



**QUARTERLY STATEMENT**  
 AS OF SEPTEMBER 30, 2023  
 OF THE CONDITION AND AFFAIRS OF THE  
**OHIOHEALTHY INSURANCE COMPANY**

NAIC Group Code.....5005.....5005.....NAIC Company Code.....17028....Employer's ID Number.....85-3626444.....  
 (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?.....NO.....  
 Incorporated/Organized.....10/19/2020.....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.....  
 Columbus, OH, US 43202.....(380)210-2311.....  
 (Telephone Number)

Mail Address.....3430 OhioHealth Parkway.....Columbus, OH, US 43202.....  
 Primary Location of Books and  
 Records.....3430 OhioHealth Parkway.....Columbus, OH, US 43202.....  
 Columbus, OH, US 43202.....(380)210-2311.....  
 (Telephone Number)

Internet Website Address.....www.ohiohealthyplans.com.....  
 Statutory Statement Contact.....Gaston Bushiri.....(380)210-2311.....  
 (Telephone Number)  
 gaston.bushiri@ohiohealth.com.....(614)544-4081.....  
 (E-Mail Address).....(Fax Number)

OFFICERS

.....David Lee, President.....Kathy Savenko, Controller.....  
 .....Gaston Bushiri, Chief Financial Officer.....

DIRECTORS OR TRUSTEES

.....Michael Browning.....Carrie Muller-Harris.....  
 .....John McWhorter.....Gaston Bushiri.....  
 .....David Lee.....

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.

<hr/> X	<hr/> X	<hr/> X
David Lee President	Gaston Bushiri Chief Financial Officer	Kathy Savenko Controller

Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_  
 X

a. Is this an original filing? Yes  
 b. If no:  
 1. State the amendment number: \_\_\_\_\_  
 2. Date filed: \_\_\_\_\_  
 3. Number of pages attached: \_\_\_\_\_

## 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.....	99,378		99,378	64,298
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances).....				
4.2 Properties held for the production of income (less \$ encumbrances).....				
4.3 Properties held for sale (less \$ encumbrances).....				
5. Cash (\$ 2,695,765), cash equivalents (\$ 12,968) and short-term investments (\$ ).....	2,708,733		2,708,733	2,735,685
6. Contract loans (including \$ premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,808,111		2,808,111	2,799,983
13. Title plants less \$ charged off (for Title insurers only).....				
14. Investment income due and accrued.....				117
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$ ).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$ ) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,808,111		2,808,111	2,800,100
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	2,808,111		2,808,111	2,800,100
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501.....				
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....			175	175
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)).....				57,725
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$ ) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$ current).....				
24. Total liabilities (Lines 1 to 23).....	175		175	57,725
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		1,200,000
27. Preferred capital stock.....	XXX	XXX		1,200,000
28. Gross paid in and contributed surplus.....	XXX	XXX	2,170,943	1,913,638
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	(563,007)	(371,263)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ ).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	2,807,936	2,742,375
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	2,808,111	2,800,100
<b>Details of Write-Ins</b>				
2301.....				
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX.....	675		
2. Net premium income (including \$ non-health premium income).....	XXX.....	80,633		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....			
4. Fee-for-service (net of \$ medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....			
7. Aggregate write-ins for other non-health revenues.....	XXX.....			
8. Total revenues (Lines 2 to 7).....	XXX.....	80,633		
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....				
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....		68,538		
13. Prescription drugs.....				
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		68,538		
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....		68,538		
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$ cost containment expenses.....				
21. General administrative expenses.....		15,691	236,990	371,711
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....		84,229	236,990	371,711
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,596)	(236,990)	(371,711)
25. Net investment income earned.....		8,976	(802)	448
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26).....		8,976	(802)	448
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )].....				
29. Aggregate write-ins for other income or expenses.....				
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.....	5,380	(237,792)	(371,263)
31. Federal and foreign income taxes incurred.....	XXX.....	5,380	(237,792)	(371,263)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	5,380	(237,792)	(371,263)
<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.....			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....			
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....			
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

**STATEMENT OF REVENUE AND EXPENSES (CONTINUED)**

CAPITAL & SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	2,742,375	2,598,319	2,598,319
34. Net income or (loss) from Line 32.....	5,380	(237,792)	(371,263)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....	(196,873)		396,857
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	257,305	200,000	118,462
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....			
48. Net change in capital and surplus (Lines 34 to 47).....	65,812	(37,792)	144,056
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,808,187	2,560,527	2,742,375
<b>Details of Write-Ins</b>			
4701.....			
4702.....			
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
<b>4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)</b>			

