



HEALTH QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
**Bright Health Insurance Company of Ohio, Inc.**

NAIC Group Code 4887 (Current) 4887 (Prior) NAIC Company Code 16353 Employer's ID Number 37-1873205

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: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 10/26/2017 Commenced Business 01/01/2019

Statutory Home Office 300 E Business Way, Suite 220 (Street and Number) Cincinnati, OH, US 45241 (City or Town, State, Country and Zip Code)

Main Administrative Office 8000 Norman Center Dr, Suite 900 (Street and Number) Minneapolis, MN, US 55437 (City or Town, State, Country and Zip Code) 612-238-1321 (Area Code) (Telephone Number)

Mail Address 8000 Norman Center Dr, Suite 900 (Street and Number or P.O. Box) Minneapolis, MN, US 55437 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8000 Norman Center Dr, Suite 900 (Street and Number) Minneapolis, MN, US 55437 (City or Town, State, Country and Zip Code) 612-238-1321 (Area Code) (Telephone Number)

Internet Website Address www.brighthousehealthcare.com

Statutory Statement Contact Chelsea Marie McGee (Name) 605-216-2433 (Area Code) (Telephone Number) cmcgee@brighthousegroup.com (E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Jay Matushak Chief Financial Officer Jay Matushak

Secretary Jeff Craig

OTHER

DIRECTORS OR TRUSTEES

Jay Matushak Jeff Craig

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.

Jay Matushak Chief Executive Officer and President Jay Matushak Chief Financial Officer Jeff Craig Secretary

Subscribed and sworn to before me this day of a. Is this an original filing? b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached..... Yes [ X ] No [ ]

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 .....	0	0	0	0
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 3,323,470 ), cash equivalents (\$ ..... 424,583 ) and short-term investments (\$ ..... 445,163 ) .....	4,193,216	0	4,193,216	4,173,963
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	5,168	0	5,168	49
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	4,198,384	0	4,198,384	4,174,012
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,740	0	1,740	193
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,971	0	5,971	5,971
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....56,044 ) and contracts subject to redetermination (\$ ..... 153,084 ) .....	209,128	0	209,128	209,104
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	49,661	0	49,661	110,292
18.1 Current federal and foreign income tax recoverable and interest thereon ....	0	0	0	0
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	4,307	4,132	175	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,469,191	4,132	4,465,059	4,499,572
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	4,469,191	4,132	4,465,059	4,499,572
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses .....	4,132	4,132	0	0
2502. Prepaid Taxes .....	175	0	175	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	4,307	4,132	175	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	0	0	0	34,109
2. Accrued medical incentive pool and bonus amounts .....	43,968	0	43,968	43,967
3. Unpaid claims adjustment expenses .....	0	0	0	0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	503,816	0	503,816	503,815
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	0	0	0
9. General expenses due or accrued .....	5,082	0	5,082	2,365
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated .....	2,959	0	2,959	0
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	55,541	0	55,541	176,499
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	96,506	0	96,506	96,505
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	707,872	0	707,872	857,260
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	6,146,351	6,146,351
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(3,389,164)	(3,504,039)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	3,757,187	3,642,312
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,465,059	4,499,572
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	0	0	0
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	0	( 14, 171)	( 30, 084)
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	510, 452	516, 369
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	0	496, 281	486, 285
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	0	( 34, 766)	( 111, 009)	( 205, 507)
10. Other professional services .....	0	0	0	0
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	0	0	0	0
13. Prescription drugs .....	0	( 30, 625)	17, 796	41, 058
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	( 43, 968)	0
16. Subtotal (Lines 9 to 15) .....	0	( 65, 391)	( 137, 181)	( 164, 449)
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	( 65, 391)	( 137, 181)	( 164, 449)
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses .....	0	0	( 28, 659)	( 28, 076)
21. General administrative expenses .....	0	1, 824	179, 405	173, 239
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	( 63, 567)	13, 565	( 19, 286)
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	63, 567	482, 716	505, 571
25. Net investment income earned .....	0	27, 993	6, 389	10, 435
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0	( 21, 729)	( 21, 729)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	27, 993	( 15, 340)	( 11, 294)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....( 637) )].	0	( 637)	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
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	90, 923	467, 376	494, 277
31. Federal and foreign income taxes incurred .....	XXX	0	0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	90, 923	467, 376	494, 277
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	3,642,313	3,171,445	3,171,445
34. Net income or (loss) from Line 32 .....	90,923	467,376	494,277
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	0	0	0
39. Change in nonadmitted assets .....	23,951	(55,378)	(23,409)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	114,874	411,998	470,868
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,757,187	3,583,443	3,642,313
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(23)	(4,020)	(4,021)
2. Net investment income .....	24,790	18,421	22,116
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	24,767	14,401	18,095
5. Benefit and loss related payments .....	(58,385)	890,096	860,035
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	(59,219)	159,326	175,734
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	0	0	0
10. Total (Lines 5 through 9) .....	(117,604)	1,049,422	1,035,769
11. Net cash from operations (Line 4 minus Line 10) .....	142,371	(1,035,021)	(1,017,674)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	3,078,575	3,078,575
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	3,078,575	3,078,575
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	19,955	19,955
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	5,119	0	49
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	5,119	19,955	20,004
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(5,119)	3,058,620	3,058,571
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(118,000)	435,540	343,287
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(118,000)	435,540	343,287
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	19,252	2,459,139	2,384,185
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	4,173,964	1,789,779	1,789,779
19.2 End of period (Line 18 plus Line 19.1)	4,193,216	4,248,918	4,173,964

