



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: Aetna Health of Ohio Inc.

NAIC No. 15805

We, the undersigned executive officers of Aetna Health 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 _____

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: 11/15/22

☒ 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.

Terry Jason Smith 10/18/22

Signature

Date

Signature

Date

Signature

Date

(Name) Terry Jason Smith

(Name) Robert Mark Kessler

(Name) Steven Matthew Conte

(Title)* Chief Executive Officer and President

(Title)* Vice President and Secretary

(Title)* Principal Financial Officer and Controller

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



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: Aetna Health of Ohio Inc.

NAIC No. 15805

We, the undersigned executive officers of Aetna Health 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 _____

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: 11/15/22.
☒ 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.

Signature _____ Date _____

(Name) Terry Jason Smith
(Title)* Chief Executive Officer and President

Signature _____ Date 10/14/22

(Name) Robert Mark Kessler
(Title)* Vice President and Secretary

Signature _____ Date 10/21/22

(Name) Steven Matthew Conte
(Title)* Principal Financial Officer and Controller

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



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
Aetna Health of Ohio Inc.

NAIC Group Code 0001 0001 NAIC Company Code 15805 Employer's ID Number 47-3850677
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/24/2015 Commenced Business 01/01/2020

Statutory Home Office 7400 W. Campus Road New Albany, OH, US 43054
(Street and Number) (City or Town, State, Country, and Zip Code)

Main Administrative Office 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country, and Zip Code) (Area Code) (Telephone Number)

Mail Address 151 Farmington Avenue, RT21 Hartford, CT, US 06156
(Street and Number or P.O. Box) (City or Town, State, Country, and Zip Code)

Primary Location of Books and Records 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country, and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aetna.com

Statutory Statement Contact Kim E. Roth 215-775-6508
(Name) (Area Code) (Telephone Number)
StatutoryReporting@aetna.com 860-262-7767
(E-mail Address) (FAX Number)

OFFICERS

President Terry Jason Smith Principal Financial Officer and Controller Steven Matthew Conte #
Secretary Robert Mark Kessler

OTHER

Derek Scott Blunt, Senior Investment Officer Peter Keller, Assistant Controller Whitney Dorothy Lavoie, Assistant Controller
Scott David Miller, Assistant Controller Bryan Sheppard Nazworth, Chief Financial Officer Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Bryan Sheppard Nazworth Sonya Kay Nelson # Terry Jason Smith

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.

Terry Jason Smith
Chief Executive Officer and President

Robert Mark Kessler
Vice President and Secretary

Steven Matthew Conte
Principal Financial Officer and Controller

State of..... California
County of.... Riverside

State of..... Arizona
County of.... Maricopa

State of..... Pennsylvania
County of.... Montgomery

Subscribed and sworn to before me this
18th day of October, 2022

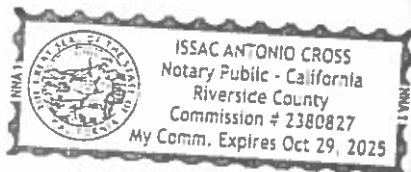
Subscribed and sworn to before me this
____ day of _____, 2022

Subscribed and sworn to before me this
____ day of November, 2022

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



HEALTH QUARTERLY STATEMENT

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

Aetna Health of Ohio Inc.

NAIC Group Code 0001 0001 NAIC Company Code 15805 Employer's ID Number 47-3850677
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/24/2015 Commenced Business 01/01/2020

Statutory Home Office 7400 W. Campus Road New Albany, OH, US 43054
(Street and Number) (City or Town, State, Country, and Zip Code)

Main Administrative Office 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country, and Zip Code) (Area Code) (Telephone Number)

Mail Address 151 Farmington Avenue, RT21 Hartford, CT, US 06156
(Street and Number or P.O. Box) (City or Town, State, Country, and Zip Code)

Primary Location of Books and Records 7400 W. Campus Road
(Street and Number)
New Albany, OH, US 43054 800-872-3862
(City or Town, State, Country, and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aetna.com

Statutory Statement Contact Kim E. Roth 215-775-6508
(Name) (Area Code) (Telephone Number)
StatutoryReporting@aetna.com 860-262-7767
(E-mail Address) (FAX Number)

OFFICERS

President Terry Jason Smith Principal Financial Officer and Controller Steven Matthew Conte #
Secretary Robert Mark Kessler

OTHER

Derek Scott Blunt, Senior Investment Officer Peter Keller, Assistant Controller Whitney Dorothy Lavoie, Assistant Controller
Scott David Miller, Assistant Controller Bryan Sheppard Nazworth, Chief Financial Officer Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Bryan Sheppard Nazworth Sonya Kay Nelson # Terry Jason Smith

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.

Terry Jason Smith
Chief Executive Officer and President

Robert Mark Kessler
Vice President and Secretary

Steven Matthew Conte
Principal Financial Officer and Controller

State of California
County of Riverside

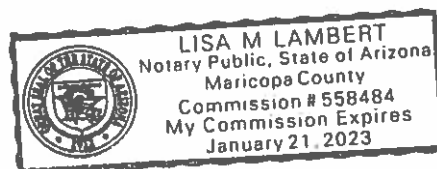
Subscribed and sworn to before me this
____ day of _____, 2022

NOTARY PUBLIC (Seal)

State of Arizona
County of Maricopa

Subscribed and sworn to before me this
14 day of October, 2022

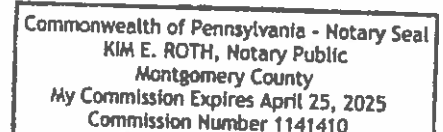
NOTARY PUBLIC (Seal)



State of Pennsylvania
County of Montgomery

Subscribed and sworn to before me this
15th day of November, 2022

NOTARY PUBLIC (Seal)



a. Is this an original filing? Yes [X] No []

b. If no,

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