**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.....	80,633		
2. Net investment income.....	8,130	(802)	(450)
3. Miscellaneous income.....			
4. Total (Lines 1 to 3).....	88,763	(802)	(450)
5. Benefit and loss related payments.....	68,538		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	73,241	237,973	315,039
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	141,779	237,973	315,039
11. Net cash from operations (Line 4 minus Line 10).....	(53,016)	(238,775)	(315,489)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	65,000	106,889	106,889
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	—	—	—
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	65,000	106,889	106,889
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	99,313	63,224	63,530
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	—	—	—
13.7 Total investments acquired (Lines 13.1 to 13.6).....	99,313	63,224	63,530
14. Net increase (or decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(34,313)	43,665	43,359
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	60,432	200,000	515,318
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....		237,556	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	60,432	437,556	515,318
<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).....	(26,897)	242,446	243,188
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,735,542	2,492,354	2,492,354
19.2 End of period (Line 18 plus Line 19.1).....	2,708,645	2,734,800	2,735,542
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.....			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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											
<b>Total Members at end of:</b>														
1. Prior Year.....														
2. First Quarter.....	172		172											
3. Second Quarter.....	259		259											
4. Third Quarter.....	244		244											
5. Current Year.....														
6. Current Year Member Months.....	675		675											
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician.....	1		1											
8. Non-Physician.....	8		8											
9. Total.....	9		9											
10. Hospital Patient Days Incurred.....	23		23											
11. Number of Inpatient Admissions.....	5		5											
12. Health Premiums Written (a).....	80,633		80,633											
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.....	68,538		68,538											

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

**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
<b>Claims Unpaid (Reported)</b>						
0899999 - Accrued medical incentive pool and bonus amounts.....						

**NONE**

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	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						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Dental only						
5. Vision only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health			68,538			
13. Health subtotal (Lines 1 to 12)			68,538			
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)			68,538			

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

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The statutory Financial statements of OhioHealthy Insurance Company have been prepared on the statutory basis of accounting, in accordance with the accounting practices adopted by the National Association of Insurance Commissioners (NAIC) codification project (Codification), as prescribed or permitted by the Ohio Department of Insurance (DOI). These practices differ in some respects from U.S. generally accepted accounting principles (GAAP).

For statutory purposes, certain assets are accorded no value and thus reduce statutory capital and surplus. Also, short term investments and bonds are recorded at amortized cost for statutory purposes which differ from GAAP whereby short-term investments and bonds may be recorded at fair value. The presentation of the direct method statutory statement of cash flows under Codification is different from what would be presented under GAAP for cash flows from investing and financing activities.

	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.....	\$..... 5,380	\$..... (371,263)
(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.....	\$..... 5,380	\$..... (371,263)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX.....	XXX.....	XXX.....	\$..... 2,807,936	\$..... 2,742,375
(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.....	\$..... 2,807,936	\$..... 2,742,375
B. Use of Estimates in the Preparation of the Financial Statements - Not Applicable					
C. Accounting Policy					
(1) Short-term investments are stated at amortized cost.					
(2) Bonds are stated at amortized cost using the effective interest method.					
(3) Common stocks - Not Applicable					
(4) Preferred stocks - Not Applicable					
(5) Mortgage loans - Not Applicable					
(6) Loan-backed securities - Not Applicable					
(7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable					
(8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable					
(9) Derivatives - Not Applicable					
(10) Investment income as a factor in the premium deficiency calculation - Not Applicable					
(11) Liabilities for losses and loss/claim adjustment expenses - Not Applicable					
(12) Changes in capitalization policy - Not Applicable					
(13) Pharmaceutical rebate receivables - Not Applicable					
D. Going Concern					
Management has evaluated the Company's ability to continue as a going concern and determined there is no reason to doubt the entity's ability to continue as a going concern. The Company is licensed to operate as an insurer offering health plans. OHICO is selling business. OHICO is capitalized by its parent company, OhioHealth.					
2. Accounting Changes and Corrections of Errors - Not Applicable					
3. Business Combinations and Goodwill - Not Applicable					
4. Discontinued Operations - 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					

## Notes to the Financial Statements

### 5. Investments (Continued)

- 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

#### (1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
b. Collateral held under security lending agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
c. Subject to repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
d. Subject to reverse repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
e. Subject to dollar repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
f. Subject to dollar reverse repurchase agreements	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
g. Placed under option contracts	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
i. FHLB capital stock	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
j. On deposit with states	112,346	109,900	2,446	112,346	4.001	4.001	4.001
k. On deposit with other regulatory bodies	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
m. Pledged as collateral not captured in other categories	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
n. Other restricted assets	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	% .....
o. Total restricted assets (Sum of a through n)	<u>\$ 112,346</u>	<u>\$ 109,900</u>	<u>\$ 2,446</u>	<u>\$ 112,346</u>	<u>4.001</u>	<u>4.001</u>	<u>4.001</u>

