

# **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**

**June 30, 2022**

**HEALTH**

**2022**



# 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 Country of Domicile	Ohio United States		State of Domicile or Port of Entry		OH	
Licensed as business type:	Life, Accident and Health Dental Service Corporation Other	[X] [ ] [ ]	Property/Casualty Vision Service Corporation Is HMO Federally Qualified?	[ ] [ ] Yes [ ] No [X]	Hospital, Medical & Dental Service or Indemnity Health Maintenance Organization	
Incorporated/Organized Statutory Home Office	October 19, 2020			Commenced Business		April 12, 2021
Main Administrative Office	3430 OhioHealth Parkway (Street and Number)			Columbus, OH US 43202 (City or Town, State, Country and Zip Code)		
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)		
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

**Carrie Flanns-Muller**

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## VICE-PRESIDENTS

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

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**DIRECTORS OR TRUSTEES**

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

Subscribed and sworn to before me this

a. Is this an original filing?

Yes  No

b. If no: 1. State the amendment number

2 Date filed

### E. Date field

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	106,765		106,765	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 (\$ 3,433), and short-term investments (\$ 0)	2,492,788		2,492,788	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)	2,599,553		2,599,553	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	125,731		125,731	
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)	2,725,284		2,725,284	2,599,372
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	2,725,284		2,725,284	2,599,372

DETAILS OF WRITE-IN LINES				
1101.				
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.				
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	1,712		1,712	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)	236,171		236,171	
15. Amounts due to parent, subsidiaries and affiliates				
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)	237,883		237,883	1,053
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,723,572	1,795,176
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(236,171)	(196,856)
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,487,401	2,598,320
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,725,284	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.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**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			
<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				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)				195,176
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX			(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	388		(196,857)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	388		(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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	2,598,319		
34. Net income or (loss) from Line 32	388		(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	(111,306)		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)	(110,918)		2,598,319
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,487,401		2,598,319

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)			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance			
2. Net investment income	388		(604)
3. Miscellaneous income			
4. Total (Lines 1 to 3)	388		(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			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)			195,176
11. Net cash from operations (Line 4 minus Line 10)	388		(195,780)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	64,008		
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	(432)		
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	63,576		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	63,530		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)	63,530		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)	46		(107,042)
<b>Cash from Financing and Miscellaneous Sources</b>			
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
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	434		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)	2,492,788		2,492,354

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

20.0001			
20.0002			
20.0003			

**NONE Exhibit of Premiums, Enrollment and Utilization**

**NONE Claims Unpaid (Reported and Unreported)**

**NONE Underwriting and Investment Exhibit**

## NOTES TO FINANCIAL STATEMENTS

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

A. Accounting Practices

**NET INCOME**

		F/S	F/S			
		SSAP #	Page	Line #	2022	2021
(1)	OhioHealthy Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	\$ XXX	XXX	XXX	388	(196,857)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					

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

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

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

(4)	NAIC SAP	(1 - 2 - 3 = 4)	\$ XXX	XXX	XXX	388	(196,857)
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**SURPLUS**

	F/S	F/S				
	SSAP #	Page	Line #	2022	2021	
(5)	OhioHealthy Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	\$ XXX	XXX	XXX	2,487,401	2,598,319
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					

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

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

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

(8)	NAIC SAP	(5 - 6 - 7 = 8)	\$ XXX	XXX	XXX	2,487,401	2,598,319
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B. Use of Estimates in the Preparation of the Financial Statements

C. Accounting Policy

D. Going Concern

**2. Accounting Changes and Corrections of Errors**

**3. Business Combinations and Goodwill**

A. Statutory Purchase Method

B. Statutory Merger

## NOTES TO FINANCIAL STATEMENTS

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

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

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

## 4. Discontinued Operations

## 5. Investments

## A. Mortgage Loans, including Mezzanine Real Estate Loans

## B. Debt Restructuring

## C. Reverse Mortgages

## D. Loan-Backed Securities

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

## F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

## NOTES TO FINANCIAL STATEMENTS

(2) Type of Repo Trades Used

1	2	3	4
First Quarter	Second Quarter	Third Quarter	Fourth Quarter
NO	NO	NO	NO
NO	NO	NO	NO

