



HEALTH QUARTERLY STATEMENT  
AS OF JUNE 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE  
Bright Health Insurance Company of Ohio, Inc.

NAIC Group Code 4887 4887 NAIC Company Code 16353 Employer's ID Number 37-1873205  
(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: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ☐ ] No [ ☐ ]

Incorporated/Organized 10/26/2017 Commenced Business 01/01/2019

Statutory Home Office 300 E Business Way, Suite 220, Cincinnati, OH, US 45241  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8000 Norman Center Dr, Suite 1200  
(Street and Number)  
Minneapolis, MN, US 55437, 612-238-1321  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 8000 Norman Center Dr, Suite 1200, Minneapolis, MN, US 55437  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8000 Norman Center Dr, Suite 1200  
(Street and Number)  
Minneapolis, MN, US 55437, 612-238-1321  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.brighthousehealthcare.com

Statutory Statement Contact Chelsea Marie McGee, 605-216-2433  
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(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President	<u>Simeon Schindelman</u>	Chief Financial Officer	<u>Kara Rios</u>
Secretary	<u>George Lyford</u>	Chief Medical Officer	<u>Tomas Valdivia M.D.</u>

OTHER

<u>Simeon Schindelman</u>	<u>Nicolas Alvin Christianson</u>	<u>Keith Nelsen</u>
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State of Minnesota SS:  
County of Hennepin

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.

<u>Simeon Schindelman</u> Chief Executive Officer	<u>Kara Rios</u> Chief Financial Officer	<u>George Lyford</u> Secretary
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	5,052,946	0	5,052,946	5,019,512
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....441,754 ), cash equivalents (\$ .....23,110 ) and short-term investments (\$ .....0 ) .....	464,864	0	464,864	1,141,025
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	5,517,810	0	5,517,810	6,160,537
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	18,191	0	18,191	21,939
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	32,565	32,565	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....51,755 ) and contracts subject to redetermination (\$ .....206,529 ) .....	258,284	0	258,284	126,610
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	252,395	0	252,395	206,233
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	78,442	0	78,442	222,919
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	176,930	0	176,930	121,112
24. Health care (\$ .....63,755 ) and other amounts receivable .....	65,833	2,078	63,755	44,372
25. Aggregate write-ins for other than invested assets .....	54,442	54,442	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	6,454,892	89,085	6,365,807	6,903,722
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	6,454,892	89,085	6,365,807	6,903,722
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	54,442	54,442	0	0
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) .....	54,442	54,442	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	1,106,290	0	1,106,290	1,327,576
2. Accrued medical incentive pool and bonus amounts .....	25,958	0	25,958	0
3. Unpaid claims adjustment expenses .....	34,591	0	34,591	53,103
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	1,929,332	0	1,929,332	1,611,466
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	0	0	0
9. General expenses due or accrued .....	29,460	0	29,460	27,273
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	1,717	0	1,717	8,486
12. Amounts withheld or retained for the account of others .....	0	0	0	0
13. Remittances and items not allocated .....	362	0	362	353
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	93,110	0	93,110	62,876
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	3,220,820	0	3,220,820	3,091,133
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	6,146,351	6,146,351
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(4,001,364)	(3,333,762)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	3,144,987	3,812,589
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	6,365,807	6,903,722
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 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

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	4,118	3,916	7,976
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	3,187,901	3,238,460	6,352,783
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(279,501)	10,740	215,306
4. Fee-for-service (net of \$ .....0 medical expenses).....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,908,400	3,249,200	6,568,089
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	0	2,143,783	1,877,599	4,353,984
10. Other professional services .....	0	37,557	35,571	154,215
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	0	0	0	0
13. Prescription drugs .....	0	431,333	533,580	751,584
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	25,958	0	0
16. Subtotal (Lines 9 to 15) .....	0	2,638,631	2,446,750	5,259,783
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	(6,408)	(60,119)	93,746
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,645,039	2,506,869	5,166,037
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....26,337 cost containment expenses .....	0	36,921	82,611	205,662
21. General administrative expenses .....	0	894,298	768,254	1,671,307
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	0	0	1,582,941
23. Total underwriting deductions (Lines 18 through 22).....	0	3,576,258	3,357,734	8,625,947
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(667,858)	(108,534)	(2,057,858)
25. Net investment income earned .....	0	23,631	54,830	95,987
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....	0	5,698	699	2,492
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	29,329	55,529	98,479
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )]. .....	0	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	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	(638,529)	(53,005)	(1,959,379)
31. Federal and foreign income taxes incurred .....	XXX	0	(5,297)	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(638,529)	(47,708)	(1,959,379)
<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	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	3,812,589	5,795,071	5,795,071
34. Net income or (loss) from Line 32 .....	(638,529)	(47,708)	(1,959,379)
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	0	0	0
39. Change in nonadmitted assets .....	(29,073)	(84,447)	(23,104)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	(667,602)	(132,155)	(1,982,483)
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,144,987	5,662,916	3,812,589
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	3,082,478	3,205,071	6,268,710
2. Net investment income .....	42,819	52,511	98,893
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	3,125,297	3,257,582	6,367,603
5. Benefit and loss related payments .....	2,905,912	1,973,903	4,465,396
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	797,085	797,030	2,056,234
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	0	0	0
10. Total (Lines 5 through 9) .....	3,702,997	2,770,933	6,521,630
11. Net cash from operations (Line 4 minus Line 10) .....	(577,700)	486,649	(154,027)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,491,382	990,525	2,311,915
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,491,382	990,525	2,311,915
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,534,034	1,047,366	2,411,487
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,534,034	1,047,366	2,411,487
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(42,652)	(56,841)	(99,573)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(55,809)	(34,095)	(248,206)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(55,809)	(34,095)	(248,206)
<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) ..	(676,161)	395,713	(501,806)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,141,025	1,642,831	1,642,831
19.2 End of period (Line 18 plus Line 19.1) .....	464,864	2,038,544	1,141,025

