



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE  
Solstice Healthplans of Ohio, Inc.**

**Solstice Healthplans of Ohio, Inc.**

(Name)

NAIC Group Code 04866 (Current Period) , 04866 (Prior Period) NAIC Company Code 16878 Employer's ID Number 30-1190514

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

Country of Domicile \_\_\_\_\_ United States

Licensed as business type:  Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity  
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization  
 Other  Is HMO, Federally Qualified? Yes  No

Incorporated/Organized 04/02/2019 Commenced Business 09/30/2020

Statutory Home Office 4449 Easton Way, Suite 200, Columbus, OH, US 43219  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7901 SW 6th Ct, Suite 400  
(Street and Number)  
Plantation, FL, US 33324 954-370-1700

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

(Street and Number or P.O. Box) \_\_\_\_\_ (City or Town, State, Country and Zip Code) \_\_\_\_\_

Plantation, FL, US 33324, 954-370-1700  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.SOLSTICEBENEFITS.COM  
Statutory Statement Contact Nachman Weiszner, 954-370-1700  
(Name) (Area Code) (Telephone Number) (Extension)  
nweiszner@solticebenefits.com 954-370-1701  
(E-Mail Address) (Fax Number)

## OFFICERS

**OFFICERS**

Name	Title	Name	Title
LEONARD A WEISS #	President & CEO	CARLOS FERRERA #	Secretary & COO
NACHMAN WEISZNER #	Treasurer & CEO		

## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

State of ..... Florida.....

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.

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LEONARD A WEISS  
President & CEO

**CARLOS FERRERA**  
Secretary & COO

**NACHMAN WEISZNER**  
**Treasurer & CFO**

Subscribed and sworn to before me this  
25 day of February, 2021

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**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).....	77,154		77,154	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
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 192,661 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	192,661		192,661	0
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	269,815	0	269,815	0
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	407		407	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,003		1,003	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	271,225	0	271,225	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	271,225	0	271,225	0
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives	0		0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	0	0	0	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	274,999	0
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(3,775)	0
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	271,225	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	271,225	0
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	0	0
2. Net premium income (including \$ 0 non-health premium income).....	XXX	0	0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	0
4. Fee-for-service (net of \$ medical expenses).....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	0	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			0
10. Other professional services .....			0
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....			0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15).....	0	0	0
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17).....	0	0	0
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....		0	0
21. General administrative expenses.....		4,666	0
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	4,666	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(4,666)	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		.25	0
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(137)	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0	(112)	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....		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	(4,778)	0
31. Federal and foreign income taxes incurred .....	XXX	(1,003)	0
32. Net income (loss) (Lines 30 minus 31).....	XXX	(3,775)	0
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 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 through 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 through 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 through 2903 plus 2998) (Line 29 above).....	0	0	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	.0	0
34. Net income or (loss) from Line 32 .....	(3,775)	0
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	0	0
39. Change in nonadmitted assets .....	0	0
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....	0	0
44. Capital Changes:		
44.1 Paid in .....	.1	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	274,999	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) .....	271,225	0
49. Capital and surplus end of reporting year (Line 33 plus 48)	271,225	0
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**CASH FLOW**

<b>Cash from Operations</b>		<b>1</b>	<b>2</b>
		Current Year	Prior Year
1. Premiums collected net of reinsurance .....		0	0
2. Net investment income .....		374	0
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		374	0
5. Benefit and loss related payments .....		0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		4,666	0
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9) .....		4,666	0
11. Net cash from operations (Line 4 minus Line 10) .....		(4,292)	0
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		78,468	0
12.2 Stocks .....		0	0
12.3 Mortgage loans .....		0	0
12.4 Real estate .....		0	0
12.5 Other invested assets .....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		0	0
12.7 Miscellaneous proceeds .....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		78,468	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		156,515	0
13.2 Stocks .....		0	0
13.3 Mortgage loans .....		0	0
13.4 Real estate .....		0	0
13.5 Other invested assets .....		0	0
13.6 Miscellaneous applications .....		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		156,515	0
14. Net increase (decrease) in contract loans and premium notes .....		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		(78,047)	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....		0	0
16.2 Capital and paid in surplus, less treasury stock .....		275,000	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) .....		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		275,000	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....		192,661	0
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....		0	0
19.2 End of year (Line 18 plus Line 19.1) .....		192,661	0

## **ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

Part 1 - Premiums

**NONE**

Part 2 - Claims Incurred During the Year

**NONE**

Part 2A - Claims Liability

**NONE**

Part 2B - Analysis of Claims

**NONE**

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

Pt 2C - Sn A - Paid Claims - GT

**NONE**

Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Pt 2C - Sn B - Incurred Claims - GT

