



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

Bright Health Insurance Company of Ohio, Inc.

NAIC Group Code48874887NAIC Company Code16353Employer's ID Number37-1873205  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized10/26/2017Commenced Business01/01/2019

Statutory Home Office219 N 2nd St, Suite 401Minneapolis, MN, US 55401  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office219 N 2nd St, Suite 401Minneapolis, MN, US 55401612-238-1321  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address219 N 2nd St, Suite 401Minneapolis, MN, US 55401  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records219 N 2nd St, Suite 401Minneapolis, MN, US 55401612-238-1321  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.brighthealthplan.com

Statutory Statement ContactMarie Theresa Vyvyan612-238-1321  
(Name)(Area Code) (Telephone Number)

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(E-mail Address)(FAX Number)

OFFICERS

Chief Medical OfficerTomas David Valdivia M.D.Chief Financial OfficerKara Rios #

SecretaryGeorge Lyford #Chief Executive OfficerSimeon Schindelman #

OTHER

DIRECTORS OR TRUSTEES

State ofMinnesotaSS:

County ofHennipen

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 SchindelmanKara RiosGeorge Lyford  
Chief Executive OfficerChief Financial OfficerSecretary

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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	5,019,512	0	5,019,512	4,918,300
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....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 (\$ .....457,773 , Schedule E - Part 1), cash equivalents (\$ .....683,252 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	1,141,025	0	1,141,025	1,642,831
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	6,160,537	0	6,160,537	6,561,131
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	21,939	0	21,939	23,526
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	27,220	27,220	0	896
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....13,392 ) and contracts subject to redetermination (\$ .....113,218 ) .....	126,610	0	126,610	51,666
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	206,233	0	206,233	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 .....	222,919	0	222,919	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 .....	121,112	0	121,112	0
24. Health care (\$ .....44,372 ) and other amounts receivable .....	46,450	2,078	44,372	156,633
25. Aggregate write-ins for other than invested assets .....	30,714	30,714	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	6,963,734	60,012	6,903,722	6,856,569
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	6,963,734	60,012	6,903,722	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 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	30,714	30,714	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	30,714	30,714	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....52,570 reinsurance ceded) .....	1,327,576	0	1,327,576	576,082
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	53,103	0	53,103	28,463
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	1,611,466	0	1,611,466	230,440
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserves .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	0	0	0
9. General expenses due or accrued .....	27,273	0	27,273	10,715
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	8,486	0	8,486	16,872
12. Amounts withheld or retained for the account of others .....	0	0	0	0
13. Remittances and items not allocated .....	353	0	353	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 .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	62,876	0	62,876	71,479
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	3,091,133	0	3,091,133	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	(3,333,762)	(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	3,812,589	5,795,071
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	6,903,722	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 thru 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 thru 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 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	7,976	4,836
2. Net premium income ( including \$ .....0 non-health premium income) .....	XXX	6,352,783	3,791,774
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	215,306	(201,915)
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	6,568,089	3,589,859
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	0	4,353,984	2,226,660
10. Other professional services .....	0	154,215	73,250
11. Outside referrals .....	0	0	0
12. Emergency room and out-of-area .....	0	0	0
13. Prescription drugs .....	0	751,584	237,420
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0
16. Subtotal (Lines 9 to 15) .....	0	5,259,783	2,537,330
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	93,746	209,394
18. Total hospital and medical (Lines 16 minus 17) .....	0	5,166,037	2,327,936
19. Non-health claims (net) .....	0	0	0
20. Claims adjustment expenses, including \$ .....70,604 cost containment expenses .....	0	205,662	326,616
21. General administrative expenses .....	0	1,671,307	2,469,775
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	1,582,941	28,525
23. Total underwriting deductions (Lines 18 through 22) .....	0	8,625,947	5,152,852
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(2,057,858)	(1,562,993)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	95,987	146,868
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....	0	2,492	4,728
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	98,479	151,596
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )] .....	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,959,379)	(1,411,397)
31. Federal and foreign income taxes incurred .....	XXX	0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,959,379)	(1,411,397)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0



STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	5,795,071	7,238,142
34. Net income or (loss) from Line 32 .....	(1,959,379)	(1,411,397)
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	0	5,235
39. Change in nonadmitted assets .....	(23,104)	(36,908)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,982,483)	(1,443,070)
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,812,589	5,795,071
DETAILS OF WRITE-INS		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	6,268,710	3,743,895
2. Net investment income .....	98,893	122,056
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	6,367,603	3,865,951
5. Benefit and loss related payments .....	4,465,396	1,953,684
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,056,234	2,729,269
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	0	19,165
10. Total (Lines 5 through 9) .....	6,521,630	4,702,118
11. Net cash from operations (Line 4 minus Line 10) .....	(154,027)	(836,167)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,311,915	3,026,158
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,311,915	3,026,158
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,411,487	1,906,699
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,411,487	1,906,699
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(99,573)	1,119,459
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(248,206)	126,141
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(248,206)	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) .....	(501,806)	409,433
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,642,831	1,233,398
19.2 End of year (Line 18 plus Line 19.1) .....	1,141,025	1,642,831

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	6,352,783	0	0	0	0	0	6,352,783	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	215,306	0	0	0	0	0	215,306	0	0	0
3. Fee-for-service (net of \$ .....0 medical expenses) .....	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue .....	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	6,568,089	0	0	0	0	0	6,568,089	0	0	0
8. Hospital/medical benefits .....	4,353,984	0	0	0	0	0	4,353,984	0	0	XXX
9. Other professional services .....	154,215	0	0	0	0	0	154,215	0	0	XXX
10. Outside referrals .....	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area .....	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs .....	751,584	0	0	0	0	0	751,584	0	0	XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14) .....	5,259,783	0	0	0	0	0	5,259,783	0	0	XXX
16. Net reinsurance recoveries .....	93,746	0	0	0	0	0	93,746	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16) .....	5,166,037	0	0	0	0	0	5,166,037	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ .....70,604 cost containment expenses .....	205,661	0	0	0	0	0	205,661	0	0	0
20. General administrative expenses .....	1,671,308	0	0	0	0	0	1,671,308	0	0	0
21. Increase in reserves for accident and health contracts .....	1,582,941	0	0	0	0	0	1,582,941	0	0	XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22) .....	8,625,947	0	0	0	0	0	8,625,947	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	(2,057,858)	0	0	0	0	0	(2,057,858)	0	0	0
DETAILS OF WRITE-INS .....										XXX
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	0	0	0	0
2. Medicare Supplement .....	0	0	0	0
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	6,451,671	0	98,888	6,352,783
7. Title XIX - Medicaid .....	0	0	0	0
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	6,451,671	0	98,888	6,352,783
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	6,451,671	0	98,888	6,352,783

