



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
OHIOHEALTHY HEALTH INSURING CORPORATION

NAIC Group Code 5005 5005 NAIC Company Code 17026 Employer's ID Number 85-2275116

(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Life, Accident & Health/ Fraternal Is HMO Federally Qualified? N/A

Incorporated/Organized 07/27/2020 Commenced Business 04/12/2021

Statutory Home Office 3430 OhioHealth Parkway Columbus, OH, US 43202

Main Administrative Office 3430 OhioHealth Parkway (380)210-2311

..... (Telephone Number)

Mail Address 3430 OhioHealth Parkway Columbus, OH, US 43202

Primary Location of Books and
Records 3430 OhioHealth Parkway (380)210-2311

..... (Telephone Number)

Internet Website Address www.ohiohealthyplans.com

Statutory Statement Contact Gaston Bushiri (380)210-2311

..... (Telephone Number)

..... gaston.bushiri@ohiohealth.com (614)544-4081

..... (E-Mail Address) (Fax Number)

OFFICERS

..... Stephen Cindrich, President Kathy Savenko, Controller

..... Gaston Bushiri, Chief Financial Officer

DIRECTORS OR TRUSTEES

..... Michael Browning John McWhorter

..... Gaston Bushiri Steve Cindrich

State of
County of 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.

x x x

Subscribed and sworn to before me

this _____ day of _____

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____

x

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..... | 231,103 | | 231,103 | 407,082 |
| 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 \$ encumbrances)..... | | | | |
| | 4.2 Properties held for the production of income (less \$ encumbrances)..... | | | | |
| | 4.3 Properties held for sale (less \$ encumbrances)..... | | | | |
| 5. | Cash (\$ 2,888,554), cash equivalents (\$ 175,590) and short-term investments (\$)..... | 3,064,144 | | 3,064,144 | 1,692,001 |
| 6. | Contract loans (including \$ premium notes)..... | | | | |
| 7. | Derivatives..... | | | | |
| 8. | Other invested assets..... | | | | |
| 9. | Receivables for securities..... | 206 | | 206 | |
| 10. | Securities lending reinvested collateral assets..... | | | | |
| 11. | Aggregate write-ins for invested assets..... | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11)..... | 3,295,453 | | 3,295,453 | 2,099,083 |
| 13. | Title plants less \$ 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 \$ earned but unbilled premiums)..... | | | | |
| | 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)..... | | | | |
| 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 (\$)..... | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates..... | | | | |
| 24. | Health care (\$) 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)..... | 3,295,453 | | 3,295,453 | 2,099,083 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. | Total (Lines 26 and 27)..... | 3,295,453 | | 3,295,453 | 2,099,083 |
| Details of Write-Ins | | | | | |
| 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 | 2 | 3 | 4 |
| | Covered | Uncovered | Total | Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | | | | |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | | | | |
| 4. Aggregate health policy reserves, including the liability of \$ 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 | 381,876 | | 381,876 | 1,194 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 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 \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 1,093,669 | | 1,093,669 | |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | | |
| 20. Reinsurance in unauthorized and certified (\$) 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 \$ current) | | | | |
| 24. Total liabilities (Lines 1 to 23) | 1,475,545 | | 1,475,545 | 1,194 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | | |
| 26. Common capital stock | XXX | XXX | | |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 3,495,176 | 2,295,176 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | | |
| 31. Unassigned funds (surplus) | XXX | XXX | (1,675,268) | (197,287) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 1,819,908 | 2,097,889 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 3,295,453 | 2,099,083 |
| Details of Write-Ins | | | | |
| 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 | 2 | 3 | 4 |
| | Uncovered | Total | Total | Total |
| 1. Member Months..... | XXX | | | |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | | | |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$ 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 \$ cost containment expenses..... | | | | |
| 21. General administrative expenses..... | | 1,474,810 | 195,989 | 195,176 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | | 1,474,810 | 195,989 | 195,176 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | (1,474,810) | (195,989) | (195,176) |
| 25. Net investment income earned..... | | (3,101) | 105 | (2,111) |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | | (3,101) | 105 | (2,111) |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]..... | | | | |
| 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 | (1,477,911) | (195,884) | (197,287) |
| 31. Federal and foreign income taxes incurred..... | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | (1,477,911) | (195,884) | (197,287) |
| Details of Write-Ins | | | | |
| 0601..... | XXX | | | |
| 0602..... | XXX | | | |
| 0603..... | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX | | | |
| 0701..... | XXX | | | |
| 0702..... | XXX | | | |
| 0703..... | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX | | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 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 | 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..... | (1,477,911) | (195,884) | (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 \$ | | | |
| 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..... | 1,200,000 | 2,295,176 | 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)..... | (277,911) | 2,099,291 | 2,097,889 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48)..... | 1,819,978 | 2,099,291 | 2,097,889 |
| Details of Write-Ins | | | | |
| 4701. | | | | |
| 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)..... | | | |

