

QUARTERLY STATEMENT

OF THE

OhioHealthy Insurance Company
of Columbus
in the state of Ohio

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE QUARTER ENDED

March 31, 2022

HEALTH

2022



17028202220100101

QUARTERLY STATEMENT

AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
OhioHealthy Insurance Company

NAIC Group Code	5005	5005	NAIC Company Code	17028	Employer's ID Number	85-3626444
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		
Country of Domicile	United States			OH		
Licensed as business type:	Life, Accident and 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 [X]					
Incorporated/Organized	October 19, 2020			Commenced Business		
Statutory Home Office	3430 OhioHealth Parkway			Columbus, OH US 43202		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	3430 OhioHealth Parkway			(Street and Number)		
	Columbus, OH US 43202			(380)210-2311		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	3430 OhioHealth Parkway			Columbus, OH US 43202		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	3430 OhioHealth Parkway			Columbus, OH US 43202		
	(Street and Number)			(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)		
Internet Website Address	www.ohiohealthypplans.com					
Statutory Statement Contact	Jeffrey Smith			(614)788-0002		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	jeffrey.smith@ohiohealth.com			(614)544-4081		
	(E-Mail Address)			(Fax Number)		

OFFICERS
Chair of the Board
Carrie Harris-Muller

	Name	Title
1.	Stephen Cindrich	President
2.	Jeffrey Smith	Chief Financial Officer
3.	Kathy Savenko	Controller

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

Michael Browning	John McWhorter	Jeff Smith	Steve Cindrich

State of Ohio

County of Franklin 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 Smith
(Printed Name)
2.
Chief Financial Officer
(Title)

Subscribed and sworn to before me this
day of , 2022

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	106,620		106,620	107,018
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 2,489,355), cash equivalents (\$ 3,451), and short-term investments (\$ 0)	2,492,806		2,492,806	2,492,354
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,599,426		2,599,426	2,599,372
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,599,426		2,599,426	2,599,372
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	2,599,426		2,599,426	2,599,372

DETAILS OF WRITE-IN LINES				
1101.	NONE			
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	NONE			
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	1,053		1,053	1,053
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	250		250	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)				
24. Total liabilities (Lines 1 to 23)	1,303		1,303	1,053
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		1,000,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	2,598,303	1,795,176
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(250)	(196,856)
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	2,598,053	2,598,320
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	2,599,356	2,599,373

DETAILS OF WRITE-IN LINES					
2301.					
2302.					
2303.					
2398. Summary of remaining write-ins for Line 23 from overflow page					
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2501.	X X X	X X X			
2502.	X X X	X X X			
2503.	X X X	X X X			
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X			
3001.	X X X	X X X			
3002.	X X X	X X X			
3003.	X X X	X X X			
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X			
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X			

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X			
2. Net premium income (including \$ 0 non-health premium income)	X X X			
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X			
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)				
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)				
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses				
21. General administrative expenses		250		195,176
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		250		195,176
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(250)		(195,176)
25. Net investment income earned				(1,681)
26. Net realized capital gains (losses) less capital gains tax of \$ 0				
27. Net investment gains (losses) (Lines 25 plus 26)				(1,681)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(250)		(196,857)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(250)		(196,857)

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

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	2,598,319		
34. Net income or (loss) from Line 32	(250)		(196,857)
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			1,000,000
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			1,795,176
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)	(250)		2,598,319
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,598,069		2,598,319

DETAILS OF WRITE-IN LINES			
4701.	NONE		
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)			

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance			
2. Net investment income	(135)		(604)
3. Miscellaneous income			
4. Total (Lines 1 to 3)	(135)		(604)
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	250		195,176
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	250		195,176
11. Net cash from operations (Line 4 minus Line 10)	(385)		(195,780)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	29,952		
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments	453		
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	30,405		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	29,568		107,042
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	29,568		107,042
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	837		(107,042)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			2,795,176
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)			2,795,176
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	452		2,492,354
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,492,354		
19.2 End of period (Line 18 plus Line 19.1)	2,492,806		2,492,354

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		NONE				
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)						
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)						

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The statutory Financial statements of OhioHealthy Insurance Company have been prepared on the statutory basis of accounting, in accordance with the accounting practices adopted by the National Association of Insurance Commissioners (NAIC) codification project (Codification), as prescribed or permitted by the Ohio Department of Insurance (DOI). These practices differ in some respects from U.S. generally accepted accounting principles (GAAP).