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	4,509,733	0	0	0	0	0	4,509,733	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	44,337	0	0	0	0	0	44,337	0	0	0
1.4 Net	4,465,396	0	0	0	0	0	4,465,396	0	0	0
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,380,146	0	0	0	0	0	1,380,146	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	52,570	0	0	0	0	0	52,570	0	0	0
3.4 Net	1,327,576	0	0	0	0	0	1,327,576	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a)	(113,501)	0	0	0	0	0	(113,501)	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	206,233	0	0	0	0	0	206,233	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	743,597	0	0	0	0	0	743,597	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	167,515	0	0	0	0	0	167,515	0	0	0
8.4 Net	576,082	0	0	0	0	0	576,082	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	41,879	0	0	0	0	0	41,879	0	0	0
12. Incurred Benefits:										
12.1 Direct	5,259,783	0	0	0	0	0	5,259,783	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	93,746	0	0	0	0	0	93,746	0	0	0
12.4 Net	5,166,037	0	0	0	0	0	5,166,037	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	44,160	0	0	0	0	0	44,160	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	44,160	0	0	0	0	0	44,160	0	0	0
2. Incurred but Unreported:										
2.1 Direct .....	1,335,986	0	0	0	0	0	1,335,986	0	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	52,570	0	0	0	0	0	52,570	0	0	0
2.4 Net .....	1,283,416	0	0	0	0	0	1,283,416	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	1,380,146	0	0	0	0	0	1,380,146	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	52,570	0	0	0	0	0	52,570	0	0	0
4.4 Net .....	1,327,576	0	0	0	0	0	1,327,576	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior 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 .....	591,613	3,709,429	13,007	1,314,569	604,620	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) .....	591,613	3,709,429	13,007	1,314,569	604,620	576,082
10. Healthcare receivables (a) .....	2,078	44,372	0	0	2,078	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)	589,535	3,665,057	13,007	1,314,569	602,542	416,131

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	557
6.	2020 .....	XXX	XXX	XXX	XXX	3,908

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	188
6.	2020 .....	XXX	XXX	XXX	XXX	4,978

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2017 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2019 .....	0	557	35	6.3	592	0.0	66	0	658	0.0
5. 2020 .....	6,420	3,909	199	5.1	4,108	64.0	1,262	53	5,423	84.5



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	557
6.	2020 .....	XXX	XXX	XXX	XXX	3,908

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	188
6.	2020 .....	XXX	XXX	XXX	XXX	4,978

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2017 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2019 .....	0	557	35	6.3	592	0.0	66	0	658	0.0
5. 2020 .....	6,420	3,909	199	5.1	4,108	64.0	1,262	53	5,423	84.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	1,611,466	0	0	0	0	0	1,611,466	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	1,611,466	0	0	0	0	0	1,611,466	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	1,611,466	0	0	0	0	0	1,611,466	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....1,611,466 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES					
	Claim Adjustment Expenses		3  General Administrative Expenses	4  Investment Expenses	5  Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building) .....	0	0	6,929	0	6,929
2. Salary, wages and other benefits .....	29,282	32,060	417,393	0	478,735
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	0	0	124,768	0	124,768
4. Legal fees and expenses .....	71	78	1,016	0	1,165
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services .....	38,855	42,541	553,851	0	635,247
7. Traveling expenses .....	728	1,136	19,598	0	21,462
8. Marketing and advertising .....	0	0	247,573	0	247,573
9. Postage, express and telephone .....	0	0	503	0	503
10. Printing and office supplies .....	0	0	4,441	0	4,441
11. Occupancy, depreciation and amortization .....	0	0	11,723	0	11,723
12. Equipment .....	0	0	9,787	0	9,787
13. Cost or depreciation of EDP equipment and software .....	0	0	48,453	0	48,453
14. Outsourced services including EDP, claims, and other services .....	0	57,417	13,708	0	71,125
15. Boards, bureaus and association fees .....	0	0	54	0	54
16. Insurance, except on real estate .....	0	0	0	0	0
17. Collection and bank service charges .....	0	0	22,800	0	22,800
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	0	0	0
23.2 State premium taxes .....	0	0	0	0	0
23.3 Regulatory authority licenses and fees .....	0	0	68,618	0	68,618
23.4 Payroll taxes .....	1,668	1,826	23,770	0	27,264
23.5 Other (excluding federal income and real estate taxes) .....	0	0	0	0	0
24. Investment expenses not included elsewhere .....	0	0	0	851	851
25. Aggregate write-ins for expenses .....	0	0	96,322	0	96,322
26. Total expenses incurred (Lines 1 to 25) .....	70,604	135,058	1,671,307	851	(a) .....1,877,820
27. Less expenses unpaid December 31, current year .....	18,230	34,873	25,564	1,709	80,376
28. Add expenses unpaid December 31, prior year .....	11,701	16,762	9,472	1,243	39,178
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	64,075	116,947	1,655,215	385	1,836,622
DETAILS OF WRITE-INS					
2501. IT Expenses .....	0	0	97,661	0	97,661
2502. Sales Events and Sponsorships .....	0	0	5,855	0	5,855
2503. Other General Expenses .....	0	0	(7,194)	0	(7,194)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	96,322	0	96,322

(a) Includes management fees of \$ .....1,605,276 to affiliates and \$ .....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....50,699	.....48,432
1.1	Bonds exempt from U.S. tax .....	(a) .....0	.....0
1.2	Other bonds (unaffiliated) .....	(a) .....46,604	.....47,532
1.3	Bonds of affiliates .....	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b) .....0	.....0
2.11	Preferred stocks of affiliates .....	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c) .....0	.....0
4.	Real estate .....	(d) .....0	.....0
5	Contract Loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments .....	(e) .....1,122	.....874
7	Derivative instruments .....	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	98,425	96,838
11.	Investment expenses .....		(g) .....851
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....0
14.	Depreciation on real estate and other invested assets .....		(i) .....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....851
17.	Net investment income (Line 10 minus Line 16) .....		95,987
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0

- (a) Includes \$ .....11,605 accrual of discount less \$ .....12,457 amortization of premium and less \$ .....4,291 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.
- (e) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.
- (g) Includes \$. .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	171	0	171	0	0
1.1	Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2	Other bonds (unaffiliated) .....	2,321	0	2,321	0	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	0	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0	0	0
5.	Contract loans .....	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7.	Derivative instruments .....	0	0	0	0	0
8.	Other invested assets .....	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	2,492	0	2,492	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income .....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	27,220	12,189	(15,031)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	2,078	3,318	1,240
25. Aggregate write-ins for other than invested assets .....	30,714	21,401	(9,313)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	60,012	36,908	(23,104)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27) .....	60,012	36,908	(23,104)
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. NA - Write In Assets .....	30,714	21,401	(9,313)
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	30,714	21,401	(9,313)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	0	0	0	0	0	0
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business .....	413	657	656	680	686	7,976
7. Total	413	657	656	680	686	7,976
DETAILS OF WRITE-INS						
0601. Exclusive Provider Organization .....	413	657	656	680	686	7,976
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	413	657	656	680	686	7,976

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.

