

Explanation for Amended Filing

Updated Schedule T Part 1 Line 36

Ohio Active Status changed to "L"

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 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..... 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.....
Columbus, OH, US 43202..... (380)210-2311.....
(Telephone)
Mail Address..... 3430 OhioHealth Parkway..... Columbus, OH, US 43202.....
Primary Location of Books and
Records..... 3430 OhioHealth Parkway.....
Columbus, OH, US 43202..... (380)210-2311.....
(Telephone)
Internet Website Address..... www.ohiohealthyplans.com.....
Statutory Statement Contact..... Gaston Bushiri..... (380)210-2311.....
(Telephone)
gaston.bushiri@ohiohealth.com..... (614)544-4081.....
(E-Mail) (Fax)

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
Stephen Cindrich President	Gaston Bushiri Chief Financial Officer	Kathy Savenko Controller

Subscribed and sworn to before me
this _____ day of

a. Is this an original filing? No
b. If no:
1. State the amendment number: 1
2. Date filed: 03/20/2023
3. Number of pages attached: 83

x

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0799999 – Gross Health Care Receivables.....						

NONE

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		NONE				
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0899999 – Accrued medical incentive pool and bonus amounts.....						

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0399999 – Total gross payables.....				

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....			XXX	XXX		
13. Total (Line 4 plus Line 12).....		%	XXX	XXX		

NONE

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OhioHealthy Health Insuring Corporation

2. Columbus, OH
(LOCATION)

NAIC Group Code: 5005

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Company Code: 17026

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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 business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION OhioHealthy Health Insuring Corporation

2. Columbus, OH
(LOCATION)

NAIC Group Code: 5005

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

NAIC Company Code: 17026

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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 Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
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 business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

(33) Schedule S - Part 3 - Section 2

NONE

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

(36) Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	3,302,360		3,302,360
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance	XXX		
5	All other admitted assets (Balance)	438		438
6	Total assets (Line 28)	3,302,798		3,302,798
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)			
8	Accrued medical incentive pool and bonus payments (Line 2)			
9	Premiums received in advance (Line 8)			
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	599,865		599,865
15	Total liabilities (Line 24)	599,865		599,865
16	Total capital and surplus (Line 33)	2,702,933	XXX	2,702,933
17	Total liabilities, capital and surplus (Line 34)	3,302,798		3,302,798
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses		XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables		XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	US Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

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)	*
			31-4420544				West Ohio Conference of The United Methodist Church	OH	Nia		Ownership			NO	
			31-4394942				OhioHealth Corporation	OH	UIP	West Ohio Conference of The United Methodist Church	Ownership		West Ohio Conference of The United Methodist Church	NO	
5005	OhioHealth Corp Grp	00000	47-1509408				OhioHealthy Plans LLC	OH	NIA	OhioHealth Medical Plan Inc	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17028	85-3626444				OhioHealthy Insurance Corporation	OH	NIA	OhioHealth Medical Plan Inc	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17026	85-2275116				OhioHealthy Health Insuring Corporation	OH	NIA	OhioHealth Medical Plan Inc	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	00000	36-4897871				OhioHealth Medical Plan, Inc.	OH	NIA	OhioHealth Corporation	Ownership	100.000	OhioHealth Corporation	NO	
Asterisk	Explanation														

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000.....	36-4897871.....	OhioHealthy Medical Plan, Inc.....		(3,495,176)							(3,495,176)	
17026.....	85-2275116.....	OhioHealthy Health Insuring Corporation.....		3,495,176							3,495,176	
9999999 – Control Totals.....				–					XXX		–	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
OhioHealthy Insurance Company.....	OhioHealthy Medical Plan, Inc.....	..... 100.000 %	NO	OhioHealth Corp Grp.....	OhioHealth Corp Grp.....	..... 100.000 %	NO
OhioHealthy Health Insuring Corporation.....	OhioHealthy Medical Plan, Inc.....	..... 100.000 %	NO	OhioHealth Corp Grp.....	OhioHealth Corp Grp.....	..... 100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	NO
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
April Filing	
5. Will Management’s Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
June Filing	
8. Will an audited financial report be filed by June 1?	NO
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
April Filing	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	No
August Filing	
24. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2. Filed and granted exemption	 1 7 0 2 6 2 0 2 2 4 0 0 0 0 5
3.	
4.	
5.	
6.	
7.	
8. Filed for and granted exemption	 1 7 0 2 6 2 0 2 2 2 2 0 0 0 0 5
9.	
10.	
11.	 1 7 0 2 6 2 0 2 2 2 0 5 0 0 0 5
12.	 1 7 0 2 6 2 0 2 2 4 2 0 0 0 0 5
13. Exemption for Actuarial opinion granted	 1 7 0 2 6 2 0 2 2 3 7 1 0 0 0 5
14. Exemption for Actuarial opinion granted	 1 7 0 2 6 2 0 2 2 3 7 0 0 0 0 5
15. No Medicare Part D Coverage	 1 7 0 2 6 2 0 2 2 3 6 5 0 0 0 5
16.	 1 7 0 2 6 2 0 2 2 2 2 4 0 0 0 5
17.	 1 7 0 2 6 2 0 2 2 2 2 5 0 0 0 5
18.	 1 7 0 2 6 2 0 2 2 2 2 6 0 0 0 5
19.	 1 7 0 2 6 2 0 2 2 3 0 6 0 0 0 5
20.	 1 7 0 2 6 2 0 2 2 2 1 1 0 0 0 5
21.	 1 7 0 2 6 2 0 2 2 2 1 6 0 0 0 5
22.	 1 7 0 2 6 2 0 2 2 2 1 7 0 0 0 5
23.	 1 7 0 2 6 2 0 2 2 2 9 0 0 0 0 5
24.	

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed By March 1)
FOR THE STATE OF Ohio

NAIC Group Code: 5005

NAIC Company Code: 17026

Address (City, State and Zip Code): Columbus, OH, US 43202

Person Completing This Exhibit:

Title:

Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives
0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 – TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:.....

2.2 Contact Person and Phone Number:.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:.....

3.2 Contact Person and Phone Number:.....
4. Explain any policies identified above as policy type "O"

Supp360.0H