For statutory purposes, certain assets are accorded no value and thus reduce statutory capital and surplus. Also, short-term investments and bonds are recorded at amortized cost for statutory purposes, which differ from GAAP whereby short-term investments and bonds may be recorded at fair-value. Deferred taxes under Codification are only recorded for federal income tax purposes for deferred tax assets and liabilities resulting from timing differences between the statutory bases of assets and liabilities and their respective tax bases. Further, changes in deferred taxes are recorded directly to capital and surplus. Equipment is depreciated over a period not to exceed three years for statutory purposes. The presentation of the direct method statutory statement of cash flows under Codification is different from that would be presented under GAAP for cash flows from investing and financing activities.

NET INCOME

		SSAP #	F/S Page	F/S Line #	2022	2021
(1)	OhioHealthy Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	X X X	X X X	X X X	(250)	(196,857)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					

Details of Depreciation of Fixed Assets		SSAP #	F/S Page	F/S Line #	2022	2021
Totals (Lines 01A0201 through 01A0225)	\$					

(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:

Details of Depreciation of Home Office Property		SSAP #	F/S Page	F/S Line #	2022	2021
Totals (Lines 01A0301 through 01A0325)	\$					

(4)	NAIC SAP (1 - 2 -3 = 4)	X X X	X X X	X X X	(250)	(196,857)
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SURPLUS

		SSAP #	F/S Page	F/S Line #	2022	2021
(5)	OhioHealthy Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	X X X	X X X	X X X	2,598,053	2,598,319
(6)	State Prescribed Practices that are an increase/(decrease)from NAIC SAP:					

e.g., Goodwill, net, Fixed Assets, Net		SSAP #	F/S Page	F/S Line #	2022	2021
Totals (Lines 01A0601 through 01A0625)	\$					

(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:

Home Office Property		SSAP #	F/S Page	F/S Line #	2022	2021
Totals (Lines 01A0701 through 01A0725)	\$					

(8)	NAIC SAP (5 - 6 - 7 = 8)	X X X	X X X	X X X	2,598,053	2,598,319
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B. Use of Estimates in the Preparation of the Financial Statements

Not Applicable

C. Accounting Policy

D. Going Concern

2. Accounting Changes and Corrections of Errors

NOTES TO FINANCIAL STATEMENTS

3. Business Combinations and Goodwill

- A. Statutory Purchase Method
- B. Statutory Merger
- C. Impairment Loss

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

	Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
(1 Capital & Surplus		X X X
Le		
(2 Admitted Positive Goodwill		X X X
(3 Admitted EDP Equipment & Operating System Softwar		X X X
(4 Admitted Net Deferred Taxes XXX		X X X
(5 Adjusted Capital and Surplus (Line 1-2-3-4)		X X X
(6 Limitation on amount of goodwill (adjusted capital and goodwill limitation [Line 5*10%])		
(7 Current period reported Admitted Goodwill XXX	X X X	
(8 Current Period Admitted Goodwill as a % of prior perio Capital and Surplus (Line 7/Line 5)	X X X	

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

	Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
(1 Capital & Surplus		X X X
Le		
(2 Admitted Positive Goodwill		X X X
(3 Admitted EDP Equipment & Operating System Software X		X X X
(4 Admitted Net Deferred Taxes XXX		X X X
(5 Adjusted Capital and Surplus (Line 1-2-3-4)		X X X
(6 Limitation on amount of goodwill (adjusted capital and surpl goodwill limitation [Line 5*10%])		
(7 Current period reported Admitted Goodwill XXX	X X X	
(8 Current Period Admitted Goodwill as a % of prior period Adj Capital and Surplus (Line 7/Line 5)	X X X	

4. Discontinued Operations

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
- B. Debt Restructuring
- C. Reverse Mortgages
- D. Loan-Backed Securities

NOTES TO FINANCIAL STATEMENTS

(7) Collateral Received - Secured Borrowing

- a. Maxiumum Amount
- a. Cash
- b. Securities (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

- b. Ending Balance
- a. Cash
- b. Securities (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

(8) Cash & Non-Cash Collateral Received - Secured Borrowing by N

1	2	3	4	5	6	7	8
NONE	NAIC 1	NAIC 2	NAIC 3	NAIC 4	NAIC 5	NAIC 6	DOES NOT QUALIFY AS ADMITTED
\$							
\$							
\$							
\$							
\$							
\$							
\$							
\$							
\$							
\$							

ENDING BALANCE

- a. Cash
- b. Bonds - FV
- c. LB & SS - FV
- d. Preferred Stock - FV
- e. Common Stock
- f. Mortgage Loans -- FV
- g. Real Estate -- FV
- h. Derivatives -- FV
- i. Other Invested Assets --FV
- j. Total Collateral Assets --FV