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

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

	SSAP #	F/S Page	F/S Line #	December 31, 2020	December 31, 2019
NET LOSS					
(1) State basis (Page 4, Line 32, Column 2 & 3)	XXX	XXX	XXX	\$ (1,959,379)	\$ (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	\$ (1,959,379)	\$ (1,411,397)
SURPLUS					
(1) State basis (Page 3, Line 33, Column 3 & 4)	XXX	XXX	XXX	\$ 3,812,589	\$ 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	\$ 3,812,589	\$ 5,795,071

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

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company’s estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, and Medicare Part D risk corridor estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income in the period in which the estimate is adjusted.

C. Accounting Policy

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

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

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

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

- (1 - 2) Bonds and short-term investments are stated at amortized cost if they meet NAIC designation of one or two and stated at the lower of amortized cost or fair value if they meet an NAIC designation of three or higher. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office of the NAIC (SVO) in accordance with the NAIC Valuations of Securities manual prepared by the SVO, the custodian, or an external pricing service. The Company does not hold any SVO-identified investments or mandatory convertible securities;
- (3) The Company holds no common stock;
- (4) The Company holds no preferred stock;
- (5) The Company holds no mortgage loans;
- (6) The Company holds no loan-backed securities;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statements of Statutory Accounting Principle (SSAP) No. 54;
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and adjustments are reflected in the period determined;
- (12) The Company does not carry fixed assets on the statutory basis financial statements;
- (13) Health care receivables consist of pharmacy rebate receivables estimated based on the most current data available from the Company's unaffiliated pharmacy benefit manager, CVS Caremark (CVS), and effective January 1, 2020, Elixir Solutions (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 accounting policies and/or differences between statutory practices and GAAP.

## **ASSETS**

### ***Cash and Invested Assets***

- Bonds include U.S. government and agency securities and corporate debt securities with a maturity of greater than one year at the time of purchase;
- Cash, cash equivalents, and short-term investments in the statutory financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date;
- Cash represents cash held by the Company in disbursement accounts. Claims and other payments are made from the disbursement account;
- Outstanding checks are required to be netted against cash balances or presented as cash overdrafts if in excess of cash balances in the statutory basis financial statements of admitted assets, liabilities and capital and surplus as opposed to being presented as liabilities under GAAP;



- Cash equivalents represent money-market funds. Cash equivalents have original maturity dates of three months or less from the date of acquisition and are reported at cost or amortized cost depending on the nature of the underlying security, which approximates fair value;
- Short-term investments represent U.S. treasuries and corporate debt securities with a maturity of greater than three months but less than one year at the time of purchase; The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell the security that is in an impaired status, the Company will record a realized loss in net realized capital gains less capital gains tax in the statutory basis statements of operations. The new cost basis is changed for the subsequent recoveries in fair value. The Company has not recognized any other-than-temporary impairment for the years ended December 31, 2020 and 2019.
- The statutory basis statements of cash flows reconcile cash, cash equivalents, and short-term investments with original maturities of one year or less from the time of acquisition; whereas under GAAP, the statements of cash flows reconcile the corresponding captions of cash and cash equivalents with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of GAAP cash flows. The statutory basis statements of cash flow are prepared in accordance with the NAIC Annual Statement instructions.

#### **Other Assets**

- **Risk Sharing Receivable** – The Company's capitated contract with CVS Caremark (CVS), and effective January 1, 2020, Elixir Solutions (formerly EnvisionRx) on its comprehensive individual health business contains a risk sharing provision in which a portion of capitated payments are returned to the Company or additional payments are made to Elixir when actual pharmacy costs, net of rebates, are outside of a risk band as stated in the contract (see Note 24). The amount receivable from Elixir related to this provision is recorded as health care receivable in the statutory basis statements of assets, liabilities, and capital and surplus.

#### **LIABILITIES**

- **Claims Unpaid** – Claims unpaid includes claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and liabilities for physician, hospital and other medical cost disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied and centrally controlled. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates and other relevant factors. The Company estimates such liabilities for outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims as of December 31, 2020; however actual payments may differ from those established estimates.

The Company contracts with hospitals, physicians and other providers of health care primarily within the Mercy Health Network, under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care to enrollees. Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services should the capitated provider be unable to provide the contracted services.

- **Aggregate Health Policy Reserves** – The Company establishes a liability, net of ceded reinsurance, for estimated accrued retrospective and redetermination premiums due from the Company based on actuarial method and assumptions for each respective contract. Aggregate health policy reserves includes 1) a risk adjustment payable as defined in Section 1343 of the Affordable Care Act (ACA). Premium adjustments are based upon the risk scores (health status) of enrollees participating the risk adjustment covered plans, rather than the actual loss experience of the insured. A risk adjustment payable is recorded when the Company estimates its average actuarial risk score for policies included in this program is less than the average actuarial risk score in that market and state risk pool (see Note 24). Included within this risk adjustment program is an estimate for an ACA High Cost Risk Pool fee the Company will need to make back to CMS to fund the pool of funds. These funds would be used similar to a reinsurance program to cover very high cost members. 2) CMS risk corridor payables for which adjustments are based on whether the ultimate per member per month (PMPM) benefit costs of any of the Medicare program plan varies more than 5% below the level estimated in the original bid submitted by the Company and approved by CMS. 3) Premium deficiency reserves which are recognized when it is probable that expected future health care expenses, claims adjustment expenses (CAE), direct administrative costs and an allocation of indirect administrative costs under a group of existing contracts will exceed future premiums and reinsurance recoveries considered over the remaining lives of the contracts. The methods for making these estimates are updated and periodically reviewed, and adjustments to the reserve are reflected as a decrease in reserves for life and accident and health contracts in the statutory basis statements of operations in the period in which the change in estimate is identified.

- **Premiums Received in Advance** – Premiums received in during the current period that are for future policy periods are recorded as premiums received in advance in the statutory basis statement of admitted assets, liabilities, and capital and surplus.
- **General Expenses Due or Accrued** – General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the statutory basis statements of admitted assets, liabilities and capital and surplus. This primarily includes unpaid premium taxes, broker commissions and unpaid portion of the contributions required under ACA programs.

**CAPITAL AND SURPLUS**

- **Non-admitted Assets** – Certain assets, including prepaid expenses, certain aged premium receivables, and certain aged health care receivables are considered non-admitted assets under NAIC SAP and excluded from statutory basis statements of admitted assets, liabilities and capital and surplus and charged directly to unassigned surplus. Under GAAP, such assets are included in the balance sheet.
- **Restricted Cash Reserves** – The Company held regulatory deposits in the amount of \$467,305 and \$462,798 as of December 31, 2020 and 2019 respectively, in compliance with the state requirements for qualification purposes as a domestic insurer. These restricted cash reserves consist principally of government obligations and are stated at amortized cost, which approximates fair value. These restricted deposits are included in bonds and cash equivalents in the statutory basis statements of admitted assets, liabilities and capital and surplus. Interest earned on these deposits accrues to the Company.
- **Minimum Capital and Surplus** – Under the laws of the state of Ohio, the Department requires the Company to maintain minimum capital and surplus equal to \$2,500,000. The Company is in compliance with the required amount as of December 31, 2020.

