



HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 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.brighthealthcare.com

Statutory Statement Contact Chelsea Marie McGee, 605-216-2433
 (Name) (Area Code) (Telephone Number)
cmcgee@brighthealthgroup.com,
 (E-mail Address) (FAX Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Simeon Schindelman Nicolas Alvin Christianson Keith Nelsen

State of _____ SS
 County of _____

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.

Simeon Schindelman
 Chief Executive Officer

Kara Rios
 Chief Financial Officer

George Lyford
 Secretary

Subscribed and sworn to before me this _____ day of _____

- 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.....

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	17,269	243,075	2,193	78,664	19,462	46,450
2. Claim overpayment receivables	0	0	0	0	0	0
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	17,269	243,075	2,193	78,664	19,462	46,450

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Elixir Solutions	46,126	0	0	0	0	46,126
0199999. Individually listed claims unpaid	46,126	0	0	0	0	46,126
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	1,613	0	0	0	59	1,672
0499999. Subtotals	47,739	0	0	0	59	47,798
0599999. Unreported claims and other claim reserves						1,064,549
0699999. Total amounts withheld						0
0799999. Total claims unpaid						1,112,347
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						43,968

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999 Total gross payables				

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Bright Health Insurance Company of Ohio, Inc.

2. Cincinnati, OH

NAIC Group Code	4887	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
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	682	0	0	0	0	0	0	682	0	0		
5. Current Year	671	0	0	0	0	0	0	671	0	0		
6. Current Year Member Months	8,189	0	0	0	0	0	0	8,189	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	4,293	0	0	0	0	0	0	4,293	0	0		
8. Non-Physician	2,031	0	0	0	0	0	0	2,031	0	0		
9. Total	6,324	0	0	0	0	0	0	6,324	0	0		
10. Hospital Patient Days Incurred	1,006	0	0	0	0	0	0	1,006	0	0		
11. Number of Inpatient Admissions	145	0	0	0	0	0	0	145	0	0		
12. Health Premiums Written (b)	6,361,429	0	0	0	0	0	0	6,361,429	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	6,411,260	0	0	0	0	0	0	6,411,260	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	5,959,658	0	0	0	0	0	0	5,959,658	0	0		
18. Amount Incurred for Provision of Health Care Services	5,701,420	0	0	0	0	0	0	5,701,420	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,361,429

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Bright Health Insurance Company of Ohio, Inc.

2. Cincinnati, OH

NAIC Group Code	4887	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total		DURING THE YEAR					2021		NAIC Company Code	16353
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
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	682	0	0	0	0	0	0	682	0	0			
5. Current Year	671	0	0	0	0	0	0	671	0	0			
6. Current Year Member Months	8,189	0	0	0	0	0	0	8,189	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	4,293	0	0	0	0	0	0	4,293	0	0			
8. Non-Physician	2,031	0	0	0	0	0	0	2,031	0	0			
9. Total	6,324	0	0	0	0	0	0	6,324	0	0			
10. Hospital Patient Days Incurred	1,006	0	0	0	0	0	0	1,006	0	0			
11. Number of Inpatient Admissions	145	0	0	0	0	0	0	145	0	0			
12. Health Premiums Written (b)	6,361,429	0	0	0	0	0	0	6,361,429	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	6,411,260	0	0	0	0	0	0	6,411,260	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	5,959,658	0	0	0	0	0	0	5,959,658	0	0			
18. Amount Incurred for Provision of Health Care Services	5,701,420	0	0	0	0	0	0	5,701,420	0	0			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,361,429

