



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	US		(electronic filing)			
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	3430 OhioHealth Parkway (Street and Number)		Columbus, OH, US 43202 (Area Code) (Telephone Number)			
Primary Location of Books and Records	3430 OhioHealth Parkway (Street and Number)		Columbus, OH, US 43202 (Area Code) (Telephone Number)			
Internet Web Site Address	www.ohiohealthplans.com					
Statutory Statement Contact	Jeffrey C Snyder (Name) josnyder@sentrana.com (E-Mail Address)		(757)252-8023 (Area Code)(Telephone Number)(Extension) (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	Michael Browning
Carrie Harris-Mueller	Robert Broermann
James Hilbert	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.


 (Signature)
 Stephen Cindrich
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 Jeffrey Snyder
 (Printed Name)
 2.
 Chief Financial Officer
 (Title)

(Signature)
 Jeffrey Smith
 (Printed Name)
 3.
 Controller
 (Title)

Subscribed and sworn to before me this

14th day of Nov., 2021

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

Yes[X] No[]


 (Notary Public Signature)



STEPHANIE HUTCHINSON
 Notary Public, State of Ohio
 My Commission Expires 09-27-2026



1702020120100103

2021

Document Code 201

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	www.ohiohealthyplans.com (E-Mail Address)				(757)252-8030 (Fax Number)	

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Jeffrey Snyder	Chief Financial Officer
Jeffrey Smith	Controller
Clint Koenig	Medical Director

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Carmen Harris-Mueller	Robert Broermann
James Hilbert	Dennis Matheis

State of _____
 County of _____ 53

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Jeffrey Snyder

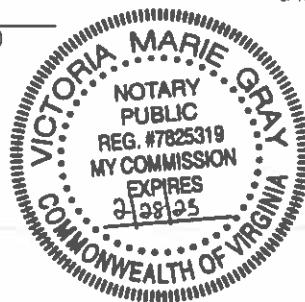
(Signature) Stephen Cindrich (Printed Name)	(Signature) Jeffrey Snyder (Printed Name)	(Signature) Jeffrey Smith (Printed Name)
1 President (Title)	2 Chief Financial Officer (Title)	3 Controller (Title)

Subscribed and sworn to before me this
8th day of November, 2021

Victoria Marie Gray
 (Notary Public Signature)

a. Is this an original filing?
 b. If no, 1. State the amendment number
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 3. Number of pages attached

Yes[X] No[]





17028202120100103

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Document Code: 201

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	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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 (Printed Name)
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 (Title)

(Signature)
 Jeffrey Snyder
 (Printed Name)
 2.
 Chief Financial Officer
 (Title)

(Signature)
 Jeffrey Smith
 (Printed Name)
 3.
 Controller
 (Title)

Subscribed and sworn to before me this
11 day of Nov., 2021

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 b. If no, 1. State the amendment number
 2. Date filed
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Yes No

STEPHANIE HUTCHINSON
 Notary Public, State of Ohio
 My Commission Expires 09-27-2026