CASH FLOW

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | | | |
| 2. Net investment income | (3,101) | 177 | (809) |
| 3. Miscellaneous income | | | |
| 4. Total (Lines 1 to 3) | (3,101) | 177 | (809) |
| 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 | 1,094,128 | 195,989 | 195,176 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | | |
| 10. Total (Lines 5 through 9) | 1,094,128 | 195,989 | 195,176 |
| 11. Net cash from operations (Line 4 minus Line 10) | (1,097,229) | (195,812) | (195,985) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 410,622 | | |
| 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 | | | |
| 12.7 Miscellaneous proceeds | – | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 410,622 | | |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 234,713 | 407,190 | 407,190 |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | 206 | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 234,919 | 407,190 | 407,190 |
| 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) | 175,703 | (407,190) | (407,190) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | 1,200,000 | 2,295,176 | 2,295,176 |
| 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) | 1,093,669 | | |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 2,293,669 | 2,295,176 | 2,295,176 |
| Reconciliation of Cash, Cash Equivalents and Short-Term Investments | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 1,372,143 | 1,692,174 | 1,692,001 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 1,692,001 | | |
| 19.2 End of period (Line 18 plus Line 19.1) | 3,064,144 | 1,692,174 | 1,692,001 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | | |
| 20.0001. | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|-------|------------------------------------|-------|---------------------|-------------|-------------|--|----------------------|--------------------|-------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year..... | | | | | | | | | | |
| 2. First Quarter..... | | | | | | | | | | |
| 3. Second Quarter..... | | | | | | | | | | |
| 4. Third Quarter..... | | | | | | | | | | |
| 5. Current Year..... | | | | | | | | | | |
| 6. Current Year Member Months..... | | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician..... | | | | | | | | | | |
| 8. Non-Physician..... | | | | | | | | | | |
| 9. Total..... | | | | | | | | | | |
| 10. Hospital Patient Days Incurred..... | | | | | | | | | | |
| 11. Number of Inpatient Admissions..... | | | | | | | | | | |
| 12. Health Premiums Written (a)..... | | | | | | | | | | |
| 13. Life Premiums Direct..... | | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned..... | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services..... | | | | | | | | | | |

NONE

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-------------|--------------|--------------|---------------|---------------|-------|
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | | | | | | |
| 0899999 – Accrued medical incentive pool and bonus amounts | | | | | | |

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|--|---|------------------------------------|--|------------------------------------|--|---|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical)..... | NONE | | | | | |
| 2. Medicare Supplement..... | | | | | | |
| 3. Dental only..... | | | | | | |
| 4. Vision only..... | | | | | | |
| 5. Federal Employees Health Benefits Plan..... | | | | | | |
| 6. Title XVIII – Medicare..... | | | | | | |
| 7. Title XIX – Medicaid..... | | | | | | |
| 8. Other health..... | | | | | | |
| 9. Health subtotal (Lines 1 to 8)..... | | | | | | |
| 10. Health care receivables (a)..... | | | | | | |
| 11. Other non-health..... | | | | | | |
| 12. Medical incentive pools and bonus amounts..... | | | | | | |
| 13. Totals (Lines 9-10+11+12)..... | | | | | | |

