



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Aetna Health of Ohio Inc.

NAIC Group Code 0001 0001 NAIC Company Code 15805 Employer's ID Number 47-3850677
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: 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 New Albany, OH, US 43054
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 151 Farmington Avenue, RT21 Hartford, CT, US 06156
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 151 Farmington Avenue
(Street and Number)
Hartford, CT, US 06156 800-872-3862
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aetna.com

Statutory Statement Contact Kim E. Roth 215-775-6508
(Name) (Area Code) (Telephone Number)
StatutoryReporting@aetna.com 860-262-7767
(E-mail Address) (FAX Number)

OFFICERS

President Terry Jason Smith Principal Financial Officer and Controller Robert Joseph Parslow
Secretary Robert Mark Kessler

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
Terry Jason Smith
Chief Executive Officer and President

Robert Mark Kessler
Robert Mark Kessler
Vice President and Secretary

Robert Joseph Parslow
Robert Joseph Parslow
Principal Financial Officer and Controller

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

Subscribed and sworn to before me this

21st day of April, 2021

Semba I. Brittan
NOTARY PUBLIC (Seal)

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

Subscribed and sworn to before me this

____ day of _____, 2021

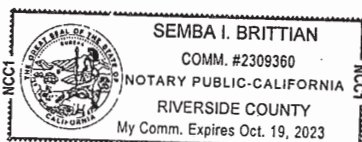
NOTARY PUBLIC (Seal)

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

Subscribed and sworn to before me this

10 day of May, 2021

Tracy M Theriau
NOTARY PUBLIC (Seal)



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.....