



**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
**OHIOHEALTHY HEALTH INSURING CORPORATION**

NAIC Group Code ..... 5005, ..... 5005 ..... NAIC Company Code ..... 17026 .... Employer's ID Number ..... 85-2275116.....  
(*Current*) (*Prior*)

Organized under the Laws of ..... OH ..... State of Domicile or Port of Entry ..... OH.....

Country of Domicile ..... US.....

Licensed as business type: ..... Life, Accident & Health..... Is HMO Federally Qualified? ..... NO.....

Incorporated/Organized ..... 07/27/2020..... Commenced Business ..... 04/12/2021.....

Statutory Home Office ..... 3430 OhioHealth Parkway..... Columbus, OH, US 43202.....

Main Administrative Office ..... 3430 OhioHealth Parkway..... Columbus, OH, US 43202..... (380)210-2311.....  
(*Telephone*)

Mail Address ..... 3430 OhioHealth Parkway..... Columbus, OH, US 43202.....

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

Internet Website Address ..... www.ohiohealthyplans.com.....

Statutory Statement Contact ..... Gaston Bushiri..... (380)210-2311.....  
(*Telephone*)  
gaston.bushiri@ohiohealth.com ..... (614)544-4081.....  
(*E-Mail*) ..... (Fax)

OFFICERS

..... 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.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
David Lee ..... Gaston Bushiri ..... Kathy Savenko  
President ..... Chief Financial Officer ..... Controller

Subscribed and sworn to before me  
this \_\_\_\_\_ day of  
\_\_\_\_\_, 2024

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

X \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	397,846		397,846	237,488
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
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 (\$ 3,036,700, Schedule E - Part 1), cash equivalents (\$ 24,850, Schedule E - Part 2) and short-term investments (\$ , Schedule DA).....	3,061,550		3,061,550	3,064,872
6. Contract loans (including \$ premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....	42,145	42,145	—	
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,501,541	42,145	3,459,396	3,302,360
13. Title plants less \$ charged off (for Title insurers only).....				
14. Investment income due and accrued.....				438
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	37,790		37,790	
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.....	6,565		6,565	
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).....	3,545,896	42,145	3,503,751	3,302,798
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	3,545,896	42,145	3,503,751	3,302,798
<b>Details of Write-Ins</b>				
1101. prepaid.....	42,145	42,145	—	
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).....	42,145	42,145	—	
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 Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	165,808		165,808	
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....	3,424		3,424	
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	331,203		331,203	
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	15,791		15,791	
9. General expenses due or accrued.....	235,266		235,266	599,865
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....				
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).....	751,492		751,492	599,865
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	8,630,925	5,559,504
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	(5,878,666)	(2,856,571)
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	2,752,259	2,702,933
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,503,751	3,302,798
<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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	995.....	
2. Net premium income (including \$ non-health premium income).....	XXX.....	641,937.....	
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.....	641,937.....	
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		268,815.....	
10. Other professional services.....		10,451.....	
11. Outside referrals.....			
12. Emergency room and out-of-area.....		41,362.....	
13. Prescription drugs.....		162,316.....	
14. Aggregate write-ins for other hospital and medical.....		165,809.....	
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....		648,753.....	
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....		648,753.....	
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ 3,424 cost containment expenses.....		3,424.....	
21. General administrative expenses.....		2,894,285.....	2,658,725.....
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		331,203.....	
23. Total underwriting deductions (Lines 18 through 22).....		3,877,665.....	2,658,725.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,235,728).....	(2,658,725).....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		48,951.....	1,682.....
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26).....		48,951.....	1,682.....
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.....	(3,186,777).....	(2,657,043).....
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(3,186,777).....	(2,657,043).....
<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. IBNR.....		165,809.....	
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).....		165,809.....	
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 Current Year	2 Prior Year
33.	Capital and surplus prior reporting year.....	2,705,174	2,097,889
34.	Net income or (loss) from Line 32.....	(3,186,777)	(2,657,043)
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.....	(42,145)	
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.....		
44.2	Transferred from surplus (Stock Dividend).....		
44.3	Transferred to surplus.....		
45.	Surplus adjustments:		
45.1	Paid in.....	3,071,421	3,264,328
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.....	204,586	
48.	Net change in capital and surplus (Lines 34 to 47).....	47,085	607,285
49.	Capital and surplus end of reporting year (Line 33 plus 48).....	2,752,259	2,705,174
<b>Details of Write-Ins</b>			
4701.	Capital Contribution for Surplus Minimum.....	204,586	
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page.....		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	204,586	