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7 Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	(58,382)	0	0	0	0	0	0	(58,382)	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(65,391)	0	0	0	0	0	0	(65,391)	0	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

88



UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group .....	0	0	0	0	0	0
3. Medicare Supplement .....	0	0	0	0	0	0
4. Dental Only .....	0	0	0	0	0	0
5. Vision Only .....	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	(58,386)	0	0	0	(58,386)	34,109
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-term care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	(58,386)	0	0	0	(58,386)	34,109
14. Health care receivables (a) .....	0	0	0	0	0	27,103
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	0	0	43,968	0	43,968	43,967
17. Totals (Lines 13 - 14 + 15 + 16)	(58,386)	0	43,968	0	(14,418)	50,973

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

Organization and Operations

Bright Health Insurance Company of Ohio, Inc. (the Company) is incorporated in the State of Ohio, dually licensed as a health maintenance organization (HMO) and a life, accident, and health insurer, and is a wholly owned subsidiary of Bright Health Management, Inc. (BHM), which is a health insurer management corporation that provides services to the Company under the terms of a management agreement. BHM is a wholly owned subsidiary of Bright Health Group, Inc., formerly Bright Health, Inc. (Bright Health), a for-profit publicly held company. The Company was incorporated October 26, 2017 and received its license from the Ohio Department of Insurance (the Department) on April 23, 2018. The Company contracted with the Center for Medicare and Medicaid Services (CMS) to provide Medicare Advantage policies for Medicare-eligible enrollees. The Company notified the Department that it planned to end the Medicare Advantage contracts effective January 1, 2022. No members remained enrolled after 2021.

A. Accounting Practices

The statutory financial statements of the Company have been prepared in conformity with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP), the NAIC Annual Instructions, and other accounting practices, as prescribed or permitted by the Department.

No significant differences exist between the practices prescribed and permitted by the State of Ohio and those prescribed and permitted by the NAIC SAP which materially affect the statutory basis net loss and capital and surplus, as illustrated in the table below:

	SSAP #	F/S Page	F/S Line #	09/30/2023	12/31/2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 90,923	\$ 494,277
(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	\$ 90,923	\$ 494,277
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,757,187	\$ 3,642,312
(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	\$ 3,757,187	\$ 3,642,312

B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

C. Accounting Policy

- (1) - (2) Bonds and short-term investments are stated at amortized cost if they meet NAIC designation of one or two and stated at the lower of amortized cost of fair value if they meet an NAIC designation of three or higher. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office of the NAIC (SVO) in accordance with the NAIC Valuations of Securities manual prepared by the SVO, the custodian, or an external pricing service. The Company does not hold any SVO-identified investments or mandatory convertible securities.
- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R - Not Applicable
- (3) Common stocks - No Significant Changes
- (4) Preferred stocks - No Significant Changes
- (5) Mortgage loans - No Significant Changes
- (6) Loan-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes
- (8) Investments in joint ventures, partnerships and limited liability companies - No Significant Changes
- (9) Derivatives - No Significant Changes
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

D. Going Concern

These financial statements have been prepared in accordance with NAIC SAP assuming the Company will continue as a going concern. The Company previously disclosed substantial doubt about Bright Health's ability to continue as a going concern (see Note 10). Given the Company's capital and surplus as of September 30, 2023, as well as anticipated remaining liabilities, net of collectible receivables, the Company believes that its cash and invested assets are sufficient to satisfy all remaining obligations of its discontinued operations and that substantial doubt about the Company's ability to continue as a going concern has been alleviated as of September 30, 2023.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

Notes to the Financial Statements

4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1) List of discontinued operations disposed of or classified as held for sale

Discontinued Operation Identifier	Description of Discontinued Operation
.....1.....	Medicare Advantage.....

