



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
Bright Health Insurance Company of Ohio, Inc.

NAIC Group Code	<u>4887</u> (Current)	<u>4887</u> (Prior)	NAIC Company Code	<u>16353</u>	Employer's ID Number	<u>37-1873205</u>	
Organized under the Laws of	<u>Ohio</u>		State of Domicile or Port of Entry	<u>OH</u>			
Country of Domicile	<u>United States of America</u>						
Licensed as business type:	<u>Life, Accident & Health</u>						
Is HMO Federally Qualified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Incorporated/Organized	<u>10/26/2017</u>		Commenced Business	<u>01/01/2019</u>			
Statutory Home Office	<u>219 N 2nd St, Suite 401</u>		<u>Minneapolis, MN, US 55401</u>				
	(Street and Number)		(City or Town, State, Country and Zip Code)				
Main Administrative Office	<u>219 N 2nd St, Suite 401</u>		<u>612-238-1321</u>				
	(Street and Number)		(Area Code) (Telephone Number)				
	<u>Minneapolis, MN, US 55401</u>						
(City or Town, State, Country and Zip Code)							
Mail Address	<u>219 N 2nd St, Suite 401</u>		<u>Minneapolis, MN, US 55401</u>				
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	<u>219 N 2nd St, Suite 401</u>		<u>612-238-1321</u>				
	(Street and Number)		(Area Code) (Telephone Number)				
	<u>Minneapolis, MN, US 55401</u>						
(City or Town, State, Country and Zip Code)							
Internet Website Address	<u>www.brighthealthplan.com</u>						
Statutory Statement Contact	<u>Marie Theresa Vyvyan</u>		<u>612-238-1321</u>				
	(Name)		(Area Code) (Telephone Number)				
	<u>mvyvyan@brighthealthplan.com</u>						
	(E-mail Address)		(FAX Number)				

OFFICERS

President George Lawrence Mikkan III # Chief Financial Officer Nicolas Alvin Christianson #
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 SS: _____
County of Hennepin _____

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

Robert John Sheehy
Chief Executive Officer

Nicolas Alvin Christianson
Chief Financial Officer

Brian Beutner
Secretary

Subscribed and sworn to before me this
____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	0	0	0	12,189	12,189	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	896	0	0	0	0	896
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	896	0	0	12,189	12,189	896

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS	63,354	0	93,279	3,318	3,318	156,633
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	63,354	0	93,279	3,318	3,318	156,633
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	63,354	0	93,279	3,318	3,318	156,633

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	0	140,718	0	159,951	0	0
2. Claim overpayment receivables	0	0	0	0	0	0
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	0	140,718	0	159,951	0	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS	8,835	0	0	0	0	8,835
0199999. Individually listed claims unpaid	8,835	0	0	0	0	8,835
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	63,354	0	132	3,000	3,710	70,196
0499999. Subtotals	72,189	0	132	3,000	3,710	79,031
0599999. Unreported claims and other claim reserves						664,566
0699999. Total amounts withheld						0
0799999. Total claims unpaid						743,597
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Bright Health Management, Inc.		127,447	127,447	0
0199999. Individually listed payables		127,447	127,447	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		127,447	127,447	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	413	100.0	0	0
2. Intermediaries	64,415	3.3	413	100.0	0	64,415
3. All other providers	0	0.0	413	100.0	0	0
4. Total capitation payments	64,415	3.3	413	100.0	0	64,415
Other Payments:						
5. Fee-for-service	190,846	9.8	XXX	XXX	0	190,846
6. Contractual fee payments	1,698,424	86.9	XXX	XXX	0	1,698,424
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	1,889,270	96.7	XXX	XXX	0	1,889,270
13. TOTAL (Line 4 plus Line 12)	1,953,685	100%	XXX	XXX	0	1,953,685

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Delta Dental		27,220	2,268	0	0
Incomm		8,738	728	0	0
ASH		8,079	673	0	0
VSP		20,377	1,698	0	0
99999999 Totals		64,414	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

NONE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Bright Health Insurance Company of Ohio, Inc.

2. Minneapolis, MN

(LOCATION)

NAIC Group Code	4887	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								NAIC Company Code	16353
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter		399	0	0	0	0	0	0	0	0	399	0	0
3. Second Quarter		399	0	0	0	0	0	0	0	0	399	0	0
4. Third Quarter		407	0	0	0	0	0	0	0	0	407	0	0
5. Current Year		413	0	0	0	0	0	0	0	0	413	0	0
6. Current Year Member Months		4,836	0	0	0	0	0	0	0	4,836	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician		2,206	0	0	0	0	0	0	0	2,206	0	0	0
8. Non-Physician		925	0	0	0	0	0	0	0	925	0	0	0
9. Total		3,131	0	0	0	0	0	0	0	3,131	0	0	0
10. Hospital Patient Days Incurred		333	0	0	0	0	0	0	0	333	0	0	0
11. Number of Inpatient Admissions		66	0	0	0	0	0	0	0	66	0	0	0
12. Health Premiums Written (b)		3,892,237	0	0	0	0	0	0	0	3,892,237	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		3,833,122	0	0	0	0	0	0	0	3,833,122	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		1,953,685	0	0	0	0	0	0	0	1,953,685	0	0	0
18. Amount Incurred for Provision of Health Care Services		2,537,330	0	0	0	0	0	0	0	2,537,330	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,892,237



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Bright Health Insurance Company of Ohio, Inc.