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....		951,141	
2. Net investment income.....		49,389	1,244
3. Miscellaneous income.....		(6,565)	
4. Total (Lines 1 to 3).....		993,965	1,244
5. Benefit and loss related payments.....		814,148	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....		3,258,884	2,060,054
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).....		4,073,032	2,060,054
11. Net cash from operations (Line 4 minus Line 10).....		(3,079,067)	(2,058,810)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		240,000	406,587
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).....		240,000	406,587
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		397,278	234,713
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....		42,145	—
13.7 Total investments acquired (Lines 13.1 to 13.6).....		439,423	234,713
14. Net increase / (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....		(199,423)	171,874
<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.....		3,071,421	3,264,328
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).....		204,586	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....		3,276,007	3,264,328
<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).....		(2,483)	1,377,391
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....		3,069,392	1,692,001
19.2 End of year (Line 18 plus Line 19.1).....		3,066,910	3,069,392

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

20,000.....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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
1. Net premium income...	641,937		641,937											
2. Change in unearned premium reserves and reserve for rate credit...														
3. Fee-for-service (net of \$ medical expenses)...														XXX
4. Risk revenue...														XXX
5. Aggregate write-ins for other health care related revenues...														XXX
6. Aggregate write-ins for other non-health care related revenues...														XXX
7. Total revenues (Lines 1 to 6)...	641,937	XXX	641,937	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Hospital/medical benefits...	268,815		268,815											XXX
9. Other professional services...	10,451		10,451											XXX
10. Outside referrals...														XXX
11. Emergency room and out-of-area...	41,362		41,362											XXX
12. Prescription drugs...	162,316		162,316											XXX
13. Aggregate write-ins for other hospital and medical...	165,809		165,809											XXX
14. Incentive pool, withhold adjustments and bonus amounts...														XXX
15. Subtotal (Lines 8 to 14)...	648,753		648,753											XXX
16. Net reinsurance recoveries...														XXX
17. Total hospital and medical (Lines 15 minus 16)...	648,753		648,753											XXX
18. Non-health claims (net)...		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Claims adjustment expenses including \$ 3,424 cost containment expenses...	3,424		3,424											
20. General administrative expenses...	2,894,285		2,894,285											
21. Increase in reserves for accident and health contracts...	331,203		331,203											XXX
22. Increase in reserves for life contracts...		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)...	3,877,665		3,877,665											
24. Net underwriting gain or (loss) (Line 7 minus Line 23)...	(3,235,728)		(3,235,728)											
<b>Details of Write-Ins</b>														
0501. ....														XXX
0502. ....														XXX
0503. ....														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page...														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)....														XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page...		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301. ....	165,809		165,809											XXX
1302. ....														XXX
1303. ....														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page...														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)....		165,809		165,809										XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual				
2. Comprehensive (hospital and medical) group	641,937			641,937
3. Medicare Supplement				
4. Vision only				
5. Dental 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				
13. Health subtotal (Lines 1 through 12)	641,937			641,937
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	641,937			641,937

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	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											
1	Payments during the year:													
1.1	Direct	482,944		482,944										
1.2	Reinsurance assumed													
1.3	Reinsurance ceded													
1.4	Net	482,944		482,944										
2.	Paid medical incentive pools and bonuses													
3.	Claim liability December 31, current year from Part 2A:													
3.1	Direct	165,808		165,808										
3.2	Reinsurance assumed													
3.3	Reinsurance ceded													
3.4	Net	165,808		165,808										
4.	Claim reserve December 31, current year from Part 2D:													
4.1	Direct													
4.2	Reinsurance assumed													
4.3	Reinsurance ceded													
4.4	Net													
5.	Accrued medical incentive pools and bonuses, current year													
6.	Net health care receivables (a)													
7.	Amounts recoverable from reinsurers December 31, current year													
8.	Claim liability December 31, prior year from Part 2A:													
8.1	Direct													
8.2	Reinsurance assumed													
8.3	Reinsurance ceded													
8.4	Net													
9.	Claim reserve December 31, prior year from Part 2D:													
9.1	Direct													
9.2	Reinsurance assumed													
9.3	Reinsurance ceded													
9.4	Net													
10.	Accrued medical incentive pools and bonuses, prior year													
11.	Amounts recoverable from reinsurers December 31, prior year													
12.	Incurred benefits:													
12.1	Direct	648,752		648,752										
12.2	Reinsurance assumed													
12.3	Reinsurance ceded													
12.4	Net	648,752		648,752										
13.	Incurred medical incentive pools and bonuses													