(2) The Company informed CMS it will terminate its Medicare Advantage contracts effective January 1, 2022. Following the expiration of these policies, the Company will not have any active enrolled members. Results of the discontinued operations will be reported consistently with the Company's reporting of continuing operations.

(3) Loss recognized on discontinued operations

The Company is not selling the business nor any of its assets, therefore it has not recognized any losses on the discontinued operations.

(4) Carrying amount and fair value of discontinued operations and the effect on assets, liabilities, surplus and income - Not Applicable

B. Change in Plan of Sale of Discontinued Operation - Not Applicable

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal

The Company will continue to perform normal functions of offering health insurance coverage to policyholders for covered events occurring during the periods in which the member had active coverage that can extend beyond the policy period, including but not limited to, claims processing, settlement of risk adjustment amounts owed to or from CMS, settlement of premium taxes, commissions, regulatory fees and other general administrative expense liabilities, collection of health care receivables and settlement of reinsurance amounts. The Company has accrued its best estimate of remaining assets and liabilities related to its discontinued operations in its statements of admitted assets, liabilities and capital and surplus as of September 30, 2023, however final settlements may be more or less than these amounts and any adjustments will flow through its statutory basis statements of operations in subsequent periods as they become known. The Company expects all run out activities to be materially complete within one year of the end of the coverage period of its policies, which is generally the amount of time allowed for claims submission under provider contracts. Management of the Company will continue to monitor the development of significant estimates to ensure that it has sufficient liquidity to meet its obligations.

D. Equity Interest Retained in the Discontinued Operation After Disposal - 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

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 - No Significant Changes

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 - None

R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable

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

7. Investment Income - No Significant Changes

8. Derivative Instruments - Not Applicable

9. Income Taxes - No Significant Changes

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

A. Nature of Relationships - No Significant Changes

B. Detail of Related Party Transactions - No Significant Changes

C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable

D. Amounts Due To or From Related Parties - No Significant Changes

Notes to the Financial Statements

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

- E. The Company has a management services agreement with BHM to provide the Company with personnel, information systems, claims processing, billing and enrollment, supplies and other services for the performance of all necessary and appropriate management services and functions. As compensation for the management services performed the Company pays a management fee that is the greater of a percentage of premiums or actual cost. Management fees charged to the Company were \$0 and \$80,577 as of September 30, 2023 and December 31 2022, respectively.
- F. Guarantees or Contingencies - Not Applicable
- G. Bright Health has a history of operating losses and generated a net loss of \$805.2 million for the period ended September 30, 2023. In addition, Bright Health's \$350 million revolving credit agreement with a syndicate of banks (the "Credit Agreement") matures on February 28, 2024. Bright Health also disclosed that during the first quarter of 2023 it had breached the minimum liquidity covenant of the agreement and has entered into an amended limited waiver agreement on August 4, 2023 which permanently waives compliance with the minimum liquidity covenant set forth in Section 11.12.2 of the Credit Agreement, and replaces it with a lower \$25.0 million minimum requirement and places certain other restriction on Bright Health's use of additional debt financing until the loan is repaid.

On August 4, 2023, Bright Health entered into a credit agreement with NEA 18 Venture Growth Equity, L.P (NEA) which provides Bright Health access to an additional \$60.0 million during a nine month bridge period, and on October 2, 2023 expanded the agreement to provide for an additional \$6.4 million in financing from a new lender. In addition, on June 30, 2023, Bright Health entered into the Molina Purchase Agreement to sell its California Medicare Advantage business, for total purchase consideration of \$600.0 million, subject to regulatory approval and other closing conditions. The closing of the transaction is expected to happen by early 2024. Bright Health also entered into repayment agreements with CMS for an aggregate \$380.0 million related to unpaid risk adjustment obligations, which Bright Health has 18 months from September 15, 2023 to pay and includes 11.5% interest rate per annum.

Based on projected cash flows and absent any other action, Bright Health may not meet certain covenants under the Credit Agreement, or the amended waiver agreement, which may result in the obligations under the Credit Agreement being accelerated. Bright Health will require additional liquidity to meet its obligations as the come due in the 12 months following the date the statutory basis financial statements contained in this report are available to be issued. In response to these conditions, management has implemented a restructuring plan to reduce capital needs and its operating expenses in the future to drive positive operating cash flows and increase liquidity. In the event Bright Health is unable to execute the sale of its California Medicare Advantage business, obtain additional financing or take other management actions, among other potential consequences, Bright Health forecasts it will be unable to satisfy its obligation.

- 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 - No Significant Changes
- 14. Liabilities, Contingencies and Assessments - No Significant Changes
- 15. Leases - No Significant Changes
- 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 - No Significant Changes
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable
- 20. Fair Value Measurements

A. Fair Value Measurement

The NAIC defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

- LEVEL 1- Inputs are unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- LEVEL 2 - Inputs are quoted prices for similar assets or liabilities in active markets or quoted prices in markets that are not active, or inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability.
- LEVEL 3 - Inputs are unobservable and significant to the fair value measurement.