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	686	0	0	0	0	0	0	686	0	0
2. First Quarter .....	685	0	0	0	0	0	0	685	0	0
3. Second Quarter .....	671	0	0	0	0	0	0	671	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	4,118	0	0	0	0	0	0	4,118	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician .....	2,088	0	0	0	0	0	0	2,088	0	0
8. Non-Physician .....	833	0	0	0	0	0	0	833	0	0
9. Total	2,921	0	0	0	0	0	0	2,921	0	0
10. Hospital Patient Days Incurred	438	0	0	0	0	0	0	438	0	0
11. Number of Inpatient Admissions	64	0	0	0	0	0	0	64	0	0
12. Health Premiums Written (a) .....	3,198,353	0	0	0	0	0	0	3,198,353	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	3,236,717	0	0	0	0	0	0	3,236,717	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	2,905,310	0	0	0	0	0	0	2,905,310	0	0
18. Amount Incurred for Provision of Health Care Services	2,638,631	0	0	0	0	0	0	2,638,631	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,198,353

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6. Title XVIII - Medicare .....	518,050	2,341,700	209,444	896,847	727,494	1,327,576
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	518,050	2,341,700	209,444	896,847	727,494	1,327,576
10. Healthcare receivables (a) .....	2,078	63,755	0	0	2,078	46,450
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	25,958	0	25,958	0
13. Totals (Lines 9-10+11+12)	515,972	2,277,945	235,402	896,847	751,374	1,281,126

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

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operations

Bright Health Insurance Company of Ohio, Inc. (the Company) is incorporated in the State of Ohio, dually licensed as a health maintenance organization (HMO) and a life, accident, and health insurer, and is a wholly owned subsidiary of Bright Health Management, Inc. (BHM), which is a health insurer management corporation that provides services to the Company under the terms of a management agreement. BHM is a wholly owned subsidiary of Bright Health Group, Inc., formerly Bright Health, Inc. (Bright Health), a for-profit privately held company. The Company was incorporated October 26, 2017 and received its license from the Ohio Department of Insurance (the Department) on April 23, 2018. The Company contracts with the Center for Medicare and Medicaid Services (CMS) to provide Medicare Advantage policies for Medicare-eligible enrollees.

A. Accounting Practices

The statutory financial statements of the Company have been prepared in conformity with the National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual (NAIC SAP), the NAIC Annual Instructions, and other accounting practices, as prescribed or permitted by the Department.

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

	SSAP #	F/S Page	F/S Line #	June 30, 2021	December 31, 2020
NET INCOME (LOSS)					
(1) State basis (Page 4, Line 32, Column 2 & 4)	XXX	XXX	XXX	\$ (638,529)	\$ (1,959,379)
(2) State prescribed practices that increase/(decrease) NAIC SAP:				-	-
(3) State permitted practices that increase/(decrease) NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	(638,529)	(1,959,379)
SURPLUS					
(1) State basis (Page 3, Line 33, Column 3 & 4)	XXX	XXX	XXX	\$ 3,144,987	\$ 3,812,589
(2) State prescribed practices that increase/(decrease) NAIC SAP:				-	-
(3) State permitted practices that increase/(decrease) NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	3,144,987	3,812,589

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

No significant change.

C. Accounting Policy

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

(1 – 13) No significant change.

The Company has also deemed there to be no significant change in significant accounting policies and/or differences between statutory practices and GAAP.

A. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

The company had no changes in accounting principles or correction of errors as of June 30, 2021 or December 31, 2020.

3. BUSINESS COMBINATIONS AND GOODWILL

Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

5. INVESTMENTS

A-Q. No significant change.

**6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

A-B. No significant change.

**7. INVESTMENT INCOME**

A-B. No significant change.

**8. DERIVATIVE INSTRUMENTS**

A-F. No significant change.

**9. INCOME TAXES**

A-I. No significant change.

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

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

There are no significant changes in related party agreements which require disclosure.

**11. DEBT**

A-B. No significant change.

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

A-I. The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding plans, postemployment benefits, and compensated absence plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of BHM which provides services to the Company under the terms of a management agreement.

**13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS**

A-M. No significant change.

**14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

A-F. No significant change.

**15. LEASES**

A-B. No significant change.

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

No significant change.

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

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

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

A-C. No significant change.

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

No significant change.

**20. FAIR VALUE MEASUREMENTS**

The NAIC defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

LEVEL 1 – Inputs are unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.

LEVEL 2 – Inputs are quoted prices for similar assets or liabilities in active markets or quoted prices in markets that are not active, or inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability.

LEVEL 3 - Inputs are unobservable and significant to the fair value measurement.

The estimated fair values of bonds, short-term investments and cash equivalent investments are based on quoted market prices, where available. The Company obtains one price for each security primarily from its custodian, or if unavailable, securities valuations, prices are received from third party pricing vendors. If these are unavailable the Company is able to provide pricing overrides from other acceptable sources or methods, however based upon the relatively high rating of its investments, this is generally not required.