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

- **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 December 31, 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 December 31, 2020.

**STATEMENTS OF OPERATIONS**

- **Net Premium Income and Change in Reserve for Rate Credits** – Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the statutory basis statements of operations.

Net premium income includes premium under the Medicare Advantage program, which includes CMS premium. It also includes premium under the Medicare Part D program, which includes CMS premium, member premium and CMS low-income premium subsidy for the Company's insurance risk coverage. Net income is recognized ratably over the period in which eligible individuals are entitled to receive covered benefits.

Net premium income includes amounts under the CMS risk adjustment program and change in reserves for rate credits includes changes to the estimate related to the CMS risk corridor program. Changes to estimates related to these programs are recorded in the period they become known.

Medicare Advantage and Part D prescription drug plans are subject to medical loss ratio requirements under the ACA. Plans with medical loss ratios that fall below certain targets are required to rebate ratable portions of premiums annually.

- **Total Hospital and Medical Expenses** – Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital and other medical cost disputes.

Total hospital and medical expenses also include amounts incurred for risk sharing amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claims reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the statutory basis statements of operations.

- **General Administrative Expenses** – Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to BHM in exchange for administrative and management services. Costs for items not included within the scope of the management agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and BHM is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the statutory basis statements of operations.
- **Net Investment Income Earned** – Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company’s holdings. Amortization of premium or discount on bonds and certain external investment management costs are included in net investment income earned (see Note 7).
- **Net Loss from Premium Balances Charged Off** – The Company identifies policies for which aged premium receivable balances exist and terminates these policies according to grace period requirements of the governing regulatory bodies. The Company then performs additional impairment analysis on overdue premiums which have not been terminated to evaluate for collectability. If a policy premium is deemed uncollectible or is terminated, it is written off in the period identified and reported as net loss from premium balances charged off.
- **Comprehensive Income** – Comprehensive income and its components are not separately presented in the statutory basis financial statements, whereas under GAAP, it is a requirement to present comprehensive income and its components in the financial statements.

**D. Going Concern**

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

**2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS**

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

**3. BUSINESS COMBINATIONS AND GOODWILL**

- A-D.** The Company was not party to a business combination during the years ended December 31, 2020 and 2019 and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

**4. DISCONTINUED OPERATIONS**

- A-D.** The Company had no discontinued operations during the years ended December 31, 2020 and 2019.

**5. INVESTMENTS**

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

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

**D. Loan-Backed Securities**

The Company has no loan-backed securities.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

Not applicable.

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

(1) Restricted assets, including pledged securities as of December 31, 2020 and 2019 are presented below:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted and Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1-2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1-4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%
b. Collateral held under security lending agreements	-	-	-	-	-	0	0
c. Subject to repurchase agreements	-	-	-	-	-	0	0
d. Subject to reverse repurchase agreements	-	-	-	-	-	0	0
e. Subject to dollar repurchase agreements	-	-	-	-	-	0	0
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0	0
g. Placed under option contracts	-	-	-	-	-	0	0
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0	0
i. FHLB capital stock	-	-	-	-	-	0	0
j. On deposit with states	467,305	462,798	4,507	-	467,305	7	7
k. On deposit with other regulatory bodies	-	-	-	-	-	0	0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0	0
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0	0
n. Other restricted assets	-	-	-	-	-	0	0
o. Total restricted assets	\$ 467,305	\$ 462,798	\$ 4,507	\$ -	\$ 467,305	7%	7%

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company has no assets pledged as collateral not captured in other categories as of December 31, 2020 and 2019.

(3) The Company has no Other Restricted Assets as of December 31, 2020 and 2019.

(4) The Company did not receive any collateral which was reflected as assets as of December 31, 2020 and 2019.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

Not applicable.

O. 5\* Securities

Not applicable.

P. Short Sales

Not applicable.

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	<u>1</u>
(2) Aggregate Amount of Investment Income	<u>\$ 153</u>

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

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

7. INVESTMENT INCOME

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

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

8. DERIVATIVE INSTRUMENTS

A-F. The Company has no derivative instruments.

9. INCOME TAXES

A. Deferred Tax Asset or Liability

(1) The components of the net deferred tax asset at December 31, 2020 and 2019, are as follows:

	2020			2019			Change		
	1 Ordinary	2 Capital	3 (Col 1 +2 Total)	1 Ordinary	2 Capital	3 (Col 1 +2 Total)	1 Ordinary	2 Capital	3 (Col 1 +2 Total)
(a) Gross deferred tax assets	\$ 373,802	\$ 637	\$ 374,439	\$ 320,688	\$ 3,284	\$ 323,972	\$ 53,114	\$ (2,647)	\$ 50,467
(b) Statutory valuation allowance adjustments	<u>352,573</u>	<u>-</u>	<u>352,573</u>	<u>309,647</u>	<u>3,284</u>	<u>312,931</u>	<u>42,926</u>	<u>(3,284)</u>	<u>39,642</u>
(c) Adjusted gross deferred tax assets (1a-1b)	21,229	637	21,866	11,041	-	11,041	10,188	637	10,825
(d) Deferred tax assets non-admitted	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
(e) Subtotal net admitted deferred tax asset (1c-1d)	21,229	637	21,866	11,041	-	11,041	10,188	637	10,825
(f) Deferred tax liabilities	<u>21,866</u>	<u>-</u>	<u>21,866</u>	<u>11,041</u>	<u>-</u>	<u>11,041</u>	<u>10,825</u>	<u>-</u>	<u>10,825</u>
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e-1f)	<u>\$ (637)</u>	<u>\$ 637</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (637)</u>	<u>\$ 637</u>	<u>\$ -</u>

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

Admission Calculations Components SSAP No. 101	2020			2019			Change		
	1	2	3	1	2	3	1	2	3
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 1+2) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	-	-	-	-	-	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	xxx	xxx	571,888	xxx	xxx	869,261	xxx	xxx	(297,373)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	(637)	637	-	11,041	-	11,041	(11,678)	637	(11,041)
(d) Deferred tax assets admitted as a result of application of SSAP No. 101 Total 2(a) + 2(b) + 2(c)	<u>\$ (637)</u>	<u>\$ 637</u>	<u>\$ -</u>	<u>\$ 11,041</u>	<u>\$ -</u>	<u>\$ 11,041</u>	<u>\$ (11,678)</u>	<u>\$ 637</u>	<u>\$ (11,041)</u>

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

	2020	2019
(a) Ratio percentage used to determine recovery period and threshold limitation amount	970%	633%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 3,812,589	\$ 5,795,071

(4) The impact to the gross deferred tax asset balance as a result of tax-planning strategies as of December 31, 2020 and 2019 is presented below:

Impact of Tax-Planning Strategies	2020		2019	
	1	2	1	2
	Ordinary	Capital	Ordinary	Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.				
1. Adjusted gross DTA's amount from Note 9A1(c)	\$ 21,229	\$ 637	\$ 11,041	\$ -
2. Percentage of adjusted gross DTA's by tax character attributable to the impact of tax-planning strategies.	0%	0%	0%	0%
3. Net admitted adjusted gross DTA's amount from Note 9A1(e)	\$ 21,229	\$ 637	\$ 11,041	\$ -
4. Percentage of net admitted adjusted gross DTA's by tax character admitted because of the impact of tax-planning strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?		NO		NO

B. Unrecognized Deferred Tax Liabilities

(1 – 4) There are no unrecognized deferred tax liabilities as of December 31, 2020 and 2019.