The estimated fair values of bonds, short-term investments and cash equivalent investments are based on quoted market prices, where available. The Company contracts with a vendor, Clearwater Analytics, to utilize their software to assist in accounting for its investments. The Company obtains one price for each security primarily from its custodian, or if unavailable, generally securities evaluations, prices received from Thomson Reuters, or Clearwater calculated prices are used to price securities. If these are unavailable the Company is able to provide pricing overrides from other acceptable sources or methods, however based upon the relatively high rating of its investments, this is generally not required.

The Company is ultimately responsible for determining fair value, as well as the appropriate level within the fair value hierarchy, based on the significance of unobservable inputs.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(1) Fair value measurements at reporting date

The following table presents information about the Company's financial assets that are measured and reported at fair value at September 30, 2023, in the statutory basis statements of admitted assets, liabilities and capital and surplus according to the valuation techniques the Company used to determine their fair values:

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Money Market Mutual Funds .....	\$ 424,583	\$ .....	\$ .....	\$ .....	\$ 424,583
Total assets at fair value/NAV .....	<u>\$ 424,583</u>	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ 424,583</u>
b. Liabilities at fair value					
Total liabilities at fair value .....	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>	<u>\$ .....</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

(3) Policy on transfers into and out of Level 3 - Not Applicable

(4) The framework for determining the level of the Company's investment holdings is outlined above

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

The aggregate fair value by hierarchy of all financial instruments as of September 30, 2023 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S Government Securities .....	\$ 442,953	\$ 445,163	\$ 442,953	\$ .....	\$ .....	\$ .....	\$ .....
Money Market Mutual Funds .....	424,583	424,583	424,583	.....	.....	.....	.....

Included as Level 1 in the fair value hierarchy tables above are U.S. Treasury securities of \$442,953 and money market mutual funds of \$424,583 as of September 30, 2023.

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

The Company has considered subsequent events through November 15, 2023 the date these statutory basis financial statements were available to be issued.

Type I - Recognized Subsequent Events

The Company has determined there are no subsequent events that require recognition in the statutory basis financial statements as of September 30, 2023.

Type II - Non-recognized Subsequent Events

There are no subsequent events which require disclosure in the statutory basis financial statements as of September 30, 2023.

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate - No Significant Changes

B. Method Used to Record - No Significant Changes

C. Amount and Percent of Net Retrospective Premiums

The Company's Medicare business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the Medicare line of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for Medicare line of business subject to this retrospectively rated feature was \$0 and \$(30,084), representing 100% of total direct premiums written as of September 30, 2023 and December 31, 2022, respectively.

The Company has Medicare Part D risk corridor amounts from CMS which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D premiums subject to this retrospective rating feature was \$0 and \$1,399, representing 0% and 12% of total direct written premiums as of September 30, 2023, and December 31, 2022, respectively.

The Company has risk adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health score based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to redetermination features was \$0 and \$(30,084), representing 100% of total direct premiums written as of September 30, 2023 and December 31, 2022, respectively.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

The Company is required to maintain a specific minimum loss ratio on its comprehensive commercial and Medicare lines of business. Medical loss ratio rebates required pursuant to the ACA are listed in the table below:

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$ (1,027,363)	\$ (1,027,363)
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in the claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claims reserves, health care receivables and reinsurance recoverables at September 30, 2023 and December 31, 2022.

	September 30, 2023	December 31, 2022
Claims unpaid and accrued medical incentive pool —January 1	\$ 78,076	\$ 1,156,315
Less—non-admitted assets receivables	(27,103)	(2,193)
Less—health care recoverables	-	(78,664)
Less—reinsurance recoverables	-	-
Net balance—January 1	50,973	1,075,458
Incurred related to:		
Current year	-	-
Prior year	(65,391)	(164,453)
Total incurred	(65,391)	(164,453)
Paid related to:		
Current year	-	-
Prior year	(58,386)	860,032
Total paid	(58,386)	860,032
Net balance—Period End	43,968	50,973
Plus—non-admitted assets receivables	-	27,103
Claims unpaid and accrued medical incentive pool —Period End	\$ 43,968	\$ 78,076

There has been unfavorable prior-year development during 2023, as a result of recent development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

The Company incurred claims adjustment expenses of \$0 and \$(28,659) for the periods ended September 30, 2023 and December 31, 2022, respectively. A portion of these costs are included in the management services fees paid by the Company to BHM as part of its management agreement. Paid claims adjustments expenses of \$0 and \$9,715 for the periods ended September 30, 2023 and December 31, 2022, respectively, are considered to be related to the current year.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - No Significant Changes

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?

