



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Solstice Healthplans of Ohio, Inc.

NAIC No. 16878

We, the undersigned executive officers of Solstice Healthplans of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other HIC

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail." Date of filing with the NAIC: _____ An original jurat page is attached.
 Original filing. Amended filing.

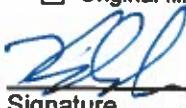
The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____ An original, notarized signature page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____
 All original notarized signature pages are attached, as applicable.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: 8/15/2022
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____
 Original filing. Amended filing.

 _____

7-21-2022

 _____

7-20-22

 _____

7-27-22

(Name) Kenneth Mark Sheldon

(Title)* President

(Name) Peter Marshall Gill

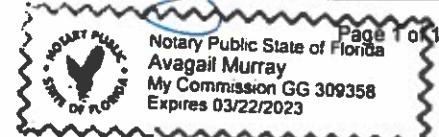
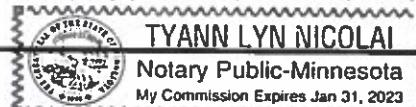
(Title)* Treasurer

(Name) Mitchell Robert Davis

(Title)* Mitchell Robert Davis

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

INS7240 (03/2021)





QUARTERLY STATEMENT

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

Solstice Healthplans of Ohio, Inc.

NAIC Group Code	00707 (Current Period)	00707 (Prior Period)	NAIC Company Code	16878	Employer's ID Number	30-1190514
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []			
	Dental Service Corporation []	Vision Service Corporation []	Health Maintenance Organization []			
	Other [X]		Is HMO Federally Qualified? Yes [] No []			
Incorporated/Organized	04/02/2019	Commenced Business	09/30/2020			
Statutory Home Office	4449 Easton Way, Suite 200 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	7901 SW 6th Ct, Suite 400 (Street and Number)		Plantation, FL, US 33324 (City or Town, State, Country and Zip Code)	954-370-1700 (Area Code) (Telephone Number)		
Mail Address	PO BOX 19199 (Street and Number or P.O. Box)		Plantation, FL, US 33319 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7901 SW 6th Ct, Suite 400 (Street and Number)		Plantation, FL, US 33324 (City or Town, State, Country and Zip Code)	954-370-1700 (Area Code) (Telephone Number)		
Internet Web Site Address	WWW.SOLSTICEBENEFITS.COM					
Statutory Statement Contact	Nachman Weiszner (Name) nweiszner@solsticebenefits.com (E-Mail Address)		954-370-1700 (Area Code) (Telephone Number) (Extension) 954-370-1701 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Kenneth Mark Sheldon	President	Peter Marshall Gill	Treasurer
Mitchell Robert Davis	Chief Financial Officer	Michael Charles Brody	Secretary

OTHER OFFICERS

Heather Anastasia Lang	Assistant Secretary	Jessica Leigh Zuba	Assistant Secretary
Nyle Brent Cottington	Vice President	Tamara Jean Eveslage	Compliance Officer

DIRECTORS OR TRUSTEES

Carlos Ferrera	Kenneth Mark Sheldon	Colleen Hastings Van Ham	Leonard Alan Weiss DMD
Thomas Patrick Wifler			

State of _____

ss

County of _____

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.

SM Sheldon
Kenneth Mark Sheldon
President

Peter Marshall Gill
Peter Marshall Gill
Treasurer

Mitchell Robert Davis
Mitchell Robert Davis
Chief Financial Officer

Subscribed and sworn to before me this
27 day of *July*

SD

Notary Public State of Florida
Avagail Murray
My Commission GG 309358
Expires 03/22/2023

Tyann Lyn Nicolai
TYANN LYN NICOLAI
Notary Public-Minnesota
My Commission Expires Jan 31, 2023

a. Is this an original filing? Yes No

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached



Notary Public State of Florida
Avagail Murray
My Commission GG 309358
Expires 03/22/2023