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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

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 [X] Is HMO, Federally Qualified? Yes [] No []

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

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

Main Administrative Office 7901 SW 6th Ct, Suite 400 (Street and Number)

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

Mail Address PO BOX 19199 (Street and Number or P.O. Box) , Plantation, FL, US 33319 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400 (Street and Number)

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

Internet Web Site Address WWW.SOLSTICEBENEFITS.COM

Statutory Statement Contact Nachman Weiszner (Name) 954-370-1700 (Area Code) (Telephone Number) (Extension)
nweiszner@solsticebenefits.com (E-Mail Address) 954-370-1701 (Fax Number)

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

LEONARD A WEISS # CARLOS FERRERA # NACHMAN WEISZNER #

State of Florida
County of Broward

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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.

| | | |
|------------------------------------|-----------------------------------|-------------------------------------|
| 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 [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8 - Furniture, Equipment and Supplies Owned

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

Schedule S - Part 7

NONE

Schedule T - Part 2

NONE

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 04866 | Solstice Grp | 12341 | 14-1917982 | .0 | 0 | | Solstice Benefits, Inc | FL | UIP | Dr. Leonard Weiss DMD | Ownership | 80.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 12341 | 14-1917982 | .0 | 0 | | Solstice Benefits, Inc | FL | UIP | Dr. Michael Flax | Ownership | 20.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 20-4815388 | .0 | 0 | | Solstice Benefit Services, Inc | FL | NIA | Dr. Michael Flax | Ownership | 100.0 | Dr. Michael Flax | | .0 |
| 00000 | | 00000 | 47-2951022 | .0 | 0 | | Vero Beach Endo, Inc | FL | NIA | Dr. Michael Flax | Ownership | 100.0 | Dr. Michael Flax | | .0 |
| 00000 | | 00000 | 27-0204579 | .0 | 0 | | Claims Management Systems, Inc | FL | NIA | Solstice Benefits, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 43-3786700 | .0 | 0 | | Solstice Healthplans, Inc | FL | IA | Solstice Benefits, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 46-1042329 | .0 | 0 | | Solstice Healthplans of New Jersey, Inc | NJ | NIA | Solstice Benefits, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 32-0583241 | .0 | 0 | | Solstice Healthplans of Tennessee, Inc | TN | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 40-0729622 | .0 | 0 | | Solstice Administration Services, Inc | FL | UDP | Solstice Benefits, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 26-1891960 | .0 | 0 | | Solstice of New York, Inc | NY | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 16790 | 26-2699505 | .0 | 0 | | Solstice of Illinois, Inc | IL | IA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 26-4839323 | .0 | 0 | | Solstice Administrators, Inc | CA | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 30-0760846 | .0 | 0 | | Solstice Administrators of Alabama, Inc | AL | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 32-0392448 | .0 | 0 | | Solstice Administrators of Missouri, Inc | MO | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 90-0880348 | .0 | 0 | | Solstice Administrators of Texas, Inc | TX | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 36-4743087 | .0 | 0 | | Solstice Administrators of South Carolina, Inc | SC | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 30-0756426 | .0 | 0 | | Solstice Administrators of North Carolina, Inc | NC | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 32-0545152 | .0 | 0 | | Solstice of Minnesota, Inc | MN | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 13971 | 27-1395245 | .0 | 0 | | Solstice Health Insurance Company | NY | IA | Dr. Leonard Weiss DMD | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 00000 | | 00000 | 35-2657270 | .0 | 0 | | Solstice Administrators of Arizona, Inc | AZ | NIA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 16610 | 30-1200533 | .0 | 0 | | Solstice Healthplans of Arizona, Inc | AZ | IA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 16878 | 30-1190514 | .0 | 0 | | Solstice Healthplans of Ohio, Inc | OH | RE | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |
| 04866 | Solstice Grp | 16892 | 36-4935990 | .0 | 0 | | Solstice Healthplans of Texas, Inc | TX | IA | Solstice Insurance Administration, Inc | Ownership | 100.0 | Dr. Leonard Weiss DMD | | .0 |

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

| Asterisk | Explanation |
|----------|-------------|
| | |

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| MARCH FILING | | Responses |
|---------------|---|---------------------------|
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. | Will an actuarial opinion be filed by March 1? |WAIVED..... |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |
| APRIL FILING | | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? |SEE EXPLANATION..... |
| JUNE FILING | | |
| 8. | Will an audited financial report be filed by June 1? |WAIVED..... |
| 9. | Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |WAIVED..... |
| AUGUST FILING | | |
| 10. | Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |WAIVED..... |

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

| MARCH FILING | | |
|---------------|--|---------------|
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |YES..... |
| 14. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 17. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 18. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 19. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |
| APRIL FILING | | |
| 20. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 21. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 22. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 23. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 24. | Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 25. | Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| AUGUST FILING | | |
| 26. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |NO..... |

Explanation:

7. Company still in start-up phase and did not have any business in 2020.

11. Business not written

12. Business not written

14. Business not written

15. Business not written

16. Business not written

17. N/A

18. N/A

19. N/A

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

22. Business not written












23. Business not written

24. N/A

25. N/A

26. N/A

Bar code:

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|-----|--|
| 2. |  1 6 8 7 8 2 0 2 0 4 4 0 0 0 0 0 0 |
| 8. |  1 6 8 7 8 2 0 2 0 2 2 0 0 0 0 0 0 |
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| 17. |  1 6 8 7 8 2 0 2 0 2 2 4 0 0 0 0 0 |
| 18. |  1 6 8 7 8 2 0 2 0 2 2 5 0 0 0 0 0 |
| 19. |  1 6 8 7 8 2 0 2 0 2 2 6 0 0 0 0 0 |
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. 
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25. 
1 6 8 7 8 2 0 2 0 3 0 0 0 0 0 0 0

26. 
1 6 8 7 8 2 0 2 0 2 2 3 0 0 0 0 0

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