Yes [ ] No [ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]

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?

Yes [ ] No [ X ]

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?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ X ] No [ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ] No [ X ]

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?

Yes [ X ] 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.

0001671284

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]

4.2

If yes, provide the name of the 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?  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2018

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.

12/31/2018

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).

05/18/2020

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]

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?

Yes [ ] No [ X ]

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?

Yes [ ] No [ X ]

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?

Yes [ ] No [ X ]

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 affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

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? .....  
(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.

Yes [ X ] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]

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? .....

Yes [ ] No [ X ]

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? .....

Yes [ ] No [ X ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$.....

0

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.) .....

Yes [ ] No [ X ]

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: .....

\$.....

0

13.

Amount of real estate and mortgages held in short-term investments: .....

\$.....

0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$.....0	\$.....0
14.22 Preferred Stock .....	\$.....0	\$.....0
14.23 Common Stock .....	\$.....0	\$.....0
14.24 Short-Term Investments .....	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate .....	\$.....0	\$.....0
14.26 All Other .....	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$.....0	\$.....0

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] 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. ....

\$.....

0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$.....

0

16.3

Total payable for securities lending reported on the liability page. ....

\$.....

0



GENERAL INTERROGATORIES

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 [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
US Bank National Association .....	800 Nicollet Mall, Minneapolis, MN 55402 .....

- 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 Name(s)	2 Location(s)	3 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? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
US Bancorp Asset Management, Inc. ....	U.....
Internally Managed .....	I.....
.....	.....

- 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?..... Yes [ X ] 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?..... Yes [ X ] 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
111912 .....	US Bancorp Asset Management, Inc. ....	8KUMV9E1J751BFMLFD23 .....	SEC .....	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 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? ..... Yes [ ] No [ X ]

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? ..... Yes [ ] No [ X ]

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? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

2.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$.0

2.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$.0

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ] No [ X ]

3.1

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?

Yes [ ] No [ X ]

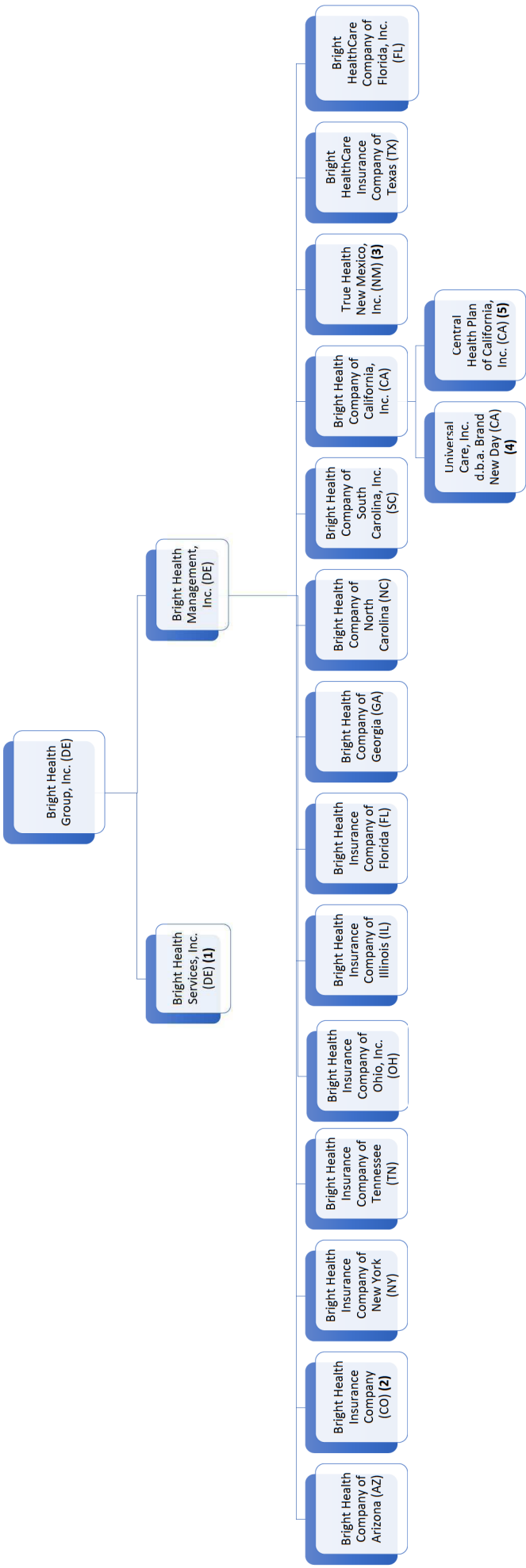
Schedule S - Ceded Reinsurance

**N O N E**

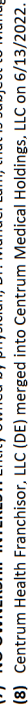
Schedule T - Premiums and Other Considerations