C. Significant Components of Income Taxes

The components of current income taxes for the year ended December 31, 2020 and 2019 are as follows:

	1	2	3
	2020	2019	(Col 1-2) Change
1. Current income tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign	-	-	-
(c) Subtotal	-	-	-
(d) Federal income tax on net capital gains	-	1,099	(1,099)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	(1,099)	1,099
(g) Total federal and foreign income tax incurred	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2. Deferred tax assets:			
(a) Ordinary			
(1) Discontinuing of unpaid losses	\$ 1,620	\$ 942	\$ 678
(2) Unearned premium revenue	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	3,523	2,905	618
(5) Deferred acquisition expense	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - non-admitted	12,603	7,751	4,852
(11) Net operating loss carryforward	354,791	309,090	45,701
(12) Tax credit carry-forward	-	-	-
(13) Other (including items >5% of total ordinary tax assets)	1,265	-	1,265
(99) Subtotal	<u>373,802</u>	<u>320,688</u>	<u>53,114</u>
(b) Statutory valuation allowance adjustment	352,573	309,647	42,926
(c) Non-admitted	<u>-</u>	<u>-</u>	<u>-</u>
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	21,229	11,041	10,188
(e) Capital:			
(1) Investments	637	3,284	(2,647)
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items >5% of total capital tax assets)	-	-	-
(99) Subtotal	<u>637</u>	<u>3,284</u>	<u>(2,647)</u>
(f) Statutory valuation allowance adjustment	-	3,284	(3,284)
(g) Non-admitted	<u>-</u>	<u>-</u>	<u>-</u>
(h) Admitted capital deferred tax assets (2e99-2f-2g)	637	-	637
(i) Admitted deferred tax asset (2d+2b)	21,866	11,041	10,825
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	9,890	6,546	3,344
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premiums	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items >5% of total ordinary tax liabilities)	11,976	4,495	7,481
(99) Subtotal	<u>21,866</u>	<u>11,041</u>	<u>10,825</u>
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items >5% of total capital tax liabilities)	-	-	-
(99) Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
(c) Deferred tax liabilities (3a99+3b99)	<u>21,866</u>	<u>11,041</u>	<u>10,825</u>
4. Net deferred tax assets/liabilities (2i-3c)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The Company assessed the potential realization of the gross deferred tax asset and established a valuation allowance of \$352,573 and \$309,647 to reduce the gross deferred tax asset to \$21,866 and \$11,041, as of December 31, 2020 and 2019, respectively. This represents the amount of the asset estimated to be recoverable via reduction of future taxes.

- D. The provision for income taxes and changes in deferred income tax assets and liabilities differ from the amount obtained by applying the statutory federal income tax rate to pretax net income. This is primarily due to operating loss carry-forwards which can be applied against future taxable amounts, as well as taxes incurred on a portion of premiums received in advance of the policy effective date.
- E. The Company has operating loss carryforwards of \$405,648 and \$1,283,834 originating in 2020 and 2019 respectively, available for use in future years as of December 31, 2020.

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

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

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, Bright Health. The entities included within the consolidated return are included in NAIC Statutory Statement *Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group*. Federal income taxes are paid to or refunded by Bright Health pursuant to the terms of a tax-sharing agreement, under which taxes approximate the amount that would have been computed on a separate company basis. Bright Health currently files income tax returns in the U.S. federal jurisdiction and various state jurisdictions. The Company does not believe any adjustments resulting from exams by the IRS will be material to the Company.
- G. **Tax Contingencies** – Not applicable.
- H. **Repatriation Transition Tax (RTT)** – Not applicable
- I. **Alternative Minimum Tax Credit (AMT)** – Not applicable.

#### 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

##### A-O. Material Related Party Transactions

The Company has a management services agreement with BHM to provide the Company with personnel, information systems, claims processing, billing and enrollment, supplies and other services for the performance of all necessary and appropriate management services and functions. As compensation for the management services performed the Company pays a management fee that is the greater of a percentage of premiums or actual cost. Management fees charged to the Company were \$1,605,276 and \$2,706,826 as of December 31, 2020 and 2019, respectively.

The Company has a Tax Sharing Agreement with Bright Health.

The Company recorded \$121,112 due from and \$127,447 in amounts due to parent, subsidiaries and affiliates, net in the statutory basis statements of assets, liabilities and capital and surplus as of December 31, 2020 and 2019, respectively.

The Company did not receive any cash infusions during 2020 and 2019.

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

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

#### 11. DEBT

- A-B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements as of December 31, 2020 and 2019.

#### 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

- A. The Company has 100,000 shares authorized and 100,000 shares issued and outstanding of \$10.00 par value common stock. All issued and outstanding shares are owned by BHM, the parent company.
- B. The Company has issued no preferred stock.
- C. Payment of dividends may be restricted by the Department, which generally requires that dividends be paid out of accumulated surplus.



- D. The Company paid no dividends in 2020 and 2019.
- E. The amount of ordinary dividends that may be paid out during any given time period is subject to certain restrictions as specified by state statute.
- F. The Company has no restrictions placed on its unassigned funds.
- G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- H. The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- I. The Company had no changes in balance of special surplus funds from the prior year.
- J. The Company does not have any unrealized gains and losses as of December 31, 2020 and 2019.
- K. The Company issued no debentures or similar obligations.
- (L-M) The Company has never been party to a quasi-reorganization.

#### 14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

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

##### F. All Other Contingencies

The business of administering and insuring health care programs is regulated at the federal, state and local levels. The laws and rules governing the Company's business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The ACA and the related federal and state regulations will continue to impact how the Company does business and could restrict revenue and enrollment growth in certain products and market segments, increase medical and administrative costs of the Company, or put the Company at risk for loss of business. Health care regulation, including the ACA and other regulatory reform initiatives, or additional changes in existing laws and regulations or their interpretations, could have a material adverse effect on the Company's business, results of operations and financial condition. The ACA may create new or expand existing opportunities for business growth, but due to its complexity, the long-term impact of the ACA remains difficult to predict and is not yet fully known.

Because of the nature of its businesses, the Company is frequently made party to a variety of regulatory inquiries, including market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, and the Office of the Inspector General.

When the Company (during its regular review of pending litigation and legal or regulatory matters) has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation and regulatory matters present loss contingencies that are both probably and estimable, the Company accrues the estimated loss by a change to shareholder's net income. Estimates of losses resulting from legal or regulatory matters are inherently difficult to predict and amount of the loss accrued represents the Company's best estimate, which may differ materially from the amount of the ultimate amount of the loss. The Company provides disclosure for any material pending litigation or legal or regulatory action, including accruals, range of losses, or a statement that such information cannot be estimated.

