (Telephone Number)		
Internet Website Address	www.brighthealthplan.com				
Statutory Statement Contact	Marie Theresa Vyyan (Name)		612-238-1321 (Area Code) (Telephone Number)		
	mvyyan@brighthealthplan.com (E-mail Address)		(FAX Number)		

## OFFICERS

President Kyle Robert Rolfig # 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**

State of Minnesota County of Hennepin SS:

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

Robert John Sheehy  
Chief Executive Officer

Donald Alan Powers  
Chief Financial Officer

Brian Beutner  
Secretary

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

February 2019

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

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	6,003,391	0	6,003,391	0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 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 (\$ .....1,098,335 , Schedule E - Part 1), cash equivalents (\$ .....135,064 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	1,233,399	0	1,233,399	0
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	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) .....	7,236,790	0	7,236,790	0
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	27,532	0	27,532	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 and 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) .....	7,264,322	0	7,264,322	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	7,264,322	0	7,264,322	0
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 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 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			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 reserves	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	473	0	473	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	5,235	0	5,235	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	20,472	0	20,472	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)	26,180	0	26,180	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	91,791	0
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 \$ 0 ).	XXX	XXX	0	0
32.2 \$ 0 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	7,238,142	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,264,322	0
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	0	0
2. Net premium income ( including \$ 0 non-health premium income).....	XXX.....	0	0
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	0
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	0	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	0.....	0	0
10. Other professional services.....	0.....	0	0
11. Outside referrals.....	0.....	0	0
12. Emergency room and out-of-area.....	0.....	0	0
13. Prescription drugs.....	0.....	0	0
14. Aggregate write-ins for other hospital and medical.....	0.....	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0.....	0	0
16. Subtotal (Lines 9 to 15).....	0.....	0	0
<b>Less:</b>			
17. Net reinsurance recoveries.....	0.....	0	0
18. Total hospital and medical (Lines 16 minus 17).....	0.....	0	0
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	0.....	0	0
21. General administrative expenses.....	0.....	1,783	0
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	0.....	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0.....	1,783	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(1,783)	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	118,221	0
26. Net realized capital gains (losses) less capital gains tax of \$ 0.....	0.....	(247)	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	117,974	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 ) (amount charged off \$ 0 )].....	0.....	0	0
29. Aggregate write-ins for other income or expenses.....	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.....	116,191	0
31. Federal and foreign income taxes incurred.....	XXX.....	19,165	0
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	97,026	0
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0.....	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0.....	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	0	0
34. Net income or (loss) from Line 32 .....	97,026	0
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	(5,235)	0
39. Change in nonadmitted assets .....	0	0
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	1,000,000	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	6,146,351	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	7,238,142	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,238,142	0
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	65,341	0
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	65,341	0
5. Benefit and loss related payments .....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,730	0
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....	0	0
10. Total (Lines 5 through 9) .....	1,730	0
11. Net cash from operations (Line 4 minus Line 10) .....	63,611	0
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	128,769	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	128,769	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	6,106,639	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	6,106,639	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(5,977,870)	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	7,146,351	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	1,306	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	7,147,657	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,233,398	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	0	0
19.2 End of year (Line 18 plus Line 19.1) .....	1,233,398	0

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

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## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income .....	0	0	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses) .....	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue .....	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits .....	0	0	0	0	0	0	0	0	0	XXX
9. Other professional services .....	0	0	0	0	0	0	0	0	0	XXX
10. Outside referrals .....	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area .....	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs .....	0	0	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14) .....	0	0	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries .....	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16) .....	0	0	0	0	0	0	0	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 0 cost containment expenses .....	0	0	0	0	0	0	0	0	0	0
20. General administrative expenses .....	1,783	0	0	0	0	0	1,783	0	0	0
21. Increase in reserves for accident and health contracts .....	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22) .....	1,783	0	0	0	0	0	1,783	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	(1,783)	0	0	0	0	0	(1,783)	0	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

Underwriting and Investment Exhibit - Part 1 - Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 2 - Claims Incurred