**N O N E**

# Bright Health Group (as of 9/30/23)



(1) See Page 2.  
 (2) Bright Health Insurance Company of Alabama, Inc. (AL) merged with and into Bright Health Insurance Company on 12/31/2020.  
 (3) 100% of stock of True Health New Mexico, Inc. acquired on 3/31/2021.  
 (4) 100% of stock of Universal Care, Inc. acquired on 4/30/2020.  
 (5) 100% of stock of Central Health Plan of California, Inc. acquired on 4/1/2021.



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	Domi-ciliary Location	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.4887 ...	Bright Hlth Grp .....	.....00000 .....	47-4991296 ..	.....	0001671284 ..	.....	Bright Health Group, Inc. ....	..DE.....	.....UIP.....	.....	.....	..0.000 .....	.....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	81-1108911 ..	.....	.....	.....	Bright Health Management, Inc. ....	..DE.....	.....UDP.....	Bright Health, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....15963 .....	81-1078509 ..	.....	.....	.....	Bright Health Insurance Company .....	..CO.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....1 .....
.4887 ...	Bright Hlth Grp .....	.....16122 .....	37-1844468 ..	.....	.....	.....	Bright Health Company of Arizona .....	..AZ.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16388 .....	32-0534235 ..	.....	.....	.....	Bright Health Insurance Company of New York Bright Health Insurance Company of Tennessee	..NY.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16341 .....	35-2616469 ..	.....	.....	.....	Bright Health Insurance Company of Ohio, Inc. ....	..TN.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16353 .....	37-1873205 ..	.....	.....	.....	.....	..OH.....	.....RE.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16501 .....	83-3456438 ..	.....	.....	.....	Bright Health Insurance Company of Florida ..	..FL.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16595 .....	30-1154852 ..	.....	.....	.....	Bright Health Company of North Carolina .....	..NC.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16545 .....	83-3650545 ..	.....	.....	.....	Bright Health Insurance Company of Illinois Bright Health Company of South Carolina, Inc.	..IL.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16544 .....	35-2651212 ..	.....	.....	.....	.....	..SC.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16546 .....	38-4106459 ..	.....	.....	.....	Bright Health Company of Georgia .....	..GA.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	84-4428391 ..	.....	.....	.....	Bright Health Company of California .....	..CA.....	.....NIA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.....	.....	.....	.....	.....	.....	.....	Bright HealthCare Insurance Company of Texas	.....	.....	.....	.....	.....	.....	.....	.....
.4887 ...	Bright Hlth Grp .....	.....17041 .....	86-3230389 ..	.....	.....	.....	.....	..TX.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....15910 .....	33-0012358 ..	.....	.....	.....	Universal Care, Inc .....	..CA.....	.....IA.....	Bright Health Company of California .....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....3 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	84-3262809 ..	.....	.....	.....	Bright Health Services, Inc. ....	..DE.....	.....NIA.....	Bright Health, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	84-3548530 ..	.....	.....	.....	AssociatesMD Medical Group, Inc. ....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Influence.....	..0.000 .....	Bright Health Group, Inc. ....	....NO.....	.....5 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	86-2190965 ..	.....	.....	.....	Medical Practice Holding Company, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-3949537 ..	.....	.....	.....	Premier Medical Associates of Florida, LLC ..	..DE.....	.....NIA.....	Medical Practice Holding Company, LLC .....	Ownership.....	..62.000 .....	Bright Health Group, Inc. ....	....NO.....	.....6 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	86-2197193 ..	.....	.....	.....	BrightHealth Networks, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-1528100 ..	.....	.....	.....	NeueHealth Advantage ACO, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-1676317 ..	.....	.....	.....	NeueHealth Premier ACO, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-1474761 ..	.....	.....	.....	NeueHealth Partners, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-1485390 ..	.....	.....	.....	NeueHealth Partners of Florida, LLC .....	..DE.....	.....NIA.....	Physicians Plus, LLC .....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	86-2212807 ..	.....	.....	.....	NeueHealth Partners of California, LLC Premier Medical Associates of Florida	..DE.....	.....NIA.....	Physicians Plus, LLC .....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	85-3886892 ..	.....	.....	.....	Healthcare, P.A. ....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Influence.....	..0.000 .....	Bright Health Group, Inc. ....	....NO.....	.....7 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	86-2097242 ..	.....	.....	.....	NeueHealth LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....16281 .....	82-2885824 ..	.....	.....	.....	True Health New Mexico, Inc. ....	..NM.....	.....IA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....2 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	91-2155938 ..	.....	.....	.....	Central Health Plan of California, Inc. ....	..CA.....	.....IA.....	Bright Health Company of California .....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....4 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	84-2640890 ..	.....	.....	.....	Centrum Medical Holdings, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..75.000 .....	Bright Health Group, Inc. ....	....NO.....	.....8 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	46-2536904 ..	.....	.....	.....	Med Care Centers, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	45-5087560 ..	.....	.....	.....	Med Plan Clinic, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	45-2799088 ..	.....	.....	.....	Medcare Quality Medical Centers, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	83-4221393 ..	.....	.....	.....	Med Care Express, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	87-2200070 ..	.....	.....	.....	Centrum Medical Group, PLLC .....	..TX.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....10 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	83-4075529 ..	.....	.....	.....	Medlife Wellness Centers, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	86-2291679 ..	.....	.....	.....	Centrum Specialty Network, LLC .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	.....	.....	.....	.....	Centrum Medical Centers .....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....9 .....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	87-3372083 ..	.....	.....	.....	Centrum Health IP, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	87-2190282 ..	.....	.....	.....	Centrum Medical Holdings of Texas, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	87-3266820 ..	.....	.....	.....	BrightHealthcare Company of Florida, Inc. ....	..FL.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	93-1742400 ..	.....	.....	.....	NeueHealth Accountable Care, LLC .....	..DE.....	.....NIA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	88-1849873 ..	.....	.....	.....	NeueHealth Community ACO, LLC .....	..DE.....	.....NIA.....	Bright Health Management, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....
.4887 ...	Bright Hlth Grp .....	.....00000 .....	88-0624053 ..	.....	.....	.....	NeueHealth Partners Florida RBE, LLC .....	..DE.....	.....NIA.....	Bright Health Services, Inc. ....	Ownership.....	..100.000 .....	Bright Health Group, Inc. ....	....NO.....	.....

