



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

Bright Health Insurance Company of Ohio, Inc.

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

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: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

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

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

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

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

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

Internet Website Address www.brighthouseplan.com

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

OFFICERS

President RaeAnn Grossman # Chief Financial Officer Kara Rios #
Secretary George Lyford # Chief Executive Officer Simeon Schindelman #

OTHER

Tomas David Valdivia M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Simeon Schindelman # Nicolas Alvin Christianson # Keith Nelsen #

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.

Simeon Schindelman
Chief Executive Officer

Kara Rios
Chief Financial Officer

George Lyford
Secretary

Subscribed and sworn to before me this _____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	4,858,607	0	4,858,607	4,918,300
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$1,112,026), cash equivalents (\$880,191) and short-term investments (\$0)	1,992,217	0	1,992,217	1,642,831
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,850,824	0	6,850,824	6,561,131
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	20,862	0	20,862	23,526
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	26,127	22,883	3,244	896
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$88,466)	88,466	0	88,466	51,666
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	63,544	0	63,544	41,879
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	34,713	0	34,713	20,838
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	33,191	0	33,191	0
24. Health care (\$16,380) and other amounts receivable	17,719	1,339	16,380	156,633
25. Aggregate write-ins for other than invested assets	32,238	32,238	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,167,684	56,460	7,111,224	6,856,569
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	7,167,684	56,460	7,111,224	6,856,569
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	32,238	32,238	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	32,238	32,238	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 98,295 reinsurance ceded)	1,189,754	0	1,189,754	576,082
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	35,037	0	35,037	28,463
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	222,407	0	222,407	230,440
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	0	0	0	0
9. General expenses due or accrued	101,338	0	101,338	10,715
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	8,424	0	8,424	16,872
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	1,711	0	1,711	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	0	0	0	127,447
16. Derivatives	0	0	0	0
17. Payable for securities	53,925	0	53,925	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	67,230	0	67,230	71,479
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,679,826	0	1,679,826	1,061,498
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	63,889
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	6,146,351	6,146,351
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	(1,714,953)	(1,415,169)
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	5,431,398	5,795,071
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,111,224	6,856,569
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. HIF STAT Rcls - Special Surplus	XXX	XXX	0	63,889
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	63,889
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	5,927	3,607	4,836
2. Net premium income (including \$ 0 non-health premium income)	XXX	4,850,588	2,868,773	3,791,774
3. Change in unearned premium reserves and reserve for rate credits	XXX	8,033	(41,205)	(201,915)
4. Fee-for-service (net of \$ 0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,858,621	2,827,568	3,589,859
Hospital and Medical:				
9. Hospital/medical benefits	0	3,070,332	2,164,317	2,226,660
10. Other professional services	0	124,598	56,938	73,250
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	705,097	244,356	237,420
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Lines 9 to 15)	0	3,900,027	2,465,611	2,537,330
Less:				
17. Net reinsurance recoveries	0	(3,218)	0	209,394
18. Total hospital and medical (Lines 16 minus 17)	0	3,903,245	2,465,611	2,327,936
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 51,787 cost containment expenses	0	140,370	204,683	326,616
21. General administrative expenses	0	1,238,809	1,330,863	2,469,775
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	0	28,525
23. Total underwriting deductions (Lines 18 through 22)	0	5,282,424	4,001,157	5,152,852
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(423,803)	(1,173,589)	(1,562,993)
25. Net investment income earned	0	77,811	115,985	146,868
26. Net realized capital gains (losses) less capital gains tax of \$ 0	0	1,871	2,173	4,728
27. Net investment gains (losses) (Lines 25 plus 26)	0	79,682	118,158	151,596
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(344,121)	(1,055,431)	(1,411,397)
31. Federal and foreign income taxes incurred	XXX	0	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(344,121)	(1,055,431)	(1,411,397)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	5,795,071	7,238,142	7,238,142
34. Net income or (loss) from Line 32.....	(344,121)	(1,055,431)	(1,411,397)
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	0	5,235	5,235
39. Change in nonadmitted assets.....	(19,552)	(40,897)	(36,908)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....	0	0	0
46. Dividends to stockholders.....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	(363,673)	(1,091,093)	(1,443,070)
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,431,398	6,147,049	5,795,071
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	4,792,298	2,803,942	3,743,895
2. Net investment income	78,345	88,348	122,056
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	4,870,643	2,892,290	3,865,951
5. Benefit and loss related payments	3,169,006	1,408,081	1,953,684
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,311,457	1,482,889	2,729,269
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	0	19,165	19,165
10. Total (Lines 5 through 9)	4,480,463	2,910,135	4,702,118
11. Net cash from operations (Line 4 minus Line 10)	390,180	(17,845)	(836,167)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,641,431	1,980,509	3,026,158
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	53,925	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,695,356	1,980,509	3,026,158
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,577,224	1,282,975	1,906,699
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,577,224	1,282,975	1,906,699
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	118,131	697,534	1,119,459
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(158,925)	140,060	126,141
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(158,925)	140,060	126,141
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	349,386	819,749	409,433
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,642,831	1,233,398	1,233,398
19.2 End of period (Line 18 plus Line 19.1)	1,992,217	2,053,148	1,642,831