**N O N E**

Underwriting and Investment Exhibit - Part 2A - Claims Liability

**N O N E**

Underwriting and Investment Exhibit - Part 2B - Analysis of Claims

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX	0	0
6. 2018 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX	0	0
6. 2018 .....	XXX	XXX	XXX	XXX	0

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2015 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2016 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2017 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2018 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income .....									
5. Aggregate write-ins for other policy reserves .....									
6. Totals (gross) .....									
7. Reinsurance ceded .....									
8. Totals (Net)(Page 3, Line 4) .....									
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. Totals (gross) .....									
13. Reinsurance ceded .....									
14. Totals (Net)(Page 3, Line 7) .....									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....									

(a) Includes \$ ..... premium deficiency reserve.

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building).....	0	0	0	0	0
2. Salary, wages and other benefits.....	0	0	0	0	0
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed).....	0	0	0	0	0
4. Legal fees and expenses.....	0	0	0	0	0
5. Certifications and accreditation fees.....	0	0	0	0	0
6. Auditing, actuarial and other consulting services.....	0	0	0	0	0
7. Traveling expenses.....	0	0	0	0	0
8. Marketing and advertising.....	0	0	0	0	0
9. Postage, express and telephone.....	0	0	0	0	0
10. Printing and office supplies.....	0	0	0	0	0
11. Occupancy, depreciation and amortization.....	0	0	0	0	0
12. Equipment.....	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software.....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services.....	0	0	0	0	0
15. Boards, bureaus and association fees.....	0	0	0	0	0
16. Insurance, except on real estate.....	0	0	0	0	0
17. Collection and bank service charges.....	0	0	1,783	0	1,783
18. Group service and administration fees.....	0	0	0	0	0
19. Reimbursements by uninsured plans.....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries.....	0	0	0	0	0
21. Real estate expenses.....	0	0	0	0	0
22. Real estate taxes.....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	0	0	0	0	0
23.2 State premium taxes.....	0	0	0	0	0
23.3 Regulatory authority licenses and fees.....	0	0	0	0	0
23.4 Payroll taxes.....	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes).....	0	0	0	0	0
24. Investment expenses not included elsewhere.....	0	0	0	2,627	2,627
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	0	1,783	2,627	(a) 4,410
27. Less expenses unpaid December 31, current year.....	0	0	53	421	474
28. Add expenses unpaid December 31, prior year.....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	0	1,730	2,206	3,936
<b>DETAILS OF WRITE-INS</b>					
2501.....					
2502.....					
2503.....					
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	0	0	0	0	0

(a) Includes management fees of \$ .....0 to affiliates and \$ .....0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) 42,052	55,102
1.1 Bonds exempt from U.S. tax .....	(a) 0	0
1.2 Other bonds (unaffiliated) .....	(a) 34,294	48,543
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 0	0
5. Contract Loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) 16,970	17,202
7. Derivative instruments .....	(f) 0	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	93,316	120,848
11. Investment expenses .....	(g) 2,627	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 0	
13. Interest expense .....	(h) 0	
14. Depreciation on real estate and other invested assets .....	(i) 0	
15. Aggregate write-ins for deductions from investment income .....	0	
16. Total deductions (Lines 11 through 15) .....		2,627
17. Net investment income (Line 10 minus Line 16) .....		118,221
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ 25,797 accrual of discount less \$ 29 amortization of premium and less \$ 29,098 paid for accrued interest on purchases.  
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.  
 (e) Includes \$ 4,127 accrual of discount less \$ 59 amortization of premium and less \$ 2,480 paid for accrued interest on purchases.  
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.  
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.  
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	(247)	0	(247)	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	0	0	0	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	(247)	0	(247)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

Exhibit of Nonadmitted Assets  
**N O N E**

Exhibit 1 - Enrollment by Product Type for Health Business Only  
**N O N E**

## 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"), which is a health insurer management corporation that provides services to the Company under the terms of a management agreement. 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.

