



HEALTH QUARTERLY STATEMENT
AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Aetna Health of Ohio Inc.

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	15805	Employer's ID Number	47-3850677
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	04/24/2015		Commenced Business	01/01/2020		
Statutory Home Office	7400 W. Campus Road (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)			
Main Administrative Office	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)			
	New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)					
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)		Hartford, CT, US 06156 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	151 Farmington Avenue (Street and Number)		800-872-3862 (Area Code) (Telephone Number)			
	Hartford, CT, US 06156 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.aetna.com					
Statutory Statement Contact	Kim E. Roth (Name)		215-775-6508 (Area Code) (Telephone Number)			
	StatutoryReporting@aetna.com (E-mail Address)		860-262-7767 (FAX Number)			
OFFICERS						
President	Terry Jason Smith		Principal Financial Officer and Controller			
Secretary	Robert Mark Kessler		Robert Joseph Parslow			
OTHER						
Kevin James Casey, Senior Investment Officer	Peter Keller, Assistant Controller		Bryan James Lane, Assistant Controller			
Whitney Dorothy Lavoie, Assistant Controller	Scott David Miller, Assistant Controller		Bryan Sheppard Nazworth, Chief Financial Officer #			
	Tracy Louise Smith, Vice President and Treasurer					
DIRECTORS OR TRUSTEES						
Debra Jean Bacon	Bryan Sheppard Nazworth #		Terry Jason Smith			

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.

Terry Jason Smith

Robert Mark Kessler
Vice President and Secretary

Robert Joseph Parslow
Principal Financial Officer and Controller

State of..... California
County of.... Riverside

State of..... Arizona
County of.... Maricopa

State of..... Connecticut
County of.... Hartford

Subscribed and sworn to before me this

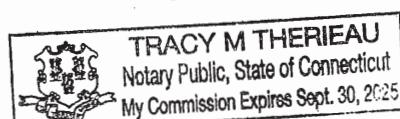
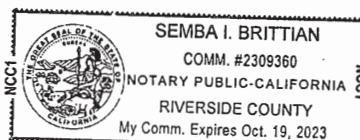
Subscribed and sworn to before me this

Subscribed and sworn to before me this

21st day of April, 2021

____ day of _____, 202

10 day of May, 2021



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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.....