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio GT

**NONE**

Aggregate Reserve for A&H Contracts

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building)					0
2. Salaries, wages and other benefits .....					0
3. Commissions (less \$ ..... ceded plus \$ ..... assumed)					0
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....					0
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....					0
10. Printing and office supplies .....					0
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....					0
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....			300		300
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....			4,366		4,366
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	0	0	4,666	0 (a)	4,666
27. Less expenses unpaid December 31, current year .....					0
28. Add expenses unpaid December 31, prior year .....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	0	0	4,666	0	4,666
<b>DETAILS OF WRITE-INS</b>					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	25 .....
1.1 Bonds exempt from U.S. tax .....	(a) .....	25 .....
1.2 Other bonds (unaffiliated) .....	(a) .....	0 .....
1.3 Bonds of affiliates .....	(a) .....	0 .....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	0 .....
2.11 Preferred stocks of affiliates .....	(b) .....	0 .....
2.2 Common stocks (unaffiliated) .....	(b) .....	0 .....
2.21 Common stocks of affiliates .....	(b) .....	0 .....
3. Mortgage loans .....	(c) .....	0 .....
4. Real estate .....	(d) .....	0 .....
5. Contract loans .....	(e) .....	0 .....
6. Cash, cash equivalents and short-term investments .....	(f) .....	0 .....
7. Derivative instruments .....	(f) .....	0 .....
8. Other invested assets .....	(f) .....	0 .....
9. Aggregate write-ins for investment income .....	0 .....	0 .....
10. Total gross investment income .....	25 .....	25 .....
11. Investment expenses .....	(g) .....	0 .....
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 .....	0 .....
16. Total deductions (Lines 11 through 15) .....	0 .....	0 .....
17. Net investment income (Line 10 minus Line 16) .....	25 .....	25 .....
<b>DETAILS OF WRITE-INS</b>		
0901. .....	0 .....	0 .....
0902. .....	0 .....	0 .....
0903. .....	0 .....	0 .....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0 .....	0 .....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0 .....	0 .....
1501. .....	0 .....	0 .....
1502. .....	0 .....	0 .....
1503. .....	0 .....	0 .....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0 .....	0 .....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	0 .....	0 .....

(a) Includes \$ ..... accrual of discount less \$ ..... 756 amortization of premium and less \$ ..... 1,428 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... 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 \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	(137) .....	0 .....	(137) .....	0 .....	0 .....
1.1 Bonds exempt from U.S. tax .....	0 .....	0 .....	0 .....	0 .....	0 .....
1.2 Other bonds (unaffiliated) .....	0 .....	0 .....	0 .....	0 .....	0 .....
1.3 Bonds of affiliates .....	0 .....	0 .....	0 .....	0 .....	0 .....
2.1 Preferred stocks (unaffiliated) .....	0 .....	0 .....	0 .....	0 .....	0 .....
2.11 Preferred stocks of affiliates .....	0 .....	0 .....	0 .....	0 .....	0 .....
2.2 Common stocks (unaffiliated) .....	0 .....	0 .....	0 .....	0 .....	0 .....
2.21 Common stocks of affiliates .....	0 .....	0 .....	0 .....	0 .....	0 .....
3. Mortgage loans .....	0 .....	0 .....	0 .....	0 .....	0 .....
4. Real estate .....	0 .....	0 .....	0 .....	0 .....	0 .....
5. Contract loans .....	0 .....	0 .....	0 .....	0 .....	0 .....
6. Cash, cash equivalents and short-term investments .....	0 .....	0 .....	0 .....	0 .....	0 .....
7. Derivative instruments .....	0 .....	0 .....	0 .....	0 .....	0 .....
8. Other invested assets .....	0 .....	0 .....	0 .....	0 .....	0 .....
9. Aggregate write-ins for capital gains (losses) .....	0 .....	0 .....	0 .....	0 .....	0 .....
10. Total capital gains (losses) .....	(137) .....	0 .....	(137) .....	0 .....	0 .....
<b>DETAILS OF WRITE-INS</b>			0 .....	0 .....	0 .....
0901. .....	0 .....	0 .....	0 .....	0 .....	0 .....
0902. .....	0 .....	0 .....	0 .....	0 .....	0 .....
0903. .....	0 .....	0 .....	0 .....	0 .....	0 .....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0 .....	0 .....	0 .....	0 .....	0 .....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0 .....	0 .....	0 .....	0 .....	0 .....

Exhibit of Nonadmitted Assets

**NONE**

Exhibit 1 - Enrollment by Product Type

**NONE**

## STATEMENT AS OF DECEMBER 31, 2020 OFSOLSTICE HEALTHPLANS OF OHIO, INC.

### NOTES TO FINANCIAL STATEMENTS

#### 1. Summary of Significant Accounting Policies

A. Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the State of Ohio.

State of Ohio Department of Insurance ("OHDOI") granted Solstice Healthplans of Ohio, Inc. ("Company") a Health Insuring Corporation license on September 30, 2020. The Company's plans have not yet been approved by OHDOI.

The Company prepares its financial statements in conformity with accounting practices prescribed or permitted by the OHDOI. Prescribed statutory accounting practices include a variety of publications of the National Association of Insurance Commissioners ("NAIC"), as well as state laws, regulations and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The State of Ohio requires its domestic Specialty Health Care companies to prepare financial statements in conformity with the NAIC Accounting Practices and Procedures Manual ("APPM"), which includes all Statements of Statutory Accounting Principles ("SSAPs"), subject to any deviations prescribed or permitted by the OHDOI.

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of Ohio is shown below.

