

QUARTERLY STATEMENT

17026202220100101

AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

OhioHealthy Health Insuring Corporation

NAIC Group Code	5005	5005	NAIC Company Code	17026	Employer's ID Number	85-2275116																		
	(Current Period)	(Prior Period)																						
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH																			
Country of Domicile	United States																							
Licensed as business type:	<table border="0"> <tr> <td>Life, Accident and Health</td> <td><input checked="" type="checkbox"/></td> <td>Property/Casualty</td> <td><input type="checkbox"/></td> <td>Hospital, Medical & Dental Service or Indemnity</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dental Service Corporation</td> <td><input type="checkbox"/></td> <td>Vision Service Corporation</td> <td><input type="checkbox"/></td> <td>Health Maintenance Organization</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>Is HMO Federally Qualified?</td> <td><input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td></td> </tr> </table>						Life, Accident and Health	<input checked="" type="checkbox"/>	Property/Casualty	<input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity	<input type="checkbox"/>	Dental Service Corporation	<input type="checkbox"/>	Vision Service Corporation	<input type="checkbox"/>	Health Maintenance Organization	<input type="checkbox"/>	Other	<input type="checkbox"/>	Is HMO Federally Qualified?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Other	<input type="checkbox"/>	Is HMO Federally Qualified?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Incorporated/Organized	July 27, 2020		Commenced Business		April 12, 2021																			
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		Columbus, OH US 43202																					
	(Street and Number)		(City or Town, State, Country and Zip Code)																					
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)																					
Internet Website Address	www.ohiohealthplans.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 Severino	Controller

VICE-PRESIDENTS


Name	Title	Name	Title


DIRECTORS OR TRUSTEES

Michael Browning	John McWhorter	Jeff Smith	Steve Cindrich


State of Ohio
County of Franklin

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 June, 2022


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

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