The Company is ultimately responsible for determining fair value, as well as the appropriate level within the fair value hierarchy, based on the significance of unobservable inputs.

A. Fair Value

- (1) The following table presents information about the Company’s financial assets that are measured and reported at fair value at June 30, 2021 and December 31, 2020, in the statutory basis statements of admitted assets, liabilities and capital and surplus according to the valuation techniques the Company used to determine their fair values:.

Description for Each Class of Asset or Liability	June 30, 2021			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at Fair Value:					
Money-Market Funds	\$ 23,110	\$ -	\$ -	\$ -	\$ 23,110
Total Assets at Fair Value	\$ 23,110	\$ -	\$ -	\$ -	\$ 23,110
b. Liabilities at Fair Value					
Total Liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

Description for Each Class of Asset or Liability	December 31, 2020			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at Fair Value:					
Money-Market Funds	\$ 683,252	\$ -	\$ -	\$ -	\$ 683,252
Total Assets at Fair Value	\$ 683,252	\$ -	\$ -	\$ -	\$ 683,252
b. Liabilities at Fair Value					
Total Liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 which were measured and reported at fair value.
- (3) Transfers between fair value hierarchy levels are recorded at the beginning of the period in which the transfer takes place. There were no transfers between fair value levels as of June 30, 2021 or December 31, 2020.
- (4) The framework for determining the level of the Company’s investment holdings is outlined above.
- (5) The Company has no derivative assets or liabilities to disclose.

B. Fair Value Combination – Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of June 30, 2021 and December 31, 2020, is presented in the table below:

June 30, 2021							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government securities	\$ 2,531,202	\$ 2,527,071	\$ 2,531,202	\$ -	\$ -	\$ -	\$ -
Agency securities	1,201,656	1,196,618	-	1,201,656	-	-	-
State, county and local municipal securities	205,521	204,568	-	205,521	-	-	-
Corporate debt securities	1,132,412	1,124,689	-	1,132,412	-	-	-
Money market mutual funds	23,110	23,110	23,110	-	-	-	-
Total bonds, short-term investments and cash equivalents	\$ 5,093,901	\$ 5,076,055	\$ 2,554,312	\$ 2,539,589	\$ -	\$ -	\$ -

December 31, 2020							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government securities	\$ 2,585,081	\$ 2,567,144	\$ 2,585,081	\$ -	\$ -	\$ -	\$ -
Agency securities	1,201,656	1,190,281	-	1,201,656	-	-	-
State, county and local municipal securities	132,814	131,491	-	132,814	-	-	-
Corporate debt securities	1,147,304	1,130,596	-	1,147,304	-	-	-
Money market mutual funds	683,252	683,252	683,252	-	-	-	-
Total bonds and short-term investments	\$ 5,750,107	\$ 5,702,764	\$ 3,268,333	\$ 2,481,774	\$ -	\$ -	\$ -

Included as Level 1 in the fair value hierarchy tables above are U.S. Treasury securities of \$2,531,202 and \$2,585,081 and money market mutual funds of \$23,110 and \$683,252 as of June 30, 2021 and December 31, 2020, respectively.

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

**E. Investments at NAV Practical Expedient** – Not applicable.

**21. OTHER ITEMS**

**A-H.** Not applicable.

**22. EVENTS SUBSEQUENT**

No significant change.

**23. REINSURANCE**

The Company has a reinsurance agreement which provides excess loss reinsurance coverage to the Company on its policies. Ceded premiums of \$10,452 and \$98,888 have been included in net premium income, and reinsurance incurred of \$6,408 and reinsurance recoveries of \$93,746 have been included in net reinsurance recoveries (incurred), in the statutory basis statements of operations as of June 30, 2021 and December 31, 2020, respectively.

The Company recorded a receivable of \$252,395 and \$206,234 for paid losses recoverable from a third-party reinsurer under the contract in amounts recoverable from reinsurance in the statutory basis statements of admitted assets, liabilities, and capital and surplus as of June 30, 2021 and December 31, 2020, respectively. The Company also recorded a receivable of \$-0- and \$52,570 for estimated recoverables under the contract on incurred but unpaid losses, as a reduction to unpaid claims in the statutory statements of admitted assets, liabilities, and capital and surplus as of June 30, 2021 and December 31, 2020, respectively. The Company recorded \$1,717 and \$8,486 for unpaid reinsurance premiums as ceded reinsurance premiums payable in the statutory statements of admitted assets, liabilities, and capital and surplus as of June 30, 2021 and December 31, 2020, respectively.

**A-D.** No significant change.

**24. RESTROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**

**A-B.** No significant change.

**C.** The Company's Medicare business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the Medicare line of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for Medicare line of business subject to this retrospectively rated feature was \$3,198,353 and \$6,451,671, representing 100% of total direct premiums written as of June 30, 2021 and December 31, 2020, respectively.

The Company has Medicare Part D risk corridor amounts from CMS which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D premiums subject to this retrospective rating feature was \$221,126 and \$372,037, representing 7% and 6% of total direct written premiums as of June 30, 2021 and December 31, 2020, respectively.

The Company has risk adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health score based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to redetermination features was \$3,198,353 and \$6,451,681, representing 100% of total direct premiums written as of June 30, 2021 and December 31, 2020, respectively.