	SSAP #	F/S Page	F/S Line #	2020	2019
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX.....	XXX.....	XXX.....	\$.....(3,775)	\$.....0
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$.....	\$.....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$.....	\$.....
(4) NAIC SAP (1-2-3=4)	XXX.....	XXX.....	XXX.....	\$.....(3,775)	\$.....0
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX.....	XXX.....	XXX.....	\$.....271,225	\$.....0
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$.....	\$.....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				\$.....	\$.....
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$.....271,225	\$.....0

#### B. Basis of Presentation

The preparation of financial statements is in conformity with the NAIC Annual Statement Instructions and accounting practices prescribed or permitted by the OHDOI, which requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### C. Accounting Policy

##### **Losses and Loss Adjustment Expenses**

The Company records liabilities for unpaid claims, and related loss adjustment expenses ("LAE") based upon management's best estimate of aggregate case-basis estimates for losses reported and estimates of incurred but not reported (IBNR) losses related to direct business. Reserves for unreported losses are established using various statistical and actuarial techniques reflecting historical patterns of paid and reported claims adjusted for current trends. The Company has obtained assistance from its actuarial consultant in estimating its reserves and LAE at the end of each calendar year. These reserves are presented on an undiscounted basis.

Because the ultimate settlement of claims is subject to future events, no single loss or LAE reserve can be considered accurate with certainty. The Company's analysis of the reasonableness of loss or LAE reserve estimates includes an analysis of the amount of variability in the estimate. The Company develops its estimate considering a range of reserve estimates. The high and low ends of the range do not correspond to an absolute best and worst case scenarios of ultimate settlements because such estimates may be the result of unlikely assumptions. Management's best estimate therefore does not include the set of all possible outcomes but only those outcomes that are considered reasonable.

Management believes the liabilities for losses and LAE are adequate to cover the ultimate liability. However, due to the underlying risks and high degree of uncertainty associated with the determination of the liability for claims, such estimates may be more or less than the amounts ultimately paid when the claims are settled.

### **Use of Estimates**

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect the reported financial statement balances as well as the disclosure of contingent assets and liabilities. Accordingly, actual results reported in the accompanying statutory financial statements could differ materially from those estimates.

As further discussed in the accompanying notes to the statutory financial statements, significant estimates and assumptions affect various provisions including claims. The liabilities for losses and LAE, though supported by actuarial analysis and other data, are ultimately based on management's reasoned expectations of future events.

The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

### **Cash and Cash Equivalents**

The Company considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The Company considers all highly liquid debt instruments with a maturity of one year or less but greater than three months to be short term investments.

### **Bonds**

The Company can invest in bonds that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) and as such are reported at amortized cost in accordance with SSAP 26R. Premiums and discounts are amortized over the life of the related securities as an adjustment to yield using the scientific (constant yield) interest method.

### **Premiums, Commissions Received and Policy Acquisition Costs**

Premiums and commissions are recognized in the period during which coverage is provided to the covered individuals. Payments received from customers in advance of the related period of coverage are reflected on the accompanying balance sheet as unearned premiums. The Company evaluates the collectability of all receivables for possible impairment. When the Company determines it is probable a receivable balance will not be collected, the customer's policy is terminated, and the receivable balance is written off.

In connection with the Company's acquisition of new customers and the continued servicing of existing customers, the Company pays brokers' and consultant's commissions based on a percentage of revenue collected. These commissions are recognized as expenses in the period in which the related premium revenue is recognized.

### **Income Taxes**

The Company files a consolidated federal income tax return and Ohio state income tax return. The difference between the statutory rate and the Company's effective rate is due to state income taxes.

The Company is subject to state taxes and includes this under Insurance taxes, licenses, and fees per SSAP 101.

Deferred income tax assets and liabilities reflect the differences between the statutory and income tax reporting bases of admitted and non-admitted assets and liabilities are based on enacted tax rates and laws. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. Changes in deferred tax assets and deferred tax liabilities are recognized as a separate component of gains and losses in surplus, except to the extent allocated to changes in unrealized gains and losses.

#### **Non-admitted Assets**

Assets included in the statutory balance sheet are at admitted asset value. Non-admitted assets are principally deferred assets, agents' balances over 90-days past due, computer software, other equipment, intangibles and investments in excess of 10% of admitted assets are excluded through a charge against surplus.

#### **2. Accounting Changes and Corrections of Errors**

The Company did not have any accounting changes or corrections of errors in 2020 or 2019.

#### **3. Business Combinations and Goodwill**

##### **A. Statutory Purchase Method**

The Company did not participate in business combinations taking the form of a Statutory Purchase in 2020 or 2019.

##### **B. Statutory Merger**

The Company did not participate in business combinations taking the form of a statutory merger in 2020 or 2019.

##### **C. Assumption Reinsurance**

The Company did not have any assumption reinsurance in 2020 or 2019.

##### **D. Impairment Loss**

The Company did not recognize an impairment loss on the transactions described above in 2020 or 2019.

#### **4. Discontinued Operations**

The Company did not have discontinued operations in 2020 or 2019.

#### **5. Investments**

##### **A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not invest in Mortgage Loans in 2020 or 2019.

##### **B. Debt Restructuring**

The Company did not have loan restructurings in 2020 or 2019.

##### **C. Reverse Mortgages**

The Company did not enter into reverse mortgages in 2020 or 2019.

##### **D. Loan-Backed Securities**

The Company did not invest in Loan-Backed Securities in 2020 or 2019.

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

The Company did not enter into dollar repurchase agreements or securities lending transactions in 2020 or 2019.

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

The Company did not enter into repurchase agreements transactions in 2020 or 2019

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into reverse repurchase agreements transactions in 2020 or 2019

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreements transactions in 2020 or 2019

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreements transactions in 2020 or 2019

**J. Real Estate**

The Company did not own Real Estate in 2020 or 2019.

**K. Low-income Housing Tax Credits (LIHTC) Property Investments**

The Company did not own LIHTC Property Investments in 2020 or 2019.

