

AMENDED FILING COVER SHEET

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



17026202220100107

QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

OhioHealthy Health Insuring Corporation

NAIC Group Code

5005

(Current Period)

5005

(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

[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 []

Incorporated/Organized

July 27, 2020

Commenced Business

April 12, 2021

Statutory Home Office

3430 OhioHealth Parkway

(Street and Number)

Columbus, OH US 43202

(City or Town, State, Country and Zip Code)

Main Administrative Office

3430 OhioHealth Parkway

(Street and Number)

Columbus, OH US 43202

(City or Town, State, Country and Zip Code)

(380)210-2311

(Area Code) (Telephone Number)

Mail Address

3430 OhioHealth Parkway

(Street and Number or P.O. Box)

Columbus, OH US 43202

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

3430 OhioHealth Parkway

(Street and Number)

Columbus, OH US 43202

(City or Town, State, Country and Zip Code)

(380)210-2311

(Area Code) (Telephone Number)

Internet Website Address

www.ohiohealthplans.com

Statutory Statement Contact

Gaston Bushiri

(Name)

(380)210-2311

(Area Code) (Telephone Number) (Extension)

gaston.bushiri@ohiohealth.com

(E-Mail Address)

(614)544-4081

(Fax Number)

OFFICERS
Chair of the Board
Carrie Harris-Muller

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

VICE-PRESIDENTS

Name	Title	Name	Title

DIRECTORS OR TRUSTEES

Michael Browning	John McWhorter	Gaston Bushiri	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? [] Yes [X] No
- b. If no: 1. State the amendment number 2.
2. Date filed 09/14/2022
3. Number of pages attached 3

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		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)	X X X	(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)	X X X	(703,994)		(197,287)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(703,994)		(197,287)

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	2,097,889		
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.	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)			

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 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.

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	(703,994)	(197,287)
(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	(703,994)	(197,287)
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SURPLUS

			F/S	F/S		
		SSAP #	Page	Line #	2022	2021
(5)	OhioHealthy Health Insuring Corporation state basis (Page 3, Line 37, Columns 1 & 2)	\$ X X X	X X X	X X X	1,393,896	2,097,889
(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	1,393,896	2,097,889
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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 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restirtcted 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	\$ 402,583	407,082	(4,499)		402,583	19.173	19.173
k. On deposit with other regulatory bodies	\$						
l. Pledged as colletaral 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

A. 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