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999	Total Life and Annuity - U.S. Affiliates				0	0
0699999	Total Life and Annuity - Non-U.S. Affiliates				0	0
0799999	Total Life and Annuity - Affiliates				0	0
93572	43-1235868	01/01/2021	RGA Reinsurance Company	MO	0	0
0899999	Life and Annuity - U.S. Non-Affiliates				0	0
1099999	Total Life and Annuity - Non-Affiliates				0	0
1199999	Total Life and Annuity				0	0
1499999	Total Accident and Health - U.S. Affiliates				0	0
1799999	Total Accident and Health - Non-U.S. Affiliates				0	0
1899999	Total Accident and Health - Affiliates				0	0
2199999	Total Accident and Health - Non-Affiliates				0	0
2299999	Total Accident and Health				0	0
2399999	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				0	0
2499999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)				0	0
9999999 Totals - Life, Annuity and Accident and Health					0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
93572	43-1235868	01/01/2021	IRGA Reinsurance Company	MO	SSL/I	MR	20,790	0	0	0	0	0	0
0899999			General Account - Authorized U.S. Non-Affiliates				20,790	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				20,790	0	0	0	0	0	0
1199999			Total General Account Authorized				20,790	0	0	0	0	0	0
1499999			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				20,790	0	0	0	0	0	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				20,790	0	0	0	0	0	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999			Totals				20,790	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	21	99	100	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	(12)	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	(2)	0	0	0	0
7. Claims payable	0	53	168	0	0
8. Reinsurance recoverable on paid losses	0	206	42	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	4,871,833	0	4,871,833
2. Accident and health premiums due and unpaid (Line 15)	250,025	0	250,025
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(1,707)	(1,707)
5. All other admitted assets (Balance)	385,267	0	385,267
6. Total assets (Line 28)	5,507,125	(1,707)	5,505,418
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,112,347	0	1,112,347
8. Accrued medical incentive pool and bonus payments (Line 2)	43,968	0	43,968
9. Premiums received in advance (Line 8)	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	1,179,365	(1,707)	1,177,658
15. Total liabilities (Line 24)	2,335,680	(1,707)	2,333,973
16. Total capital and surplus (Line 33)	3,171,445	XXX	3,171,445
17. Total liabilities, capital and surplus (Line 34)	5,507,125	(1,707)	5,505,418
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	1,707		
30. Total ceded reinsurance payables/offsets	1,707		
31. Total net credit for ceded reinsurance	(1,707)		

Schedule T - Part 2 - Interstate Compact

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
4887	Bright Hlth Grp	.0000	47-4991296		0001671284		Bright Health Group, Inc.	DE	UIP			0.000		NO	
4887	Bright Hlth Grp	.00000	81-1108911				Bright Health Management, Inc.	DE	UDP	Bright Health, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.15963	81-1078509				Bright Health Insurance Company	CO	IA	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	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.	NO	
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.	NO	
							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.	NO	
4887	Bright Hlth Grp	.16353	37-1873205					OH	RE	Bright Health Management, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
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.	NO	
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.	NO	
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.	NO	
							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.	NO	
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.	NO	
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.	NO	
							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.	NO	
4887	Bright Hlth Grp	.15910	33-0012358				Universal Care, Inc	CA	IA	Bright Health Company of California	Ownership	100.000	Bright Health Group, Inc.	NO	3
4887	Bright Hlth Grp	.00000	84-3262809				Bright Health Services, Inc.	DE	NIA	Bright Health, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	84-3548530				AssociatesMD Medical Group, Inc.	DE	NIA	Bright Health Services, Inc.	Influence	0.000	Bright Health Group, Inc.	NO	5
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.	NO	
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.	NO	6
4887	Bright Hlth Grp	.00000	86-2197193				BrightHealth Networks, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	85-1528100				Physicians Plus ACO, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	85-1676317				Pineapple ACO, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	85-1474761				Physicians Plus, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	85-1485390				Physicians Plus of Florida, LLC	DE	NIA	Physicians Plus, LLC	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	86-2212807				Physicians Plus of California, LLC	DE	NIA	Physicians Plus, LLC	Ownership	100.000	Bright Health Group, Inc.	NO	
							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.	NO	7
4887	Bright Hlth Grp	.00000	86-2097242				NeueHealth LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	86-2408592				DocSquad, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	8
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.	NO	2
4887	Bright Hlth Grp	.00000	91-2155938				Central Health Plan of California, Inc.	CA	IA	Bright Health Company of California	Ownership	100.000	Bright Health Group, Inc.	NO	4
4887	Bright Hlth Grp	.00000	84-2640890				Centrum Medical Holdings, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	75.000	Bright Health Group, Inc.	NO	9
4887	Bright Hlth Grp	.00000	46-2536904				Med Care Centers, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	45-5087560				Med Plan Clinic, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	45-2799088				Medcare Quality Medical Centers, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	83-4221393				Med Care Express, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	87-2200070				Centrum Medical Group, PLLC	TX	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	11
4887	Bright Hlth Grp	.00000	83-4075529				Med Wellness Centers, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	86-2094936				Centrum Health Franchisor, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	86-2291679				Centrum Specialty Network, LLC	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000					Centrum Medical Centers	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	10
4887	Bright Hlth Grp	.00000	87-3372083				Centrum Health IP, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	87-2190282				Centrum Medical Holdings of Texas, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	87-3266820				BrightHealthcare Company of Florida, Inc.	FL	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
4887	Bright Hlth Grp	.00000	86-2094936				Centrum Health Franchisor, LLC	DE	NIA	Bright Health Services, Inc.	Ownership	100.000	Bright Health Group, Inc.	NO	
							Centrum Medical Group of North Carolina, PLLC								
4887	Bright Hlth Grp	.00000	88-0891048					NC	NIA	Bright Health Services, Inc.	Ownership	0.000	Bright Health Group, Inc.	NO	12