(3) Original (Flow) & Residual Maturity

- a. Maximum 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

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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) Securities "Sold" Under Repo -- Secured Borrowing

- a. Maximum Amount
  - 1. BACV
  - 2. Nonadmitted – Subs
  - 3. Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	
XXX	XXX	XXX	

b Ending Balance

1. BACV
2. Nonadmitted – Subset of BACV
3. Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	.....
XXX	XXX	XXX	.....

(6) Securities Sold Under Repo -- Secured Borrowing by NAIC Desi

**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

$$p=a+c+e+g+h+j+l+n \quad q=b+d+f+g+i+k+m+o$$

(7) Collateral Received - Secured Borrowing

- a. Maximum 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
\$ .....			
\$ .....			



## NOTES TO FINANCIAL STATEMENTS

## **NOTES TO FINANCIAL STATEMENTS**

(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. Maximum Amount
    - 1. BACV
    - 2. Nonadmitted – Subset of BACV

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	.....
XXX	XXX	XXX	.....
.....	.....	.....	.....

- b. Ending Balance
  - 1. BACV
  - 2. Nonadmitted – Subset of BACV
  - 3. Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	.....
XXX	XXX	XXX	.....

6. Total Assets

(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.      Maximum Amount
  1. Cash
  2. Securities (FV)
  3. Nonadmitted

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

- b. Ending Balance
  - 1. Cash
  - 2. Securities (FV)
  - 3. Nonadmitted

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

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

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
- i. Total Collateral Assets

(9) **Recognized Forward Resale Commitment**

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
\$	.....	.....	.....	.....
£	.....	.....	.....	.....

#### I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

(1)



## NOTES TO FINANCIAL STATEMENTS

(8) Recognized Forward Resale Commitment

- a. Maximum Amount
- b. Ending Balance

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

J.

K.

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	5 Total Current Year Admitted Restricted	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
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

(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 Nonadmitted	5 Gross (Admitted & Nonadmitted) Restricted to Total Asset	6 Admitted Restricted to Total Admitted Assets
.....						
Total (a)						

## NOTES TO FINANCIAL STATEMENTS

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

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

(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)

1	2
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

---

## NOTES TO FINANCIAL STATEMENTS

---

7. **Investment Income**
8. **Derivative Instruments**
9. **Income Taxes**
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**
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

---

## NOTES TO FINANCIAL STATEMENTS

---

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		

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 [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

---

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 Name of Entity	2 NAIC Company Code	3 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 ]

## 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 [ X ]

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 [ X ]

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 [ X ]

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 [ X ]

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year To Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property / Casualty Premiums	9 Total Columns 2 Through 8	10 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 XXX									
59. Subtotal		XXX								
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Totals (Direct Business)		XXX								