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	413	0	0	0	0	0	0	413	0	0
2. First Quarter	657	0	0	0	0	0	0	657	0	0
3. Second Quarter	656	0	0	0	0	0	0	656	0	0
4. Third Quarter	680	0	0	0	0	0	0	680	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	5,927	0	0	0	0	0	0	5,927	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	2,590	0	0	0	0	0	0	2,590	0	0
8. Non-Physician	954	0	0	0	0	0	0	954	0	0
9. Total	3,544	0	0	0	0	0	0	3,544	0	0
10. Hospital Patient Days Incurred	476	0	0	0	0	0	0	476	0	0
11. Number of Inpatient Admissions	76	0	0	0	0	0	0	76	0	0
12. Health Premiums Written (a)	4,924,142	0	0	0	0	0	0	4,924,142	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	4,932,175	0	0	0	0	0	0	4,932,175	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.....	3,213,906	0	0	0	0	0	0	3,213,906	0	0
18. Amount Incurred for Provision of Health Care Services	3,900,027	0	0	0	0	0	0	3,900,027	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,924,142

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	538,187	2,609,152	5,982	1,183,772	544,169	576,082
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	538,187	2,609,152	5,982	1,183,772	544,169	576,082
10. Healthcare receivables (a)	1,339	16,379	0	0	1,339	159,951
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9-10+11+12)	536,848	2,592,773	5,982	1,183,772	542,830	416,131

(a) Excludes \$0 loans or advances to providers not yet expensed.

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 contracts with the Center for Medicare and Medicaid Services (CMS) to provide Medicare Advantage policies for Medicare-eligible enrollees effective January 1, 2019.

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	September 30, 2020	December 31, 2019
NET LOSS					
(1) State basis (Page 4, Line 32, Column 2 & 4)	XXX	XXX	XXX	\$ (344,121)	\$ (1,411,397)
(2) State prescribed practices that increase/(decrease) NAIC SAP:					
None				\$ -	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP:					
None				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (344,121)</u>	<u>\$ (1,411,397)</u>
SURPLUS					
(1) State basis (Page 3, Line 33, Column 3 & 4)	XXX	XXX	XXX	\$ 5,431,398	\$ 5,795,071
(2) State prescribed practices that increase/(decrease) NAIC SAP:					
None				\$ -	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP:					
None				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 5,431,398</u>	<u>\$ 5,795,071</u>

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

No significant change.

C. Accounting Policy

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

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").

(1 - 12) No significant change.

- (13) Health care receivables consist of pharmacy rebate receivables estimated based on the most current data available from the Company's unaffiliated pharmacy benefit managers, CVS Caremark (CVS), and effective January 1, 2020, Elixir (formerly EnvisionRx). Health care receivables are considered nonadmitted assets under NAIC SAP if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 28).

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

CAPITAL AND SURPLUS

- **Section 9010 Subsequent Fee Year Assessment** – The Company was subject to the Section 9010 Health Insurer Fee (HIF) in 2019. Under NAIC SAP, a proportionate amount of the estimated subsequent year fee assessment is apportioned out of unassigned deficit and reported as Section 9010 Affordable Care Act (ACA) subsequent fee year assessment in the statutory basis financial statements of admitted assets, liabilities, and capital and surplus, whereas under GAAP, no such special surplus designation is required. As of December 31, 2019, \$63,889 has been apportioned out of unassigned funds in the statutory basis statements of admitted assets, liabilities and capital and surplus for fees which will be paid on or before September 30, 2020. The HIF has been repealed for years beginning after December 31, 2019 and thus no amounts have been apportioned out of unassigned funds as of September 30, 2020.

