



QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

Solstice Healthplans of Ohio, Inc.

NAIC Group Code	00707 (Current Period)	00707 (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 <u>United States</u>								
Licensed as business type:		Life, Accident & Health [] Dental Service Corporation [] Other [X]	Property/Casualty [] Vision Service Corporation []	Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization []		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, County and Zip Code)		954-370-1700			
Main Administrative Office		7901 SW 6th Ct, Suite 400 (Street and Number)	Plantation, FL, US 33324 (City or Town, State, County and Zip Code)		954-370-1700			
Mail Address		PO BOX 19199 (Street and Number or P.O. Box)	Plantation, FL, US 33324 (City or Town, State, County and Zip Code)		954-370-1700			
Primary Location of Books and Records		7901 SW 6th Ct, Suite 400 (Street and Number)	Plantation, FL, US 33324 (City or Town, State, County and Zip Code)		954-370-1700			
Internet Web Site Address		WWW.SOLSTICEBENEFITS.COM						
Statutory Statement Contact		Nachman Weiszner (Name) nweiszner@solticebenefits.com (E-Mail Address)	954-370-1700 (Area Code) (Telephone Number) (Extension) 954-370-1701 (FAX Number)					

OFFICERS

Name	Title	Name	Title
Kenneth Mark Sheldon #	President	Peter Marshall Gill #	Treasurer
Mitchell Robert Davis #	Chief Financial Officer	Gavin Guy Galimi #	Secretary

OTHER OFFICERS

Heather Anastasia Lang #	Assistant Secretary	Jessica Leigh Zuba #	Assistant Secretary
Nyle Brent Cottlington #	Vice President		

DIRECTORS OR TRUSTEES

Carlos Ferrera	Kenneth Mark Sheldon #	Colleen Hastings Van Ham #	Leonard Alan Weiss DMD
Thomas Patrick Wiffler #			

State of Ohio
County of Harris

Peter Marshall Gill

Mitchell Robert Davis
Minneapolis
Hennepin

Kenneth Mark Sheldon
President

Peter Marshall Gill
Treasurer

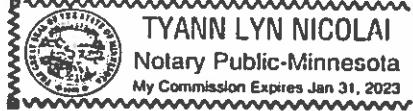
Mitchell Robert Davis
Chief Financial Officer

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

Subscribed and sworn to before me this
day of July 2021

BRENDA SCURLOCK
My Notary ID # 11909786
Expires March 27, 2024



July 20, 2021
Tyann Nicolai

28th day of July 2021
Rena Marie Larson

RENA MARIE LARSON
Notary Public
State of Minnesota
My Commission Expires
January 31, 2024



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Solstice Healthplans of Ohio, Inc.

NAIC No. 16878

We, the undersigned executive officers of Solstice Healthplans of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other HIC

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing(s)," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail." Date of filing with the NAIC: _____ An original jurat page is attached. Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____ An original, notarized signature page is attached. Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____ List of supplemental documents included in this Affidavit: _____ All original notarized signature pages are attached, as applicable. Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: 8/15/2021 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____ Original filing. Amended filing.


Signature

7/16/21 Date


Signature

Date


Signature

Date

(Name) Kenneth Mark Sheldon

(Name) Peter Marshall Gill

(Name) Mitchell Robert Davis

(Title)* President

(Title)* Treasurer

(Title)* Mitchell Robert Davis

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)