2. Minneapolis, MN

(LOCATION)

NAIC Group Code	4887	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	16353	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0	0	0	0	0	0	0	0	0	0
2. First Quarter		399	0	0	0	0	0	0	0	399	0
3. Second Quarter		399	0	0	0	0	0	0	0	399	0
4. Third Quarter		407	0	0	0	0	0	0	0	407	0
5. Current Year		413	0	0	0	0	0	0	0	413	0
6. Current Year Member Months		4,836	0	0	0	0	0	0	4,836	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician		2,206	0	0	0	0	0	0	2,206	0	0
8. Non-Physician		925	0	0	0	0	0	0	925	0	0
9. Total		3,131	0	0	0	0	0	0	3,131	0	0
10. Hospital Patient Days Incurred		333	0	0	0	0	0	0	333	0	0
11. Number of Inpatient Admissions		66	0	0	0	0	0	0	66	0	0
12. Health Premiums Written (b)		3,892,237	0	0	0	0	0	0	3,892,237	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		3,833,122	0	0	0	0	0	0	3,833,122	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		1,953,685	0	0	0	0	0	0	1,953,685	0	0
18. Amount Incurred for Provision of Health Care Services		2,537,330	0	0	0	0	0	0	2,537,330	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,892,237

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

NON

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
82627 ...06-0839705 ...01/01/2019 ...Swiss Re Life & Health America Inc.				MO	41,879	167,515
1999999. Accident and Health - U.S. Non-Affiliates					41,879	167,515
2199999. Total Accident and Health - Non-Affiliates					41,879	167,515
2299999. Total Accident and Health					41,879	167,515
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					41,879	167,515
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					41,879	167,515