**D.** The Company is required to maintain a specific minimum loss ratio on its Medicare lines of business. As of June 30, 2021 and December 31, 2020, the Company's annual estimated loss ratios on the comprehensive commercial and Medicare lines of business were in excess of the minimum requirement and as a result no medical loss ratio rebate liability was required.

**E. Risk-Sharing Provisions of the Affordable Care Act**

**(1)** The Company did not write any accident and health premiums subject to the risk-sharing provisions of the ACA as of June 30, 2021 and December 31, 2020.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following table discloses paid claims, incurred claims, and the balance in the claims unpaid, aggregate health claims reserves, health care receivables and reinsurance recoverables at June 30, 2021 and December 31, 2020.

	June 30, 2021	December 31, 2020
Claims unpaid and accrued medical incentive pool —January 1	\$ 1,327,576	\$ 576,082
Less—non-admitted assets receivables	(2,078)	(3,318)
Less—health care recoverables	(44,372)	(156,633)
Less—reinsurance recoverables	(206,233)	(41,879)
Net balance—January 1	1,074,893	374,252
Incurred related to:		
Current year	3,174,792	4,979,626
Prior year	(529,753)	186,411
Total incurred	2,645,039	5,166,037
Paid related to:		
Current year	2,634,868	3,915,662
Prior year	271,041	549,734
Total paid	2,905,909	4,465,396
Net balance—December 31	814,023	1,074,893
Plus—non-admitted assets receivables	2,078	2,078
Plus—health care receivables	63,755	44,372
Plus—reinsurance recoverable	252,392	206,233
Claims unpaid and accrued medical incentive pool —December 31	\$ 1,132,248	\$ 1,327,576

There has been favorable prior-year development since December 31, 2020 to June 30, 2021, generally as the result of recent development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

The Company incurred claims adjustment expenses of \$36,921 and \$205,661 for the periods ended June 30, 2021 and December 31, 2020, respectively. A portion of these costs are included in the management services fees paid by the Company to BHM as part of its management agreement. Paid claims adjustments expenses of \$55,433 and \$181,021 for the periods ended June 30, 2021 and December 31, 2020, respectively, are considered to be related to the current year.

- B. There have been no significant changes to the methodology or assumptions used in calculating the liability for unpaid claims and claims adjustment expenses.

26. INTERCOMPANY POOLING ARRANGEMENTS

No significant change.

27. STRUCTURED SETTLEMENTS

Not applicable.

28. HEALTH CARE RECEIVABLES

- A-B. No significant change

29. PARTICIPATING POLICIES

No significant change.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company’s premium deficiency reserves as of June 30, 2021 and December 31, 2020.

	June 30, 2021	
1. Liability carried for premium deficiency reserves	\$	1,611,466
2. Date of the most recent evaluation of this liability	6/30/2021	
3. Was anticipated investment income utilized in this calculation?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	December 31, 2020	
1. Liability carried for premium deficiency reserves	\$	1,611,466
2. Date of the most recent evaluation of this liability	12/31/2020	
3. Was anticipated investment income utilized in this calculation?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ☐ ] No [ ☒ ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ☐ ] No [ ☐ ]
- 2.1

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

Yes [ ☐ ] No [ ☒ ]
- 2.2

If yes, date of change: .....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....

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

Yes [ ☒ ] No [ ☐ ]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☒ ] No [ ☐ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Bright HealthCare Insurance Company of Texas was incorporated and licensed in Texas. True Health New Mexico was acquired as a subsidiary of Bright Health Management, Inc.
- 3.4

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

Yes [ ☒ ] No [ ☐ ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

0001671284
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

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

Yes [ ☐ ] No [ ☒ ]
- 4.2

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	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]
- 6.1

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

12/31/2018
- 6.2

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

12/31/2018
- 6.3

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

05/18/2020
- 6.4

By what department or departments?  
Ohio Department of Insurance
- 6.5

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 [ ☒ ]
- 6.6

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

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 7.1

Has this 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 [ ☒ ]
- 7.2

If yes, give full information:
- 8.1

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

Yes [ ☐ ] No [ ☒ ]
- 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 [ ☒ ]
- 8.4

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

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



GENERAL INTERROGATORIES

- 9.1

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? .....  
(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.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ X ] No [ ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
The Company enhanced its enterprise Code of Conduct and Code of Ethics to align with Sarbanes Oxley and other SEC-related standards due to the holding company becoming a publicly traded company.
- 9.3

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

Yes [ ] No [ X ]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

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

\$ .....176,930

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....0
13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....0   | \$ .....0  |
| 14.22 Preferred Stock .....   | \$ .....0   | \$ .....0  |
| 14.23 Common Stock .....  | \$ .....0   | \$ .....0  |
| 14.24 Short-Term Investments .....  | \$ .....0   | \$ .....0  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   | \$ .....0  |
| 14.26 All Other .....   | \$ .....0   | \$ .....0  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0   | \$ .....0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....0   | \$ .....0  |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

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 [ X ]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....0
- 16.3

Total payable for securities lending reported on the liability page. ....