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

**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 \_\_\_\_\_

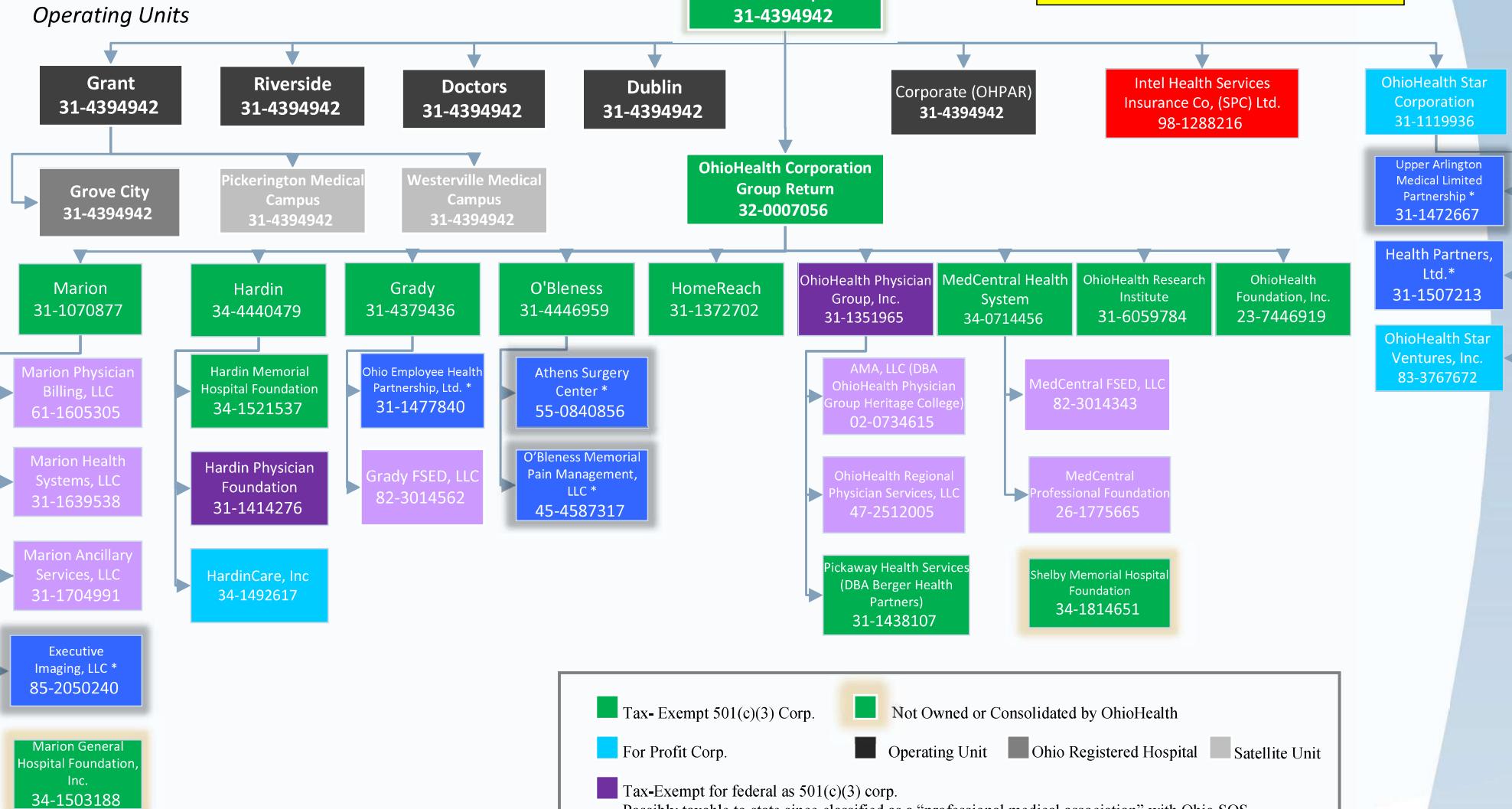
N - None of the above - Not allowed to write business in the state \_\_\_\_\_