(a) Excludes \$ loans or advances to providers not yet expensed.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

As of January 1, 2022, 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 January 1, 2022, 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.

| | SSAP # | F/S Page | F/S Line # | 09/30/2022 | 12/31/2021 |
|---|--------|----------|------------|----------------|--------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ (1,477,911) | \$ (197,287) |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ (1,477,911) | \$ (197,287) |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 1,819,908 | \$ 2,097,889 |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 1,819,908 | \$ 2,097,889 |

B. Use of Estimates in the Preparation of the Financial Statements - Not Applicable

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific method.
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Loan-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - Not Applicable
- (11) Liabilities for losses and loss/claim adjustment expenses - Not Applicable
- (12) Changes in capitalization policy - Not Applicable
- (13) Pharmaceutical rebate receivables - 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

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
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

- 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 (LIHTC) - 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 - 2) | (4) Total Current Year Nonadmitted Restricted | (5) Total Current Year Admitted Restricted (1 - 4) | (6) Gross (Admitted & Nonadmitted) Restricted to Total Assets | (7) Admitted Restricted to Total Admitted Assets |
|--|---|---|--|---|--|---|---|
| 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 | | 407,082 | (407,082) | | | | |
| 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 | \$ | \$ 407,082 | \$ (407,082) | \$ | \$ | % | % |

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

- 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

| Asset Type | Percent Share |
|----------------------------|---------------|
| (1) Cash | 93.000 % |
| (2) Cash Equivalents | 7.000 % |
| (3) Short-Term Investments | % |
| (4) Total | 100.000 % |

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

7. Investment Income - No Significant Changes

8. Derivative Instruments - Not Applicable

9. Income Taxes - Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. 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.
- B. As of January 1, 2022, 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 January 1, 2022, OHMPI was a Joint Venture.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. OhioHealthy Health Insuring Corporation has an amount due of \$1,093,669 to parent OHMPI for its portion of shared services and expenses paid on their behalf.

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- E. 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.
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - Not Applicable
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

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. Contingent Commitments

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.

 - (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company
 - (2) Nature and circumstances of guarantee - Not Applicable
 - (3) Aggregate compilation of guarantee obligations - Not Applicable
- B. Assessments - Not Applicable
- C. Gain Contingencies - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable
- E. Joint and Several Liabilities - Not Applicable
- F. All Other Contingencies - Not Applicable

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. Change in Incurred Claims and Claim 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

31. Anticipated Salvage and Subrogation - Not Applicable

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?.....NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?.....NO
- 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
- 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?.....NO
- 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?.....NO
- 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?.....NO
- 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 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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?.....N/A
- 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?.....N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?.....N/A
- 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?.....NO
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....NO
- 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?.....NO
- 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 affiliates primary federal regulator.

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | 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?.....YES
- (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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?.....NO
- 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?.....NO
- 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?.....NO
- 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.).....NO
- 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:.....\$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?.....NO
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

| | 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?.....NO.....
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....N/A.....
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.....
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 | 2 |
|----------------------|---|
| Name of Custodian(s) | 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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | 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?.....NO.....
- 17.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| | | | |

- 17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment 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 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | 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?.....NO.....
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?.....NO.....