STATEMENT OF OPERATIONS

- **General Administrative Expenses** – The Company is subject to an annual fee under Section 9010 of the ACA. A health insurance entity's annual fee becomes payable once the entity provides health insurance for any U.S. health risk during the calendar year, which is nondeductible for tax purposes. Under the NAIC SAP, the entire amount of the estimate annual fee expense is recognized on January 1 of the fee year in general administrative expense in the statutory basis statements of operations, whereas under GAAP, a deferred asset is created on January 1 of the fee year which is amortized to expense on a straight-line basis throughout the year.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

The company had no changes in accounting principles or correction of errors as of September 30, 2020 or December 31, 2019.

3. BUSINESS COMBINATIONS AND GOODWILL

Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

5. INVESTMENTS

A-Q. No significant change.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A-B. No significant change.

7. INVESTMENT INCOME

A-B. No significant change.

8. DERIVATIVE INSTRUMENTS

A-F. No significant change.

9. INCOME TAXES

A-J. No significant change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A-O. Material Related Party Transactions

No significant change.

11. DEBT

No significant change.

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

(1-13) No significant change.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A-D. No significant change.

15. LEASES

No significant change.

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

No significant change.

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 as of September 30, 2020 and December 31, 2019.

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

A-C. No significant change.

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

No significant change.

20. FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

A. Fair Value

(1-5) The Company does not have any financial assets that are measured and reported at fair value in the statutory basis financial statements of admitted assets, liabilities, and capital and surplus at September 30, 2020 and December 31, 2019.

B. Fair Value Combination – Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of September 30, 2020 and December 31, 2019 is presented in the table below:

September 30, 2020					
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
U.S. government securities	\$ 2,498,913	\$ 2,473,290	\$ 2,498,913	\$ -	\$ -
Agency securities	1,172,591	1,157,817	-	1,172,591	-
Corporate debt securities	1,138,369	1,120,040	-	1,138,369	-
State, county and local municipal securities	109,046	107,461	-	109,046	-
Total bonds	<u>\$ 4,918,918</u>	<u>\$ 4,858,607</u>	<u>\$ 2,498,913</u>	<u>\$ 2,420,005</u>	<u>\$ -</u>

December 31, 2019					
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
U.S. government securities	\$ 2,709,821	\$ 2,696,250	\$ 2,709,821	\$ -	\$ -
U.S. agency securities	1,121,505	1,113,099	-	1,121,505	-
Corporate debt securities	1,118,886	1,108,950	-	1,118,886	-
Total bonds and short-term investments	<u>\$ 4,950,212</u>	<u>\$ 4,918,299</u>	<u>\$ 2,709,821</u>	<u>\$ 2,240,391</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 \$2,498,913 and \$2,709,821 as of September 30, 2020 and December 31, 2019, respectively.

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

E. Investments at NAV Practical Expedient – Not applicable.

21. OTHER ITEMS

A-H. Not applicable.

22. EVENTS SUBSEQUENT

No significant change.

23. REINSURANCE

The Company has an agreement with Swiss Re Life & Health America, Inc. (Swiss Re) in which Swiss Re provides excess loss reinsurance coverage to the Company on its policies. Ceded premiums of \$73,555 and \$100,463 have been included in net premium income, and reinsurance recoveries of \$3,218 and \$209,394 have been included in net reinsurance recoveries, in the statutory basis statements of operations as of September 30, 2020 and December 31, 2019 respectively.

The Company recorded a receivable of \$63,544 and \$-0- for paid losses recoverable from Swiss Re under the contract in amounts recoverable from reinsurance in the statutory basis statements of admitted assets, liabilities, and capital and surplus as of September 30, 2020 and December 31, 2019. The Company also recorded a receivable of \$98,295 and \$167,515 for estimated recoverable under the contract on incurred but unpaid losses, as a reduction to unpaid claims in the statutory statements of admitted assets, liabilities, and capital and surplus as of September 30, 2020 and December 31, 2019, respectively. The Company recorded \$8,424 and \$16,872 for unpaid reinsurance premiums as ceded reinsurance premiums payable in the statutory statements of admitted assets, liabilities, and capital and surplus as of September 30, 2020 and December 31, 2019, respectively.

A-D. No significant change.

24. RESTROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- A.** The Company estimates accrued retrospective premium adjustments for its health insurance business based on mathematical calculations in accordance with contractual terms.
- B.** Estimated accrued retrospective premiums due from the Company are recorded in aggregate health policy reserves in the statutory basis statement of admitted assets, liabilities, capital and surplus and an adjustment to change in reserve for rate credits in the statutory basis statements of operations.
- C.** The Company's Medicare business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the Medicare line of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for Medicare line of business subject to this retrospectively rated feature was \$4,924,142 and \$3,892,237, representing 100% of total direct premiums written as of September 30, 2020 and December 31, 2019, respectively.