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

- a. Overnight and Continuous
- b. 30 Days or Less
- c. 31 to 90 Days
- d. > 90 Days

FAIR
VALUE

\$

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

- a. 30 Days or Less
- b. 31 to 60 Days
- c. 61 to 90 Days
- d. 91 to 120 Days
- e. 121 to 180 Days
- f. 181 to 365 Days
- g. 1 to 2 Years
- h. 2 to 3 Years
- i. > 3 Years

AMORTIZED
COST

FAIR
VALUE

\$

(11) Liability to Return Collateral - Secured Borrowing (Total)

- a. Maxiumum Amount
- 1. Cash (Collateral -- All)
- 2. Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

- b. Ending Balance
- 1. Cash (Collateral -- All)
- 2. Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

(1)

(2) Type of Repo Trades Used

- a. Bilateral (YES/NO)
- b. Tri-Party (YES/NO)

(3) Original (Flow) & Residual Maturity

- a. Maxiumum Amount
- 1. Open -- No Maturity
- 2. Overnight
- 3. 2 Days to 1 Week
- 4. > 1 Week to 1 Month
- 5. > 1 Month to 3 Months
- 6. > 3 Months to 1 Year
- 7. > 1 Year

1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
NO	NO	NO	NO
NO	NO	NO	NO
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

NOTES TO FINANCIAL STATEMENTS

- b. Ending Balance
1. Open -- No Maturity

2. Overnight

3. 2 Days to 1 Week

4. > 1 Week to 1 Month

5. > 1 Month to 3 Months

6. > 3 Months to 1 Year

7. > 1 Year
- (4)
- (5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

- a. Maximum Amount
- b. Ending Balance
- (6) Securities Sold Under Repo – Secured Borrowing by NAIC Desig
- ENDING BALANCE
- a. Bonds – FV
- b. LB & SS – FV
- c. Preferred Stock – FV
- d. Common Stock
- e. Mortgage Loans – FV
- f. Real Estate – FV
- g. Derivatives – FV
- h. Other Invested Assets – FV
- i. Total Assets – FV

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITT

- (7) Collateral Provided - Secured Borrowing
- a. Maxiumum Amount
1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			
\$	X X X	X X X	X X X
\$	X X X	X X X	X X X

- b. Ending Balance
1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)
- (8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			
\$			
\$			

- a. Overnight and Continuous
- b. 30 Days or Less
- c. 31 to 90 Days
- d. > 90 Days
- (9) Recognized Receivable for Return of Collateral – Secured Borrowing
- a. Maxiumum Amount
1. Cash
2. Securities (FV)

AMORTIZED COST	FAIR VALUE
\$	
\$	
\$	
\$	

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

- b. Ending Balance
1. Cash
- Securities (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

- (10 Recognized Liability to Return Collateral – Secured Borrowing (Total)
- a. Maxiumum Amount
1. Repo Securities Sold/Acquired with Cash Collateral
2. Repo Securities Sold/Acquired with Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

- b. Ending Balance
1. Repo Securities Sold/Acquired with Cash Collateral
2. Repo Securities Sold/Acquired with Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$			
\$			

H. Repurchase Agreements Transactions Accounted for as a Sale

(1)

NOTES TO FINANCIAL STATEMENTS

(2)Type of Repo Trades Used

a.Bilateral (YES/NO)

b.Tri-Party (YES/NO)

(3)Original (Flow) & Residual Maturity

a.Maxiumum Amount

1.Open -- No Maturity

2.Overnight

3.2 Days to 1 Week

4.> 1 Week to 1 Month

5.> 1 Month to 3 Months

6.> 3 Months to 1 Year

7.> 1 Year

(4)

b.Ending Balance

1.Open -- No Maturity

2.Overnight

3.2 Days to 1 Week

4.> 1 Week to 1 Month

5.> 1 Month to 3 Months

6.> 3 Months to 1 Year

7.> 1 Year

(5)Securities "Sold" Under Repo – Sale

a.Maxiumum Amount

1.BACV

2.Nonadmitted – Subset of BACV

3.Fair Value

b.Ending Balance

1.BACV

2.Nonadmitted – Subset of BACV

3.Fair Value

(6)Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE

a.Bonds – BACV

b.Bonds – FV

c.LB & SS – BACV

d.LB & SS – FV

e.Preferred Stock – BACV

f.Preferred Stock – FV

g.Common Stock

h.Mortgage Loans – BACV

i.Mortgage Loans – FV

j.Real Estate – BACV

k.Real Estate – FV

l.Derivatives – BACV

m.Derivatives – FV

n.Other Invested Assets – BACV

o.Other Invested Assets – FV

p.Total Assets – BACV

q.Total Assets – FV

(7)Proceeds Received – Sale

a.Maxiumum Amount

1.Cash

2.Securities (FV)