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

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	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											
1. Reported in Process of Adjustment:														
1.1 Direct														
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Incurred but Unreported:														
2.1 Direct	165,808			165,808										
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	165,808			165,808										
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	165,808			165,808										
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	165,808			165,808										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group		482,944		165,808		
3. Medicare Supplement						
4. Vision Only						
5. Dental 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						
13. Health subtotal (Lines 1 to 12)		482,944		165,808		
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)		482,944		165,808		

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**GRAND TOTAL****Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	483

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	649

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023	641,937	483			483	0.075	166		649	0.101

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## HOSPITAL &amp; MEDICAL

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020		XXX			
4. 2021		XXX	XXX		
5. 2022		XXX	XXX	XXX	
6. 2023	XXX	XXX	XXX	XXX	483

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020		XXX			
4. 2021		XXX	XXX		
5. 2022		XXX	XXX	XXX	
6. 2023	XXX	XXX	XXX	XXX	649

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023	641,937	483			483	0.075	166		649	0.101

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## MEDICARE SUPPLEMENT

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

DENTAL ONLY

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

VISION ONLY

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## TITLE XVIII MEDICARE

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## TITLE XIX MEDICAID

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## OTHER HEALTH

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
1.	Unearned premium reserves.....	331,203		331,203									
2.	Additional policy reserves (a).....												
3.	Reserve for future contingent benefits.....												
4.	Reserve for rate credits or experience rating refunds (including \$ for investment income).....												
5.	Aggregate write-ins for other policy reserves.....												
6.	Totals (gross).....	331,203		331,203									
7.	Reinsurance ceded.....												
8.	Totals (Net) (Page 3, Line 4).....	331,203		331,203									
9.	Present value of amounts not yet due on claims.....												
10.	Reserve for future contingent benefits.....												
11.	Aggregate write-ins for other claim reserves.....												
12.	Totals (gross).....												
13.	Reinsurance ceded.....												
14.	Totals (Net) (Page 3, Line 7).....												
<b>Details of Write-Ins</b>													
0501.													
0502.													
0503.													
0598.	Summary of remaining write-ins for Line 5 from overflow page.....												
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....												
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).....												

(a) Includes \$ premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ ceded plus \$ assumed)			28,175		28,175
4. Legal fees and expenses			25,677		25,677
5. Certifications and accreditation fees			9,746		9,746
6. Auditing, actuarial and other consulting services			600,468		600,468
7. Traveling expenses			5,439		5,439
8. Marketing and advertising			394,802		394,802
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software			101,910		101,910
14. Outsourced services including EDP, claims, and other services	3,424		586,172		589,596
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges			2,050		2,050
18. Group service and administration fees			1,123,399		1,123,399
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			9,778		9,778
23.2 State premium taxes			6,669		6,669
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)	3,424		2,894,285		(a) 2,897,709
27. Less expenses unpaid December 31, current year			235,266		235,266
28. Add expenses unpaid December 31, prior year			599,865		599,865
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,424		3,258,884		3,262,308
<b>Details of Write-Ins</b>					
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)					

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds.....	(a) 4,018	3,719
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates.....	(a)	
2.1 Preferred stocks (unaffiliated).....	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated).....		
2.21 Common stocks of affiliates		
3. Mortgage loans.....	(c)	
4. Real estate.....	(d)	
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments.....	(e) 55,017	45,232
7. Derivative instruments.....	(f)	
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....		
10. Total gross investment income.....	59,035	48,951
11. Investment expenses.....		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g)
13. Interest expense.....		(h)
14. Depreciation on real estate and other invested assets.....		(i)
15. Aggregate write-ins for deductions from investment income.....		
16. Total deductions (Lines 11 through 15).....		
17. Net investment income (Line 10 minus Line 16).....		48,951
<b>Details of Write-Ins</b>		
0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....		
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		