\$ .....0

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

- 17.2 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)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	
111912 .....	US Bancorp Asset Management, Inc. ....	8KUMV9EIJ751BFMLFD23 .....	SEC .....	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

21. 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 ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

82.5 %

1.2 A&H cost containment percent

0.8 %

1.3 A&H expense percent excluding cost containment expenses

28.0 %

2.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$0

2.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$0

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ] No [ X ]

3.1

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 ]

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

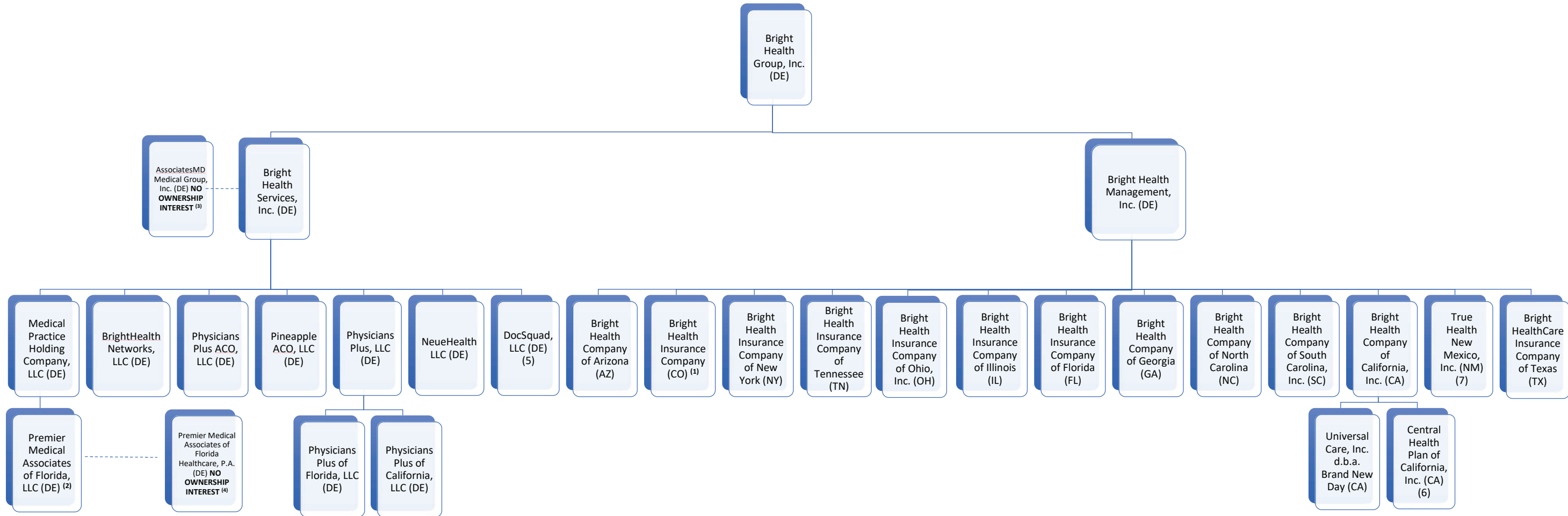
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N	.0	.0	.0	.0	.0	.0	.0	.0
2.	Alaska	AK	N	.0	.0	.0	.0	.0	.0	.0	.0
3.	Arizona	AZ	N	.0	.0	.0	.0	.0	.0	.0	.0
4.	Arkansas	AR	N	.0	.0	.0	.0	.0	.0	.0	.0
5.	California	CA	N	.0	.0	.0	.0	.0	.0	.0	.0
6.	Colorado	CO	N	.0	.0	.0	.0	.0	.0	.0	.0
7.	Connecticut	CT	N	.0	.0	.0	.0	.0	.0	.0	.0
8.	Delaware	DE	N	.0	.0	.0	.0	.0	.0	.0	.0
9.	District of Columbia	DC	N	.0	.0	.0	.0	.0	.0	.0	.0
10.	Florida	FL	N	.0	.0	.0	.0	.0	.0	.0	.0
11.	Georgia	GA	N	.0	.0	.0	.0	.0	.0	.0	.0
12.	Hawaii	HI	N	.0	.0	.0	.0	.0	.0	.0	.0
13.	Idaho	ID	N	.0	.0	.0	.0	.0	.0	.0	.0
14.	Illinois	IL	N	.0	.0	.0	.0	.0	.0	.0	.0
15.	Indiana	IN	N	.0	.0	.0	.0	.0	.0	.0	.0
16.	Iowa	IA	N	.0	.0	.0	.0	.0	.0	.0	.0
17.	Kansas	KS	N	.0	.0	.0	.0	.0	.0	.0	.0
18.	Kentucky	KY	N	.0	.0	.0	.0	.0	.0	.0	.0
19.	Louisiana	LA	N	.0	.0	.0	.0	.0	.0	.0	.0
20.	Maine	ME	N	.0	.0	.0	.0	.0	.0	.0	.0
21.	Maryland	MD	N	.0	.0	.0	.0	.0	.0	.0	.0
22.	Massachusetts	MA	N	.0	.0	.0	.0	.0	.0	.0	.0
23.	Michigan	MI	N	.0	.0	.0	.0	.0	.0	.0	.0
24.	Minnesota	MN	N	.0	.0	.0	.0	.0	.0	.0	.0
25.	Mississippi	MS	N	.0	.0	.0	.0	.0	.0	.0	.0
26.	Missouri	MO	N	.0	.0	.0	.0	.0	.0	.0	.0
27.	Montana	MT	N	.0	.0	.0	.0	.0	.0	.0	.0
28.	Nebraska	NE	N	.0	.0	.0	.0	.0	.0	.0	.0
29.	Nevada	NV	N	.0	.0	.0	.0	.0	.0	.0	.0
30.	New Hampshire	NH	N	.0	.0	.0	.0	.0	.0	.0	.0
31.	New Jersey	NJ	N	.0	.0	.0	.0	.0	.0	.0	.0
32.	New Mexico	NM	N	.0	.0	.0	.0	.0	.0	.0	.0
33.	New York	NY	N	.0	.0	.0	.0	.0	.0	.0	.0
34.	North Carolina	NC	N	.0	.0	.0	.0	.0	.0	.0	.0
35.	North Dakota	ND	N	.0	.0	.0	.0	.0	.0	.0	.0
36.	Ohio	OH	L	.0	3,198,353	.0	.0	.0	.0	3,198,353	.0
37.	Oklahoma	OK	N	.0	.0	.0	.0	.0	.0	.0	.0
38.	Oregon	OR	N	.0	.0	.0	.0	.0	.0	.0	.0
39.	Pennsylvania	PA	N	.0	.0	.0	.0	.0	.0	.0	.0
40.	Rhode Island	RI	N	.0	.0	.0	.0	.0	.0	.0	.0
41.	South Carolina	SC	N	.0	.0	.0	.0	.0	.0	.0	.0
42.	South Dakota	SD	N	.0	.0	.0	.0	.0	.0	.0	.0
43.	Tennessee	TN	N	.0	.0	.0	.0	.0	.0	.0	.0
44.	Texas	TX	N	.0	.0	.0	.0	.0	.0	.0	.0
45.	Utah	UT	N	.0	.0	.0	.0	.0	.0	.0	.0
46.	Vermont	VT	N	.0	.0	.0	.0	.0	.0	.0	.0
47.	Virginia	VA	N	.0	.0	.0	.0	.0	.0	.0	.0
48.	Washington	WA	N	.0	.0	.0	.0	.0	.0	.0	.0
49.	West Virginia	WV	N	.0	.0	.0	.0	.0	.0	.0	.0
50.	Wisconsin	WI	N	.0	.0	.0	.0	.0	.0	.0	.0
51.	Wyoming	WY	N	.0	.0	.0	.0	.0	.0	.0	.0
52.	American Samoa	AS	N	.0	.0	.0	.0	.0	.0	.0	.0
53.	Guam	GU	N	.0	.0	.0	.0	.0	.0	.0	.0
54.	Puerto Rico	PR	N	.0	.0	.0	.0	.0	.0	.0	.0
55.	U.S. Virgin Islands	VI	N	.0	.0	.0	.0	.0	.0	.0	.0
56.	Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0	.0	.0	.0
57.	Canada	CAN	N	.0	.0	.0	.0	.0	.0	.0	.0
58.	Aggregate Other Aliens	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal	XXX	.0	3,198,353	.0	.0	.0	.0	.0	3,198,353	.0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
61.	Totals (Direct Business)	XXX	0	3,198,353	0	0	0	0	0	3,198,353	0
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....1  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0  
N - None of the above - Not allowed to write business in the state.....56  
R - Registered - Non-domiciled RRGs.....0  
Q - Qualified - Qualified or accredited reinsurer.....0