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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 4887 ...	Bright Hlth Grp .....	..... 00000 ....	88-0591476 ..	.....	.....	.....	NeueHealth Partners Texas RBE, LLC .....	.. DE.....	..... NIA.....	Bright Health Services, Inc. ....	Ownership.....	.. 100.000 ...	Bright Health Group, Inc. ....	.... NO.....	.....
. 4887 ...	Bright Hlth Grp .....	..... 00000 ....	88-4128249 ..	.....	.....	.....	NeueHealth Networks of Texas Inc. ....	.. TX.....	..... NIA.....	Bright Health Services, Inc. ....	Ownership.....	.. 100.000 ...	Bright Health Group, Inc. ....	.... NO.....	.....
. 4887 ...	Bright Hlth Grp .....	..... 00000 ....	87-2284566 ..	.....	.....	.....	NeueHealth Partners of Central Florida, LLC ..	.. DE.....	..... NIA.....	Bright Health Services, Inc. ....	Ownership.....	.. 100.000 ...	Bright Health Group, Inc. ....	.... NO.....	.....
. 4887 ...	Bright Hlth Grp .....	..... 00000 ....	88-4279507 ..	.....	.....	.....	Centrum Pharmacy, LLC .....	.. DE.....	..... NIA.....	Bright Health Services, Inc. ....	Ownership.....	.. 101.000 ...	Bright Health Group, Inc. ....	.... NO.....	.....
. 4887 ...	Bright Hlth Grp .....	..... 00000 ....	92-0924696 ..	.....	.....	.....	NeueHealth Partner Services, LLC .....	.. DE.....	..... NIA.....	Bright Health Services, Inc. ....	Ownership.....	.. 101.000 ...	Bright Health Group, Inc. ....	.... NO.....	.....