The Department recognizes only statutory accounting practices prescribed and permitted by the State of Ohio, for determining and reporting the financial condition and results of operations of an HMO and a life, accident and health insurer, for determining its solvency under Ohio insurance law. The State prescribes the use of NAIC SAP in effect for the accounting periods covered in the statutory basis financial statements.

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 SSAP #	F/S Page	F/S Line #	December 31, 2018
<b>NET INCOME</b>				
(1) State basis (Page 4, Line 32, Column 2)	XXX	XXX	XXX	\$ 97,026
(2) State prescribed practices that increase/(decrease) NAIC SAP: None	-----	-----	-----	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP: None	XXX	XXX	XXX	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 97,026</u>
<b>SURPLUS</b>				
(1) State basis (Page 3, Line 33, Column 3)	XXX	XXX	XXX	\$ 7,238,142
(2) State prescribed practices that increase/(decrease) NAIC SAP: None	-----	-----	-----	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP: None	XXX	XXX	XXX	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 7,238,142</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").

Health Premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums billed and collected in advance are recorded as premiums received in advance.

Total hospital and medical expenses are recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to members by providers, which have been incurred but not yet reported. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided.

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

- (1 - 2) Bonds 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, the custodian, or an external pricing service. The Company does not hold any SVO-identified investments or mandatory convertible securities;
- (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;
- (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.

The Company has also deemed the following to be significant accounting policies and/or differences between statutory practices and GAAP.

## **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, cash equivalents, and short-term investments 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 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 loss less capital gains tax benefit 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 year ended December 31, 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 \$452,602 as of December 31, 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 December 31, 2018.

Risk-based capital ("RBC") is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The Department requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the RBC formula or the level needed to avoid action pursuant to the trend test in the RBC formula. The Company is in compliance with the required amount.

#### **OTHER**

**Recent Accounting Pronouncements** - On December 22, 2017, the President of the United States signed into law the Tax Cuts and Jobs Act tax reform legislation. This legislation makes significant change in U.S. tax law including a reduction in the corporate tax rates, changes to net operating loss carryforwards and carrybacks, and a repeal of the corporate alternative minimum tax. The legislation reduced the U.S. corporate tax rate from the current rate of 35% to 21% starting in Fiscal Year 2018. As a result of the enacted law, the Company was required to revalue deferred tax assets and liability at the rate in effect during their scheduled reversal. This revaluation resulted in a reduction in the deferred tax asset. The other provisions of the Tax Cuts and Jobs Act did not have a material impact on the 2017 statutory basis financial statements.

#### **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 December 31, 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 December 31, 2018 are presented below:

<b>Restricted Asset Category</b>	<b>1 Total Gross (Admitted &amp; Nonadmitted) Restricted from Current Year</b>	<b>2 Total Current Year Nonadmitted Restricted</b>	<b>3 Total Current Year Admitted Restricted (1-2)</b>	<b>4 Gross (Admitted &amp; Nonadmitted) Restricted to Total Assets (a)</b>	<b>5 Admitted Restricted to Total Admitted Assets (b)</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	452,602	-	452,602	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
<b>o. Total restricted assets</b>	<b>\$ 452,602</b>	<b>\$ -</b>	<b>\$ 452,602</b>	<b>6%</b>	<b>6%</b>

(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 December 31, 2018.

**(3)** The Company has no Other Restricted Assets as of December 31, 2018.

**(4)** The Company did not receive any collateral which was reflected as assets as of December 31, 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****A. Deferred Tax Asset or Liability**

**(1)** The components of the net deferred tax asset at December 31, 2018, are as follows:

	2018		
	1 Ordinary	2 Capital	3 (Col 1+2 Total)
(a) Gross deferred tax assets	\$ 738	\$ -	\$ 738
(b) Statutory valuation allowance adjustments	—	—	—
(c) Adjusted gross deferred tax assets (1a-1b)	738	-	738
(d) Deferred tax assets non-admitted	—	—	—
(e) Subtotal net admitted deferred tax asset (1c-1d)	738	-	738
(f) Deferred tax liabilities	5,973	-	5,973
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e-1f)	\$ (5,235)	\$ -	\$ (5,235)

