

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 <i>(Telephone)</i>	
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 <i>(Telephone)</i>	

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 _____

55

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

1

President

Chief Financial Officer

Controller

Subscribed and sworn to before me

this _____ day of

a. Is this an original filing? No
b. If no:

b. II no.

2. Date filed:

2. Date recd.
3. Number of

3. Number of pages attached:

20/2022

03/20/2023

83

x

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables						
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.

NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0899999 - Accrued medical incentive pool and bonus amounts.....						

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 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		

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....						
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						

NONE

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.....														

(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 \$

NONE

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.....														

(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 \$

NONE

(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 As Reported (net of ceded)	2 Restatement Adjustments	3 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

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
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

Annual Statement for the Year 2022 of the OhioHealthy Health Insuring Corporation

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
			31-4420544			West Ohio Conference of The United Methodist Church	OH	Nia		West Ohio Conference of The United Methodist Church	Ownership		West Ohio Conference of The United Methodist Chuch	NO	
5005	OhioHealth Corp Grp	00000	31-4394942			OhioHealth Corporation	OH	UIP		OhioHealth Medical Plan Inc	Ownership		OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17028	47-1509408			OhioHealthy Plans LLC	OH	NIA		OhioiHealth Medical Plan Inc	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	17026	85-3626444			OhioHealthy Insurance Corporation	OH	NIA		OhioHealth Medical Plan Inc	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	00000	85-2275116			OhioHealthy Health Insuring Corporation	OH	NIA		OhioHealth Corporation	Ownership	100.000	OhioHealth Corporation	NO	
5005	OhioHealth Corp Grp	36-4897871				OhioHealth Medical Plan, Inc.	OH	NIA					OhioHealth Corporation	NO	
Asterisk		Explanation													

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 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.

		Response
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 4 0 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 0 5
9.	
10.	
11.	 1 7 0 2 6 2 0 2 2 2 0 5 0 0 0 0 5
12.	
13. Exemption for Actuarial opinion granted	 1 7 0 2 6 2 0 2 2 2 3 7 1 0 0 0 0 5
14. Exemption for Actuarial opinion granted	 1 7 0 2 6 2 0 2 2 2 3 7 0 0 0 0 0 5
15. No Medicare Part D Coverage	 1 7 0 2 6 2 0 2 2 2 3 6 5 0 0 0 0 5
16.	 1 7 0 2 6 2 0 2 2 2 2 4 0 0 0 0 5
17.	 1 7 0 2 6 2 0 2 2 2 2 5 0 0 0 0 5
18.	 1 7 0 2 6 2 0 2 2 2 2 6 0 0 0 0 5
19.	 1 7 0 2 6 2 0 2 2 2 3 0 6 0 0 0 0 5
20.	 1 7 0 2 6 2 0 2 2 2 2 1 1 0 0 0 0 5
21.	 1 7 0 2 6 2 0 2 2 2 1 6 0 0 0 0 5
22.	 1 7 0 2 6 2 0 2 2 2 1 7 0 0 0 0 5
23.	
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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022			
										11 Premiums Earned	12 Incurred Claims Amount	13 Incurred Claims % of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Incurred Claims % of Premiums Earned	18 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"