- 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 | 2 | 3 | 4 | 5 |
|---|----------------------------|-------------------------------|-----------------|--|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| | | | | |

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?YES
- 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?NO
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?NO
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?NO

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?NO2.2 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?NO2.4 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?NO3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?NO

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------|-----------|----------------|-------------------|--------------------------|---------------------------|------------------------|-------------------|--|--|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |

NONE

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | | Direct Business Only | | | | | | | | | |
|----------------------|---|-----|----------------------|---|----------------------|--------------------|----------------|---|--|-----------------------------|---------------------------|------------------------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| States, Etc. | | | Active Status (a) | Accident & Health Premiums, Including Policy, Membership and Other Fees | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Plan Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | 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. | US 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 benefits plans | | XXX | | | | | | | | | |
| 61. | Total (Direct Business) | | XXX | | | | | | | | | |
| Details of Write-Ins | | | | | | | | | | | | |
| 58001. | | | XXX | | | | | | | | | |
| 58002. | | | XXX | | | | | | | | | |
| 58003. | | | XXX | | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | | XXX | | | | | | | | | |
| 58999. | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | XXX | | | | | | | | | |

(a) Active Status Counts
L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG. – R – Registered - Non-domiciled RRGs
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state – Q – Qualified - Qualified or accredited reinsurer
N – None of the above - Not allowed to write business in the state 57