3.Nonadmitted

b.Ending Balance

1.Cash

2.Securities (FV)

3.Nonadmitted

NOTES TO FINANCIAL STATEMENTS

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assests (b)
a. Subject to contractual obligation for which liability is not shown	\$						
b. Collateral held under security lending agreements	\$						
c. Subject to repurchase agreements	\$						
d. Subject to reverse repurchase agreements	\$						
e. Subject to dollar repurchase agreements	\$						
f. Subject to dollar reverse repurchase agreements	\$						
g. Placed under option contracts	\$						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$						
i. FHLB capital stock	\$						
j. On deposit with states	\$ 106,620	107,018	(398)		106,620	4,107	4,107
k. On deposit with other regulatory bodies	\$						
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$						
m. Pledged as collateral not captured in other categories	\$						
n. Other restricted Assets	\$						
o. Total Restricted Assets	\$ 106,620	107,018	(398)		106,620	4,107	4,107

(a) Column 1 divided by Asset Page, Column 1. Line 28

(b) Column 1 divided by Asset Page, Column 3. Line 28

(2) Details of Assets Pledged as Collateral Not Captured in Other Categories
(Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in Aggregate)

Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitte Restricted to Total Asset)	6 Admitted Restricted to Total Admitted Assets
Total (a)						

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristic
Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitte Restricted to Total Asset)	6 Admitted Restricted to Total Admitted Assets
Total (a)						

NOTES TO FINANCIAL STATEMENTS

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statement.

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets**
General Account:				
a. Cash, Cash Equivalents and Short-Term Investments	\$			
b. Schedule D, Part 1	\$			
c. Schedule D, Part 2, Section 1	\$			
d. Schedule D, Part 2, Section 2	\$			
e. Schedule B	\$			
f. Schedule A	\$			
g. Schedule BA, Part 1	\$			
h. Schedule DL, Part 1	\$			
i. Other	\$			
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$			

* Column 1 divided by Asset Page, Line 26 (Column 1)
Column 1 divided by Asset Page, Line 27 (Column 1)

<u>1</u>	<u>2</u>
Amount	% of Liability to Total Liabilities*

k. Recognized Obligation to Return Collateral Assets (General Account)

\$

* u = Column 1 divided by Liability Page, Line 26 (Column 1)
v = Column 1 divided by Liability Page, Line 27 (Column 1)

M. Working Capital Finance Investments

N. Offsetting and Netting of Assets and Liabilities

O. 5GI Securities

P. Short Sales

Q. Prepayment Penalty and Acceleration Fees

R. Reporting Entity's Share of Cash Pool by Asset Type

6. Joint Ventures, Partnerships and Limited Liability Companies

7. Investment Income

8. Derivative Instruments

9. Income Taxes

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

NOTES TO FINANCIAL STATEMENTS

11.	Debt
12.	Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
13	Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
14.	Liabilities, Contingencies and Assessments
15.	Leases.
16.	Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk
17.	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
18.	Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
19.	Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
20.	Fair Value Measurements
21.	Other items
E.	State Transferable Tax Credits
F.	Subprime-Mortgage-Related Risk Exposure
G.	Retained Assets
H.	Insurance-Linked Securities (ILS) Contracts
I.	The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1)	Amount of admitted balance that could be realized from an investment vehicle	\$	
(2)	Percentage Bonds		
(3)	Percentage Stocks		
(4)	Percentage Mortgage Loans		
(5)	Percentage Real Estate		
(6)	Percentage Cash and Short-Term Investments		
(7)	Percentage Derivatives		
(8)	Percentage Other Invested Assets		

NOTES TO FINANCIAL STATEMENTS

22.	Events Subsequent
23.	Reinsurance
24.	Retrospectively Rated Contracts & Contracts Subject to Redetermination
25.	Changes in Incurred Losses and Loss Adjustment Expenses
26.	Intercompany Pooling Arrangements
28.	Health Care Receivables
29.	Participating Policies
30.	Premium Deficiency Reserves

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

The partnership between Sentrara and OhioHealthy Insurance Company has been dissolved.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [] No [] N/A [X]

If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2 If yes, give full information

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

.....