#### 15. LEASES

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

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

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

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

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

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

- A-B. The Company had no operations from Administrative Services Only Contracts or Administrative Services Contracts during 2020 or 2019.
- C. **Medicare or Other Similarly Structured Cost Reimbursement Contracts**
- The Medicare Part D program is a partially insured plan. The Company recorded a payable in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities and capital and surplus of \$8,969 and \$(41,205) as of December 31, 2020 and December 31, 2019, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies. The Company also recorded a receivable of \$39,172 and \$20,838 and a payable \$53,907 and \$30,273 for the Medicare Part D Coverage Gap Discount program in amounts receivable relating to uninsured plans and liability for amounts held under uninsured plans, respectively, in the statutory basis statements of assets, liabilities and capital and surplus as of December 31, 2020 and December 31, 2019, respectively.

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

The Company did not have any direct premiums produced or written by agents or third-party administrators as of December 31, 2020 and 2019.

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, generally securities evaluations, prices received from Thomson Reuters, or Clearwater calculated prices are used to price securities. If these are unavailable the Company is able to provide pricing overrides from other acceptable sources or methods, however based upon the relatively high rating of its investments, this is generally not required.

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

- A. **Fair Value**
- (1-5) The Company does not have any financial assets that are measured and reported at fair value in the statutory basis financial statements of admitted assets, liabilities, and capital and surplus at December 31, 2020 and 2019.
- B. **Fair Value Combination** – Not applicable.
- C. **Aggregate Fair Value Hierarchy**

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

December 31, 2020							
Type of Financial Instrument	Aggregate Fair	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value	Not Practicable
	Value					(NAV)	(Carrying Value)
U.S. government securities	\$ 2,585,081	\$ 2,567,144	\$ 2,585,081	\$ -	\$ -	\$ -	\$ -
Agency securities	1,201,656	1,190,281	-	1,201,656	-	-	-
Corporate debt securities	1,147,304	1,130,596	-	1,147,304	-	-	-
State, county, and local municipal securities	132,814	131,491	-	132,814	-	-	-
Total bonds	\$ 5,066,855	\$ 5,019,512	\$ 2,585,081	\$ 2,481,774	\$ -	\$ -	\$ -

December 31, 2019							
Type of Financial Instrument	Aggregate Fair	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value	Not Practicable
	Value					(NAV)	(Carrying Value)
U.S. government and agency 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	\$ 4,950,212	\$ 4,918,300	\$ 2,709,821	\$ 2,240,392	\$ -	\$ -	\$ -

Included as Level 1 in U.S. government and agency securities in the fair value hierarchy tables above are U.S. Treasury securities of \$2,585,081 and \$2,709,821 as of December 31, 2020 and 2019 respectively.

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

21. OTHER ITEMS

- A. **Unusual or Infrequent Items** – Not applicable.
- B. **Trouble Debt Restructuring: Debtors** – The Company did not have any troubled debt restructurings during 2020 and 2019.
- C. **Other Disclosures** – Not applicable.
- D. **Business Interruption Insurance Recoveries** – The Company has not received any business interruption insurance recoveries during 2020 and 2019.
- E. **State Transferable and Non-transferable Tax Credits** – The Company has no transferable or non-transferable state tax credits.
- F. **Subprime Mortgage-Related Risk Exposure**
- (1-4) The Company does not have any direct investments in subprime mortgage loans, nor does it have investments in securities with underlying subprime exposure, equity investments in subsidiary, controlled or affiliated entities with significant subprime mortgage risk, or underwriting risk on policies for Mortgage Guaranty or Financial Guaranty insurance coverage as of December 31, 2020 and 2019.
- G. **Retained Assets** – The Company has no assets retained for beneficiaries as of December 31, 2020 and 2019.
- H. **Insurance-Linked Securities Contracts** – The Company did not have any proceeds from insurance-linked securities during 2020 and 2019.

22. EVENTS SUBSEQUENT

The Company has considered subsequent events through March 1, 2021 the date these statutory basis financial statements were available to be issued.

Type I – Recognized Subsequent Events

The Company has determined there are no subsequent events that require disclosure in the statutory basis financial statements as of December 31, 2020.

Type II – Non-recognized Subsequent Events

The HIF has been repealed for years beginning after December 31, 2020 and thus no amounts have been apportioned out of unassigned funds as of December 31, 2020.

The table below presents information regarding the annual fee under Section 9010 of the ACA as of December 31, 2020 and 2019.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)	NO	YES
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 63,889
C. ACA fee assessment paid	64,441	-
D. Premium written subject to the ACA 9010 assessment	-	3,892,237
E. Total Adjusted Capital before surplus adjustments (Five Year Historical Line 14)	3,812,589	
F. Total Adjusted Capital after surplus adjustment (Five Year Historical line 14 minus 22B above)	3,812,589	
G. Authorized Control Level (Five Year Historical Line 15)	393,045	
H. Would reporting the ACA assessment as of December 31, 2018, have triggered an RBC action level (YES/NO)	<u>NO</u>	

There are no other subsequent events which require disclosure in the statutory basis financial statements as of December 31, 2020.

**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 \$98,888 and \$100,463 have been included in net premium income, and reinsurance recoveries of \$93,746 and \$209,394 have been included in net reinsurance recoveries, in the statutory basis statements of operations as of December 31, 2020 and December 31, 2019 respectively.

The Company recorded a receivable of \$206,234 and \$41,879 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 December 31, 2020 and December 31, 2019. The Company also recorded a receivable of \$52,570 and \$167,515 for estimated recoverables 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 December 31, 2020 and December 31, 2019, respectively. The Company recorded \$8,486 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 December 31, 2020 and December 31, 2019, respectively.

**A. Ceded Reinsurance Report**

**Section 1 – General Interrogatories**

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representatives, officer, trustee, or director of the Company?
- Yes ( )                      No (X)
- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
- Yes ( )                      No (X)

**Section 2 – Ceded Reinsurance Report – Part A**

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
- Yes ( )                      No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsurance policies?
- Yes ( )                      No (X)

**Section 3 – Ceded Reinsurance Report – Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
- Yes ( )                      No (X)

**B. Uncollectible Reinsurance – Not applicable.**

**C. Commutation of Ceded Reinsurance – Not applicable.**

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable.**

**E. Reinsurance Credit – Not applicable**

**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 \$6,451,671 and \$3,892,237, representing 100% and 100% of total direct premiums written as of December 31, 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 \$454,855 and \$386,469, representing 7% and 10% of total direct written premiums as of December 31, 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 \$6,451,671 and \$3,892,237, representing 100% and 100% of total direct premiums written as of December 31, 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**

**(1-5)** As of December 31, 2020, the Company has not written any accident and health premiums that are subject to the risk-sharing provisions of the ACA.

**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 disclose paid claims, incurred claims, and the balance in the claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claims reserves, health care receivables and reinsurance recoverables at December 31, 2020 and December 31, 2019.

