

## AMENDED FILING COVER SHEET

| Amended File Title  | Amended Explanation   |
|---|---|
| Jurat<br>Statement of Revenue and Expenses (2 pgs)<br>Notes to Financial Statements | Shows that filing was amended.<br>Adjustments to "General Expenses" values after incorrectly identifying as "Uncovered" values.<br>Adjustment of Net Income value based on adjustments to Statement of Revenue and Expenses |



# QUARTERLY STATEMENT

AS OF JUNE 30, 2022

## OF THE CONDITION AND AFFAIRS OF THE

OhioHealthy Health Insuring Corporation

|                                       |  |                                     |                                    |  |   |                          |
|---------------------------------------|--|-------------------------------------|------------------------------------|--|---|--------------------------|
| NAIC Group Code                       | 5005<br>(Current Period)                                   | 5005<br>(Prior Period)              | NAIC Company Code                  | 17026  | Employer's ID Number                            | 85-2275116               |
| Organized under the Laws of           | Ohio   |                                     | State of Domicile or Port of Entry |  | OH  |                          |
| Country of Domicile                   | United States  |                                     |                                    |  |   |                          |
| Licensed as business type:            | 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?        | Yes <input type="checkbox"/> No <input type="checkbox"/>                 |   |                          |
| Incorporated/Organized                | July 27, 2020  |                                     |                                    | Commenced Business   | April 12, 2021                                  |                          |
| Statutory Home Office                 | 3430 OhioHealth Parkway<br>(Street and Number)             |                                     |                                    | Columbus, OH US 43202<br>(City or Town, State, Country and Zip Code)     |   |                          |
| Main Administrative Office            | 3430 OhioHealth Parkway<br>(Street and Number)             |                                     |                                    | Columbus, OH US 43202<br>(380)210-2311<br>(Area Code) (Telephone Number) |   |                          |
| Mail Address                          | 3430 OhioHealth Parkway<br>(Street and Number or P.O. Box) |                                     |                                    | Columbus, OH US 43202<br>(City or Town, State, Country and Zip Code)     |   |                          |
| Primary Location of Books and Records | 3430 OhioHealth Parkway<br>(Street and Number)             |                                     |                                    | Columbus, OH US 43202<br>(380)210-2311<br>(Area Code) (Telephone Number) |   |                          |
| Internet Website Address              | www.ohiohealthyplans.com                                   |                                     |                                    |  |   |                          |
| Statutory Statement Contact           | Gaston Bushiri<br>(Name)                                   |                                     |                                    | (380)210-2311<br>(Area Code) (Telephone Number) (Extension)              |   |                          |
|                                       | gaston.bushiri@ohiohealth.com<br>(E-Mail Address)          |                                     |                                    | (614)544-4081<br>(Fax Number)  |   |                          |

## OFFICERS

## Chair of the Board

Carrie Harris-Muller

| 1. | Name             | Title                   |
|----|------------------|-------------------------|
| 2. | Stephen Cindrich | President               |
| 3. | Gaston Bushiri   | Chief Financial Officer |
|    | Kathy Savenko    | Controller              |

## VICE-PRESIDENTS

**VICE PRESIDENTS** **NAME** **NAME** **NAME** **NAME**

Michael Browning

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)  
Gaston Bushiri  
(Printed Name)  
2.  
Chief Financial Officer  
(Title)

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_, 2022

|                                |   |
|--------------------------------|---|
| a. Is this an original filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. If no:                      | 1. State the amendment number <u>2</u>                              |
|                                | 2. Date filed <u>09/14/2022</u>                                     |
|                                | 3. Number of pages attached <u>3</u>                                |