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....					
.....					

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules, and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....

.....

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

.....

.....

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____

13. Amount of real estate and mortgages held in short-term investments: \$ _____

GENERAL INTERROGATORIES

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:	
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page	\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo	733 Marquette Ave, Minneapolis, MN 55479

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["..that have access to the investment accounts";"..handle securities"]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

18.2 If no, list exceptions:
.....
.....
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

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]



OhioHealth

Organizational Structure

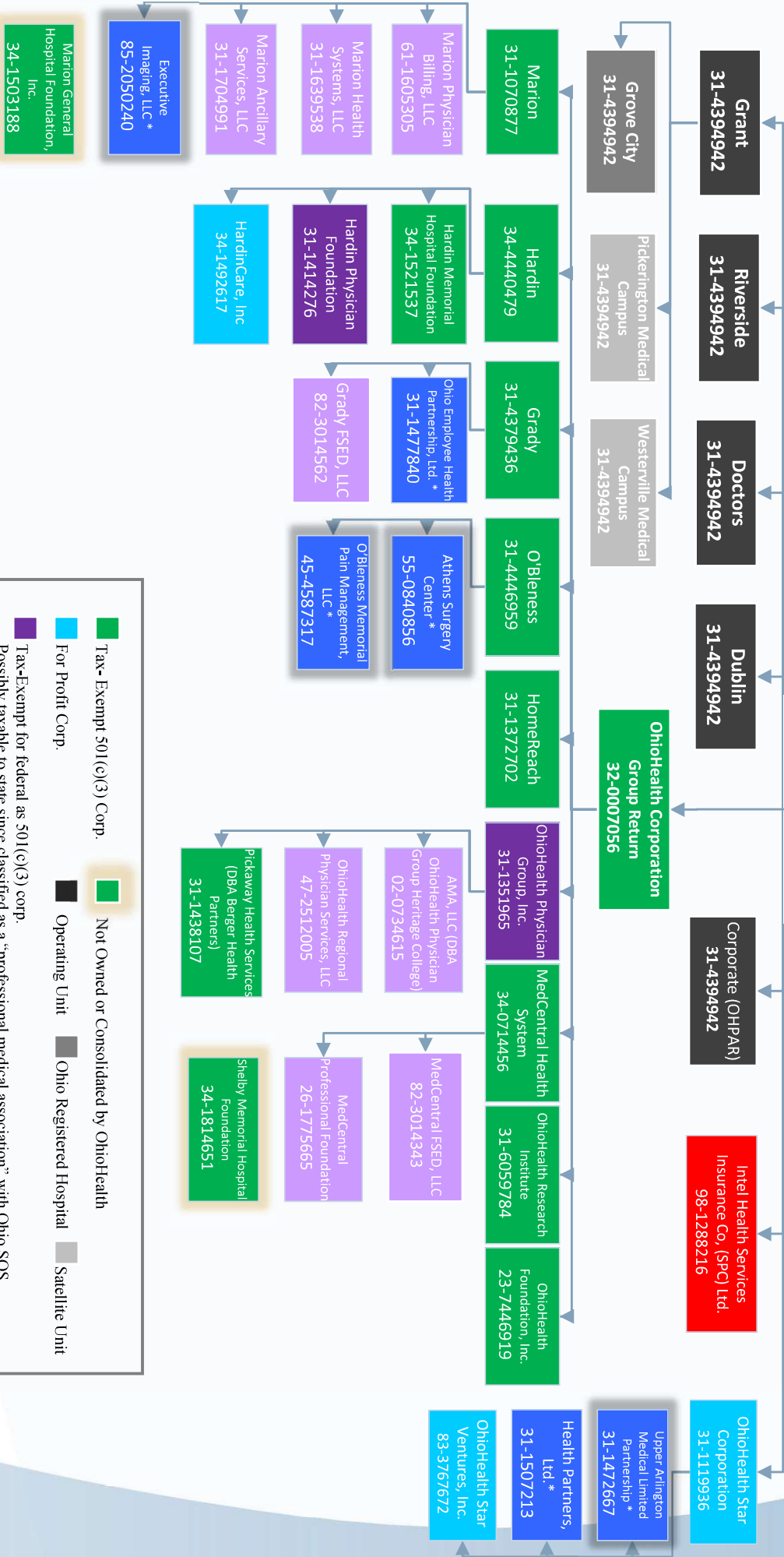
November 8, 2021

FYE June 30, 2022

WEST OHIO CONFERENCE -
UNITED METHODIST CHURCH
31-4420544

This chart of the organizational structure
reflects the tentative changes for
OhioHealth Medical Plan (Insurance)
that will be in effect on Jan. 1, 2022.