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

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

Asset Type	Percent Share
(1) Cash	96.000 %
(2) Cash Equivalents	%
(3) Short-Term Investments	4.000 %
(4) Total	<u>100.000 %</u>

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

### 7. Investment Income - No Significant Changes

### 8. Derivative Instruments - Not Applicable

### 9. Income Taxes - Not Applicable

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

- A. In February of 2021, OHICO received an initial capital contribution from its parents companies while part of a Joint Venture of \$2.6M An additional \$195K was received from the Company's parent company, OHMPI in September of 2021. In September of 2022 a contribution in the amount of \$200k, December 2022 \$314k and \$61,145 in September2023
- B. As of January 1, 2022, OhioHealthy Insurance Company (OHICO), is a wholly owned subsidiary of OhioHealthy Medical Plan Inc (OHMPI), a wholly owned subsidiary of OhioHealth Corporation. Prior to January 1, 2022, OHMPI was a Joint Venture.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. Interco receivable/payables were settled to \$0

## Notes to the Financial Statements

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

- E. OHICO has a management service contracts with OHMPI to reimburse OHMPI for services and expenses incurred on behalf of OHICO. The employees of OHMPI support a number of product lines. Allocations for time spent by the various departments have been allocated from OHMPI to OHICO. In addition, certain expenses that were paid for by OHMPI also support the OHICO product line and the estimated allocation of those expenses were also allocated to OHICO. OHICO will be writing the business for out of network insurance products and the OhioHealthy Health Insurance Company (OHHIC), which also prepares its own regulatory filing, will administer the in-network components for the insurance products. Because these expenses are paid for by OHMPI and allocated to OHICO, it created an intercompany payable from OHICO to OHMPI. The interco payable/receivable to OHMPI parent is \$0
- F. Guarantees or Contingencies - Not Applicable
- G. None
- 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 - Not Applicable**

### **14. Liabilities, Contingencies and Assessments**

#### A. Contingent Commitments

There currently is \$0 expenses that have been invoiced but not yet due or that have been incurred by not yet paid and invoiced. The "general expenses due or accrued" is reflective of these amounts.

- (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company - Not Applicable
- (2) Nature and circumstances of guarantee - Not Applicable
- (3) Aggregate compilation of guarantee obligations - Not Applicable

#### B. Assessments - Not Applicable

#### C. Gain Contingencies - Not Applicable

#### D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable

#### E. Joint and Several Liabilities - Not Applicable

#### F. All Other Contingencies - Not Applicable

### **15. Leases - Not Applicable**

### **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 - Not Applicable**

### **19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

### **20. Fair Value Measurements**

#### US Treasury Bond FMV

##### A. Fair Value Measurement

US Treasury Bond is recorded at FMV for Financial statements

- (1) Fair value measurements at reporting date

US Treasury Bonds FMV 9/30/23

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
US Treasury Bond.....	\$.....112,580	\$.....	\$.....	\$.....	\$.....112,580
Total assets at fair value/NAV.....	\$112,580	\$	\$	\$	\$112,580
b. Liabilities at fair value					
Total liabilities at fair value.....	\$	\$	\$	\$	\$

## Notes to the Financial Statements

### 20. Fair Value Measurements (Continued)

#### (2) Fair value measurements in Level 3 of the fair value hierarchy

Description	Beginning balance as of 07/01/2023	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 09/30/2023
a. Assets										
Total assets.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
b. Liabilities										
Total liabilities.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....

(3) NA

(4) NA

(5) NA

#### B. Other Fair Value Disclosures

NA

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

NA

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Treasury Bond.....	\$..... 112,580	\$.....	\$..... 112,580	\$.....	\$.....	\$.....	\$.....

#### D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
---------------------------------------	----------------	-------------------------	---------------	-------------

#### E. Nature and Risk of Investments Reported at NAV

NA

### 21. Other Items - Not Applicable

### 22. Events Subsequent - Not Applicable

### 23. Reinsurance - Not Applicable

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

### 25. Change in Incurred Claims and Claim Adjustment Expenses - Not Applicable

### 26. Intercompany Pooling Arrangements - Not Applicable

### 27. Structured Settlements - Not Applicable

### 28. Health Care Receivables - Not Applicable

### 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?..... NO.....

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

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?..... NO.....

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO.....

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?..... 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.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....

4.2 If yes, provide the name of 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?..... N/A.....  
If yes, attach an explanation.

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

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.

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).

6.4 By what department or departments?  
NA.....

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

6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A.....