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

Asterisk	Explanation
1	Bright Health Insurance Company of Alabama, Inc. (AL) merged with and into Bright Health Insurance Company on 12/31/2020.
2	100% of stock of True Health New Mexico, Inc. acquired on 3/31/2021.
3	100% of stock of Universal Care, Inc. acquired on 4/30/2020.
4	100% of stock of Central Health Plan of California, Inc. acquired on 4/1/2021.
5	NO OWNERSHIP INTEREST. 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.
6	Medical Practice Holding Company, LLC owns 62% of membership interests. PMA II, LLC owns 38% of membership interest.
7	NO OWNERSHIP INTEREST. Entity owned by physician, Dr. Dinesh Khanna, that is subject to Management Services Agreement and Succession Agreement with Premier Medical Associates of Florida, LLC.
8	Zipnosis, Inc. merged with and into DocSquad, LLC on 3/31/2021.
9	Medical Practice Holding Company, LLC owns 75% of membership interests. RRD Healthcare, LLC owns 25% membership interests.
10	Includes: Centrum Medical Center Airport, LLC FEIN 84-2658490; Centrum Medical Center East Hialeah, LLC FEIN 84-2827877; Centrum Medical Center West Hialeah, LLC FEIN 84-2658497; Centrum Medical Center Miami Gardens FEIN 84-2754516, LLC; Centrum Medical Center South Dade, LLC FEIN 84-2671249; Centrum Medical Center Westchester, LLC FEIN 84-2780203; Centrum Medical Center Little Havana 27 Ave, LLC FEIN 84-2839911; Centrum Medical Center Little Havana 12 Ave, LLC FEIN 84-2764236; Centrum Medical Centers of Coral Springs, LLC FEIN 85-3478041; Centrum Medical Centers of Margate, LLC FEIN 85-3495242; Centrum Medical Centers of Davie, LLC FEIN 86-1218604; Centrum Medical Centers of Hallandale, LLC FEIN 86-2112975; Centrum Medical Centers of Lighthouse Point, LLC FEIN 86-2824921; Centrum Medical Centers of Fort Lauderdale, LLC FEIN 86-2856366; Centrum Medical Centers of Sheridan, LLC FEIN 86-2886898; Centrum Medical Centers of Miramar, LLC FEIN 86-2899974; Centrum Medical Center Homestead, LLC FEIN 86-2932392
11	NO OWNERSHIP INTEREST. Entity owned by physician, Dr. Manuel Lam, that is subject to Management Services Agreement and Succession Agreement with Centrum Medical Holdings, LLC.
12	NO OWNERSHIP INTEREST. Entity owned by physician, Dr. James Juiming Ho, MD, that is subject to Management Services Agreement and Succession Agreement with Centrum Medical Holdings, LLC.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-4991296	Bright Health Group, Inc.	0	0	0	0	0	0		0	0	0
00000	81-1108911	Bright Health Management, Inc.	0	(1,405,790,898)	0	0	255,497,221	0		0	(1,150,293,677)	0
15963	81-1078509	Bright Health Insurance Company	0	120,125,775	0	0	(45,112,971)	0		0	75,012,804	0
16122	37-1844468	Bright Health Company of Arizona	0	9,000,000	0	0	(6,296,879)	0		0	2,703,121	0
16388	32-0534235	Bright Health Insurance Company of New York	0	0	0	0	(2,017,952)	0		0	(2,017,952)	0
16341	35-2616469	Bright Health Insurance Company of Tennessee	0	29,000,000	0	0	(10,149,517)	0		0	18,850,483	0
16353	37-1873205	Bright Health Insurance Company of Ohio, Inc.	0	0	0	0	(1,470,769)	0		0	(1,470,769)	0
