



Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Aetna Health of Ohio Inc.

NAIC No. 15805

We, the undersigned executive officers of Aetna Health 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 _____

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: 11/12/21 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.

 10-19-21
Signature Date

(Name) Terry Jason Smith
(Title)* Chief Executive Officer and President

Signature

Date

Signature

Date

(Name) Robert Mark Kessler
(Title)* Vice President and Secretary

(Name) Robert Joseph Parslow
(Title)* Principal Financial Officer and Controller

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

Ohio**Department
of Insurance**Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Electronic Filing Authenticity AffidavitOffice of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov**Ohio Domestic Insurers Only**Company Name: Aetna Health of Ohio Inc.NAIC No. 15805

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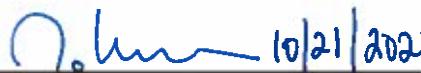
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Date of filing with the NAIC: _____.

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. 10/21/2021

Signature	Date	Signature	Date	Signature	Date
(Name) <u>Terry Jason Smith</u>		(Name) <u>Robert Mark Kessler</u>		(Name) <u>Robert Joseph Parslow</u>	
(Title)* <u>Chief Executive Officer and President</u>		(Title)* <u>Vice President and Secretary</u>		(Title)* <u>Principal Financial Officer and Controller</u>	

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



HEALTH QUARTERLY STATEMENT

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

Aetna Health of Ohio Inc.

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	15805	Employer's ID Number	47-3850677	
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH		
Country of Domicile	United States of America						
Licensed as business type:	Health Maintenance Organization						
Is HMO Federally Qualified? Yes [] No [X]							
Incorporated/Organized	04/24/2015		Commenced Business	01/01/2020			
Statutory Home Office	7400 W. Campus Road (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)				
Main Administrative Office	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)				
New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)							
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)		Hartford, CT, US 06156 (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)				
New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)							
Internet Website Address	www.aetna.com						
Statutory Statement Contact	Kim E. Roth (Name)		215-775-8508 (Area Code) (Telephone Number)				
StatutoryReporting@aetna.com (E-mail Address)	860-282-7767 (FAX Number)						
OFFICERS							
President	Terry Jason Smith		Principal Financial Officer and Controller	Robert Joseph Parslow			
Secretary	Robert Mark Kessler						
OTHER							
Kevin James Casey, Senior Investment Officer	Peter Keller, Assistant Controller		Bryan James Lane, Assistant Controller				
Whitney Dorothy Lavoie, Assistant Controller	Scott David Miller, Assistant Controller		Bryan Sheppard Nazworth, Chief Financial Officer #				
Tracy Louise Smith, Vice President and Treasurer							
DIRECTORS OR TRUSTEES							
Debra Jean Bacon	Bryan Sheppard Nazworth #		Terry Jason Smith				

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.


Terry Jason Smith
Chief Executive Officer and President

Robert Mark Kessler
Vice President and Secretary


Robert Joseph Parslow
Principal Financial Officer and Controller

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

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

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

Subscribed and sworn to before me this

Subscribed and sworn to before me this

Subscribed and sworn to before me this

19 day of October, 2021

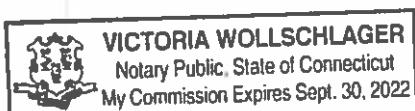
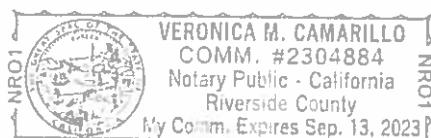
day of _____, 2021

8 day of November, 2021

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



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

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



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

Aetna Health of Ohio Inc.

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Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	04/24/2015		Commenced Business		01/01/2020	
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OFFICERS

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Secretary	Robert Mark Kessler		

OTHER

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Whitney Dorothy Lavoie, Assistant Controller	Scott David Miller, Assistant Controller	Bryan Sheppard Nazworth, Chief Financial Officer #
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County of.... Riverside

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

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

Subscribed and sworn to before me this

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____ day of _____, 2021

21 day of October, 2021

____ day of _____, 2021

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



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 _____