**L. Restricted Assets**

**1. Restricted Assets (Including Pledged)**

Restricted Asset Category		1	2	3	4	5	6	7
		Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale							
i.	FHLB capital stock							
j.	On deposit with states	77,154	-	77,154		77,154	28.4%	28.4%
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$ 77,154	\$ -	\$ 77,154		\$ 77,154	28.4%	28.4%

**2. Detail of Assets Pledged as Collateral Not Captured in Other Categories**

The Company did not have assets pledged as collateral not captured in other categories as of December 31, 2020 and December 31, 2019.

**3. Description of Other Restricted Assets**

The Company did not have assets pledged as collateral not captured in other categories as of December 31, 2020 and December 31, 2019.

**M. Working Capital Finance Investments**

The Company did not have working capital finance investments as of December 31, 2020 and December 31, 2019.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets and liabilities that were offset as of December 31, 2020 and December 31, 2019.

**O. 5GI Securities**

The Company did not have 5GI Securities as of December 31, 2020 and December 31, 2019.

**P. Short Sales**

The Company did not have short sale securities as of December 31, 2020 and December 31, 2019

**Q. Prepayment Penalty and Acceleration Fees**

The Company did not have any prepayment penalties or acceleration fees as of December 31, 2020 and December 31, 2019

**6. Joint Ventures, Partnerships and Limited Liability Companies**

The Company did not have investments in joint ventures, partnerships or limited liability companies during 2020 or 2019.

**7. Investment Income**

**A. Bases for excluding investment income.**

Due and accrued investment income is recorded as an asset, with the exceptions of due and accrued investment income that is determined to be uncollectible, regardless of its age, is written off in the period that determination is made.

**B. Amount excluded.**

All due and accrued investment income was admitted at December 31, 2020 and December 31, 2019.

**8. Derivative Instruments**

**A. Derivatives under SSAP No. 86—Derivatives**

The Company did not enter into derivative contracts in 2020 or 2019.

**B. Derivatives under SSAP No. 108—Derivative Hedging Variable Annuity Guarantees**

This not is not applicable to the Company as described in the instructions.

**9. Income Taxes**

**A. Net Deferred Income Tax Assets (Liabilities).**

None

**B. Unrecognized DTLs**

The Company did not incur unrecognized Deferred Tax Liabilities during 2020 or 2019.

**C. Components of Income Tax Incurred.**

Current income tax	12/31/20	12/31/19	Change
Federal	(1,003)	-	(1,003)
Foreign	-	-	-
Subtotal	(1,003)	-	(1,003)
Federal income tax on net capital gains	-	-	-
Utilization of capital loss carry-forwards	-	-	-
Other	-	-	-
Federal and foreign income taxes incurred	(1,003)	-	(1,003)

#### D. Reconciliation to Federal income Tax Rate to Actual Effective Rate.

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @ 21%	Effective Tax Rate
Income before taxes	(4,778)	(1,003)	20.99%
DRD deduction and tax-exempt interest, net	-	-	0.00%
Prior year underaccrual/(overaccrual)	-	-	0.00%
Change in nonadmitted assets	-	-	0.00%
Meals and entertainment	-	-	0.00%
Change in valuation allowance	-	-	0.00%
Other	-	-	0.00%
<b>Total</b>	<b>(4,778)</b>	<b>(1,003)</b>	<b>20.99%</b>
 Federal income taxed incurred [expense/(benefit)]	 (1,003)	 20.99%	
Tax on capital gains	-	-	0.00%
Change in net deferred income tax [charge/(benefit)]	-	-	0.00%
<b>Total statutory income taxes</b>	<b>(1,003)</b>	<b>20.99%</b>	

#### E. Operating Losses and Tax Credit Carryforwards

None

#### F. Consolidated Tax Returns

✓ (1) The Company's federal income tax return is consolidated with the following entities:

Solstice Benefits, Inc.  
 Solstice Administration Services, Inc.  
 Solstice Administrators, Inc.  
 Solstice Healthplans of New Jersey, Inc.  
 Claims Management Systems, Inc.  
 Solstice Administrators of Alabama, Inc.  
 Solstice of Illinois, Inc.  
 Solstice Administrators of Missouri, Inc.  
 Solstice of New York, Inc.  
 Solstice Administrators of North Carolina, Inc.  
 Solstice Administrators of South Carolina, Inc.  
 Solstice of Minnesota, Inc.  
 Solstice Administrators of Texas, Inc.  
 Solstice Healthplans of Tennessee, Inc.  
 Solstic Administrators of Arizona, Inc.  
 Solstice Healthplans of Arizona, Inc.  
 Solstice Healthplans of Ohio, Inc.  
 Solstice Healthplans of Texas, Inc.

✓ (2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.

#### G. Federal or Foreign Income Tax Loss Contingencies

None

#### H. Repatriation Transition Tax (RTT)

✓ (1) The Company does not have foreign operations and is not subject to RTT.