Asterisk	Explanation
1 .....	Bright Health Insurance Company of Alabama, Inc. (AL) merged with and into Bright Health Insurance Company on 12/31/2020. ....
2 .....	100% of stock of True Health New Mexico, Inc. acquired on 3/31/2021. ....
3 .....	100% of stock of Universal Care, Inc. acquired on 4/30/2020. ....
4 .....	100% of stock of Central Health Plan of California, Inc. acquired on 4/1/2021. ....
5 .....	NO OWNERSHIP INTEREST. Entity owned by physician, Randeep Gadh, D.O., that is subject to Management Services Agreement and Stockholder Transfer Restriction Agreement with Bright Health Services, Inc. ....
6 .....	Medical Practice Holding Company, LLC owns 62% of membership interests. PMA II, LLC owns 38% of membership interest. ....
7 .....	NO OWNERSHIP INTEREST. Entity owned by physician, Dr. Dinesh Khanna, that is subject to Management Services Agreement and Succession Agreement with Premier Medical Associates of Florida, LLC. ....
8 .....	Medical Practice Holding Company, LLC owns 75% of membership interests. RRD Healthcare, LLC owns 25% membership interests. ....
9 .....	Includes: Centrum Medical Center Airport, LLC FEIN 84-2658490; Centrum Medical Center East Hialeah, LLC FEIN 84-2827877; Centrum Medical Center West Hialeah, LLC FEIN 84-2658497; Centrum Medical Center Miami Gardens FEIN 84-2754516, LLC; Centrum Medical Center South Dade, LLC FEIN 84-2671249; Centrum Medical Center Westchester, LLC FEIN 84-2780203; Centrum Medical Center Little Havana 27 Ave, LLC FEIN 84-2839911; Centrum Medical Center Little Havana 12 Ave, LLC FEIN 84-2764236; Centrum Medical Centers of Coral Springs, LLC FEIN 85-3478041; Centrum Medical Centers of Margate, LLC FEIN 85-3495242; Centrum Medical Centers of Davie, LLC FEIN 86-1218604; Centrum Medical Centers of Hallandale, LLC FEIN 86-2112975; Centrum Medical Centers of Lighthouse Point, LLC FEIN 86-2824921; Centrum Medical Centers of Fort Lauderdale, LLC FEIN 86-2856366; Centrum Medical Centers of Sheridan, LLC FEIN 86-2886898; Centrum Medical Centers of Miramar, LLC FEIN 86-2899974; Centrum Medical Center Homestead, LLC FEIN 86-2932392 .....
10 .....	NO OWNERSHIP INTEREST. Entity owned by physician, Dr. Manuel Lam, that is subject to Management Services Agreement and Succession Agreement with Centrum Medical Holdings, LLC. ....

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.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]





**NONE**

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 commitment 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 .....	(1)	3,082,053
2. Cost of bonds and stocks acquired .....	0	19,955
3. Accrual of discount .....	0	43
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	(21,729)
6. Deduct consideration for bonds and stocks disposed of .....	0	3,078,575
7. Deduct amortization of premium .....	0	1,748
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	(1)	(1)
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	(1)	(1)

STATEMENT AS OF SEPTEMBER 30, 2023 OF THE Bright Health Insurance Company of Ohio, Inc.

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	442,769	0	0	2,394	0	442,769	445,163	448,379
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	442,769	0	0	2,394	0	442,769	445,163	448,379
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	442,769	0	0	2,394	0	442,769	445,163	448,379

(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 \$ 445,163 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals	445,163	xxx	440,480	0	111

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	448,379	0
2. Cost of short-term investments acquired .....	440,480	443,469
3. Accrual of discount .....	6,304	4,910
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	450,000	0
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	445,163	448,379
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	445,163	448,379

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)	0
2.	Cost Paid/(Consideration Received) on additions	0
3.	Unrealized Valuation increase/(decrease)	0
4.	SSAP No. 108 adjustments	0
5.	Total gain (loss) on termination recognized	0
6.	Considerations received/(paid) on terminations	0
7.	Amortization	0
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item	0
9.	Total foreign exchange change in Book/Adjusted Carrying Value	0
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4+5-6+7+8+9)	0
11.	Deduct nonadmitted assets	0
12.	Statement value at end of current period (Line 10 minus Line 11)	0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	
3.1	Add:	
	Change in variation margin on open contracts - Highly Effective Hedges	
3.11	Section 1, Column 15, current year to date minus	
3.12	Section 1, Column 15, prior year	
	Change in variation margin on open contracts - All Other	
3.13	Section 1, Column 18, current year to date minus	
3.14	Section 1, Column 18, prior year	
3.2	Add:	
	Change in adjustment to basis of hedged item	
3.21	Section 1, Column 17, current year to date minus	
3.22	Section 1, Column 17, prior year	
	Change in amount recognized	
3.23	Section 1, Column 19, current year to date minus	
3.24	Section 1, Column 19, prior year plus	
3.25	SSAP No. 108 adjustments	
3.3	Subtotal (Line 3.1 minus Line 3.2)	
4.1	Cumulative variation margin on terminated contracts during the year	
4.2	Less:	
	4.21 Amount used to adjust basis of hedged item	
	4.22 Amount recognized	
	4.23 SSAP No. 108 adjustments	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.	Dispositions gains (losses) on contracts terminated in prior year:	
	5.1 Total gain (loss) recognized for terminations in prior year	
	5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	
6.	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	
7.	Deduct total nonadmitted amounts	
8.	Statement value at end of current period (Line 6 minus Line 7)	

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

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 .....	415,063	412,660
2. Cost of cash equivalents acquired .....	450,929	3,492,034
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	441,409	3,489,631
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	424,583	415,063
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	424,583	415,063

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**



Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]