**Bright Health Group, Inc.**



(1) Bright Health Insurance Company of Alabama, Inc. (AL) merged with and into Bright Health Insurance Company on 12/31/2020.

(2) Medical Practice Holding Company, LLC owns 62% of membership interests. PMA II, LLC owns 38% of membership interest.

(3) Entity owned by physician, Randeep Gadh, D.O., that is subject to Management Services Agreement and Stockholder Transfer Restriction Agreement with Bright Health Services, Inc.

(4) Entity owned by physician, Dr. Dinesh Khanna, that is subject to that is subject to Management Services Agreement and Succession Agreement with Premier Medical Associates of Florida, LLC.

(5) Zipnosis, Inc. merged with and into DocSquad, LLC on 3/31/2021.

(6) 100% of stock of Central Health Plan of California, Inc. acquired on 4/1/2021.

(7) 100% of stock of True Health New Mexico, Inc. acquired on 3/31/2021.

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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	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	Domi- ciliary Loca- tion	Rela- tion- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
4887	Bright Hlth Grp	00000	47-4991296		0001671284		Bright Health Group, Inc.	DE	UIP			0.000		N	
4887	Bright Hlth Grp	00000	81-1108911				Bright Health Management, Inc.	DE	UDP	Bright Health, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	15963	81-1078509				Bright Health Insurance Company	CO	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	1
4887	Bright Hlth Grp	16122	37-1844468				Bright Health Company of Arizona	AZ	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16388	32-0534235				Bright Health Insurance Company of New York	NY	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
							Bright Health Insurance Company of Tennessee								
4887	Bright Hlth Grp	16341	35-2616469				Bright Health Insurance Company of Ohio, Inc.	TN	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16353	37-1873205					OH	RE	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16501	83-3456438				Bright Health Insurance Company of Florida	FL	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16595	30-1154852				Bright Health Company of North Carolina	NC	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16545	83-3650545				Bright Health Insurance Company of Illinois	IL	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
							Bright Health Company of South Carolina, Inc.								
4887	Bright Hlth Grp	16544	35-2651212					SC	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	16546	38-4106459				Bright Health Company of Georgia	GA	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	84-4428391				Bright Health Company of California	CA	NIA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
							Bright HealthCare Insurance Company of Texas								
4887	Bright Hlth Grp	17041	86-3230389					TX	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	15910	33-0012358				Universal Care, Inc	CA	IA	Bright Health Company of California	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	84-3262809				Bright Health Services, Inc.	DE	NIA	Bright Health, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	84-3548530				AssociatesMD Medical Group, Inc.	DE	NIA	Bright Health Services, Inc.	Influence	0.000	Bright Health Group, Inc.	N	3
4887	Bright Hlth Grp	00000	86-2190965				Medical Practice Holding Company, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	85-3949537				Premier Medical Associates of Florida, LLC	DE	NIA	Medical Practice Holding Company, LLC	Ownership	62.000	Bright Health Group, Inc.	N	2
4887	Bright Hlth Grp	00000	86-2197193				BrightHealth Networks, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	85-1528100				Physicians Plus ACO, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	85-1676317				Pineapple ACO, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	85-1474761				Physicians Plus, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	85-1485390				Physicians Plus of Florida, LLC	DE	NIA	Physicians Plus, LLC	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	86-2212807				Physicans Plus of California, LLC	DE	NIA	Physicians Plus, LLC	Ownership	100.000	Bright Health Group, Inc.	N	
							Premier Medical Associates of Florida								
4887	Bright Hlth Grp	00000	85-3886892				Healthcare, P.A.	DE	NIA	Bright Health Services, Inc.	Influence	0.000	Bright Health Group, Inc.	N	4
4887	Bright Hlth Grp	00000	86-2097242				NeueHealth LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	
4887	Bright Hlth Grp	00000	86-2408592				DocSquad, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	5