**STATEMENT OF REVENUE AND EXPENSES**

|   | Current Year<br>To Date |            | Prior Year<br>To Date | Prior Year Ended<br>December 31 |
|---|-------------------------|------------|-----------------------|---------------------------------|
|   | 1<br>Uncovered          | 2<br>Total | 3<br>Total            | 4<br>Total                      |
|   |                         |            |                       |                                 |
| 1. Member Months  | XXX                     |            |                       |                                 |
| 2. Net premium income (including \$ 0 non-health premium income)  | XXX                     |            |                       |                                 |
| 3. Change in unearned premium reserves and reserve for rate credits   | XXX                     |            |                       |                                 |
| 4. Fee-for-service (net of \$ 0 medical expenses)   | XXX                     |            |                       |                                 |
| 5. Risk revenue   | XXX                     |            |                       |                                 |
| 6. Aggregate write-ins for other health care related revenues   | XXX                     |            |                       |                                 |
| 7. Aggregate write-ins for other non-health revenues  | XXX                     |            |                       |                                 |
| 8. Total revenues (Lines 2 to 7)  | XXX                     |            |                       |                                 |
| <b>Hospital and Medical:</b>  |                         |            |                       |                                 |
| 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)  |                         |            |                       |                                 |
| <b>Less:</b>  |                         |            |                       |                                 |
| 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   |                         | 708,982    |                       | 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)   |                         | 708,982    |                       | 195,176                         |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)  | XXX                     | (708,982)  |                       | (195,176)                       |
| 25. Net investment income earned  |                         | 4,988      |                       | (2,111)                         |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 0  |                         |            |                       |                                 |
| 27. Net investment gains (losses) (Lines 25 plus 26)  |                         | 4,988      |                       | (2,111)                         |
| 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) | XXX                     | (703,994)  |                       | (197,287)                       |
| 31. Federal and foreign income taxes incurred   | XXX                     |            |                       |                                 |
| 32. Net income (loss) (Lines 30 minus 31)   | XXX                     | (703,994)  |                       | (197,287)                       |

| DETAILS OF WRITE-IN LINES   |     |  |  |  |
|---|-----|--|--|--|
| 0601.   | XXX |  |  |  |
| 0602.   | XXX |  |  |  |
| 0603.   | XXX |  |  |  |
| 0698. Summary of remaining write-ins for Line 06 from overflow page | XXX |  |  |  |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)    | XXX |  |  |  |
| 0701.   | XXX |  |  |  |
| 0702.   | XXX |  |  |  |
| 0703.   | XXX |  |  |  |
| 0798. Summary of remaining write-ins for Line 07 from overflow page | XXX |  |  |  |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)    | XXX |  |  |  |
| 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<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year                                     | 2,097,889                    |                            |                                      |
| 34. Net income or (loss) from Line 32  | (703,994)                    |                            | (197,287)                            |
| 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   |                              |                            |                                      |
| 44.2 Transferred from surplus (Stock Dividend)                                   |                              |                            |                                      |
| 44.3 Transferred to surplus  |                              |                            |                                      |
| 45. Surplus adjustments:   |                              |                            |                                      |
| 45.1 Paid in   |                              |                            | 2,295,176                            |
| 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)                           | (703,994)                    |                            | 2,097,889                            |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                | 1,393,895                    |                            | 2,097,889                            |

| DETAILS OF WRITE-IN LINES   |             |  |  |
|---|-------------|--|--|
| 4701.   |             |  |  |
| 4702.   |             |  |  |
| 4703.   |             |  |  |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | <b>NONE</b> |  |  |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)    |             |  |  |

# **NOTES TO FINANCIAL STATEMENTS**

## 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

As of 1/1/22, OhioHealthy Health Insuring Corp (OHHIC), is a wholly owned subsidiary of OhioHealthy Medical Plan Inc (OHMPI), a wholly owned subsidiary of OhioHealth Corporation. Prior to 1/1/22, OHMPI was a Joint Venture. In February of 2021, OHHIC received an initial capital contribution from its parent companies while part of a Joint Venture of \$2.1M. An additional \$195K was received from the Company's parent company, OHMPI in September of 2021. OHHIC has a management service contracts with OHMPI to reimburse OHMPI for services and expenses incurred on behalf of OHHIC. The employees of OHMPI support a number of product lines. Allocations for time spent by the various departments have been allocated from OHMPI to OHHIC. In addition, certain expenses that were paid for by OHMPI also support the OHHIC product line and the estimated allocation of those expenses were also allocated to OHHIC. OHHIC will be writing the business for in-network insurance products and the OhioHealthy Insurance Company (OHICO), which also prepares its own regulatory filing, will administer the out of network components for the insurance products. Since many of the expenses support bringing the full product to the market, the total expenses were split between OHHIC and OHICO using estimated percentages for in and out of network expenses of 86.5%/13.5%. Because these expenses are paid for by OHMPI and allocated to OHHIC, it created an intercompany payable from OHHIC to OHMPI.