16501	83-3456438	Bright Health Insurance Company of Florida	0	418,500,000	0	0	(138,218,607)	0		0	280,281,393	0
16595	30-1154852	Bright Health Company of North Carolina	0	62,500,000	0	0	(41,418,773)	0		0	21,081,227	0
16545	83-3650545	Bright Health Insurance Company of Illinois	0	30,000,000	0	0	(5,462,940)	0		0	24,537,060	0
16544	35-2651212	Bright Health Company of South Carolina, Inc.	0	25,000,000	0	0	(2,557,894)	0		0	22,442,106	0
16546	38-4106459	Bright Health Company of Georgia	0	5,510,523	0	0	0	0		0	5,510,523	0
00000	84-4428391	Bright Health Company of California	0	0	0	0	0	0		0	0	0
17041	86-3230389	Bright HealthCare Insurance Company of Texas	0	50,600,000	0	0	0	0		0	50,600,000	0
15910	33-0012358	Universal Care, Inc	0	178,000,000	0	0	0	0		0	178,000,000	0
00000	84-3262809	Bright Health Services, Inc.	0	419,481,711	0	0	0	0		0	419,481,711	0
00000	84-3548530	AssociatesMD Medical Group, Inc.	0	0	0	0	0	0		0	0	0
00000	86-2190965	Medical Practice Holding Company, LLC	0	0	0	0	0	0		0	0	0
00000	85-3949537	Premier Medical Associates of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	86-2197193	BrightHealth Networks, LLC	0	0	0	0	0	0		0	0	0
00000	85-1528100	Physicians Plus ACO, LLC	0	0	0	0	0	0		0	0	0
00000	85-1676317	Pineapple ACO, LLC	0	0	0	0	0	0		0	0	0
00000	85-1474761	Physicians Plus, LLC	0	0	0	0	0	0		0	0	0
00000	85-1485390	Physicians Plus of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	86-2212807	Physicians Plus of California, LLC	0	0	0	0	0	0		0	0	0
00000	85-3886892	Premier Medical Associates of Florida Healthcare, P.A.	0	0	0	0	0	0		0	0	0
00000	86-2097242	NeueHealth LLC	0	0	0	0	0	0		0	0	0
00000	86-2408592	DocSquad, LLC	0	0	0	0	0	0		0	0	0
16281	82-2885824	True Health New Mexico, Inc.	0	58,072,889	0	0	(2,790,918)	0		0	55,281,971	0
00000	91-2155938	Central Health Plan of California, Inc.	0	0	0	0	0	0		0	0	0
00000	84-2640890	Centrum Medical Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	46-2536904	Med Care Centers, LLC	0	0	0	0	0	0		0	0	0
00000	45-5087560	Med Plan Clinic, LLC	0	0	0	0	0	0		0	0	0
00000	45-2799088	Medcare Quality Medical Centers, LLC	0	0	0	0	0	0		0	0	0
00000	83-4221393	Med Care Express, LLC	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	87-2200070	Centrum Medical Group, PLLC	0	0	0	0	0	0		0	0	0
00000	83-4075529	Med Wellness Centers, LLC	0	0	0	0	0	0		0	0	0
00000	86-2094936	Centrum Health Franchisor, LLC	0	0	0	0	0	0		0	0	0
00000	86-2291679	Centrum Specialty Network, LLC	0	0	0	0	0	0		0	0	0
00000		Centrum Medical Centers	0	0	0	0	0	0		0	0	0
00000	87-3372083	Centrum Health IP, LLC	0	0	0	0	0	0		0	0	0
00000	87-2190282	Centrum Medical Holdings of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	87-3266820	BrightHealthcare Company of Florida, Inc.	0	0	0	0	0	0		0	0	0
00000	86-2094936	Centrum Health Franchisor, LLC	0	0	0	0	0	0		0	0	0
00000	88-0891048	Centrum Medical Group of North Carolina, PLLC	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	1	0	XXX	0	1	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.










	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
24.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



24. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]