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
82627 ..06-0839705 ..01/01/2019 ..Swiss Re Life & Health America, Inc.MO.....SSL/I.....MR.....							100,463	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							100,463	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							100,463	0	0	0	0	0	0
1199999. Total General Account Authorized							100,463	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							100,463	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							100,463	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							100,463	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	100	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	168	0	0	0	0
8. Reinsurance recoverable on paid losses	42	0	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	6,561,131	0	6,561,131
2. Accident and health premiums due and unpaid (Line 15)	52,562	0	52,562
3. Amounts recoverable from reinsurers (Line 16.1)	41,879	0	41,879
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	200,997	0	200,997
6. Total assets (Line 28)	6,856,569	0	6,856,569
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	576,082	0	576,082
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	485,416	0	485,416
15. Total liabilities (Line 24)	1,061,498	0	1,061,498
16. Total capital and surplus (Line 33)	5,795,071	XXX	5,795,071
17. Total liabilities, capital and surplus (Line 34)	6,856,569	0	6,856,569
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL	0	0	0	0	0
2. Alaska.....	AK	0	0	0	0	0
3. Arizona.....	AZ	0	0	0	0	0
4. Arkansas.....	AR	0	0	0	0	0
5. California.....	CA	0	0	0	0	0
6. Colorado.....	CO	0	0	0	0	0
7. Connecticut.....	CT	0	0	0	0	0
8. Delaware.....	DE	0	0	0	0	0
9. District of Columbia.....	DC	0	0	0	0	0
10. Florida.....	FL	0	0	0	0	0
11. Georgia.....	GA	0	0	0	0	0
12. Hawaii.....	HI	0	0	0	0	0
13. Idaho.....	ID	0	0	0	0	0
14. Illinois.....	IL	0	0	0	0	0
15. Indiana.....	IN	0	0	0	0	0
16. Iowa.....	IA	0	0	0	0	0
17. Kansas.....	KS	0	0	0	0	0
18. Kentucky.....	KY	0	0	0	0	0
19. Louisiana.....	LA	0	0	0	0	0
20. Maine.....	ME	0	0	0	0	0
21. Maryland.....	MD	0	0	0	0	0
22. Massachusetts.....	MA	0	0	0	0	0
23. Michigan.....	MI	0	0	0	0	0
24. Minnesota.....	MN	0	0	0	0	0
25. Mississippi.....	MS	0	0	0	0	0
26. Missouri.....	MO	0	0	0	0	0
27. Montana.....	MT	0	0	0	0	0
28. Nebraska.....	NE	0	0	0	0	0
29. Nevada.....	NV	0	0	0	0	0
30. New Hampshire.....	NH	0	0	0	0	0
31. New Jersey.....	NJ	0	0	0	0	0
32. New Mexico.....	NM	0	0	0	0	0
33. New York.....	NY	0	0	0	0	0
34. North Carolina.....	NC	0	0	0	0	0
35. North Dakota.....	ND	0	0	0	0	0
36. Ohio.....	OH	0	0	0	0	0
37. Oklahoma.....	OK	0	0	0	0	0
38. Oregon.....	OR	0	0	0	0	0
39. Pennsylvania.....	PA	0	0	0	0	0
40. Rhode Island.....	RI	0	0	0	0	0
41. South Carolina.....	SC	0	0	0	0	0
42. South Dakota.....	SD	0	0	0	0	0
43. Tennessee.....	TN	0	0	0	0	0
44. Texas.....	TX	0	0	0	0	0
45. Utah.....	UT	0	0	0	0	0
46. Vermont.....	VT	0	0	0	0	0
47. Virginia.....	VA	0	0	0	0	0
48. Washington.....	WA	0	0	0	0	0
49. West Virginia.....	WV	0	0	0	0	0
50. Wisconsin.....	WI	0	0	0	0	0
51. Wyoming.....	WY	0	0	0	0	0
52. American Samoa.....	AS	0	0	0	0	0
53. Guam.....	GU	0	0	0	0	0
54. Puerto Rico.....	PR	0	0	0	0	0
55. U.S. Virgin Islands.....	VI	0	0	0	0	0
56. Northern Mariana Islands.....	MP	0	0	0	0	0
57. Canada.....	CAN	0	0	0	0	0
58. Aggregate Other Alien.....	OT	0	0	0	0	0
59. Total.....		0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Bright Health has no ownership interest in AssociatesMD Medical Group, Inc. which is a physician owned entity.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-4991296	Bright Health, Inc.	0	0	0	0	121,379	0		0	121,379	0
00000	81-1108911	Bright Health Management, Inc.	0	(87,125,000)	0	0	64,292,079	0		0	(22,832,921)	0
15963	81-1078509	Bright Health Insurance Company	0	1,000,000	0	0	(24,987,730)	0		0	(23,987,730)	0
16102	32-0509107	Bright Health Insurance Company of Alabama, Inc.	0	13,015,000	0	0	(2,694,521)	0		0	10,320,479	0
16122	37-1844468	Bright Health Company of Arizona	0	30,500,000	0	0	(20,402,559)	0		0	10,097,441	0
16341	35-2616469	Bright Health Insurance Company of Tennessee	0	3,400,000	0	0	(10,074,712)	0		0	(6,674,712)	0
16353	37-1873205	Bright Health Insurance Company of Ohio, Inc.	0	0	0	0	(2,726,113)	0		0	(2,726,113)	0
16388	32-0534235	Bright Health Insurance Company of New York, Inc.	0	0	0	0	(3,406,608)	0		0	(3,406,608)	0
16501	83-3456438	Bright Health Insurance Company of Florida	0	17,000,000	0	0	(55,682)	0		0	16,944,318	0
16544	35-2651212	Bright Health Company of South Carolina, Inc.	0	5,000,000	0	0	(4,674)	0		0	4,995,326	0
16545	83-3650545	Bright Health Insurance Company of Illinois	0	3,000,000	0	0	(8,886)	0		0	2,991,114	0
16546	38-4106459	Bright Health Company of Georgia	0	210,000	0	0	0	0		0	210,000	0
16595	30-1154852	Bright Health Company of North Carolina	0	14,000,000	0	0	(51,973)	0		0	13,948,027	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Bright Health Insurance Company of Ohio, Inc.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

JUNE FILING

8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
---	-----

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING

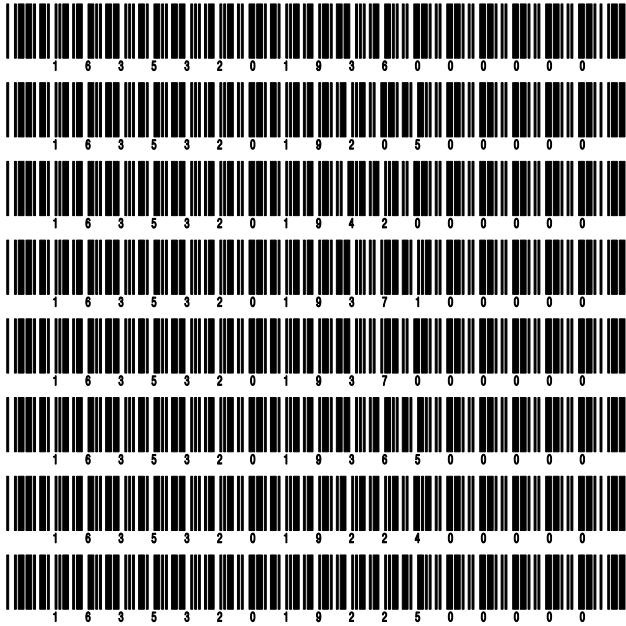
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanations:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 26.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12. Life Supplement [Document Identifier 205]
13. SIS Stockholder Information Supplement [Document Identifier 420]
14. Participating Opinion for Exhibit 5 [Document Identifier 371]
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
16. Medicare Part D Coverage Supplement [Document Identifier 365]
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the Requirements for Audit Committees [Document Identifier 226]



20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



26 Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



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