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?..... NO.....

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?..... NO.....

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?..... NO.....

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 affiliates primary federal regulator.

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

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?..... YES.....  
(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.

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

9.2 Has the code of ethics for senior managers been amended?..... NO.....

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?..... NO.....

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?..... NO.....  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$.....

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

**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.) ..... NO

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: ..... \$

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... NO

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.....	\$.....	\$.....
14.22 Preferred Stock.....	\$.....	\$.....
14.23 Common Stock.....	\$.....	\$.....
14.24 Short-Term Investments.....	\$.....	\$.....
14.25 Mortgage Loans on Real Estate.....	\$.....	\$.....
14.26 All Other.....	\$.....	\$.....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$.....	\$.....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$.....	\$.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... NO

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... 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 ..... \$

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

16.3 Total payable for securities lending reported on the liability page ..... \$

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

17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Principal Custody Solutions.....	711 High Street Des Moines, IA 50392.....

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	2	3
Name(s)	Location(s)	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? ..... NO

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
Jeff Alexander, VP Treasury.....	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? ..... 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? ..... 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
.....	.....	.....	.....	.....

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... YES .....

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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... NO .....

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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? ..... NO .....

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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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? ..... NO .....

**GENERAL INTERROGATORIES****PART 2 – HEALTH**

## 1. Operating Percentages:

1.1	A&H loss percent.....	85.000 %
1.2	A&H cost containment percent.....	%
1.3	A&H expense percent excluding cost containment expenses.....	104.000 %
2.1	Do you act as a custodian for health savings accounts?.....	NO.....
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
2.3	Do you act as an administrator for health savings accounts?.....	NO.....
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	NO.....
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?.....	NO.....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
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**NONE**

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama	AL	N									
2. Alaska	AK	N									
3. Arizona	AZ	N									
4. Arkansas	AR	N									
5. California	CA	N									
6. Colorado	CO	N									
7. Connecticut	CT	N									
8. Delaware	DE	N									
9. District of Columbia	DC	N									
10. Florida	FL	N									
11. Georgia	GA	N									
12. Hawaii	HI	N									
13. Idaho	ID	N									
14. Illinois	IL	N									
15. Indiana	IN	N									
16. Iowa	IA	N									
17. Kansas	KS	N									
18. Kentucky	KY	N									
19. Louisiana	LA	N									
20. Maine	ME	N									
21. Maryland	MD	N									
22. Massachusetts	MA	N									
23. Michigan	MI	N									
24. Minnesota	MN	N									
25. Mississippi	MS	N									
26. Missouri	MO	N									
27. Montana	MT	N									
28. Nebraska	NE	N									
29. Nevada	NV	N									
30. New Hampshire	NH	N									
31. New Jersey	NJ	N									
32. New Mexico	NM	N									
33. New York	NY	N									
34. North Carolina	NC	N									
35. North Dakota	ND	N									
36. Ohio	OH	L	80,633							80,633	
37. Oklahoma	OK	N									
38. Oregon	OR	N									
39. Pennsylvania	PA	N									
40. Rhode Island	RI	N									
41. South Carolina	SC	N									
42. South Dakota	SD	N									
43. Tennessee	TN	N									
44. Texas	TX	N									
45. Utah	UT	N									
46. Vermont	VT	N									
47. Virginia	VA	N									
48. Washington	WA	N									
49. West Virginia	WV	N									
50. Wisconsin	WI	N									
51. Wyoming	WY	N									
52. American Samoa	AS	N									
53. Guam	GU	N									
54. Puerto Rico	PR	N									
55. US Virgin Islands	VI	N									
56. Northern Mariana Islands	MP	N									
57. Canada	CAN	N									
58. Aggregate Other Alien	OT	XXX									
59. Subtotal		XXX	80,633							80,633	
60. Reporting entity contributions for employee benefits plans		XXX									
61. Total (Direct Business)		XXX	80,633							80,633	
<b>Details of Write-Ins</b>											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX									

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 2. R – Registered – Non-domiciled RRGs  
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state

1. Q – Qualified - Qualified or accredited reinsurer  
 2. –  
 3. N – None of the above - Not allowed to write business in the state