The Company has Medicare Part D risk corridor amounts from CMS which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D premiums subject to this retrospective rating feature was \$344,805 and \$386,469, representing 7% and 10% of total direct written premiums as of September 30, 2020 and December 31, 2019, respectively.

The Company has risk adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health score based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to redetermination features was \$4,924,142 and \$3,892,237, representing 100% of total direct premiums written as of September 30, 2020 and December 31, 2019, respectively.

D. The Company is required to maintain a specific minimum loss ratio on its Medicare lines of business. As of September 30, 2020, and December 31, 2019, the Company's annual estimated loss ratios on the Medicare lines of business were in excess of the minimum requirement and as a result no medical loss ratio rebate liability was required.

E. Risk-Sharing Provisions of the Affordable Care Act

(1) The Company did not write any accident and health premiums subject to the risk-sharing provisions of the ACA as of September 30, 2020 and December 31, 2019.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following tables discloses paid claims, incurred claims, and the balance in the claims unpaid, aggregate health claims reserves, health care receivables and reinsurance recoverables at September 30, 2020. As the Company did not write any health insurance policies prior to January 1, 2019 there was no prior year claims activity as of December 31, 2019.

	September 30, 2020		
	Current Year Incurred Claims	Prior Year Incurred Claims	Total
Beginning of year claims reserve	\$ -	\$ (743,597)	\$ (743,597)
Paid claims - net of health care receivables and reinsurance recoveries collected	2,668,072	500,934	3,169,006
End of period claim reserve	<u>1,183,772</u>	<u>104,277</u>	<u>1,288,049</u>
Incurred claims excluding the change in health care receivables and reinsurance recoveries receivable as presented below	3,851,844	(138,386)	3,713,458
Beginning of year health care receivables and reinsurance recoveries receivable	-	369,345	369,345
End of period health care receivables and reinsurance recoveries receivable	<u>(75,299)</u>	<u>(104,259)</u>	<u>(179,558)</u>
Total incurred claims	<u>\$ 3,776,545</u>	<u>\$ 126,700</u>	<u>\$ 3,903,245</u>

Reserves for claims unpaid and accrued medical incentive pool and bonus amounts, net of reinsurance recoveries receivable, as of December 31, 2019 were \$374,252. As of September 30, 2020 \$500,934 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$18 as a result of the re-estimation of unpaid claims on the comprehensive commercial line of business. Therefore, there has been \$126,700 of unfavorable prior-year development since December 31, 2019 to September 30, 2020. The decrease is generally the result of recent loss development trends. Original estimates are increased or decreased as additional becomes known regarding individual claims. Included in the development is the impact of retrospectively rated policies, which also has a corresponding impact to the medical loss ratio rebates. The Company adjusts revenue and the corresponding liability or receivable related to retrospectively rated policies and the impact of the change is recorded as a component of change in reserve for rate credits in the statutory basis statements of operations.

The Company incurred claims adjustment expenses of \$140,370 and \$326,615 for the periods ended September 30, 2020 and December 31, 2019, respectively. A portion of these costs are included in the management services fees paid by the Company to BHM as part of its management agreement. Paid claims adjustment expenses of \$133,135 and \$298,152 for the periods ended September 30, 2020 and December 31, 2019, respectively, are considered to be related to the current year.

B. There have been no significant changes to the methodology or assumptions used in calculating the liability for unpaid claims and claims adjustment expenses.

26. INTERCOMPANY POOLING ARRANGEMENTS

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

27. STRUCTURED SETTLEMENTS

Not applicable.

28. HEALTH CARE RECEIVABLES

A. No significant change.

29. PARTICIPATING POLICIES

No significant change.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company's premium deficiency reserves as of September 30, 2020 and December 31, 2019:

	September 30, 2020
1. Liability carried for premium deficiency reserves	\$ <u>28,525</u>
2. Date of the most recent evaluation of this liability	<u>12/31/2019</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	December 31, 2019
1. Liability carried for premium deficiency reserves	\$ <u>28,525</u>
2. Date of the most recent evaluation of this liability	<u>12/31/2019</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 05/18/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/18/2020
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [X] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 33,191