**(2)** The components of the adjusted gross deferred tax assets admissibility calculation under SSAP No. 101, *Income Taxes – A replacement of SSAP No. 10R and SSAP No. 10*, are as follows:

Admission Calculations Components SSAP No. 101	2018	1 Ordinary	2 Capital	3 (Col 1+2 Total)	·
(a) Federal income taxes paid in prior years recoverable through loss carrybacks		\$ -	\$ -	\$ -	·
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)		-	-	-	·
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date		-	-	-	·
2. Adjusted gross deferred tax assets allowed per limitation threshold		XXX	XXX	1,085,721	·
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities		738	-	738	·
(d) Total (2(a) + 2(b) + 2(c))		\$ 738	\$ -	\$ 738	·

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

2018		
	1	2
	Ordinary	Capital
(a) Ratio percentage used to determine recovery period and threshold limitation amount	74921%	
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 7,238,142	

(4) The impact to the gross deferred tax asset balance as a result of tax-panning strategies as of December 31, 2018 is presented below:

Impact of Tax-Planning Strategies	2018	
	1	2
	Ordinary	Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.		
1. Adjusted gross DTA's amount from Note 9A1(c)	\$ 738	\$ -
2. Percentage of adjusted gross DTA's by tax character attributable to the impact of tax-planning strategies.	0%	0%
3.		
Net admitted adjusted gross DTA's amount from Note 9A1(e)	\$ 738	\$ -
4. Percentage of net admitted adjusted gross DTA's by tax character admitted because of the impact of tax-planning strategies	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?		NO

#### B. Unrecognized Deferred Tax Liabilities

(1 – 4) There are no unrecognized deferred tax liabilities as of December 31, 2018.

**C. Significant Components of Income Taxes**

The components of current income taxes for the year ended December 31, 2018 are as follows:

	1	
	2018	
1. Current income tax		
(a) Federal	\$ 19,165	
(b) Foreign	-	
(c) Subtotal	19,165	
(d) Federal income tax on net capital gains	-	
(e) Utilization of capital loss carryforwards	-	
(f) Other	-	
(g) Total federal and foreign income tax incurred	<u>\$ 19,165</u>	
2. Deferred tax assets:		
(a) Ordinary		
(1) Discontinuing of unpaid losses	\$ -	
(2) Unearned premium revenue	-	
(3) Policyholder reserves	-	
(4) Investments	738	
(5) Deferred acquisition expense	-	
(6) Policyholder dividends accrual	-	
(7) Fixed assets	-	
(8) Compensation and benefits accrual	-	
(9) Pension accrual	-	
(10) Receivables - non-admitted	-	
(11) Net operating loss carryforward	-	
(12) Tax credit carry-forward	-	
(13) Other (including items >5% of total ordinary tax assets)	-	
(99) Subtotal	<u>738</u>	
(b) Statutory valuation allowance adjustment	-	
(c) Non-admitted	-	
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	738	
(e) Capital:		
(1) Investments	-	
(2) Net capital loss carry-forward	-	
(3) Real estate	-	
(4) Other (including items >5% of total capital tax assets)	-	
(99) Subtotal	<u>-</u>	
(f) Statutory valuation allowance adjustment	-	
(g) Non-admitted	-	
(h) Admitted capital deferred tax assets (2e99-2f-2g)	<u>-</u>	
(i) Admitted deferred tax asset (2d+2b)	738	
3. Deferred Tax Liabilities:		
(a) Ordinary		
(1) Investments	5,973	
(2) Fixed assets	-	
(3) Deferred and uncollected premiums	-	
(4) Policyholder reserves	-	
(5) Other (including items >5% of total ordinary tax liabilities)	-	
(99) Subtotal	<u>5,973</u>	
(b) Capital:		
(1) Investments	-	
(2) Real estate	-	
(3) Other (including items >5% of total capital tax liabilities)	-	
(99) Subtotal	<u>-</u>	
(c) Deferred tax liabilities (3a99+3b99)	<u>5,973</u>	
4. Net deferred tax assets/liabilities (2i-3c)	<u>\$ (5,235)</u>	

The Company assessed the potential realization of the gross deferred tax asset and did not establish a valuation allowance to reduce the gross deferred tax asset of \$738 as of December 31, 2018. This represents the amount of the asset estimated to be recoverable via reduction of future taxes.