Operating Units



- Tax-Exempt 501(c)(3) Corp.
- For Profit Corp.
- Tax-Exempt for federal as 501(c)(3) corp.
Possibly taxable to state since classified as a "professional medical association" with Ohio SOS.
- Tax-exempt for federal as Disregarded LLC
- Tax-Exempt 501(c)(2) Corp.
- Cayman Exempt Corp.
- Not Owned or Consolidated by OhioHealth
- Operating Unit
- Ohio Registered Hospital
- Satellite Unit
- LLC/Partnership
- LLC/Partnership (Investee; consolidated for financial reporting.)
- Insurance For Profit Corp.

* Indicates entity is owned at less than 100%. See pg. 4 for ownership listing.

FYE June 30, 2022

WEST OHIO CONFERENCE -
UNITED METHODIST CHURCH
31-4420544

OhioHealth Corporation
31-4394942

This chart of the organizational structure reflects the tentative changes for OhioHealth Medical Plan (Insurance) that will be in effect on Jan. 1, 2022.



Grant Scope Center, LLC *
26-0765786

Ohio Orthopedic Surgical Institute, LLC *
43-1939917

OhioHealth Sleep Services, LLC *
20-1547399

Upper Arlington Medical Ltd Partnership *
31-1472667

Westerville Endoscopy Center, LLC *
46-2755661

OhioHealth Rehabilitation Hospital, LLC *
46-2458436

Polaris Surgery Center, LLC *
20-8074623

Pickerington Surgery Center *
31-1479613

Columbus Collaboratory, LLC *
46-4954081

Delaware Health Village MOB, LLC *
26-3911796

Upper Arlington Surgery Center, Ltd. *
31-1472666

Knightbridge Surgery Center *
87-0650797

The Eye Center of Columbus, LLC *
01-0702725

The Hand Center, LLC *
45-2632106

Central Ohio Medical Textiles *
38-36443188

MedFlight *
31-1428613

CEMS of Ohio, Inc. *
80-0249549

OhioHealth Medical Plan, Inc. (DBA Sentara)
36-4897871

OhioHealth Insurance Company
85-3626444

OhioHealth Health Insuring Corporation
85-2275116

OhioHealth Plans, LLC
83-1213470

CG Broad / Norton, LLC
26-1564783

DH Ventures Ltd, LLC
31-1686358

Avery Perimeter, LLC *
03-0512497

OhioHealth Urgent Care, LLC
27-3371022

Marion Area Physicians, LLC
80-0835324

NWEP, Ltd. No FEIN

Marion Practices, LLC
45-5500349

OhioHealth Hospital Management Services, LLC
30-0632745

OhioHealth Innovation Development Fund, Ltd. No FEIN

OhioHealth Physician Group II, LLC (ChenMed)
26-1210223

OhioHealth Employer Services, LLC
45-2651557

OhioHealth Group, Ltd.
31-1446804

OhioHealth Venture, LLC
82-1673003

Grant FSFD, LLC
82-3013820

Berger Foundation
XX-XXXXXXX

OhioHealth Berger Hospital, LLC
38-4105653

1595 Bridgewater, LLC
83-2147912

Grove City Surgery Center
81-2096173

OhioHealth Consumer Services, LLC
83-3624532

OhioHealth Consumer Solutions, LLC
84-5079075

■ Tax-Exempt 501(c)(3) Corp.

■ For Profit Corp.

■ Tax-Exempt for federal as 501(c)(3) corp.

■ Possibly taxable to state since classified as a "professional medical association" with Ohio SOS.

■ Tax-exempt for federal as Disregarded LLC

■ Tax-Exempt 501(c)(2) Corp.

■ Cayman Exempt Corp.

■ Not Owned or Consolidated by OhioHealth

■ Operating Unit

■ Ohio Registered Hospital

■ Insurance For Profit Corp.

■ LLC/Partnership

■ LLC/Partnership (Investee; consolidated for financial reporting.)

* Indicates entity is owned at less than 100%. See pg. 4 for ownership listing.



FYE June 30, 2022

Affiliated by Agreements

OhioHealth Corporation
31-4394942

Blanchard
Valley

Southern Ohio
Medical Center

Knox
Community
Hospital

Adena Health
System

Marietta
Memorial

Genesis
Healthcare
System

Licking Memorial

Southeastern Ohio
Regional Medical
Center

Morrow

Affiliation Agreement: For membership fee, affiliate hospital will receive defined services from OhioHealth.