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent80.2 %
- 1.2 A&H cost containment percent1.0 %
- 1.3 A&H expense percent excluding cost containment expenses26.9 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$0
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and 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	
2. Alaska AK	N	0	0	0	0	0	0	0	0	
3. Arizona AZ	N	0	0	0	0	0	0	0	0	
4. Arkansas AR	N	0	0	0	0	0	0	0	0	
5. California CA	N	0	0	0	0	0	0	0	0	
6. Colorado CO	N	0	0	0	0	0	0	0	0	
7. Connecticut CT	N	0	0	0	0	0	0	0	0	
8. Delaware DE	N	0	0	0	0	0	0	0	0	
9. District of Columbia DC	N	0	0	0	0	0	0	0	0	
10. Florida FL	N	0	0	0	0	0	0	0	0	
11. Georgia GA	N	0	0	0	0	0	0	0	0	
12. Hawaii HI	N	0	0	0	0	0	0	0	0	
13. Idaho ID	N	0	0	0	0	0	0	0	0	
14. Illinois IL	N	0	0	0	0	0	0	0	0	
15. Indiana IN	N	0	0	0	0	0	0	0	0	
16. Iowa IA	N	0	0	0	0	0	0	0	0	
17. Kansas KS	N	0	0	0	0	0	0	0	0	
18. Kentucky KY	N	0	0	0	0	0	0	0	0	
19. Louisiana LA	N	0	0	0	0	0	0	0	0	
20. Maine ME	N	0	0	0	0	0	0	0	0	
21. Maryland MD	N	0	0	0	0	0	0	0	0	
22. Massachusetts MA	N	0	0	0	0	0	0	0	0	
23. Michigan MI	N	0	0	0	0	0	0	0	0	
24. Minnesota MN	N	0	0	0	0	0	0	0	0	
25. Mississippi MS	N	0	0	0	0	0	0	0	0	
26. Missouri MO	N	0	0	0	0	0	0	0	0	
27. Montana MT	N	0	0	0	0	0	0	0	0	
28. Nebraska NE	N	0	0	0	0	0	0	0	0	
29. Nevada NV	N	0	0	0	0	0	0	0	0	
30. New Hampshire NH	N	0	0	0	0	0	0	0	0	
31. New Jersey NJ	N	0	0	0	0	0	0	0	0	
32. New Mexico NM	N	0	0	0	0	0	0	0	0	
33. New York NY	N	0	0	0	0	0	0	0	0	
34. North Carolina NC	N	0	0	0	0	0	0	0	0	
35. North Dakota ND	N	0	0	0	0	0	0	0	0	
36. Ohio OH	L	0	4,924,142	0	0	0	0	4,924,142	0	
37. Oklahoma OK	N	0	0	0	0	0	0	0	0	
38. Oregon OR	N	0	0	0	0	0	0	0	0	
39. Pennsylvania PA	N	0	0	0	0	0	0	0	0	
40. Rhode Island RI	N	0	0	0	0	0	0	0	0	
41. South Carolina SC	N	0	0	0	0	0	0	0	0	
42. South Dakota SD	N	0	0	0	0	0	0	0	0	
43. Tennessee TN	N	0	0	0	0	0	0	0	0	
44. Texas TX	N	0	0	0	0	0	0	0	0	
45. Utah UT	N	0	0	0	0	0	0	0	0	
46. Vermont VT	N	0	0	0	0	0	0	0	0	
47. Virginia VA	N	0	0	0	0	0	0	0	0	
48. Washington WA	N	0	0	0	0	0	0	0	0	
49. West Virginia WV	N	0	0	0	0	0	0	0	0	
50. Wisconsin WI	N	0	0	0	0	0	0	0	0	
51. Wyoming WY	N	0	0	0	0	0	0	0	0	
52. American Samoa AS	N	0	0	0	0	0	0	0	0	
53. Guam GU	N	0	0	0	0	0	0	0	0	
54. Puerto Rico PR	N	0	0	0	0	0	0	0	0	
55. U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0	
56. Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0	
57. Canada CAN	N	0	0	0	0	0	0	0	0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	0	4,924,142	0	0	0	0	4,924,142	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	
61. Totals (Direct Business)	XXX	0	4,924,142	0	0	0	0	4,924,142	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	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	

(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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