- D.** The provision for income taxes and changes in deferred income tax assets and liabilities differ from the amount obtained by applying the statutory federal income tax rate to pretax net income. This is primarily due to temporary differences related to investments.
- E.** The Company does not have any operating loss or tax credit carryforwards available for use in future years.

The Company does not have any federal income taxes incurred in the current year available for recoupment in the event of future net losses.

The Company has not admitted any aggregate amounts of deposits that are included within Section 6603 ("Deposits made to suspend running of interest on potential underpayments, etc.") of the Internal Revenue Service ("IRS").

**F.** 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 are paid to or refunded by Bright Health pursuant to the terms of a tax-sharing agreement, under which taxes approximate the amount that would have been computed on a separate company basis. Bright Health currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. The Company does not believe any adjustments resulting from exams by the IRS will be material to the Company.

**G.** **Tax Contingencies** – Not applicable.

## **10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES and Other Related Parties**

### **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 \$20,472 in amounts due to parents, subsidiaries and affiliates, net in the statutory basis statements of assets, liabilities, capital and surplus as of December 31, 2018.

The Company's parent, BHM, infused capital of \$2,500,000 on March 5, 2018 and \$4,646,351 on March 30, 2018 into the Company as part of the initial funding.

The Company believes its transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.

The Company has no investments in affiliates or other transactions involving affiliates which require disclosure within the notes to the statutory basis financial statements.

## **11. DEBT**

**A-B.** The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements as of December 31, 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 \$10.00 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**

- 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 December 31, 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 December 31, 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 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, generally securities evaluations, prices received from Thomson Reuters, or Clearwater calculated prices are used to price securities. If these are unavailable the Company is able to provide 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 December 31, 2018.

##### **B. Fair Value Combination – Not applicable.**

**C. Aggregate Fair Value Hierarchy**

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2018 is presented in the table below:

Type of Financial Instrument	December 31, 2018						Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)			
U.S. government securities	\$ 3,234,251	\$ 3,236,971	\$ 3,234,251	\$ -	\$ -		\$ -	\$ -
Agency securities	1,384,580	1,383,689	-	1,384,580	-		-	-
Corporate debt securities	1,381,646	1,382,731	-	1,381,646	-		-	-
Total bonds	<u>\$ 6,000,477</u>	<u>\$ 6,003,391</u>	<u>\$ 3,234,251</u>	<u>\$ 2,766,226</u>	<u>\$ -</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 \$3,234,251 as of December 31, 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**

The Company has considered subsequent events through March 1, 2019, the date these statutory basis financial statements were available to be issued.

**Type I – Recognized Subsequent Events**

The Company has determined there are no subsequent events that require disclosure in the statutory basis financial statements as of December 31, 2018.

**Type II – Non-recognized Subsequent Events**

As of December 31, 2018, the Company did not write any premiums subject to the annual fee under Section 9010 of the federal Affordable Care Act ("ACA"). As a result there is no estimated fee reflected in special surplus in the statutory basis financial statements.

There are no other subsequent events which require disclosure in the statutory basis financial statements as of December 31, 2018.

**23. REINSURANCE**

**A-D.** The Company does not have any reinsurance agreements as of December 31, 2018.

**24. RESTROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**

**A-E.** The Company does not have any retrospectively rated contracts or contracts subject to redetermination as of December 31, 2018.

**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 as of December 31, 2018.

**27. STRUCTURED SETTLEMENTS**

Not applicable.