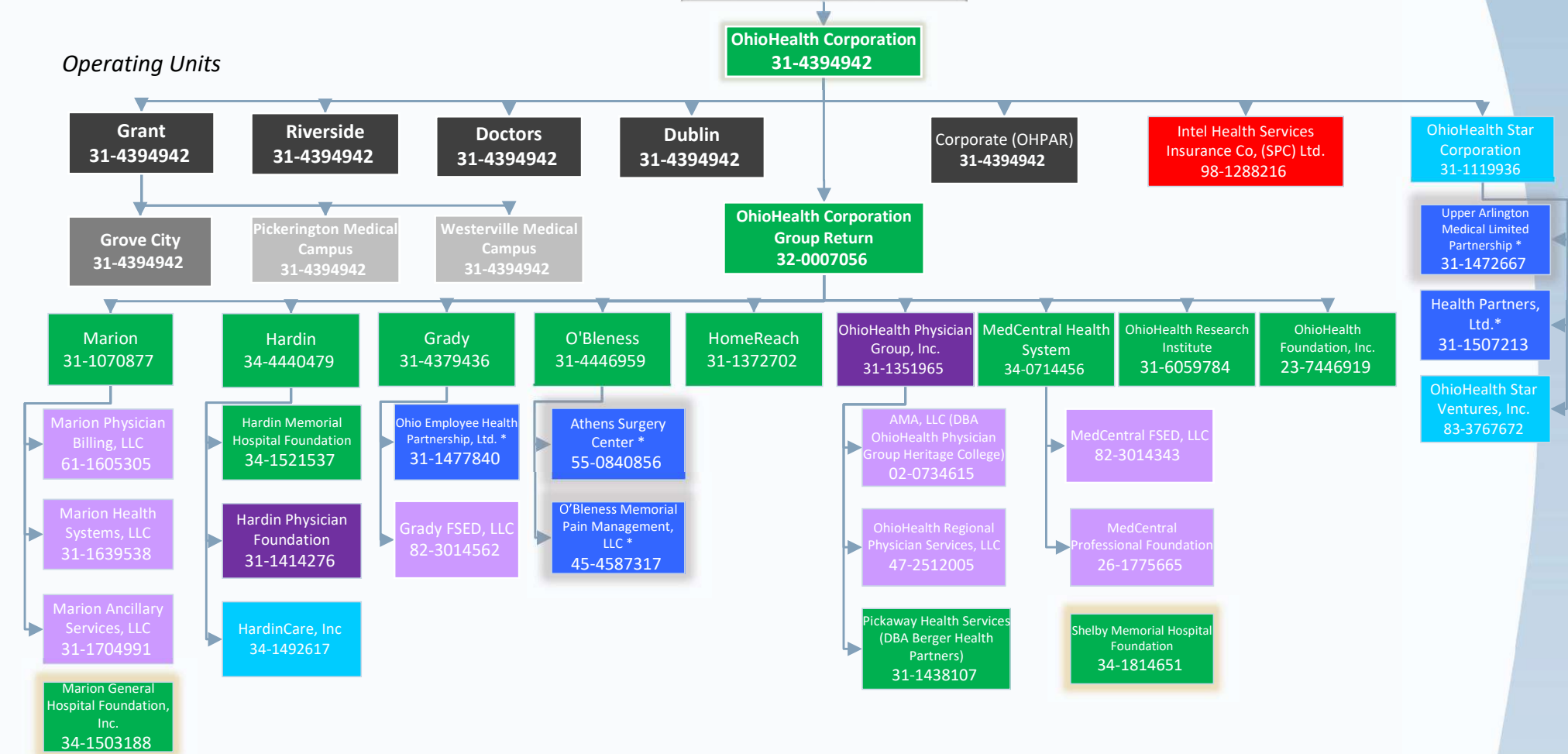


OhioHealth

Quarterly Statement as of September 30, 2022 of the OhioHealthy Health Insuring Corporation

SCHEDULE Y INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART
WEST OHIO CONFERENCE -
UNITED METHODIST CHURCH
31-4420544