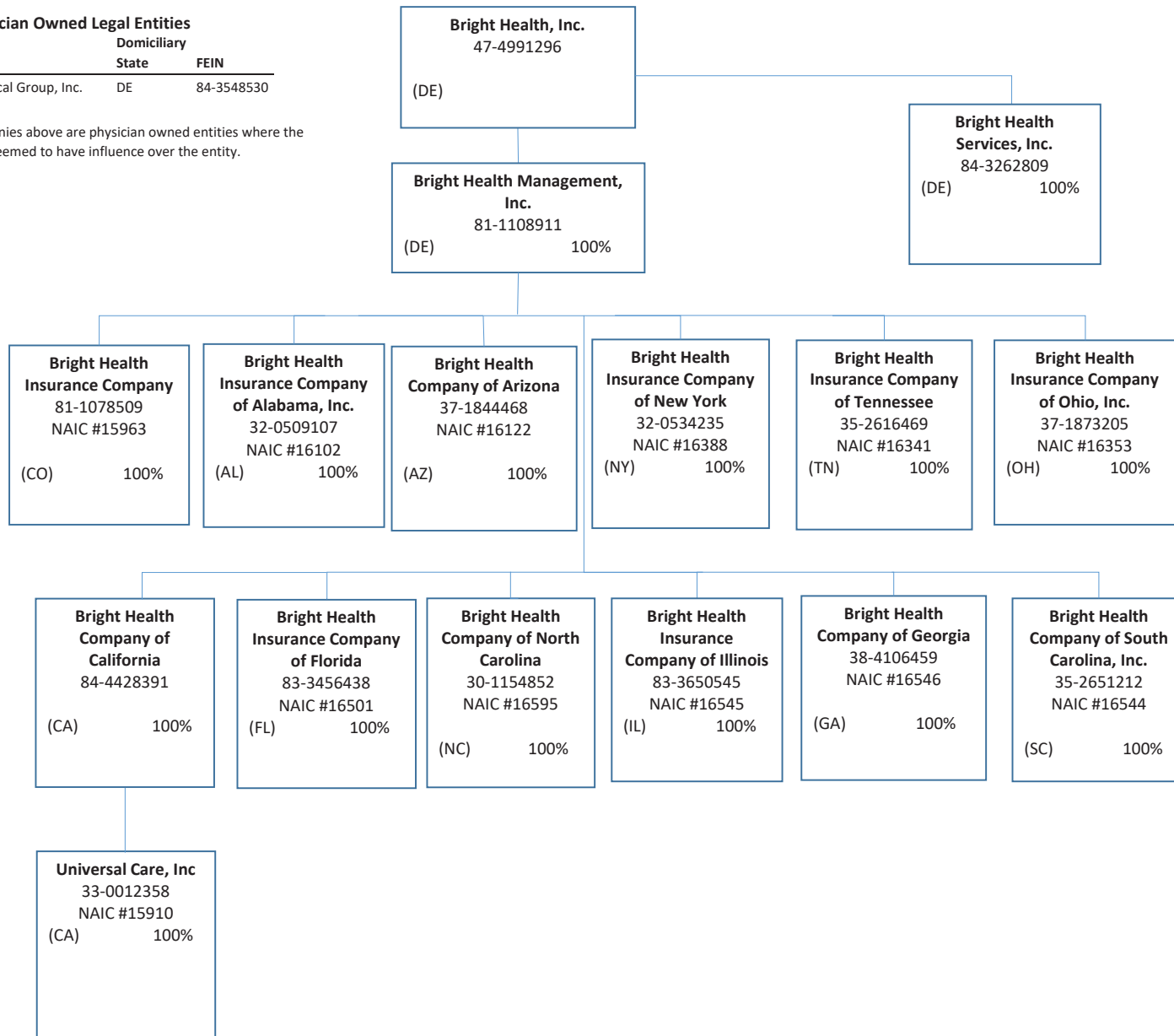
Schedule Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Physician Owned Legal Entities

Name	Domiciliary State	FEIN
AssociatesMD Medical Group, Inc.	DE	84-3548530

NOTE: These companies above are physician owned entities where the ultimate parent is deemed to have influence over the entity.



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.4887	Bright Hlth Grp	.0000	47-4991296				Bright Health, Inc.	DE	UIP			0.000		N	
.4887	Bright Hlth Grp	.0000	81-1108911				Bright Health Management, Inc.	DE	UDP	Bright Health, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16102	32-0509107				Bright Health Insurance Company of Alabama, Inc.	AL	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.15963	81-1078509				Bright Health Insurance Company	CO	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16122	37-1844468				Bright Health Company of Arizona	AZ	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16388	32-0534235				Bright Health Insurance Company of New York	NY	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16341	35-2616469				Bright Health Insurance Company of Tennessee	TN	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16353	37-1873205				Bright Health Insurance Company of Ohio, Inc.	OH	RE	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16501	83-3456438				Bright Health Insurance Company of Florida	FL	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16595	30-1154852				Bright Health Company of North Carolina	NC	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16545	83-3650545				Bright Health Insurance Company of Illinois	IL	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16544	35-2651212				Bright Health Company of South Carolina	SC	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.16546	38-4106459				Bright Health Company of Georgia	GA	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.00000	84-4428391				Bright Health Company of California	CA	NIA	Bright Health Management, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.15910	33-0012358				Universal Care, Inc	CA	IA	Bright Health Company of California	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.00000	84-3262809				Bright Health Services, Inc.	DE	NIA	Bright Health, Inc.	Ownership	100.000	Bright Health, Inc.	N	
.4887	Bright Hlth Grp	.00000	84-3548530				AssociatesMD Medical Group, Inc.	DE	NIA	Bright Health Services, Inc.	Influence	0.000	Bright Health, Inc.	N	1