#### H. Alternative Minimum Tax (AMT) Credits

None

## **10. Information Concerning Parent, Subsidiaries and Affiliates**

### **A. Nature of relationship.**

HOLDING COMPANY SYSTEM							
<u>Company Name</u>	<u>NAIC Company Code</u>	<u>Ownership*</u>	<u>Lines of Business</u>	<u>State of Domicile</u>	<u>Federal ID</u>	<u>Capital Paid In</u>	
Dr. Michael Flax		Individual	Individual	NY	27-1395245	\$ 1,557,500.00	
Dr. Leonard A Weiss		Individual	Individual	FL	14-1917982	\$ 8,679,273.00	
Solstice Health Insurance Company	13971	100% Dr. Weiss	A&H NY	FL	27-0204579	\$ 1,000.00	
Solstice Benefits, Inc.	12341	80% Weiss; 20% Flax	L&H (A&H, PLHSO, DPO); TPA (FL & GA)	FL	46-3786700	\$ 405,594.00	
Claims Management Systems, Inc.		100% SBI	UR/Adjuster (FL); URA (AL, NY & TX)	NJ	46-1042329	\$ 111,000.00	
Solstice Healthplans, Inc.		100% SBI	FL PLHSO License				
Solstice Healthplans of New Jersey, Inc.		100% SBI	Inactive				
Solstice Administration Services, Inc. (F/K/A Solstice Insurance Administration, Inc.)		100% SBI	Holding Company	FL	46-0729622	\$ 126,000.00	
Solstice Healthplans of Arizona, Inc.	16610	100% SAS	Prepaid Dental Plan Organization License	AZ	30-1200533	\$ 200,000.00	
Solstice Healthplans of Ohio, Inc.	16878	100% SAS	Health Insuring Corporation License	OH	30-1190514	\$ 250,000.00	
Solstice Healthplans of Tennessee, Inc.		100% SAS	Inactive	TN	32-0583241	\$ 1,000.00	
Solstice Healthplans of Texas, Inc.	16892	100% SAS	Single Service Health Maintenance Organization License	TX	36-4935990	\$ 700,000.00	
Solstice Administrators of Alabama, Inc.		100% SAS	TPA	AL	30-0760846	\$ 1,000.00	
Solstice Administrators of Arizona, Inc.		100% SAS	TPA	AZ	35-2657270	\$ 1,000.00	
Solstice Administrators, Inc.		100% SAS	TPA	CA	26-4839323	\$ 1,000.00	
Solstice of Illinois, Inc.	16790	100% SAS	LHSO License; TPA; PPA	IL	26-2699505	\$ 104,000.00	
Solstice of Minnesota Inc		100% SAS	TPA	MN	32-0545152	\$ 1,000.00	
Solstice Administrators of Missouri, Inc.		100% SAS	TPA	MO	32-0392448	\$ 2,000.00	
Solstice of New York, Inc.		100% SAS	TPA (CT, MD, NJ, OH, PA, RI), ODS (NJ)	NY	26-1891960	\$ 10,000.00	
Solstice Administrators of North Carolina, Inc.		100% SAS	TPA	NC	30-0756426	\$ 1,000.00	
Solstice Administrators of South Carolina, Inc.		100% SAS	Inactive	SC	36-4743087	\$ 1,000.00	
Solstice Administrators of Texas, Inc.		100% SAS	TPA	TX	90-0880348	\$ 2,000.00	
Solstice Benefit Services, Inc.		100% Dr. Michael Flax	Producer	FL	20-4815388	\$ -	
Vero Beach Endo, Inc.		100% Dr. Michael Flax	Unrelated Dental Practice	FL			

**Note:**

\* Represents voting securities outstanding

**B. The Company received capital contributions from the Parent Company, Solstice Administration Services, Inc., of \$275,000 in 2020 and \$0 in 2019.**

**C. There were no transactions with related parties not disclosed on Schedule Y.**

**D. Amount Due to or From Related Parties**

The Company had no amounts due to or from related parties as of December 31, 2020.

**E. Guarantees or Contingencies for Related Parties**

The Company did not have guarantees or contingencies for related parties in 2020 or 2019.

**F. Management, Service Contract, Cost Sharing Agreements**

The Company has entered into an administrative services agreement with the Solstice Benefits, Inc. (SBI) its ultimate parent. SBI make its employees available to the Company to perform Account Management Services, including but not limited to the following functions: billing and collection, sales and marketing; group administration; claims processing and adjudication; customer service; information technology and support; and finance and accounting.

**G. Nature of Relationships that Could Affect Operations**

See Note F above.

**H. Amount Deducted for Investment in Upstream Company**

The Company does not have ownership interests in any upstream entities.

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

The Company does not have any investments in SCA entities that exceed 10% of admitted assets.

**J. Write downs for Impairment of Investment in Affiliates**

The Company did not recognize impairments related to its SCA entity investments in 2020 or 2019.

**K. Investment in Foreign Insurance Subsidiary**

The Company did not have investments in foreign insurance subsidiaries that were calculated by adjusting annuity GAAP account value reserves using the Commissioners Annuity Reserve Valuation Method and the related actuarial guidelines at December 31, 2020 and December 31, 2019.

**L. Investment in downstream non-insurance holding company**

The Company did not utilize the look-through approach in valuing its investments in downstream noninsurance holding companies at December 31, 2020 and December 31, 2019.

## **11. Debt**

### **A. Disclosure of debt and Holding Company obligations.**

The Company did not have debt outstanding at December 31, 2020 and December 31, 2019.

### **B. Disclosure of Federal Home Loan Bank agreements.**

The Company did not have funding agreements or borrowing arrangements with the Federal Home Loan Bank at December 31, 2020 and December 31, 2019.

## **12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

### **A. Defined Benefit Plans.**

The Company does not have any retirement or deferred compensation plans at December 31, 2020 and December 31, 2019.