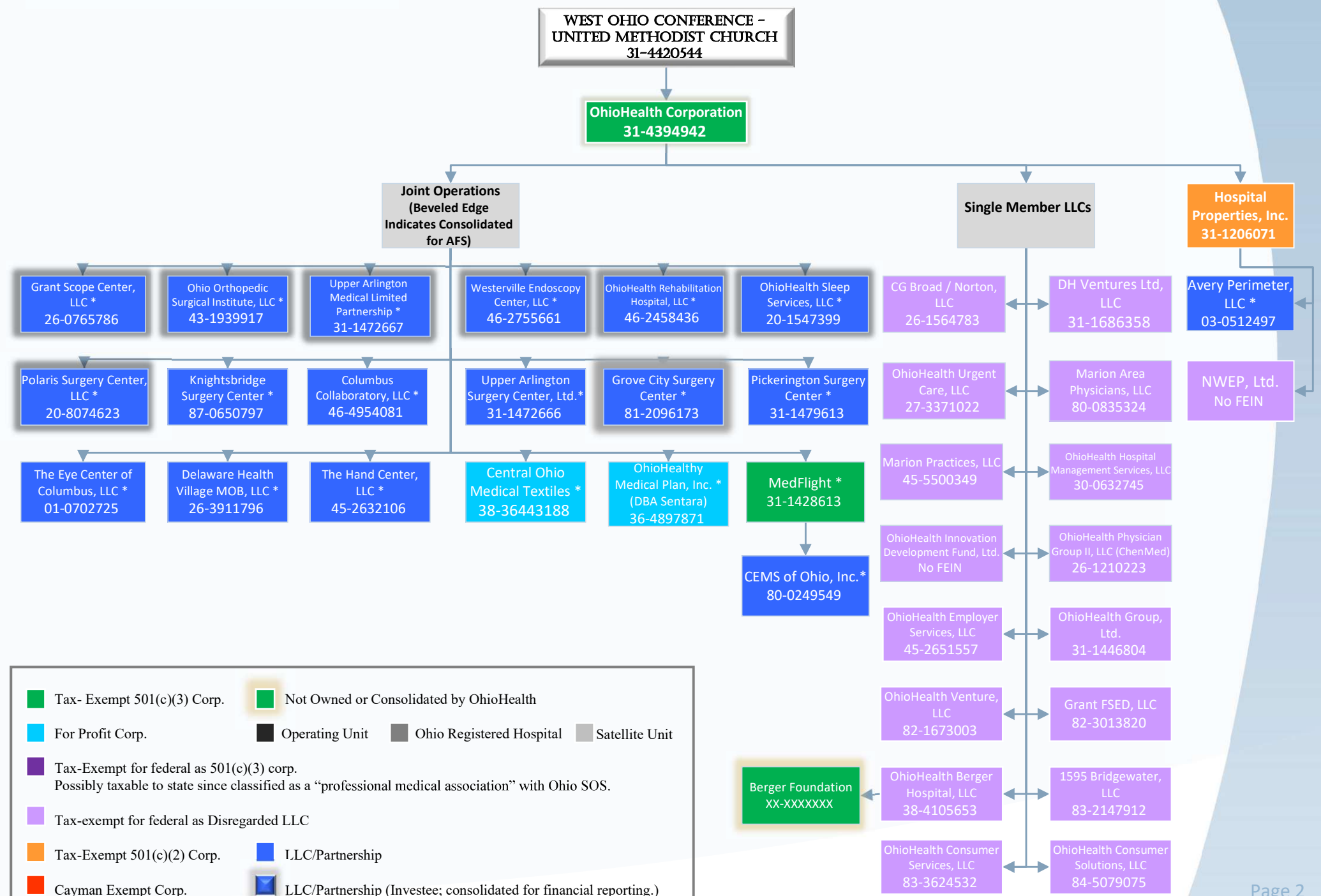


| | |
|---|---|
| Tax- Exempt 501(c)(3) Corp. | Not Owned or Consolidated by OhioHealth |
| For Profit Corp. | Operating Unit |
| Tax-Exempt for federal as 501(c)(3) corp. Possibly taxable to state since classified as a "professional medical association" with Ohio SOS. | Ohio Registered Hospital |
| Tax-exempt for federal as Disregarded LLC | Satellite Unit |
| 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%.

Organizational Structure
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Legend:

- Tax- Exempt 501(c)(3) Corp.
- For Profit Corp.
- 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
- Tax-Exempt 501(c)(2) Corp.
- Cayman Exempt Corp.
- Not Owned or Consolidated by OhioHealth
- Operating Unit
- Ohio Registered Hospital
- Satellite Unit
- LLC/Partnership
- LLC/Partnership (Investee; consolidated for financial reporting.)

* Indicates entity is owned at less than 100%.



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 | | 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 | | 47-1509408 | | | | OhioHealthy Plans, LLC | OH | NIA | OhioHealthy Medical Plan, Inc. | Ownership | 100.000 | OhioHealth Corporation | NO | |
| | | | 31-4394942 | | | | OhioHealth Corporation | OH | UIP | West Ohio Conference of the United Methodist Church | Ownership | | West Ohio Conference of The United | NO | |
| | | | 31-4420544 | | | | West Ohio Conference of the United Methodist Church | OH | NIA | | Ownership | | Methodist Church | NO | |
| Asterisk | Explanation | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | |

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.

| | Response |
|---|-----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?..... | NO |
| August Filing | |
| 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 |

EXPLANATION:

1. No Medicare Part D Coverage.....
2.

BARCODES:

1.

17026202236500003
2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION
Real Estate

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year to Date | 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)..... | | |

SCHEDULE B – VERIFICATION
Mortgage Loans

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year to Date | 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 comm. net 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 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year to Date | 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 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 407,082 | |
| 2. | Cost of bonds and stocks acquired..... | 234,713 | 407,190 |
| 3. | Accrual of discount..... | – | |
| 4. | Unrealized valuation increase (decrease)..... | | |
| 5. | Total gain (loss) on disposals..... | (4,106) | |
| 6. | Deduct consideration for bonds and stocks disposed of..... | 406,586 | |
| 7. | Deduct amortization of premium..... | – | 107 |
| 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)..... | 231,103 | 407,082 |
| 12. | Deduct total nonadmitted amounts..... | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12)..... | 231,103 | 407,082 |