	December 31, 2020		
	Current Year Incurred Claims	Prior Year Incurred Claims	Total
Beginning of year claims reserve	\$ -	\$ (576,082)	\$ (576,082)
Paid claims - net of health care receivables and reinsurance recoveries collected	3,915,662	549,734	4,465,396
End of period claim reserve	<u>1,309,183</u>	<u>18,393</u>	<u>1,327,576</u>
Incurred claims excluding the change in health care receivables and reinsurance recoveries receivable as presented below	5,224,845	(7,955)	5,216,890
Beginning of year reinsurance recoveries receivable	-	201,830	201,830
End of period health care receivables and reinsurance recoveries receivable	<u>(245,219)</u>	<u>(7,464)</u>	<u>(252,683)</u>
Total incurred claims	<u>\$ 4,979,626</u>	<u>\$ 186,411</u>	<u>\$ 5,166,037</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 December 31, 2020, \$549,734 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are , \$10,929 as a result of the re-estimation of unpaid claims on the comprehensive commercial line of business. Therefore, there has been, \$186,411 of unfavorable prior-year development since December 31, 2019 to December 31, 2020. The decrease is generally the result of recent 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 \$205,661 and \$326,615 for the periods ended December 31, 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 adjustments expenses of \$181,021 and \$298,152 for the periods ended December 31, 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 losses and loss adjustment expenses.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company did not have any intercompany pooling arrangements in 2020 or 2019.

27. STRUCTURED SETTLEMENTS

Not applicable.

28. HEALTH CARE RECEIVABLES

A. The Company has contract provisions in its agreement with its unaffiliated pharmacy benefit manager (PBM), CVS, and effective January 1, 2020, Elixir Solutions, in which pharmacy amounts are rebated to the Company on its Medicare Advantage members. Pharmacy rebates receivable are recorded when reasonably estimated or billed by Elixir in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the PBM and adjusted for significant changes in contract provisions with the PBM.

The Company evaluates admissibility of all pharmaceutical rebates receivable based on the administration of the underlying PBM contract. The Company has non-admitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of Statements of Statutory Accounting Principles No. 84, *Certain Health Care Receivables and Receivables under Government Insured Plans (SSAP No. 84)* from the statutory basis statements of admitted assets, liabilities and capital and surplus.

For the pharmaceutical management agreement for which all the total pharmacy rebates receivable can be admitted based on the admissibility criteria of SSAP No. 84, the pharmacy rebate transaction history is as follows:

Quarter	Reported on Financial Statements	Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 46,450	\$41,349	\$41,349	\$ -	\$ -
9/30/2020	17,719	64,026	64,026	-	-
6/30/2020	39,763	65,946	65,946	-	-
3/31/2020	191,128	55,333	55,333	-	-
12/31/2019	159,951	51,322	13,614	37,158	(454)
9/30/2019	72,457	57,424	14,512	42,668	-
6/30/2019	112,116	71,357	15,199	53,019	2,732
3/31/2019	31,370	58,166	16,142	37,796	3,805

B. The Company does not have any risk sharing receivables as of December 31, 2020 and 2019.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2020 or 2019.

30. PREMIUM DEFICIENCY RESERVES

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

		December 31, 2020	
1. Liability carried for premium deficiency reserves	\$	1,611,466	
2. Date of the most recent evaluation of this liability		12/31/2020	
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	\$	28,525	
2. Date of the most recent evaluation of this liability		12/31/2019	
3. Was anticipated investment income utilized in this calculation?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

The Company did not anticipate salvage or subrogation in 2020 or 2019.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [ X ] No [ ]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]

1.3

State Regulating?

Ohio

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [ X ]

1.5

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

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]

2.2

If yes, date of change:

3.1

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

12/31/2018

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2018

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/18/2020

3.4

By what department or departments?  
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]

5.2

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

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]

7.2

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

0.0 %

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte US LLP, 50 South 6th St Suite 2800, Minneapolis, MN 55402

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Donna Novak, FCA, ASA, MAAA, MBA President and CEO NovaRest Actuarial Consulting 156 W. Calle Guija, Suite 200 Sahuarita, AZ 85629

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$0

12.2

If, yes provide explanation:

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ ]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).



## GENERAL INTERROGATORIES

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

16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? .....	Yes [ X ]	No [ ]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? .....	Yes [ X ]	No [ ]
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? .....	Yes [ X ]	No [ ]

19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? .....		Yes [    ]	No [ X ]
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	20.11 To directors or other officers.....	\$ .....	
		20.12 To stockholders not officers.....	\$ .....	
		20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	20.21 To directors or other officers.....	\$ .....	
		20.22 To stockholders not officers.....	\$ .....	
		20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? .....		Yes [    ]	No [ X ]
21.2	If yes, state the amount thereof at December 31 of the current year:	21.21 Rented from others.....	\$ .....	
		21.22 Borrowed from others.....	\$ .....	
		21.23 Leased from others .....	\$ .....	
		21.24 Other .....	\$ .....	
22.1	Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? .....		Yes [    ]	No [ X ]
22.2	If answer is yes:	22.21 Amount paid as losses or risk adjustment	\$ .....	
		22.22 Amount paid as expenses .....	\$ .....	
		22.23 Other amounts paid .....	\$ .....	
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....		Yes [ X ]	No [    ]
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....		\$ .....	121,1

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03).....	Yes	<input checked="" type="checkbox"/>	X		No	<input type="checkbox"/>	
24.02	If no, give full and complete information relating thereto .....							
24.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) .....							
24.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. ....	\$						
24.05	For the reporting entity's securities lending program, report amount of collateral for other programs. ....	\$						
24.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? .....	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	N/A <input type="checkbox"/>
24.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? .....	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	N/A <input type="checkbox"/>
24.08	Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? .....	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	N/A <input type="checkbox"/>

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

GENERAL INTERROGATORIES

24.09 For the reporting entity’s securities lending program state the amount of the following as of December 31 of the current year:

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	0
		25.22 Subject to reverse repurchase agreements	\$	0
		25.23 Subject to dollar repurchase agreements	\$	0
		25.24 Subject to reverse dollar repurchase agreements	\$	0
		25.25 Placed under option agreements	\$	0
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
		25.27 FHLB Capital Stock	\$	0
		25.28 On deposit with states	\$	467,305
		25.29 On deposit with other regulatory bodies	\$	0
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
		25.32 Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ] N/A [ ]

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42 Permitted accounting practice	Yes [ ] No [ ]
26.43 Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]

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

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [ X ] No [ ]

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

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

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

29.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	5,019,512	5,066,855	47,343
30.2 Preferred stocks .....	0	0	0
30.3 Totals	5,019,512	5,066,855	47,343

30.4 Describe the sources or methods utilized in determining the fair values:  
The Company uses pricing received from the custodian where available. If there is no price available from the custodian, the Company obtains pricing overrides other acceptable sources or methods. ....