### **B. - D. Information about Plan Assets.**

The Company does not have any retirement or deferred compensation plans at December 31, 2020 and December 31, 2019.

### **E. Defined Contribution Plans.**

The Company does not have any retirement or deferred compensation plans at December 31, 2020 and December 31, 2019.

### **F. Multiemployer Plans.**

The Company does not have any multiemployer plans at December 31, 2020 and December 31, 2019.

### **G. Consolidated/Holding Company Plans.**

The Company does not have any consolidated/holding company plans at December 31, 2020 and December 31, 2019.

### **H. Postemployment Benefits and Compensated Absences.**

The Company does not have any postemployment benefits or compensated absences at December 31, 2020 and December 31, 2019.

### **I. Impact of Medicare Modernization Act on postretirement benefit plans.**

The Company does not have to consider the impact of Medicare Modernization Act on postretirement benefit plans because the Company does not have any postretirement benefit plans at December 31, 2020 and December 31, 2019.

## **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- A.** The maximum number of shares of Common Stock that the Company is authorized to issue is 990 shares at \$1 par value, of which 1 share has been issued and is outstanding.
- B.** The Company is not authorized to issue Preferred Stock.
- C.** The ability of the Company to pay dividends is generally dependent on business conditions, income, cash requirements of the Company, receipt of dividends and specifically certification by an officer of the company of compliance with all the requirements of the Ohio Insurance Laws.
- D.** There were no cash dividends that were paid during the periods ending December 31, 2020 and December 31, 2019.
- E.** Within the limitations of Part 3 above, there were no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- F.** The unassigned funds, which are held for the benefit of the shareholder, are unrestricted except by requirement for regulatory approval as described in Part 3 above.

- G. The Company is not a mutual or similarly organized company, and therefore, this disclosure requirement does not apply.
- H. The Company did not hold stock for special purposes at December 31, 2020 and December 31, 2019.
- I. The Company did not have special surplus funds balances at December 31, 2020 and December 31, 2019.
- J. The Company did not have cumulative unrealized gains and losses at December 31, 2020 and December 31, 2019.
- K. The Company did not have surplus notes or similar obligations outstanding at December 31, 2020 and December 31, 2019.
- L. The Company did not have restatements due to quasi-reorganizations in 2020 or 2019.
- M. The Company was not quasi-reorganized in 2020 or 2019.

#### **14. Liabilities, Contingencies and Assessments**

##### **A. Contingent Commitments**

The Company did not have any Contingent Commitments in 2020 or 2019.

##### **B. Assessments**

The Company did not have assessments in 2020 or 2019.

##### **C. Gain Contingencies**

The Company did not have gain contingencies in 2020 or 2019.

##### **D. Claims related extra contractual obligation or bad faith losses**

The Company did not have claims related extra contractual obligation or bad faith losses stemming from lawsuits in 2020 or 2019.

##### **E. Joint and Several Liabilities**

The Company did not have joint and several liabilities in 2020 or 2019.

##### **F. All Other Contingencies**

The Company did not have other contingencies in 2020 or 2019.

#### **15. Leases**

##### **A. Lessee leasing arrangements.**

Leasing activities were not part of the Company's business activities in 2020 or 2019.

##### **B. Lessor Leases**

Leasing activities were not part of the Company's business activities in 2020 or 2019.

#### **16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

The Company has not utilized Financial Instruments during the periods ending December 31, 2020 and December 31, 2019.

#### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

The Company has not transferred Financial Assets and Extinguished Liabilities during the periods ending December 31, 2020 and December 31, 2019.

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

**A. ASO Plans**

The Company did not act as a third party administrator for ASO plans.

**B. ASC Plans**

The Company did not act as a third party administrator for ASC plans.

**C. Medicare or similarly structured cost based reimbursement contracts.**

The Company did not act as a third party administrator for Medicare or similarly structured cost based reimbursement contracts.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company did not have any premiums written during the periods ending December 31, 2020 and December 31, 2019.

**20. Fair Value Measurements**

**A. Items Measured and Reported at Fair Value**

The Company does not use Fair Value Measurements to value its Assets or Liabilities.

**B. Other Fair Value Disclosures**

The Company does not have any other fair value disclosures.

**C. Fair Values for all Financial Instruments**

The Company does not have Financial Instruments and therefore does not use Fair Value Measurements to value its Financial Instruments.

**D. Financial Instruments for which it is Not Practicable to Determine Fair Values for Note 20 C**

The Company does not have any financial instruments for which it is not practicable to determine fair value.

**21. Other Items**

**A. Unusual or Infrequent**

The Company did not have unusual or infrequent items at December 31, 2020 and December 31, 2019.

**B. Troubled Debt Restructuring: Debtors**

The Company did not have troubled debt restructurings at December 31, 2020 and December 31, 2019.

**C. Other Disclosures**

The Company did not have other disclosures items at December 31, 2020 and December 31, 2019.

**D. Business Interruption Insurance Recoveries**

The Company did not have business interruption insurance recoveries at December 31, 2020 and December 31, 2019.

**E. State Transferable and Non-transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2020 and December 31, 2019.

**F. Subprime-Mortgage-Related Risk Exposure**

The Company did not have subprime-mortgage-related risk exposure at December 31, 2020 and December 31, 2019.

**G. Retained Assets**

The Company did not have retained assets at December 31, 2020 and December 31, 2019.