Service Line Affiliation Agreement: Agreement with affiliated hospital for specific clinical services or specific operational services.

Management Agreement: For management fee, OhioHealth will employ one or more hospital (regional community hospital) management teams. These employees are associates of OhioHealth.

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1

A&H loss percent

%

1.2

A&H cost containment percent

%

1.3

A&H expense percent excluding cost containment expenses

%
- 2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$
3.

Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states?

Yes [☐] No [☒]
- 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 the reporting entity?

Yes [☐] No [☒]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

States, Etc.		1	Direct Business Only									
			2	3	4	5	6	7	8	9	10	
			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XX1	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	N										
2. Alaska	AK	N										
3. Arizona	AZ	N										
4. Arkansas	AR	N										
5. California	CA	N										
6. Colorado	CO	N										
7. Connecticut	CT	N										
8. Delaware	DE	N										
9. District of Columbia	DC	N										
10. Florida	FL	N										
11. Georgia	GA	N										
12. Hawaii	HI	N										
13. Idaho	ID	N										
14. Illinois	IL	N										
15. Indiana	IN	N										
16. Iowa	IA	N										
17. Kansas	KS	N										
18. Kentucky	KY	N										
19. Louisiana	LA	N										
20. Maine	ME	N										
21. Maryland	MD	N										
22. Massachusetts	MA	N										
23. Michigan	MI	N										
24. Minnesota	MN	N										
25. Mississippi	MS	N										
26. Missouri	MO	N										
27. Montana	MT	N										
28. Nebraska	NE	N										
29. Nevada	NV	N										
30. New Hampshire	NH	N										
31. New Jersey	NJ	N										
32. New Mexico	NM	N										
33. New York	NY	N										
34. North Carolina	NC	N										
35. North Dakota	ND	N										
36. Ohio	OH	N										
37. Oklahoma	OK	N										
38. Oregon	OR	N										
39. Pennsylvania	PA	N										
40. Rhode Island	RI	N										
41. South Carolina	SC	N										
42. South Dakota	SD	N										
43. Tennessee	TN	N										
44. Texas	TX	N										
45. Utah	UT	N										
46. Vermont	VT	N										
47. Virginia	VA	N										
48. Washington	WA	N										
49. West Virginia	WV	N										
50. Wisconsin	WI	N										
51. Wyoming	WY	N										
52. American Samoa	AS	N										
53. Guam	GU	N										
54. Puerto Rico	PR	N										
55. U.S. Virgin Islands	VI	N										
56. Northern Mariana Islands	MP	N										
57. Canada	CAN	N										
58. Aggregate other alien	OT	X X X										
59. Subtotal		X X X										
60. Reporting entity contributions for Employee Benefit Plans		X X X										
61. Totals (Direct Business)		X X X										

DETAILS OF WRITE-INS											
58001		X X X									
58002		X X X									
58003		X X X									
58998	Summary of remaining write-ins for Line 58	X X X									
58999	Totals (Lines 58001 through 58003 plus 589 (Line 58 above)	X X X									

NONE

(a) Active Status Counts
L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
R - Registered - Non-domiciled RRGs
Q - Qualified - Qualified or accredited reinsurer
N – None of the above - Not allowed to write business in the state

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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	Domiciliary Location	Relationship 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 Required? (Yes/No)	*
5005	OhioHealth Corp Grp	00000	36-4897871				OhioHealthy Medical Plan, Inc	OH	NIA	OhioHealth Corporation	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17026	85-2275116				OhioHealthy Health Insuring Corporation	OH	NIA	OhioHealthy Medical Plan, Inc.	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17028	85-3626444				OhioHealthy Insurance Company	OH	NIA	OhioHealthy Medical Plan, Inc.	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	00000	47-1509408				OhioHealthy Plans, LLC	OH	NIA	OhioHealthy Medical Plan, Inc.	Ownership	100.000	OhioHealth Corporation	NO	
		00000	31-4394942				OhioHealth Corporation	OH	UIP	West Ohio Conference of the United Methodist Chu	Ownership		West Ohio Conference of The United	NO	
		00000	31-4420544				West Ohio Conference of the United Methodist Church	OH	NIA		Ownership		Methodist Church	NO	

Asterik	Explanation
	NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

N/A

1. Explanation

No Medicare Part D Coverage.

2. Explanation

Question 1

No Medicare Part D Coverage.

