

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



QUARTERLY STATEMENT

AS OF JUNE 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

OhioHealthy Insurance Company

NAIC Group Code	5005 (Current Period)	5005 (Prior Period)	NAIC Company Code	17028	Employer's ID Number	85-3626444
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 checked="" type="checkbox"/>		
Incorporated/Organized	October 19, 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 (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 (380)210-2311 (Area Code) (Telephone Number)		
Internet Website Address	www.ohiohealthyplans.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

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

VICE-PRESIDENTS

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

Michael Browning

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	2
	2. Date filed	09/14/2022
	3. Number of pages attached	3

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 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			
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		111,305		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)		111,305		195,176
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(111,305)		(195,176)
25. Net investment income earned		388		(1,681)
26. Net realized capital gains (losses) less capital gains tax of \$ 0				
27. Net investment gains (losses) (Lines 25 plus 26)		388		(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)	XXX	(110,917)		(196,857)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(110,917)		(196,857)

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 Current Year To Date	2 Prior Year To Date	3 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	(110,917)		(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)	(110,917)		2,598,319
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,487,402		2,598,319

DETAILS OF WRITE-IN LINES			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	NONE		
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

The statutory financial statements 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 US 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. The presentation of the direct method statutory statement of cash flows under Codification is different from what would be presented under GAAP for cash flows from investing and financing activities.

NET INCOME

		F/S SSAP #	F/S Page	F/S Line #	2022	2021
(1)	OhioHealthy Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	\$	XXX	XXX	XXX	(110,917)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					(196,857)
	Details of Depreciation of Fixed Assets	F/S 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	F/S SSAP #	F/S Page	F/S Line #	2022	2021
	Totals (Lines 01A0301 through 01A0325)	\$				
(4)	NAIC SAP	(1 - 2 - 3 = 4)	\$	XXX	XXX	XXX
				(110,917)	(196,857)	

SURPLUS

		F/S SSAP #	F/S Page	F/S Line #	2022	2021
(5)	OhioHealthy Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	\$	XXX	XXX	XXX	2,487,401
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					2,598,319
	e.g., Goodwill, net, Fixed Assets, Net	F/S 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	F/S SSAP #	F/S Page	F/S Line #	2022	2021
	Totals (Lines 01A0701 through 01A0725)	\$				
(8)	NAIC SAP	(5 - 6 - 7 = 8)	\$	XXX	XXX	XXX
				2,487,401	2,598,319	

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. OHICO is not selling business yet and is incurring start up fees. OHIC is capitalized by its parent company, OhioHealth.

2

Accounting Changes and Corrections of Errors – Not Applicable

3. Business Combinations and Goodwill – Not Applicable

4. Discontinued Operations – Not Applicable

5. Investments – Not Applicable

NOTES TO FINANCIAL STATEMENTS

- 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
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – 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
- I. Low-Income Housing Tax Credits – Not Applicable
- L. Restricted Assets

(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 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	\$ 106,765	107,018	(253)		106,765	3.918	3.918
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	\$ 106,765	107,018	(253)		106,765	3.918	3.918

(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

NOTES TO FINANCIAL STATEMENTS

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

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 Insurance Company (OHICO), 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, OHICO received an initial capital contribution from its parent company while part of a Joint Venture of \$2.6M. An additional \$195K was received from the Company's parent company, OHMPI in September of 2021. OHICO has a management service contracts with OHMPI to reimburse OHMPI for services and expenses incurred on behalf of OHICO. The employees of OHMPI support a number of product lines. Allocations for time spent by the various departments have been allocated from OHMPI to OHICO. In addition, certain expenses that were paid for by OHMPI also support the OHICO product line and the estimated allocation of those expenses were also allocated to OHICO. OHICO will be writing the business for out of network insurance products and the OhioHealthy Health Insurance Company (OHHIC), which also prepares its own regulatory filing, will administer the in-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% in/13.5% out. Because these expenses are paid for by OHMPI and allocated to OHICO, it created an intercompany payable from OHICO 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 invoiced but not yet due or 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

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

28. Health Care Receivables – Not Applicable

29. Participating Policies – Not Applicable

30. Premium Deficiency Reserves – Not Applicable