FYE June 30, 2022

## PART 1 - ORGANIZATIONAL CHART

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



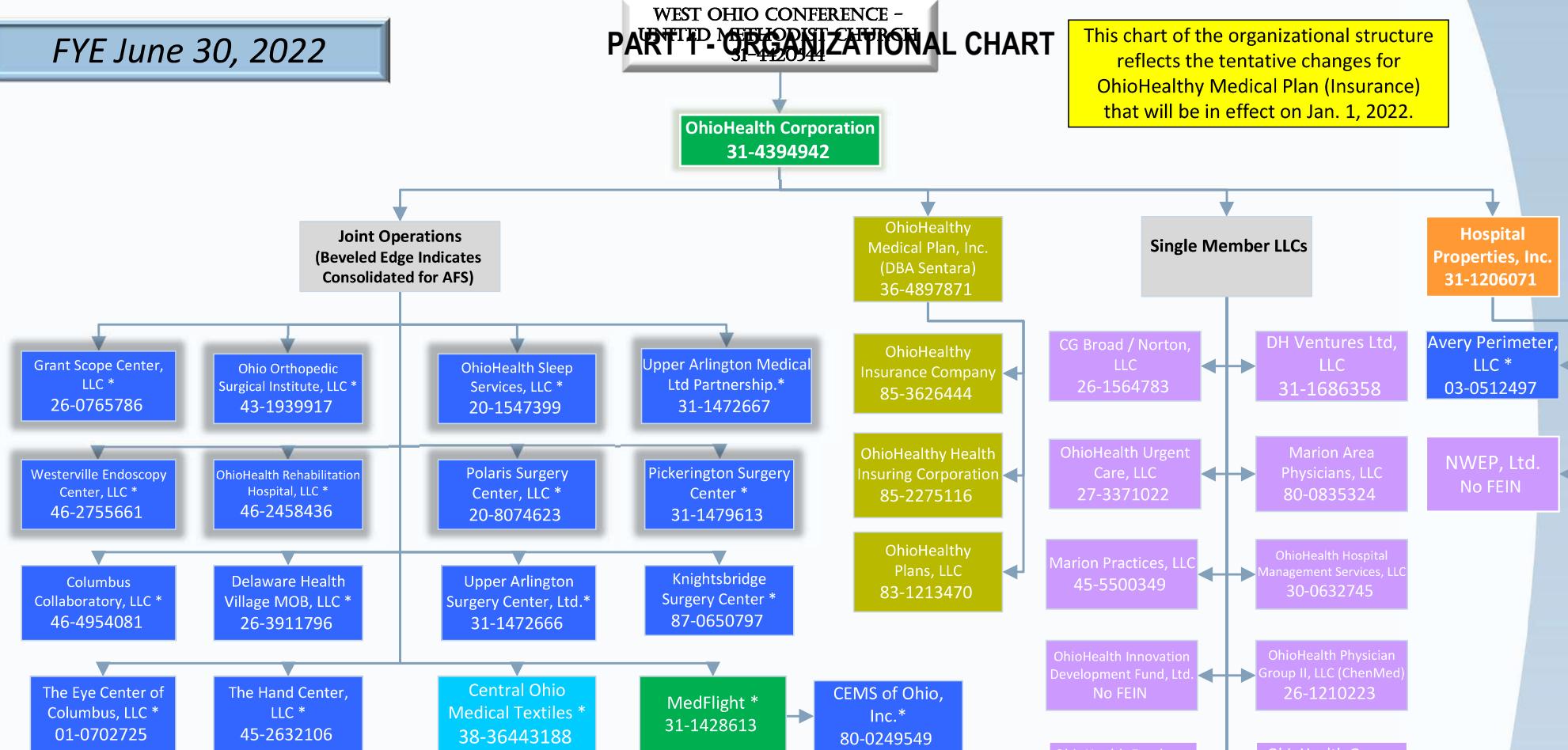
\* Indicates entity is owned at less than 100%. See pg. 4 for ownership listing.



FYE June 30, 2022

**PART I - ORGANIZATIONAL CHART**

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



- █ Tax-Exempt 501(c)(3) Corp. █ Not Owned or Consolidated by OhioHealth
- █ For Profit Corp. █ Operating Unit █ Ohio Registered Hospital █ Satellite Unit
- █ 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 █ Insurance For Profit Corp.
- █ Tax-Exempt 501(c)(2) Corp. █ LLC/Partnership
- █ Cayman Exempt Corp. █ 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

**PART 1 - ORGANIZATIONAL CHART***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.

**SCHEDULE Y****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 Methodist Church	NO		
		00000	31-4420544			West Ohio Conference of the United Methodist Church	OH	NIA		Ownership			NO		