**28. HEALTH CARE RECEIVABLES**

**A-B.** The Company had no pharmaceutical rebate or risk-sharing receivables as of December 31, 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.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 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, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Ohio

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

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 State as of what date the latest financial examination of the reporting entity was made or is being made. ....

3.2 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. ....

3.3 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). ....

3.4 By what department or departments?  
 .....

3.5 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 [ ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  
 If yes, complete and file the merger history data file with the NAIC.  Yes [ ]  No [ X ]

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

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

6.1 Has the 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 ]

6.2 If yes, give full information:  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
 7.21 State the percentage of foreign control; .....  0.0 %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]  
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....  
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ ] No [ ] N/A [ X ]  
 10.6 If the response to 10.5 is no or n/a, please explain  
 The Company does not have any written premiums and is exempt from filing audited financial statements as of December 31, 2018. ....  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? .....  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company ....  
 12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... \$ ..... 0  
 12.2 If, yes provide explanation: .....  
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 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 [ X ] 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.  
 14.11 If the response to 14.1 is No, please explain: .....  
 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ ..... 0
20.12 To stockholders not officers.....	\$ ..... 0
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ ..... 0
20.22 To stockholders not officers.....	\$ ..... 0
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ ..... 0
21.22 Borrowed from others.....	\$ ..... 0
21.23 Leased from others .....	\$ ..... 0
21.24 Other .....	\$ ..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	0
22.22 Amount paid as expenses .....	\$ ..... 0
22.23 Other amounts paid .....	\$ ..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .... \$ ..... 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .... \$ ..... 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.103 Total payable for securities lending reported on the liability page. ....	\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 Placed under option agreements .....	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
25.27 FHLB Capital Stock .....	\$ ..... 0
25.28 On deposit with states .....	\$ ..... 452,602
25.29 On deposit with other regulatory bodies .....	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
25.32 Other .....	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  N/A [ ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ ..... 0

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

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

28.02 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)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? .....  Yes [ ]  No [ X ]

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

28.05 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.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ X ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 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.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	6,003,391	6,000,477
30.2 Preferred stocks .....	0	0
30.3 Totals .....	6,003,391	6,000,477

30.4 Describe the sources or methods utilized in determining the fair values:

The Company uses pricing received from the custodian where available. If there is no price available from the custodian, the Company obtains pricing overrides other acceptable sources or methods. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?..... Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?..... Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

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

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

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

**OTHER**

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ ..... 0

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

36.1 Amount of payments for legal expenses, if any? ..... \$ ..... 0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... \$ ..... 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U.S. business only. ....	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ 0
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ 0
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned .....	\$ 0
1.62	Total incurred claims .....	\$ 0
1.63	Number of covered lives .....	0
	All years prior to most current three years:	
1.64	Total premium earned .....	\$ 0
1.65	Total incurred claims .....	\$ 0
1.66	Number of covered lives .....	0
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned .....	\$ 0
1.72	Total incurred claims .....	\$ 0
1.73	Number of covered lives .....	0
	All years prior to most current three years:	
1.74	Total premium earned .....	\$ 0
1.75	Total incurred claims .....	\$ 0
1.76	Number of covered lives .....	0
2.	Health Test:	
	1 Current Year	2 Prior Year
2.1	Premium Numerator .....	0 .....
2.2	Premium Denominator .....	0 .....
2.3	Premium Ratio (2.1/2.2) .....	0.000 .....
2.4	Reserve Numerator .....	0 .....
2.5	Reserve Denominator .....	0 .....
2.6	Reserve Ratio (2.4/2.5) .....	0.000 .....
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ ] No [ X ]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ X ] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ ] No [ ]
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ ] No [ X ]
5.2	If no, explain: The Company has not sold any insurance policies with an effective date in 2018.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical .....	\$ 0
	5.32 Medical Only .....	\$ 0
	5.33 Medicare Supplement .....	\$ 0
	5.34 Dental & Vision .....	\$ 0
	5.35 Other Limited Benefit Plan .....	\$ 0
	5.36 Other .....	\$ 0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: The Company has hold harmless provisions in provider contracts. ....	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis? .....	Yes [ X ] No [ ]
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year .....	0
	8.2 Number of providers at end of reporting year .....	0
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ ] No [ X ]
9.2	If yes, direct premium earned:	
	9.21 Business with rate guarantees between 15-36 months...\$ .....	0
	9.22 Business with rate guarantees over 36 months .....	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ ..... 0
10.22 Amount actually paid for year bonuses.....	\$ ..... 0
10.23 Maximum amount payable withholds.....	\$ ..... 0
10.24 Amount actually paid for year withholds.....	\$ ..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or, .....	Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above)? .....	Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]  
 11.3 If yes, show the name of the state requiring such minimum capital and surplus. ..... Ohio  
 11.4 If yes, show the amount required. ..... \$ ..... 2,500,000  
 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]  
 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
Ohio Counties: Hamilton, Butler, Clermont, Warren, Brown, Lucas, Wood, Huron, Seneca, Fulton, Ottawa, Defiance, Henry, Mahoning, Trumbull, Columbiana, Lorain, Springfield, Clark, Champaign, Allen, Auglaize, Putnam, and Mercer	