### NET INCOME

|     |  | F/S  | F/S    |           |           |
|-----|--|------|--------|-----------|-----------|
|     | SSAP #   | Page | Line # | 2022      | 2021      |
| (1) | OhioHealthy Health Insuring Corporation state basis (Page 4, Line 20, Columns 1 & 2) | \$   | X X X  | X X X     | X X X     |
| (2) | State Prescribed Practices that are an increase/(decrease) from NAIC CAP:            |      |        | (703,994) | (197,287) |

| (2) State Prescribed Practices that are an increase/decrease from NARS GAF. |    | F/S    | F/S  |        |      |
|---|----|--------|------|--------|------|
| Details of Depreciation of Fixed Assets                                     |    | SSAP # | Page | Line # | 2022 |
|   |    |        |      |        | 2021 |
| Totals (Lines 01A0201 through 01A0225)                                      | \$ |        |      |        |      |

| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: |    | F/S    | F/S  |        |      |      |
|--|----|--------|------|--------|------|------|
| Details of Depreciation of Home Office Property                              |    | SSAP # | Page | Line # | 2022 | 2021 |
|  |    |        |      |        |      |      |
|  |    |        |      |        |      |      |
| Totals (Lines 01A0301 through 01A0325)                                       | \$ |        |      |        |      |      |

## SURPLUS

|     |  | SSAP # | F/S<br>Page | F/S<br>Line # | 2022      | 2021      |
|-----|--|--------|-------------|---------------|-----------|-----------|
| (5) | OhioHealthy Health Insuring Corporation state basis (Page 3, Line 37, Columns 1 & 2) | \$     | X X X       | X X X         | 1,393,896 | 2,097,889 |
| (6) | State Prescribed Practices that are an increase/(decrease)from NAIC SAP:             |        |             |               |           |           |

| State Permitted Practices that are an increase/(decrease) from NAIC SAP: |        |      |        |     |      |      |
|--|--------|------|--------|-----|------|------|
| Home Office Property   | SSAP # | Page | F/S    | F/S | 2022 | 2021 |
|  |        |      | Line # |     |      |      |
|  |        |      |        |     |      |      |
| Totals (Lines 01A0701 through 01A0725)                                   | \$     |      |        |     |      |      |

(8) NAIC SAP (5 - 6 - 7 = 8) 9 X X X X X X 1,393,896 2,097,889

#### B. Use of Estimates in the Preparation of the Financial Statements

Not Applicable

### C. Accounting Policy

Not Applicable

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern and determined there is no reason to doubt the entity's ability to continue as a going concern. The Company is licensed to operate as an insurer offering health plans. OHHIC is not selling business yet and is incurring start up fees. OHHIC is capitalized by its parent company, OhioHealth.

## 2. Accounting Changes and Corrections of Errors – Not Applicable

---

## **NOTES TO FINANCIAL STATEMENTS**

---

- 3. **Business Combinations and Goodwill** – Not Applicable
- 4. **Discontinued Operations** – Not Applicable
- 5. **Investments**
  - A. Mortgage Loans, including Mezzanine Real Estate Loans – Not Applicable
  - B. Debt Restructuring – Not Applicable
  - C. Reverse Mortgages – Not Applicable
  - D. Loan-Backed Securities – Not Applicable
  - E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not Applicable
  - G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not Applicable
  - H. Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable
  - I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable
  - J. Real Estate - Not Applicable
  - K. Low-Income Housing Tax Credits - Not Applicable
  - L. Restricted Assets – Not Applicable