16	Asterik	Explanation
		<b>NONE</b>

## **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.

	<u>Response</u>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	<b><u>AUGUST FILING</u></b>
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:**



17028202236500102

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**OVERFLOW PAGE FOR WRITE-INS**

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**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)		

**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)		

**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	63,530	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(118)	
6. Deduct consideration for bonds and stocks disposed of	63,889	
7. Deduct amortization of premium	(222)	
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)	106,765	107,020
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	106,765	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
<b>BONDS</b>								
1. NAIC 1 (a)	106,620	33,961	34,003	187	106,620	106,765		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	106,620	33,961	34,003	187	106,620	106,765		107,020
<b>PREFERRED STOCK</b>								
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	106,620	33,961	34,003	187	106,620	106,765		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

- NONE    Schedule DA - Part 1 and Verification**
- NONE    Schedule DB - Part A and B Verification**
- NONE    Schedule DB - Part C - Section 1**
- NONE    Schedule DB - Part C - Section 2**
- NONE    Schedule DB - Verification**

**SCHEDULE E PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 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)	2	
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	29,605	
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)	3,433	2,998
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,433	2,998

**NONE    Schedule A - Part 2 and 3**

**NONE    Schedule B - Part 2 and 3**

**NONE    Schedule BA - Part 2 and 3**

## SCHEDULE D - PART 3

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

1 CUSIP Ident- ification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
91282C-CU-3	United States Treasury		05/05/2022	Various		33,961	35,000.00	8	1.A
0309999999	Bonds - All Other Governments				XXX	33,961	35,000.00	8	XXX
2509999997	Subtotal - Bonds - Part 3				XXX	33,961	35,000.00	8	XXX
2509999998	Summary Item from Part 5 for Bonds (N/A for Quarterly)				XXX	XXX	XXX	XXX	XXX
2509999999	Subtotal - Bonds				XXX	33,961	35,000.00	8	XXX
6009999999	Totals				XXX	33,961	XXX	8	XXX

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**SCHEDULE D - PART 4**

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

1 CUSIP Ident- ification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recognized	13 Current Year's (Amort- ization)/ Accretion	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
91282C-AC-5	United States Treasury		05/05/2022	Various			33,937	34,000.00	34,003	33,976						34,003		(65)	(65)			1.A
0309999999	Bonds - All Other Governments				XXX	33,937	34,000.00	34,003	33,976							34,003		(65)	(65)			XXX
2509999997	Subtotal - Bonds - Part 4				XXX	33,937	34,000	34,003	33,976							34,003		(65)	(65)			XXX
2509999998	Summary Item from Part 5 for Bonds (N/A for Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999	Subtotal - Bonds				XXX	33,937	34,000.00	34,003	33,976							34,003		(65)	(65)			XXX
6009999999	Totals						33,937	XXX	34,003	33,976						34,003		(65)	(65)			XXX

**NONE    Schedule DB - Part A - Section 1**

**NONE    Schedule DB - Part B - Section 1**

**NONE    Schedule DB - Part D - Section 1**

**NONE    Schedule DB - Part D - Section 2**

**NONE    Schedule DB - Part E**

**NONE    Schedule DL - Part 1**

**NONE    Schedule DL - Part 2**

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories Truist Charlotte, North Carolina					2,489,355	2,489,355	2,489,355	
0199998 Deposits in ( 0 ) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total - Open Depositories	XXX	XXX			2,489,355	2,489,355	2,489,355	XXX
Suspended Depositories								
0299998 Deposits in ( 0 ) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	XXX						XXX
0299999 Total Suspended Depositories	XXX	XXX						XXX
0399999 Total Cash on Deposit	XXX	XXX			2,489,355	2,489,355	2,489,355	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX			2,489,355	2,489,355	2,489,355	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter

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**NONE    Medicare Part D**