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|---|---|---|--|---|--|--|
| | Book / Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book / Adjusted Carrying Value End of First Quarter | Book / Adjusted Carrying Value End of Second Quarter | Book / Adjusted Carrying Value End of Third Quarter | Book / Adjusted Carrying Value December 31 Prior Year |
| Bonds | | | | | | | | |
| 1. NAIC 1 (a)..... | 402,583 | | 167,000 | (4,480) | 405,480 | 402,583 | 231,103 | 407,082 |
| 2. NAIC 2 (a)..... | | | | | | | | |
| 3. NAIC 3 (a)..... | | | | | | | | |
| 4. NAIC 4 (a)..... | | | | | | | | |
| 5. NAIC 5 (a)..... | | | | | | | | |
| 6. NAIC 6 (a)..... | | | | | | | | |
| 7. Total Bonds..... | 402,583 | | 167,000 | (4,480) | 405,480 | 402,583 | 231,103 | 407,082 |
| Preferred Stock | | | | | | | | |
| 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..... | 402,583 | | 167,000 | (4,480) | 405,480 | 402,583 | 231,103 | 407,082 |

(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 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year..... | 2,988 | |
| 2. | Cost of cash equivalents acquired..... | 290,745 | 513,513 |
| 3. | Accrual of discount..... | | |
| 4. | Unrealized valuation increase (decrease)..... | | |
| 5. | Total gain (loss) on disposals..... | 197 | |
| 6. | Deduct consideration received on disposals..... | 118,340 | 510,525 |
| 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)..... | 175,590 | 2,988 |
| 11. | Deduct total nonadmitted amounts..... | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11)..... | 175,590 | 2,988 |

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book / Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|-------------|---------|------------------|-------------------|---------------------|---------------|-----------|-------------|---|---|---|--|--|---|---|---|--|-------------------------------------|--|---|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares | Consideration | Par Value | Actual Cost | Prior Year Book / Adjusted Carrying Value | Unrealized Valuation Increase / (Decrease) | Current Year's (Amortization) / Accretion | Current Year's Other-Than- Temporary Impairment Recognized | Total Change in B. / A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book / Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest / Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Bonds: All Other Governments | | | | | | | | | | | | | | | | | | | | | |
| 91282C-AC-5 | Various | | 08/01/2022 | | XXX | 167,000 | 167,000 | 167,000 | 166,883 | | (819) | | (819) | | 167,000 | | (3,662) | (3,662) | | | 1.A |
| 0309999999 – Bonds: All Other Governments | | | | | | 167,000 | 167,000 | 167,000 | 166,883 | | (819) | | (819) | | 167,000 | | (3,662) | (3,662) | | XXX | XXX |
| 2509999997 – Subtotals - Bonds - Part 4 | | | | | | 167,000 | 167,000 | 167,000 | 166,883 | | (819) | | (819) | | 167,000 | | (3,662) | (3,662) | | XXX | XXX |
| 2509999999 – Subtotals - Bonds | | | | | | 167,000 | 167,000 | 167,000 | 166,883 | | (819) | | (819) | | 167,000 | | (3,662) | (3,662) | | XXX | XXX |
| 6009999999 – Totals | | | | | | 167,000 | XXX | 167,000 | 166,883 | | (819) | | (819) | | 167,000 | | (3,662) | (3,662) | | XXX | XXX |

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economice Impact of The Hedge

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

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 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| Truist – Charlotte, North Carolina | | | | | 1,689,014 | 1,689,014 | 2,888,554 | XXX |
| 0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | | | | XXX |
| 0199999 – Total Open Depositories | | | | | 1,689,014 | 1,689,014 | 2,888,554 | XXX |
| 0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 – Total Suspended Depositories | | | | | | | | XXX |
| 0399999 – Total Cash on Deposit | | | | | 1,689,014 | 1,689,014 | 2,888,554 | XXX |
| 0499999 – Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 – Total | | | | | 1,689,014 | 1,689,014 | 2,888,554 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---------------------------------|------|---------------|------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| Qualified Cash Pools Under SSAP No. 2R | | | | | | | | |
| XXX | Principal Deposit Sweep Program | | 12/01/2021 | | XXX | 175,590 | 206 | |
| 8409999999 – Qualified Cash Pools Under SSAP No. 2R | | | | | | 175,590 | 206 | |
| 8609999999 – Total Cash Equivalents | | | | | | 175,590 | 206 | |