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ ..... 0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ ..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]  
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....	\$ ..... 0
15.2 Total Incurred Claims .....	\$ ..... 0
15.3 Number of Covered Lives .....	0

<b>*Ordinary Life Insurance Includes</b>
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ]

16.1 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 ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**FIVE-YEAR HISTORICAL DATA**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	7,264,322	0	0	0	0
2. Total liabilities (Page 3, Line 24) .....	26,180	0	0	0	0
3. Statutory minimum capital and surplus requirement .....	2,500,000	0	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	7,238,142	0	0	0	0
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	0	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	0	0	0	0	0
7. Claims adjustment expenses (Line 20) .....	0	0	0	0	0
8. Total administrative expenses (Line 21) .....	1,783	0	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(1,783)	0	0	0	0
10. Net investment gain (loss) (Line 27) .....	117,974	0	0	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	97,026	0	0	0	0
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	63,611	0	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	7,238,142	0	0	0	0
15. Authorized control level risk-based capital .....	9,661	0	0	0	0
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	0	0	0	0	0
17. Total members months (Column 6, Line 7) .....	0	0	0	0	0
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	0.0	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	0.0	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	0.0	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	0	0	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	0	0	0	0	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [ ] No [ ]

If no, please explain: .....

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS****Allocated by States and Territories**