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,918,300	6,003,391
2. Cost of bonds and stocks acquired	1,577,224	1,906,699
3. Accrual of discount	10,043	30,967
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	1,871	4,727
6. Deduct consideration for bonds and stocks disposed of	1,641,584	3,026,158
7. Deduct amortization of premium	7,400	1,327
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	153	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	4,858,607	4,918,300
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	4,858,607	4,918,300

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	4,979,173	529,859	649,734	(690)	4,941,962	4,979,173	4,858,607	4,868,394
2. NAIC 2 (a)	0	0	0	0	0	0	0	49,906
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	4,979,173	529,859	649,734	(690)	4,941,962	4,979,173	4,858,607	4,918,300
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	4,979,173	529,859	649,734	(690)	4,941,962	4,979,173	4,858,607	4,918,300

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

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

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of short-term investments acquired	0	39,795
3. Accrual of discount	0	205
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	40,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	124,950	135,064
2. Cost of cash equivalents acquired	1,961,124	1,849,344
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	1,205,883	1,859,458
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	880,191	124,950
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	880,191	124,950

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol
912828-4L-1	UNITED STATES TREASURY		.09/30/2020	JP MORGAN SECURITIES LLC		53,350	50,000	.575	1
912828-ZR-4	UNITED STATES TREASURY		.08/13/2020	HSBC SECURITIES (USA) FXD INC		49,963	50,000	.13	1
0599999. Subtotal - Bonds - U.S. Governments						103,313	100,000	589	XXX
283822-TG-9	EL PASO TEX WTR & SWR REV IAM COML PAPER		.09/08/2020	RBC CAPITAL MARKETS, LLC		25,000	25,000	.0	1FE
3130AJ-Y5-2	FEDERAL HOME LOAN BANKS		.08/13/2020	STONECASTLE SECURITIES, LLC, NEW YORK		44,913	45,000	.0	1
3133EL-S6-2	FEDERAL FARM CREDIT BANKS FUNDING CORP		.08/11/2020	US Bank		44,986	45,000	.10	1
3135G0-S6-4	FEDERAL NATIONAL MORTGAGE ASSOCIATION		.07/08/2020	INDUSTRIAL AND COMMERCIAL BANK OF CHINA		49,893	50,000	.0	1
3137EA-EW-5	FEDERAL HOME LOAN MORTGAGE CORP		.09/02/2020	WELLS FARGO SECURITIES LLC		24,992	25,000	.0	1
3199999. Subtotal - Bonds - U.S. Special Revenues						189,783	190,000	10	XXX
06406F-AD-5	BANK OF NEW YORK MELLON CORP		.08/31/2020	United States Treasury Note/Bond		52,517	50,000	.49	1FE
14913R-2F-3	CATERPILLAR FINANCIAL SERVICES CORP		.09/09/2020	CITIGROUP GLOBAL MARKETS INC.		19,986	20,000	.0	1FE
166756-AJ-5	CHEVRON USA INC		.08/17/2020	Various		25,014	25,000	.2	1FE
30231G-BC-5	EXXON MOBIL CORP		.08/03/2020	BARCLAYS CAPITAL INC.		57,983	55,000	.521	1FE
69371R-08-0	PACCAR FINANCIAL CORP		.08/04/2020	BNP Paribas		9,987	10,000	.0	1FE
822582-CJ-9	SHELL INTERNATIONAL FINANCE BV	C	.09/10/2020	RBC CAPITAL MARKETS		39,902	40,000	.0	1FE
88579Y-AX-9	3M CO		.08/27/2020	NATIONAL FINANCIAL SERVICES CO		31,373	30,000	.311	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						236,763	230,000	883	XXX
8399997. Total - Bonds - Part 3						529,859	520,000	1,482	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						529,859	520,000	1,482	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						529,859	XXX	1,482	XXX