**H. Insurance Linked Securities**

The Company did not have insurance linked securities at December 31, 2020 or December 31, 2019.

**I. Amount That Could Be Realized on Life Insurance**

The Company did not have any amounts that could be realized on life insurance at December 31, 2020 or December 31, 2019.

**22. Events Subsequent**

There were no events subsequent to December 31, 2020 and December 31, 2019 that require disclosure.

**23. Reinsurance**

The Company does not utilize reinsurance.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

The Company does not underwrite premiums that are subject to retrospective rating or are contingent premiums (based on actual claims incurred) for the periods ended December 31, 2020 and December 31, 2019.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

The Company was granted Health Insuring Corporation license on September 30, 2020 and did not have any approved plans in 2020.

**26. Intercompany Pooling Arrangements**

The Company utilizes no intercompany pooling arrangements.

**27. Structured Settlements**

As documented in the NAIC Annual Statement filing instructions for 2020, this footnote is not applicable to health insurance companies.

**28. Health Care Receivables**

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

**29. Participating Policies**

The Company does not underwrite any business that would result in group accident or health participating policies. Accordingly, policy dividends are not applicable to the Company's operations.

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$0
2. Date of the most recent evaluation of the liability	<u>12/31/2020</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**31. Anticipated Salvage and Subrogation**

The Company's liability for unpaid claims is actuarially determined on analysis of historical claims experience modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State Regulating? Ohio.....

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ X ] No [ ]

2.2 If yes, date of change: .....07/01/2020

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....08/31/2020

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. ....08/31/2020

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). ....08/31/2020

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? Yes [ ] No [ X ]

4.12 renewals? Yes [ ] No [ X ]

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

4.21 sales of new business? Yes [ ] No [ X ]

4.22 renewals? Yes [ ] No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]

If yes, complete and file the merger history data file with the NAIC.

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]

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

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

7.2 If yes,

7.21 State the percentage of foreign control .....0.0 %

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

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

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

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

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

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?  
N/A.....

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 \$\_\_\_\_\_

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 [ X ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ X ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

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

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

c. Compliance with applicable governmental laws, rules and regulations;

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

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**GENERAL INTERROGATORIES**

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

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

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

**BOARD OF DIRECTORS**

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

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

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

**FINANCIAL**

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

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....  
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 [ ] No [ X ]

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

**INVESTMENT**

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

24.02 If no, give full and complete information, relating thereto

24.03 For 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)  
N/A.....

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. \$.....0

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

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 [ ] No [ ] NA [ X ]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

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 [ ] No [ ] NA [ X ]

## 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 [  ] No [  ]

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....77,154
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

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 [  ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [  ] No [  ] N/A [  ]

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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
26.42 Permitted accounting practice	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
26.43 Other accounting guidance	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

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 [  ]

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

\$.....

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 [  ] 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 NA.....	St Lous Plaza, 7th & Washington, St Louis, MO 63101.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans 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

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 [ ] No [ X ]

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 [ ] No [ X ]

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

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 Solstice Healthplans 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	77,154	77,134	(20)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals.....	77,154	77,134	(20)

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

Custodian statement.....

Yes [ X ] No [ ]

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?

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 an 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 nonaffiliated 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 [ ] NA [ X ]

**OTHER**

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

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
.....	\$.....
.....	\$.....
.....	\$.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**GENERAL INTERROGATORIES**

38.1 Amount of payments for legal expenses, if any?

\$ .....

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? \$ .....

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? .....	\$ .....
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	\$ .....
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ ..... 0
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ ..... 0
1.62	Total incurred claims	\$ ..... 0
1.63	Number of covered lives	..... 0
	All years prior to most current three years:	
1.64	Total premium earned	\$ ..... 0
1.65	Total incurred claims	\$ ..... 0
1.66	Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ ..... 0
1.72	Total incurred claims	\$ ..... 0
1.73	Number of covered lives	..... 0
	All years prior to most current three years:	
1.74	Total premium earned	\$ ..... 0
1.75	Total incurred claims	\$ ..... 0
1.76	Number of covered lives	..... 0

## 2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ ..... 0	\$ ..... 0
2.2	Premium Denominator	\$ ..... 0	\$ ..... 0
2.3	Premium Ratio (2.1/2.2)	..... 0.000	..... 0.000
2.4	Reserve Numerator	\$ ..... 0	\$ ..... 0
2.5	Reserve Denominator	\$ ..... 0	\$ ..... 0
2.6	Reserve Ratio (2.4/2.5)	..... 0.000	..... 0.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [ X ]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [ ]

5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [ X ]
5.2	If no, explain:	

5.2	The Company did not write business in 2020.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical	\$ .....
	5.32 Medical Only	\$ .....
	5.33 Medicare Supplement	\$ .....
	5.34 Dental and Vision	\$ .....
	5.35 Other Limited Benefit Plan	\$ .....
	5.36 Other	\$ .....

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:	
----	--	--

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ X ] No [ ]
7.2	If no, give details	

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 0
	8.2 Number of providers at end of reporting year	.....

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	.....
9.22	Business with rate guarantees over 36 months	.....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH 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	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

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?

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

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

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
	State of Ohio.....

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. \$.....

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as 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	\$.....
15.2 Total Incurred Claims	\$.....
15.3 Number of Covered Lives	.....