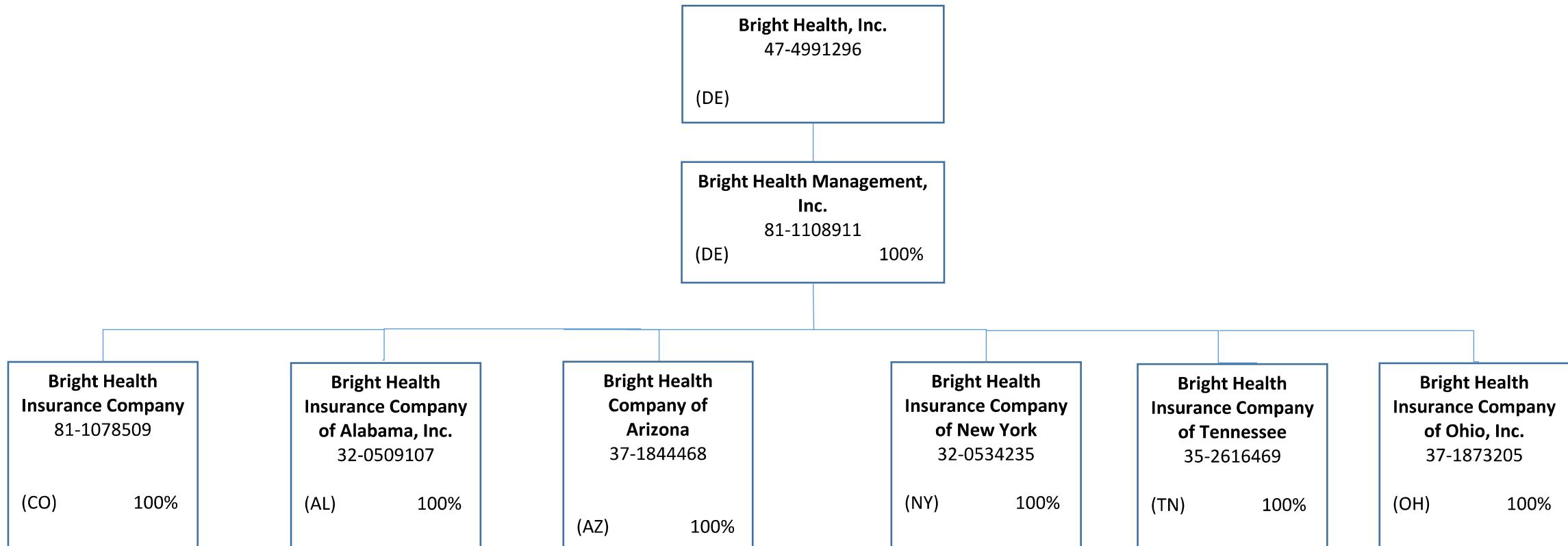
States, etc.	1 Active Status (a)	Direct Business Only								9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama .....	AL	N .0	0 .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
2. Alaska .....	AK	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
3. Arizona .....	AZ	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
4. Arkansas .....	AR	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
5. California .....	CA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
6. Colorado .....	CO	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
7. Connecticut .....	CT	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
8. Delaware .....	DE	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
9. District of Columbia .....	DC	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
10. Florida .....	FL	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
11. Georgia .....	GA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
12. Hawaii .....	HI	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
13. Idaho .....	ID	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
14. Illinois .....	IL	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
15. Indiana .....	IN	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
16. Iowa .....	IA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
17. Kansas .....	KS	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
18. Kentucky .....	KY	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
19. Louisiana .....	LA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
20. Maine .....	ME	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
21. Maryland .....	MD	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
22. Massachusetts .....	MA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
23. Michigan .....	MI	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
24. Minnesota .....	MN	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
25. Mississippi .....	MS	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
26. Missouri .....	MO	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
27. Montana .....	MT	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
28. Nebraska .....	NE	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
29. Nevada .....	NV	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
30. New Hampshire .....	NH	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
31. New Jersey .....	NJ	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
32. New Mexico .....	NM	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
33. New York .....	NY	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
34. North Carolina .....	NC	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
35. North Dakota .....	ND	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
36. Ohio .....	OH	L .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
37. Oklahoma .....	OK	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
38. Oregon .....	OR	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
39. Pennsylvania .....	PA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
40. Rhode Island .....	RI	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
41. South Carolina .....	SC	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
42. South Dakota .....	SD	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
43. Tennessee .....	TN	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
44. Texas .....	TX	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
45. Utah .....	UT	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
46. Vermont .....	VT	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
47. Virginia .....	VA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
48. Washington .....	WA	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
49. West Virginia .....	WV	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
50. Wisconsin .....	WI	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
51. Wyoming .....	WY	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
52. American Samoa .....	AS	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
53. Guam .....	GU	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
54. Puerto Rico .....	PR	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
55. U.S. Virgin Islands .....	VI	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
56. Northern Mariana Islands .....	MP	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
57. Canada .....	CAN	N .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
58. Aggregate other alien .....	OT	XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
59. Subtotal .....		XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
61. Total (Direct Business) .....		XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
DETAILS OF WRITE-INS										
58001 .....		XXX .0								
58002 .....		XXX .0								
58003 .....		XXX .0								
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....		XXX .0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0  
 N - None of the above - Not allowed to write business in the state..... 56

(b) Explanation of basis of allocation by states, premiums by state, etc.  
 The Company had no premiums to allocate for the year ended December 31, 2018

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Bright Health Insurance Company of Ohio, Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

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