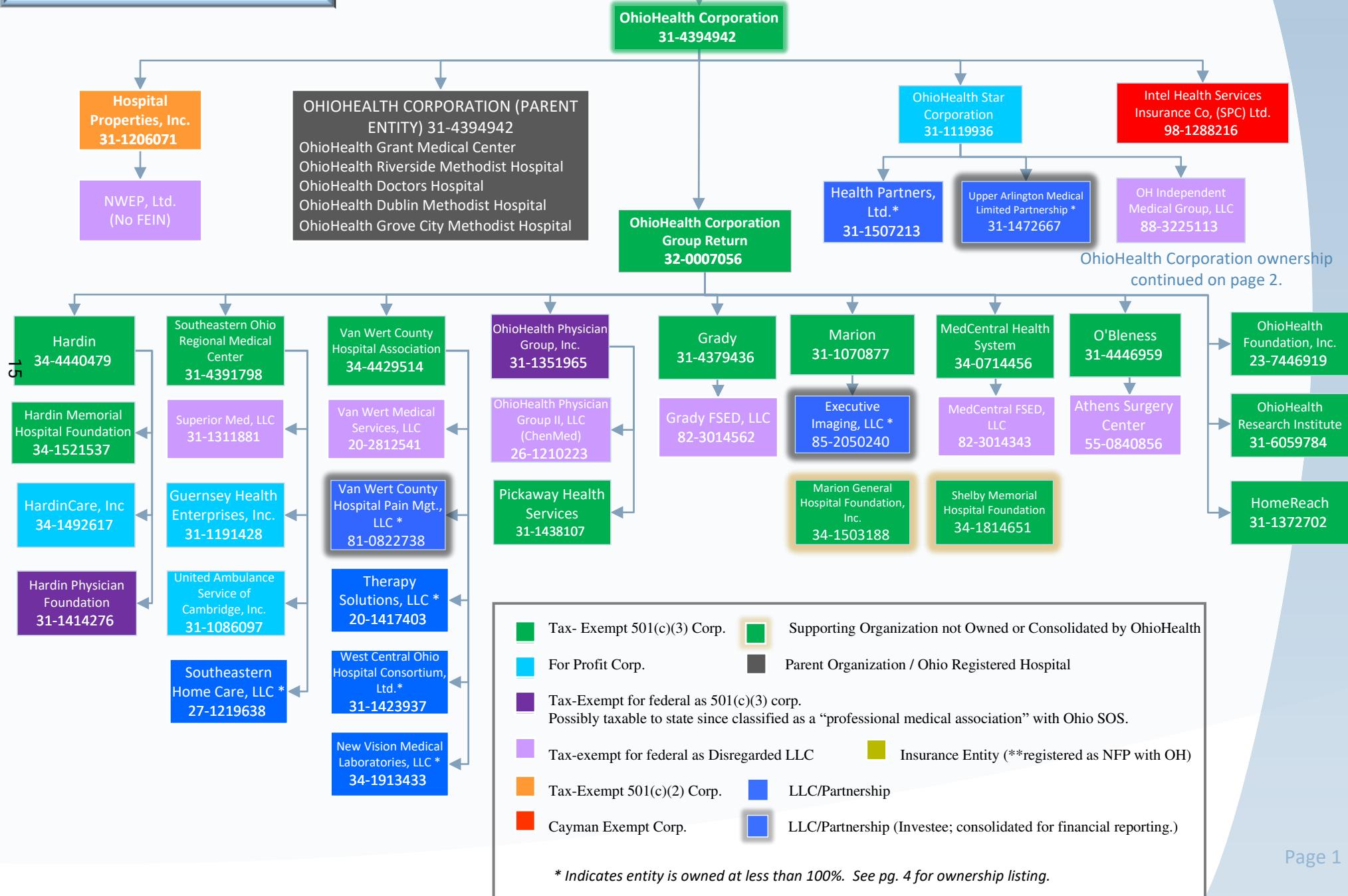
56



# SCHEDULE I INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

FYE June 30, 2023

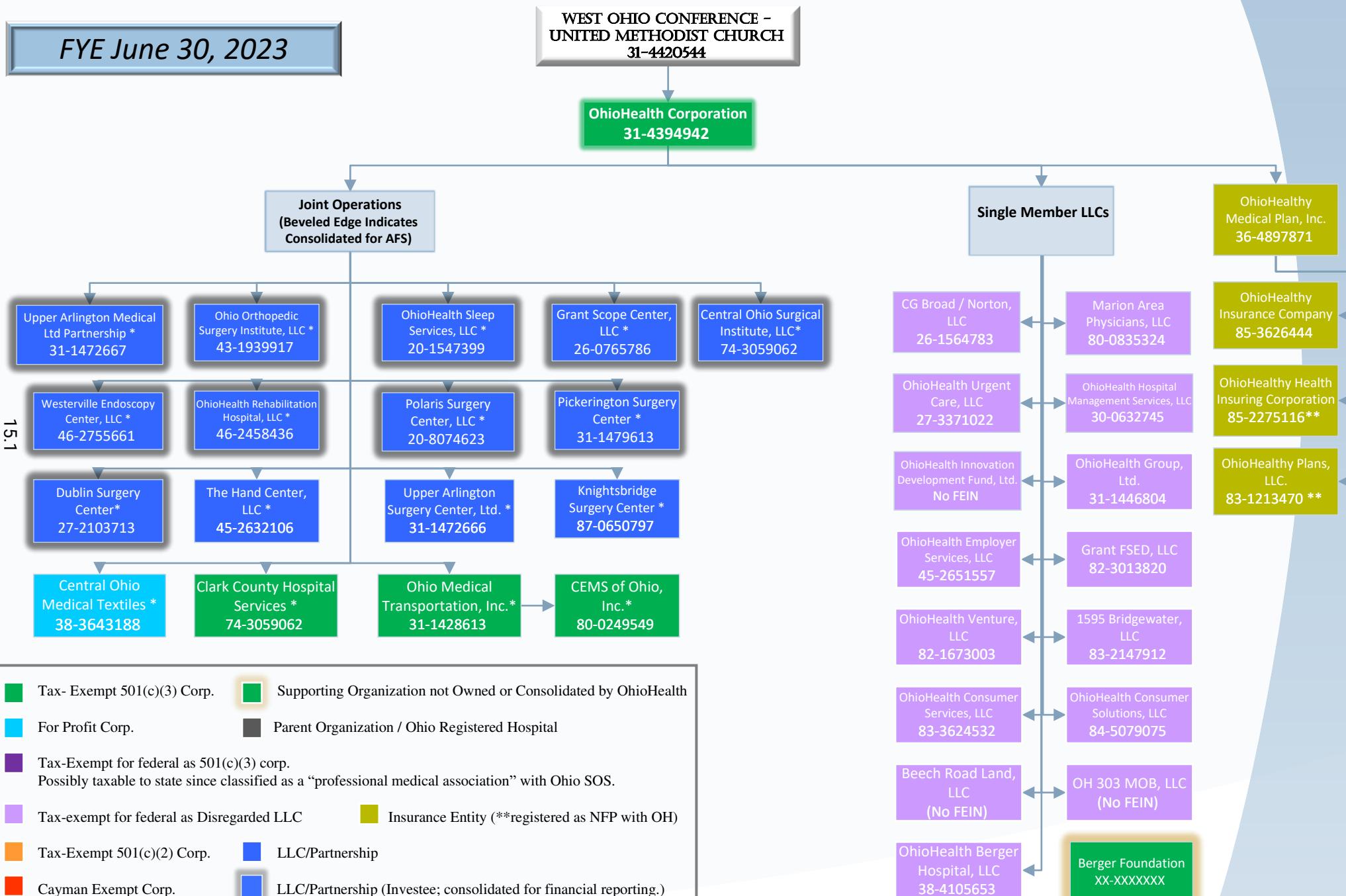
PART 1 - ORGANIZATIONAL CHART  
WEST OHIO CONFERENCE -  
UNITED METHODIST CHURCH  
31-4420544





FYE June 30, 2023

## PART 1 - ORGANIZATIONAL CHART



\* Indicates entity is owned at less than 100%. See pg. 4 for ownership listing.



FYE June 30, 2023

*Affiliated by Agreements*

**OhioHealth Corporation**  
**31-4394942**

**Blanchard  
Valley**

**Adena Health  
System**

**Genesis  
Healthcare  
System**

**Knox  
Community  
Hospital**

**Morrow**

**Southern Ohio  
Medical Center**

**Licking Memorial**

**Marietta  
Memorial**

**Mary Rutan**

15.2

- **Affiliation Agreement:** For membership fee, affiliate hospital will receive defined services from OhioHealth.
- **Service Line Affiliation Agreement:** Agreement with affiliated hospital for specific clinical services or specific operational services.
- **Management Agreement:** For management fee, OhioHealth will employ one or more hospital (regional community hospital) management teams. These employees are associates of OhioHealth.