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	For-foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol	
912828-5B-2	UNITED STATES TREASURY		09/30/2020	Maturity @ 100.00		70,000	70,000	69,910	69,963	0	37	0	37	0	70,000	0	0	0	1,925	09/30/2020	1	
912828-L6-5	UNITED STATES TREASURY		09/30/2020	Various		130,003	130,000	126,466	128,901	0	1,096	0	1,096	0	129,997	0	6	6	1,784	09/30/2020	1	
912828-VV-9	UNITED STATES TREASURY		08/31/2020	Various		130,070	130,000	128,817	129,662	0	326	0	326	0	129,989	0	81	81	2,701	08/31/2020	1	
0599999	Subtotal - Bonds - U.S. Governments					330,073	330,000	325,192	328,527	0	1,459	0	1,459	0	329,986	0	88	88	6,410	XXX	XXX	
3133EH-W5-8	FEDERAL FARM CREDIT BANKS FUNDING CORP		09/02/2020	Various		70,331	70,000	68,648	69,508	0	346	0	346	0	69,854	0	476	476	975	11/27/2020	1	
3135G0-U8-4	FEDERAL NATIONAL MORTGAGE ASSOCIATION		08/11/2020	BNY CAPITAL MARKETS, INC.		45,269	45,000	44,867	44,944	0	42	0	42	0	44,985	0	284	284	1,013	10/30/2020	1	
3136FT-R4-3	FEDERAL NATIONAL MORTGAGE ASSOCIATION		07/08/2020	CITIGROUP GLOBAL MARKETS INC.		45,111	45,000	44,393	44,826	0	138	0	138	0	44,964	0	146	146	780	08/28/2020	1	
3199999	Subtotal - Bonds - U.S. Special Revenues					160,710	160,000	157,907	159,278	0	526	0	526	0	159,804	0	906	906	2,768	XXX	XXX	
06406H-DF-3	BANK OF NEW YORK MELLON CORP		09/10/2020	JP MORGAN SECURITIES LLC		35,086	35,000	34,511	34,822	0	138	0	138	0	34,960	0	126	126	684	11/27/2020	1FE	
24422E-SY-6	JOHN DEERE CAPITAL CORP		07/14/2020	Maturity @ 100.00		55,000	55,000	54,303	54,823	0	177	0	177	0	55,000	0	0	0	1,306	07/14/2020	1FE	
539830-BF-5	LOCKHEED MARTIN CORP		09/09/2020	US Bank		15,036	15,000	14,810	14,931	0	54	0	54	0	14,984	0	52	52	379	11/23/2020	1FE	
857477-AS-2	STATE STREET CORP		08/18/2020	Maturity @ 100.00		55,000	55,000	54,558	54,874	0	126	0	126	0	55,000	0	0	0	1,403	08/18/2020	1FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					160,122	160,000	158,183	159,449	0	495	0	495	0	159,945	0	178	178	3,772	XXX	XXX	
8399997	Total - Bonds - Part 4					650,905	650,000	641,282	647,254	0	2,480	0	2,480	0	649,734	0	1,172	1,172	12,950	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					650,905	650,000	641,282	647,254	0	2,480	0	2,480	0	649,734	0	1,172	1,172	12,950	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					650,905	XXX	641,282	647,254	0	2,480	0	2,480	0	649,734	0	1,172	1,172	12,950	XXX	XXX	

E05

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0599999	Total - U.S. Government Bonds					0	0	0
1099999	Total - All Other Government Bonds					0	0	0
1799999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999	Total - U.S. Political Subdivisions Bonds					0	0	0
3199999	Total - U.S. Special Revenues Bonds					0	0	0
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999	Total - Hybrid Securities					0	0	0
5599999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
6099999	Subtotal - SVO Identified Funds					0	0	0
6599999	Subtotal - Unaffiliated Bank Loans					0	0	0
7699999	Total - Issuer Obligations					0	0	0
7799999	Total - Residential Mortgage-Backed Securities					0	0	0
7899999	Total - Commercial Mortgage-Backed Securities					0	0	0
7999999	Total - Other Loan-Backed and Structured Securities					0	0	0
8099999	Total - SVO Identified Funds					0	0	0
8199999	Total - Affiliated Bank Loans					0	0	0
8299999	Total - Unaffiliated Bank Loans					0	0	0
8399999	Total Bonds					0	0	0
31846V-54-2	FIRST AMER:TRS OBG Z		.03/05/2020	0.040		660,000	0	933
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					660,000	0	933
31846V-56-7	FIRST AMER:GVT OBLG Z	SD	.09/30/2020	0.040		16,157	.1	.9
31846V-56-7	FIRST AMER:GVT OBLG Z		.09/30/2020	0.040		204,034	.1	.0
8699999	Subtotal - All Other Money Market Mutual Funds					220,191	2	9
8899999	Total Cash Equivalents					880,191	2	943