4887	Bright Hlth Grp	16281	82-2885824				True Health New Mexico, Inc.	NM	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	7
4887	Bright Hlth Grp	00000	91-2155938				Central Health Plan of California, Inc.	CA	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	N	6

Asterisk	Explanation
1	Bright Health Insurance Company of Alabama, Inc. (AL) merged with and into Bright Health Insurance Company on 12/31/2020.
2	Medical Practice Holding Company, LLC owns 62% and PMA II, LLC owns 38%
3	Entity owned by physician, Rundeep Gadh, D.O., that is subject to Management Services Agreement and Stockholder Transfer Restriction Agreement with Bright Health Services, Inc.
4	Entity owned by physician, Dr. Dinesh Khanna, that is subject to that is subject to Management Services Agreement and Succession Agreement with Premier Medical Associates of Florida, LLC.
5	Zipnosis, Inc. merged with and into DocSquad, LLC on 3/31/2021.
6	100% of stock of Central Health Plan of California, Inc.. acquired on 4/1/2021.
7	100% of stock of True Health New Mexico, Inc. acquired on 3/31/2021.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]





**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest paid and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	5,019,512	4,918,300
2. Cost of bonds and stocks acquired .....	1,534,034	2,411,487
3. Accrual of discount .....	966	11,605
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	5,698	2,492
6. Deduct consideration for bonds and stocks disposed of .....	1,491,717	2,312,068
7. Deduct amortization of premium .....	15,882	12,457
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	335	153
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	5,052,945	5,019,512
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	5,052,945	5,019,512

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	5,003,495	483,388	425,469	(8,468)	5,003,495	5,052,946	0	5,019,512
2. NAIC 2 (a) .....	39,974	0	39,987	13	39,974	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	5,043,469	483,388	465,456	(8,454)	5,043,469	5,052,946	0	5,019,512
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	5,043,469	483,388	465,456	(8,454)	5,043,469	5,052,946	0	5,019,512

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	683,252	124,950
2. Cost of cash equivalents acquired .....	447,026	2,369,991
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	1,107,168	1,811,689
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	23,110	683,252
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	23,110	683,252

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
912828-4D-9	UNITED STATES TREASURY		05/11/2021	JP MORGAN SECURITIES LLC		41,769	40,000	115	1.A
912828-6G-0	UNITED STATES TREASURY		06/09/2021	CITIGROUP GLOBAL MARKETS INC.		42,306	40,000	263	1.A
912828-6R-6	UNITED STATES TREASURY		06/18/2021	NOMURA SECURITIES INTL., FIXED I		47,312	45,000	143	1.A
912828-VS-6	UNITED STATES TREASURY		04/27/2021	CITIGROUP GLOBAL MARKETS INC.		26,300	25,000	124	1.A
91282C-BV-2	UNITED STATES TREASURY		06/03/2021	BNP SECURITIES		30,059	30,000	15	1.A
91282C-CC-3	UNITED STATES TREASURY		06/15/2021	GOLDMAN SACHS & CO		49,896	50,000	31	1.A
91282C-CG-4	UNITED STATES TREASURY		06/16/2021	Amherst Securities Group LLC		49,873	50,000	1	1.A
0599999. Subtotal - Bonds - U.S. Governments						287,514	280,000	672	XXX
829596-XF-7	SIoux FALLS S D SCH DIST NO 49-5		05/21/2021	DAVIDSON (D.A.) & CO., INC.		25,000	25,000	0	1.B FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						25,000	25,000	0	XXX
3130AD-RG-9	FEDERAL HOME LOAN BANKS		06/16/2021	MORGAN STANLEY DW INC/ALGO/SOFT		20,882	20,000	148	1.A
3133EM-YX-4	FEDERAL FARM CREDIT BANKS FUNDING CORP		05/05/2021	US Bank		19,974	20,000	0	1.A
3199999. Subtotal - Bonds - U.S. Special Revenues						40,857	40,000	148	XXX
023135-BW-5	AMAZON.COM INC		05/10/2021	JP MORGAN SECURITIES LLC		34,949	35,000	0	1.E FE
24422E-VQ-9	JOHN DEERE CAPITAL CORP		06/07/2021	PERSHING LLC		9,988	10,000	0	1.F FE
440452-AG-5	HORMEL FOODS CORP		05/25/2021	JP MORGAN SECURITIES LLC		9,998	10,000	0	1.F FE
67066G-AK-0	NVIDIA CORP		06/14/2021	MORGAN STANLEY DW INC/ALGO/SOFT		25,000	25,000	0	1.G FE
67066G-AL-8	NVIDIA CORP		06/14/2021	MORGAN STANLEY DW INC/ALGO/SOFT		10,000	10,000	0	1.G FE
69371R-Q9-0	PACCAR FINANCIAL CORP		05/19/2021	STIFEL NICOLAUS & COMPANY INC.		40,082	40,000	39	1.E FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						130,017	130,000	39	XXX
8399997. Total - Bonds - Part 3						483,388	475,000	859	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						483,388	475,000	859	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						483,388	XXX	859	XXX