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	107,020	107,020
2. Cost of bonds and stocks acquired	29,569	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(53)	
6. Deduct consideration for bonds and stocks disposed of	29,952	
7. Deduct amortization of premium	(36)	
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	106,620	107,020
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	106,620	107,020

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	107,020	29,569	30,005	36	106,620			107,020
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	107,020	29,569	30,005	36	106,620			107,020
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	107,020	29,569	30,005	36	106,620			107,020

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999	NONE				

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE DB - PART A - VERIFICATION
Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)	
2.	Cost Paid/(Consideration Received) on additions	
3.	Unrealized Valuation increase/(decrease)	
4.	SSAP No. 108 adjustments	
5.	Total gain (loss) on termination recognized	
6.	Considerations received/(paid) on terminations	
7.	Amortization	
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item	
9.	Total foreign exchange change in Book/Adjusted Carrying Value	
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 + 5 - 6 + 7 + 8 + 9)	
11.	Deduct nonadmitted assets	
12.	Statement value at end of current period (Line 10 minus Line 11)	

NONE

SCHEDULE DB - PART B - VERIFICATION
Future Contracts

1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	
3.1	Add:	
	Change in variation margin on open contracts - Highly Effective Hedges	
3.11	Section 1, Column 15, current year to date minus	
3.12	Section 1, Column 15, prior year	
	Change in variation margin on open contracts - All Other	
3.13	Section 1, Column 18, current year to date minus	
3.14	Section 1, Column 18, prior year	
3.2	Add:	
	Change in adjustment to basis of hedged item	
3.21	Section 1, Column 17, current year to date minus	
3.22	Section 1, Column 17, prior year	
	Change in amount recognized	
3.23	Section 1, Column 19, current year to date minus	
3.24	Section 1, Column 19, prior year plus	
3.25	SSAP No. 108 adjustments	
3.3	Subtotal (Line 3.1 minus Line 3.2)	
4.1	Cumulative variation margin on terminated contracts during the year	
4.2	Less:	
4.21	Amount used to adjust basis of hedged item	
4.22	Amount recognized	
4.23	SSAP No. 108 adjustments	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year	
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	
6.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)	
7.	Deduct total nonadmitted amounts	
8.	Statement value at end of current period (Line 6 minus Line 7)	

NONE

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

[illegible]

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year to Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

NONE

SCHEDULE DB VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Section 1, Column 6		
5.	Part D, Section 1, Column 7		
6.	Total (Line 3 minus Line 4 minus Line 5)		

NONE

Fair Value Check

7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		
10.	Part D, Section 1, Column 9		
11.	Part D, Section 1, Column 10		
12.	Total (Line 9 minus Line 10 minus Line 11)		

Potential Exposure Check

13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 20		
15.	Part D, Section 1, Column 12		
16.	Total (Line 13 plus Line 14 minus Line 15)		

SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,998	2,998
2. Cost of cash equivalents acquired	30,038	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	29,585	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	3,451	2,998
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,451	2,998

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
			NONE					
0399999 Totals								

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

[illegible]

E02

NONE

[illegible]

NONE

[illegible]

E03

1 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership	
		3 City	4 State										
					NONE								
5099999 Totals												XXX	

[illegible]

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractua Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
91282C-AC-5	United States Treasury		02/02/2022	Various		29,952	30,000.00	30,005	29,979						30,005		(53)	(53)			1.A
0309999999	Bonds - All Other Governments				X X X	29,952	30,000.00	30,005	29,979						30,005		(53)	(53)		X X X	X X X
2509999997	Subtotal - Bonds - Part 4				X X X	29,952	30,000	30,005	29,979						30,005		(53)	(53)		X X X	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A for Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	29,952	30,000.00	30,005	29,979						30,005		(53)	(53)		X X X	X X X
6009999999	Totals					29,952	X X X	30,005	29,979						30,005		(53)	(53)		X X X	X X X

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

[illegible]

E06

Code	Description of Hedged Risk(s)
	NONE

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
	NONE

Future Contracts Open as of the Current Statement Date

NONE

NONE

E07

NONE

NONE

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

[illegible]

E09

Collateral Pledged by Reporting Entity

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book / Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
			NONE					
0299999999	Total Collateral Pledged to Reporting Entity					XXX	XXX	XXX

Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date
This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

[illegible]

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

[illegible]

E14

8409999999	Qualified Cash Pools Under SSAP No. 2R
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[illegible]



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 5005

NAIC Company Code 17028

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XX	NONE		XXX	
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 0 due from CMS or \$ 0 due to CMS