FYE June 30, 2023

Joint Venture	Ownership %
CEMS of Ohio, Inc. (DBA MedCare Ambulance)	50.00%
Central Ohio Medical Textiles (Parent)	50.00%
Central Ohio Surgical Institute (Parent) **	51.00%
Clark County Hospital Services Corporation (Parent)	50.00%
Dublin Surgery Center, LLC (Parent) **	51.00%
Executive Imaging, LLC (Marion General Hospital)	51.00%
Grant Scope Center, LLC (Parent)	50.00%
Health Partners Ltd (OH Star)	33.30%
Knightsbridge Surgery Center (Parent)	52.30%
New Vision Medical Laboratories, LLC (Van Wert) **	20.00%
Ohio Medical Transportation, Inc. (DBA Med Flight) (Parent)	50.00%
Ohio Orthopedic Surgery Institute, LLC (Parent)	49.00%
OhioHealth Rehabilitation Hospital, LLC (Parent)	51.00%
OhioHealth Sleep Services (Parent)	74.70%
Pickerington Surgery Center (Parent)	45.00%
Polaris Surgery Center, LLC (Parent)	53.70%
Southeastern Home Care, LLC * (SEORMC) **	40.00%
The Hand Center (Parent)	49.00%
Therapy Solutions, LLC (Van Wert) **	50.00%
UA Medical Ltd Partnership (OH Star is General Partner)	20.00%
UA Medical Ltd Partnership (Parent is Limited Partner)	38.90%
UA Surgery Center/ ROSC (Parent)	47.20%
Van Wert County Hospital Pain Management, LLC (Van Wert) **	51.00%
West Central Ohio Hospital Consortium, Ltd. (Van Wert) **	50.00%
Westerville Endoscopy Center, LLC (Parent)	50.00%

\* Indicates ownership percentage is determined by IRS regulations. All other ownership figures based upon Information provided by OhioHealth Legal Department or the Monthly Board Report, as of February 28, 2023.

\*\* See Organizational Chart Changes (Page 5).



## Organizational Chart Changes For the Year Ended June 30, 2023

Effective Date	Change/Entity	Contact	Description
3/11/2022	Pickaway Health Services (FEIN 31-1438107)	Keith Hartzell	Change: removed dba "Berger Health Partners"
6/30/2022	Dublin Surgery Center (FEIN 27-2103713)	Patty Bookmyer	Change: Dublin SC should be shown as consolidating. Update to correct presentation.
7/5/2022	OH Independent Medical Group, LLC (FEIN 88-3225113)	Keith Hartzell	Add: SMLLC under OhioHealth Star, dba Privia Medical Group - OH
9/30/2022	Central Ohio Surgical Institute (COSI) (FEIN 74-3059062)	Patty Bookmyer	Add: Consolidating JV Investment. Opening Balances posted in Sep. 2022, Activity posting in Oct. 2022.
10/6/2022	Athens Medical Associates, LLC (FEIN 02-0734615)	Keith Hartzell	Remove: AMA, LLC (dba OhioHealth Physician Group Heritage College). Organization was officially dissolved Oct. 6, 2022.
1/1/2023	Southeastern Ohio Regional Medical Center (FEIN 31-4391798)	Keith Hartzell	Add: all entities under Southeastern Ohio Regional Medical Center (formerly Guernsey Health System). Merger filed with SoS as effective Jan. 1, 2023.
	Superior Med, LLC (FEIN 31-1311881)		
	Guernsey Health Enterprises, Inc. (FEIN 31-1191428)		
	United Ambulance Service of Cambridge, Inc (FEIN 31-1086097)		
	Southeastern Home Care, LLC (FEIN 27-1219638)		
154 1/1/2023	Southeastern Ohio Regional Medical Center - as Affiliate	Keith Hartzell	Remove: from Affiliate page. SEORMC became an entity wholly owned by OhioHealth
1/10/2023	Avery Perimeter, LLC (FEIN 03-0512497)	Keith Hartzell	Remove: Avery Perimeter, LLC was dissolved with the Secretary of State as of January 10, 2023.
3/1/2023	Van Wert County Hospital Association (FEIN 34-4429514)	Keith Hartzell / Mark DeCastro	Add: all active entities under Van Wert County Hospital Association. Acquisition filed with SoS is effective 3/1/2023.
	Van Wert Medical Services, LLC (FEIN 20-2812541)		
	Van Wert County Hospital Pain Management, LLC (FEIN 81-0822738)		
	Therapy Solutions, LLC (FEIN 20-1417403)		
	New Vision Medical Laboratories, LLC (FEIN 34-1913433)		
	West Central Ohio Hospital Consortium, Ltd. (FEIN 31-1423937)		
3/1/2023	Van Wert additional JVs: Community Care Systems, Inc. (FEIN 34-1783212) West Central Ohio Regional Healthcare Alliance, Ltd. (FEIN 34-1817078)	Keith Hartzell / Mark DeCastro	Not Added: pending - awaiting final status. Per documentation from legal, Community Care Systems, Inc. is inactive and in the process of being dissolved; West Central Ohio Regional Healthcare Alliance, Ltd. is inactive and OhioHealth will likely divest from this entity.
3/1/2023	Van Wert additional SMLLCs: Van Wert County Hospital Foundation Van Wert County Hospital Community Health Foundation, Ltd. Van Wert Health Foundation, Inc. Van Wert County Hospital Home Care, Ltd. Northwest Ohio Medical Services, Ltd.	Keith Hartzell / Mark DeCastro	Not Added: These SMLLCs were part of the acquisition of Ven Wert, but were all dissolved by the end of February 2023 so were not added to the organization chart.

