



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.

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)



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Original filing. Amended filing.

Signature _____ Date _____

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

Signature _____ Date _____

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

Signature _____ Date _____

(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 (Current)	0001 (Prior)	NAIC Company Code	15805	Employer's ID Number	47-3850677
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 (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country, and Zip Code)			
Main Administrative Office	7400 W. Campus Road (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country, and Zip Code)			
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)		Hartford, CT, US 06158 (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 (City or Town, State, Country, and Zip Code)			
Internet Website Address	www.aetna.com					
Statutory Statement Contact	Kim E. Roth (Name)		215-775-6508 (Area Code) (Telephone Number)			
	StatutoryReporting@aetna.com (E-mail Address)		860-262-7767 (FAX Number)			

OFFICERS

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

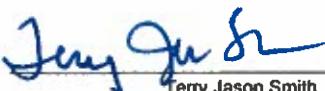
OTHER

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
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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

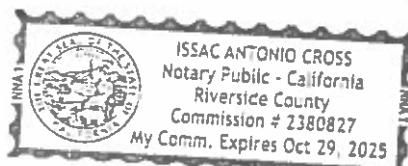
Subscribed and sworn to before me this

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 _____



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AS OF SEPTEMBER 30, 2022
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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 (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country, and Zip Code)			
Main Administrative Office	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)			
New Albany, OH, US 43054 (City or Town, State, Country, and Zip Code)						
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)		Hartford, CT, US 06156 (City or Town, State, Country, and Zip Code)			
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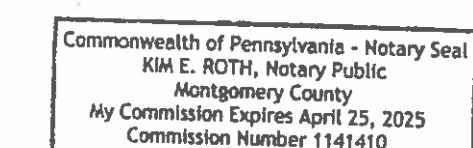
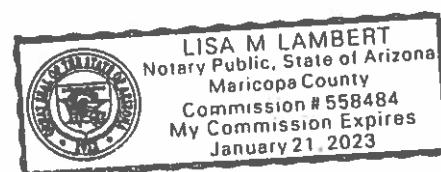
Subscribed and sworn to before me this

day of _____, 2022

14 day of October 2022

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.....