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
912828-5A-4	UNITED STATES TREASURY		06/09/2021	JP MORGAN SECURITIES LLC		40,298	40,000	40,898	40,330	0	(206)	0	(206)	0	40,124	0	174	174	810	09/15/2021	1.A
912828-5F-3	UNITED STATES TREASURY		06/16/2021	JP MORGAN SECURITIES LLC		40,384	40,000	40,922	40,377	0	(219)	0	(219)	0	40,158	0	227	227	773	10/15/2021	1.A
912828-07-2	UNITED STATES TREASURY		06/03/2021	JP MORGAN SECURITIES LLC		50,259	50,000	50,279	50,095	0	(59)	0	(59)	0	50,036	0	224	224	752	08/31/2021	1.A
912828-F2-1	UNITED STATES TREASURY		06/15/2021	JP MORGAN SECURITIES LLC		50,309	50,000	50,381	50,127	0	(78)	0	(78)	0	50,050	0	259	259	755	09/30/2021	1.A
912828-F9-6	UNITED STATES TREASURY		06/18/2021	JP MORGAN SECURITIES LLC		50,363	50,000	50,145	50,053	0	(30)	0	(30)	0	50,023	0	340	340	641	10/31/2021	1.A
912828-WY-2	UNITED STATES TREASURY		04/27/2021	JP MORGAN SECURITIES LLC		25,151	25,000	25,200	25,056	0	(31)	0	(31)	0	25,025	0	126	126	416	07/31/2021	1.A
912828-YC-8	UNITED STATES TREASURY		05/11/2021	JP MORGAN SECURITIES LLC		40,189	40,000	39,900	39,965	0	19	0	19	0	39,984	0	205	205	419	08/31/2021	1.A
0599999	Subtotal - Bonds - U.S. Governments					296,955	295,000	297,725	296,002	0	(603)	0	(603)	0	295,399	0	1,556	1,556	4,567	XXX	XXX
3133EJ-K2-4	FEDERAL FARM CREDIT BANKS FUNDING CORP		06/16/2021	Various		30,347	30,000	30,686	30,298	0	(149)	0	(149)	0	30,149	0	198	198	544	10/19/2021	1.A
3199999	Subtotal - Bonds - U.S. Special Revenues					30,347	30,000	30,686	30,298	0	(149)	0	(149)	0	30,149	0	198	198	544	XXX	XXX
17275R-BJ-0	CISCO SYSTEMS INC		06/14/2021	Various		40,123	40,000	38,430	39,597	0	247	0	247	0	39,844	0	279	279	535	09/20/2021	1.E FE
30231G-BL-5	EXXON MOBIL CORP		06/14/2021	KEYBANC CAPITAL MARKETS INC		10,236	10,000	10,000	10,000	0	0	0	0	0	10,000	0	236	236	105	04/15/2023	1.D FE
68389X-BA-2	ORACLE CORP		05/19/2021	JP MORGAN SECURITIES LLC		40,128	40,000	39,718	39,950	0	37	0	37	0	39,987	0	141	141	974	07/08/2021	2.A FE
69371R-P2-6	PACCAR FINANCIAL CORP		05/10/2021	Maturity @ 100.00		35,000	35,000	34,991	34,999	0	1	0	1	0	35,000	0	0	0	543	05/10/2021	1.E FE
78012K-ZG-5	ROYAL BANK OF CANADA	C	06/14/2021	GOLDMAN, SACHS & CO.		15,241	15,000	15,262	15,134	0	(56)	0	(56)	0	15,078	0	163	163	361	02/01/2022	1.C FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					140,729	140,000	138,400	139,680	0	229	0	229	0	139,909	0	820	820	2,518	XXX	XXX
8399997	Total - Bonds - Part 4					468,030	465,000	466,812	465,980	0	(523)	0	(523)	0	465,457	0	2,574	2,574	7,628	XXX	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					468,030	465,000	466,812	465,980	0	(523)	0	(523)	0	465,457	0	2,574	2,574	7,628	XXX	XXX
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	- Totals					468,030	XXX	466,812	465,980	0	(523)	0	(523)	0	465,457	0	2,574	2,574	7,628	XXX	XXX



Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

STATEMENT AS OF JUNE 30, 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]