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

Asterisk	Explanation

## 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. No Medicare Part D Coverage.
2.

### BARCODES:

1.	
2.	

**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A – VERIFICATION**

Real Estate

	1 Year to Date	2 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).....		

**NONE****SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year to Date	2 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 comm. 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).....		

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 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).....		

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	64,298	107,018
2. Cost of bonds and stocks acquired.....	99,313	63,530
3. Accrual of discount.....	963	13
4. Unrealized valuation increase (decrease).....	–	(23)
5. Total gain (loss) on disposals.....	–	(119)
6. Deduct consideration for bonds and stocks disposed of.....	65,000	106,889
7. Deduct amortization of premium.....	–	(768)
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	99,574	64,298
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	99,574	64,298

**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
<b>Bonds</b>								
1. NAIC 1 (a).....	109,386	54,751	65,000	241	64,559	109,386	99,378	64,298
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	109,386	54,751	65,000	241	64,559	109,386	99,378	64,298
<b>Preferred Stock</b>								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....								
15. Total Bonds & Preferred Stock.....	109,386	54,751	65,000	241	64,559	109,386	99,378	64,298

(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 \$ ; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

(SI-03) Schedule DA - Part 1

**NONE**

(SI-03) Schedule DA - Verification - Short-Term Investments

**NONE**

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

**NONE**

(SI-05) Schedule DB - Part C - Section 1

**NONE**

(SI-06) Schedule DB - Part C - Section 2

**NONE**

(SI-07) Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	46,746	2,998
2. Cost of cash equivalents acquired.....	10,936	43,748
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	44,714	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	12,968	46,746
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	12,968	46,746

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds: U.S. Governments</b>									
91282C-HU-8	US Treasury Bond		08/31/2023	HUTCHINSON, SHOCKEY, ERLEY & C	XXX	54,751	55,000	105	1.A
0109999999 - Bonds: U.S. Governments					54,751	55,000	105	XXX	
2509999997 - Subtotals - Bonds - Part 3					54,751	55,000	105	XXX	
2509999998 - Summary Item from Part 5 for Bonds (N/A to Quarterly)									
2509999999 - Subtotals - Bonds					54,751	55,000	105	XXX	
6009999999 - Totals					54,751	XXX	105	XXX	

## Quarterly Statement as of September 30, 2023 of the OhioHealthy Insurance Company

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book / Adjusted Carrying Value	Change in Book / Adjusted Carrying Value					16 Book / Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase / (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B. / A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
<b>Bonds: U.S. Governments</b>																					
91282C-CU-3	US Treasury Bond		08/31/2023	Matured	XXX	65,000	65,000	63,530	64,298		702		702		65,000		-	-	-	-	1.A
0109999999	Bonds: U.S. Governments					65,000	65,000	63,530	64,298		702		702		65,000		-	-	-	-	XXX
2509999997	Subtotals - Bonds - Part 4				65,000	65,000	63,530	64,298		702		702		65,000		-	-	-	-	XXX	
2509999998 - Summary Item from Part 5 for Bonds (N/A to Quarterly)																					
2509999999 - Subtotals - Bonds					65,000	65,000	63,530	64,298		702		702		65,000		-	-	-	-	XXX	XXX
6009999999 - Totals					65,000	XXX	63,530	64,298		702		702		65,000		-	-	-	-	XXX	XXX

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Huntington National Bank – Columbus, Ohio .....			–	–	–	–	25,000	XXX
Truist – Charlotte, North Carolina .....			–	–	2,688,939	2,688,939	–	XXX
Huntington National Bank – Columbus, Ohio .....		0.260	6,824				2,670,765	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories .....								XXX
0199999 – Total Open Depositories .....			6,824	–	2,688,939	2,688,939	2,695,765	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....								XXX
0299999 – Total Suspended Depositories .....								XXX
0399999 – Total Cash on Deposit .....			6,824	–	2,688,939	2,688,939	2,695,765	XXX
0499999 – Cash in Company's Office .....			XXX	XXX				XXX
0599999 – Total .....			6,824	–	2,688,939	2,688,939	2,695,765	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book / Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
<b>Qualified Cash Pools Under SSAP No. 2R</b>								
XXX.....	Sweep Account.....					XXX.....	12,968	..... 711
8409999999 - Qualified Cash Pools Under SSAP No. 2R.....						12,968	.....	..... 711
8609999999 - Total Cash Equivalents.....						12,968	.....	..... 711