*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 guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

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

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**FIVE - YEAR HISTORICAL DATA**

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	271,225	0	0	0	0
2. Total liabilities (Page 3, Line 24) .....	0	0	0	0	0
3. Statutory minimum capital and surplus requirement.....	250,000	0	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	271,225	0	0	0	0
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	0	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	0	0	0	0	0
7. Claims adjustment expenses (Line 20) .....	0	0	0	0	0
8. Total administrative expenses (Line 21) .....	4,666	0	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(4,666)	0	0	0	0
10. Net investment gain (loss) (Line 27) .....	(112)	0	0	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(3,775)	0	0	0	0
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	(4,292)	0	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	271,225	0	0	0	0
15. Authorized control level risk-based capital.....	696	0	0	0	0
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	0	0	0	0	0
17. Total members months (Column 6, Line 7) .....	0	0	0	0	0
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	0.0	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	0.0	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	0.0	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	0	0	0	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. 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 .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Solstice Healthplans of Ohio, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

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

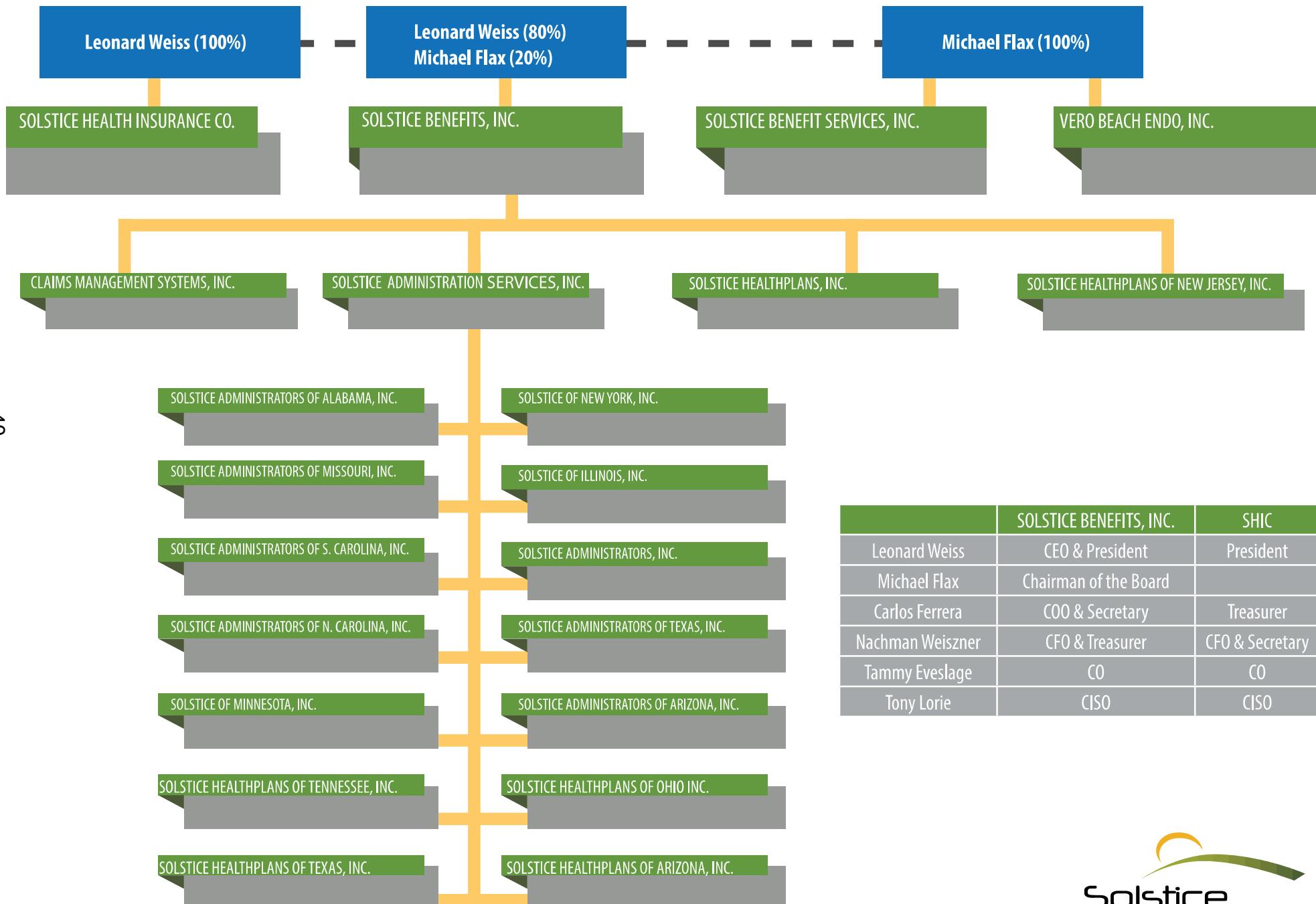
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0

N – None of the above – Not allowed to write business in the state lines in the state ..... 56

(b) **Explanation of basis of allocation of premiums by states, etc.**

The company is licensed as a HIC only in the State of Ohio

# HOLDING COMPANY SYSTEM



	SOLSTICE BENEFITS, INC.	SHIC
Leonard Weiss	CEO & President	President
Michael Flax	Chairman of the Board	
Carlos Ferrera	COO & Secretary	Treasurer
Nachman Weiszner	CFO & Treasurer	CFO & Secretary
Tammy Eveslage	CO	CO
Tony Lorie	CISO	CISO