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

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

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

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

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

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 ]

34. 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 ]

35. 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 ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

GENERAL INTERROGATORIES

OTHER

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

6,352,783

3,791,774

2.2

Premium Denominator

6,352,783

3,791,774

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

2,939,342

806,522

2.5

Reserve Denominator

2,939,042

806,522

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ ]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [ X ] No [ ]

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 200,000

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

In addition to hold harmless clauses in provider agreements, Bright Health maintains Plans for the Risk of Insolvency in states where the company is licensed as an HMO and is also covered by state guaranty associations in states wher the company is licensed as an insurance company.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

3,358

8.2

Number of providers at end of reporting year

8,132

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

28

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....0

10.22 Amount actually paid for year bonuses.....\$ .....0

10.23 Maximum amount payable withholds.....\$ .....0

10.24 Amount actually paid for year withholds.....\$ .....0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, . Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? ..... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio

11.4 If yes, show the amount required. ....\$ .....2,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

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

1
Name of Service Area
Hamilton, Butler, Clermont, Warren, Brown, Lucas, Wood, Huron, Seneca, Fulton, Ottawa, Defiance, Henry, Mahoning, Trumbull, Columbiana, Lorain, Clark, Champaign, Allen, Auglaize, Putnam, Mercer, Van Wert, Hardin, Medina, Summit, Portage, Lake, Cuyahoga, Geauga .....

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written .....\$ .....0

15.2 Total Incurred Claims .....\$ .....0

15.3 Number of Covered Lives .....0

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

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

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	6,903,722	6,856,569	7,264,322	0	0
2. Total liabilities (Page 3, Line 24) .....	3,091,133	1,061,498	26,180	0	0
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	0	0
4. Total capital and surplus (Page 3, Line 33) .....	3,812,589	5,795,071	7,238,142	0	0
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	6,568,089	3,589,859	0	0	0
6. Total medical and hospital expenses (Line 18) .....	5,166,037	2,327,936	0	0	0
7. Claims adjustment expenses (Line 20) .....	205,662	326,616	0	0	0
8. Total administrative expenses (Line 21) .....	1,671,307	2,469,775	1,783	0	0
9. Net underwriting gain (loss) (Line 24) .....	(2,057,858)	(1,562,993)	(1,783)	0	0
10. Net investment gain (loss) (Line 27) .....	98,479	151,596	117,974	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(1,959,379)	(1,411,397)	97,026	0	0
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(154,027)	(836,167)	63,611	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	3,812,589	5,795,071	7,238,142	0	0
15. Authorized control level risk-based capital .....	393,045	238,288	9,661	0	0
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	686	413	0	0	0
17. Total members months (Column 6, Line 7) .....	7,976	4,836	0	0	0
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	78.7	64.8	0.0	0.0	0.0
20. Cost containment expenses .....	1.1	3.7	0.0	0.0	0.0
21. Other claims adjustment expenses .....	2.1	5.4	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	131.3	143.5	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	(31.3)	(43.5)	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	602,542	0	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	416,131	0	0	0	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

Yes [     ] No [     ]

If no, please explain: .....



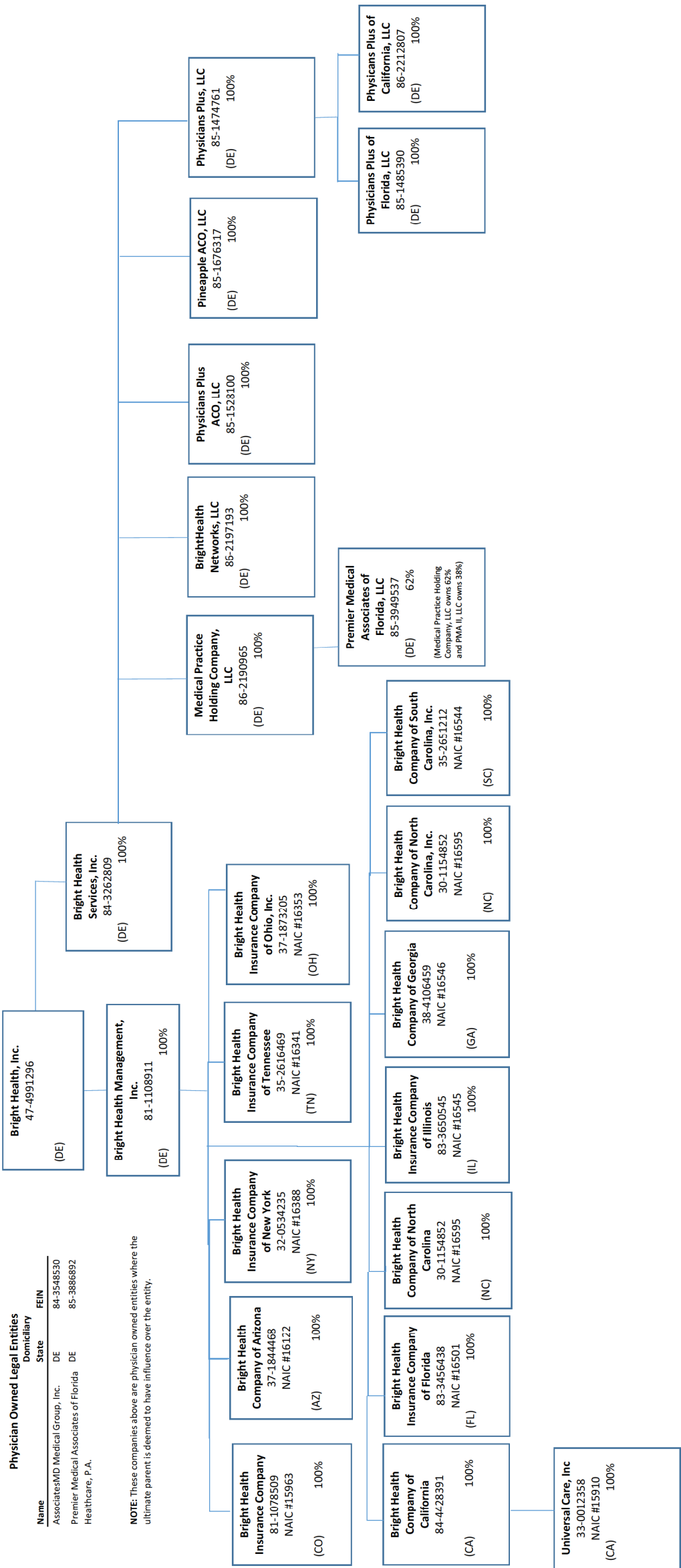
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0
18.	Kentucky	KY	N	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0
23.	Michigan	MI	N	0	0	0	0	0	0	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0	0	0
26.	Missouri	MO	N	0	0	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0
36.	Ohio	OH	L	0	6,451,671	0	0	0	6,451,671	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0	0	0
39.	Pennsylvania	PA	N	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	6,451,671	0	0	0	0	6,451,671	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	XXX	0	6,451,671	0	0	0	0	6,451,671	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

(b) Explanation of basis of allocation by states, premiums by state, etc.  
Premiums are allocated based on the situs of the contract.

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



**NONE**