## NOTES TO FINANCIAL STATEMENTS

## (1) Restricted Assets (Including Pledged)

| Restricted Asset Category  | 1<br>Total Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted from<br>Current Year | 2<br>Total Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted From<br>Prior Year | 3<br>Increase/<br>(Decrease)<br>(1 minus 2) | 4<br>Total Current<br>Year<br>Nonadmitted | 5<br>Year Admitted<br>Restricted<br>(1 minus 4) | 6<br>Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted to<br>Total Assets<br>(a) | 7<br>Admitted<br>Total<br>Admitted<br>Assets (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  | \$ 402,583   | 407,082  | (4,499)                                     |   | 402,583   | 19.173  | 19.173   |
| 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   | \$ 402,583   | 407,082  | (4,499)                                     |   | 402,583   | 19.173  | 19.173   |

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

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

M. Working Capital Finance Investments – Not Applicable

N. Offsetting and Netting of Assets and Liabilities – Not Applicable

O. 5GI Securities – Not Applicable

P. Short Sales – Not Applicable

Q. Prepayment Penalty and Acceleration Fees – Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset Type – Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies – Not Applicable

## 7. Investment Income

A. Due and Accrued Income Excluded from Surplus - Investment income due and accrued that was over 90 days past due would be excluded

B. Total Amount Excluded - The company had no investment income due and accrued that was over 90 days past due.

## **NOTES TO FINANCIAL STATEMENTS**

8. **Derivative Instruments** – Not Applicable
9. **Income Taxes** – Not Applicable
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

As of 1/1/22, OhioHealthy Health Insuring Corp (OHHIC), is a wholly owned subsidiary of OhioHealthy Medical Plan Inc (OHMPI), a wholly owned subsidiary of OhioHealth Corporation. Prior to 1/1/22, OHMPI was a Joint Venture. In February of 2021, OHHIC received an initial capital contribution from its parents companies while part of a Joint Venture of \$2.1M. An additional \$195K was received from the Company's parent company, OHMPI in September of 2021. OHHIC has a management service contracts with OHMPI to reimburse OHMPI for services and expenses incurred on behalf of OHHIC. The employees of OHMPI support a number of product lines. Allocations for time spent by the various departments have been allocated from OHMPI to OHHIC. In addition, certain expenses that were paid for by OHMPI also support the OHHIC product line and the estimated allocation of those expenses were also allocated to OHHIC. OHHIC will be writing the business for in-network insurance products and the OhioHealthy Insurance Company (OHICO), which also prepares its own regulatory filing, will administer the out of network components for the insurance products. Since many of the expenses support bringing the full product to the market, the total expenses were split between OHHIC and OHICO using estimated percentages for in and out of network expenses of 86.5%/13.5%. Because these expenses are paid for by OHMPI and allocated to OHHIC, it created an intercompany payable from OHHIC to OHMPI.
11. **Debt** – Not Applicable
12. **Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans** – Not Applicable
13. **Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** – Not Applicable
14. **Liabilities, Contingencies and Assessments**

In addition to the intercompany liability, there is a small liability for expenses that have been incurred by not yet paid and invoiced. The "general expenses due or accrued" is reflective of these amounts.
15. **Leases** – Not Applicable.
16. **Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk** – Not Applicable
17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** – Not Applicable
18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** – Not Applicable
19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** – Not Applicable
20. **Fair Value Measurements** – Not Applicable
21. **Other items** – Not Applicable
22. **Events Subsequent** – Not Applicable
23. **Reinsurance** – Not Applicable
24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination** – Not Applicable
25. **Changes in Incurred Losses and Loss Adjustment Expenses** – Not Applicable
26. **Intercompany Pooling Arrangements** – Not Applicable
27. **Structured Settlements** – Not Applicable
28. **Health Care Receivables** – Not Applicable
29. **Participating Policies** – Not Applicable
30. **Premium Deficiency Reserves** – Not Applicable