



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2021
OF THE CONDITION AND AFFAIRS OF THE
OhioHealthy Insurance Company

NAIC Group Code	5005 (Current Period)	0000 (Prior Period)	NAIC Company Code	17028	Employer's ID Number	85-3626444
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[X] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[] Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[] Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]					
Incorporated/Organized	10/19/2020		Commenced Business	04/12/2021		
Statutory Home Office	3430 OhioHealth Parkway (Street and Number)		Columbus, OH, US 43202 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Columbus, OH, US 43202 (City or Town, State, Country and Zip Code)		3430 OhioHealth Parkway (Street and Number)		(380)210-2311 (Area Code) (Telephone Number)	
Mail Address	3430 OhioHealth Parkway (Street and Number or P.O. Box)		Columbus, OH, US 43202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Columbus, OH, US 43202 (City or Town, State, Country and Zip Code)		3430 OhioHealth Parkway (Street and Number)		(380)210-2311 (Area Code) (Telephone Number)	
Internet Web Site Address	www.ohiohealthyplans.com					
Statutory Statement Contact	Jeffrey C Snyder (Name)		(757)252-8023 (Area Code)(Telephone Number)(Extension)			
	jcsnyder@sentara.com (E-Mail Address)		(757)252-8030 (Fax Number)			

OFFICERS

Name	Title
Stephen Cindrich	President
Jeffrey Snyder	Chief Financial Officer
Jeffrey Smith	Controller
Clint Koenig	Medical Director

OTHERS

DIRECTORS OR TRUSTEES

Stephen Markovich
Carrie Harris-Mueller
James Hilbert

Michael Browning
Robert Broermann
Dennis Matheis

State of _____
County of _____ ss

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.

	
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STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32	(195,749)		
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	2,795,176		
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,599,426		
49.	Capital and surplus end of reporting period (Line 33 plus 48)	2,599,426		
DETAILS OF WRITE-INS				
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

GENERAL INTERROGATORIES (Continued)

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	 0.000%
1.2 A&H cost containment percent	 0.000%
1.3 A&H expense percent excluding cost containment expenses	 0.000%
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]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
			NONE						