(a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.  
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.  
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ amortization of premium.  
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds.....					
1.1 Bonds exempt from U.S. tax.....					
1.2 Other bonds (unaffiliated).....					
1.3 Bonds of affiliates.....					
2.1 Preferred stocks (unaffiliated).....					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated).....					
2.21 Common stocks of affiliates					
3. Mortgage loans.....					
4. Real estate.....					
5. Contract loans.....					
6. Cash, cash equivalents and short-term investments.....					
7. Derivative instruments.....					
8. Other invested assets.....					
9. Aggregate write-ins for capital gains (losses).....					
10. Total capital gains (losses).....					
<b>Details of Write-Ins</b>					
0901.....					
0902.....					
0903.....					
0998. Summary of remaining write-ins for Line 9 from overflow page.....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....					

**NONE**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....	42,145		(42,145)
12. Subtotals, cash and invested assets (Lines 1 to 11).....	42,145		(42,145)
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
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.....			
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).....	42,145		(42,145)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27).....	42,145		(42,145)
<b>Details of Write-Ins</b>			
1101. Prepaid.....	42,145		(42,145)
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).....	42,145		(42,145)
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).....			

**EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....						15.....15
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....						
4. Point of Service.....			171	260	244	305.....980
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....		171	260	244	320	995.....
<b>Details of Write-Ins</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

## Notes to the Financial Statements

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

#### A. Accounting Practices

The statutory Financial statements of OhioHealthy Health Insuring Corporation 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 #	2023	2022
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3).....	XXX	XXX	XXX	\$ (3,186,777)	\$ (2,657,043)
(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	\$ (3,186,777)	\$ (2,657,043)
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX	XXX	XXX	\$ 2,752,259	\$ 2,702,933
(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	\$ 2,752,259	\$ 2,702,933
<b>B. Use of Estimates in the Preparation of the Financial Statements - Not Applicable</b>					
<b>C. Accounting Policy</b>					
(1) Short-term investments are stated at amortized cost.					
(2) Bonds are stated at amortized cost using the effective rate 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					
Pharmacy rebates will be credited against pharmacy expense.					
<b>D. Going Concern</b>					
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. OHIC began selling insurance products 1/1/23. OHIC 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

## Notes to the Financial Statements

### 5. Investments (Continued)

- 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
  - (1) Restricted assets (including pledged)

US Treasury bonds held on deposit with the state.

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	427,108	409,510	17,598	427,108	12.045	12.190	%
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>\$ 427,108</u>	<u>\$ 409,510</u>	<u>\$ 17,598</u>	<u>\$ 427,108</u>	<u>12.045</u>	<u>12.190</u>	<u>%</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	99.000 %
(2) Cash Equivalents	1.000 %
(3) Short-Term Investments	%
(4) Total (Must Equal 100%)	<u>100.000 %</u>

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

### 7. Investment Income

- A. Due and Accrued Income Excluded from Surplus
 

Investment income due and accrued that was over 90 days past due would be excluded.
- B. Total Amount Excluded
 

The company had no investment income due and accrued that was over 90 days past due.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued
 

NA

Interest Income Due and Accrued	Amount
1. Gross	\$ .....
2. Nonadmitted	\$ .....
3. Admitted	\$ .....

## **Notes to the Financial Statements**

### **7. Investment Income (Continued)**

D. The aggregate deferred interest

NA

	Amount
Aggregate Deferred Interest.....	\$.....

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

NA

	Amount
Cumulative amounts of PIK interest included in the current principal balance.....	\$.....

### **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, OHHIC received an initial capital contribution from its parents companies while part of a Joint Venture of \$2.1M. An additional \$195K was received from the Company's parent company, OHMPI in September of 2021. In September of 2022, a capital contribution of \$1.2M was made and in December 2022 a contribution was made in the amount of \$2.06M. In June 2023, a capital contribution of \$832k was made. In Sept 2023, a capital contribution of \$1.5M was made. In Dec 2023, a capital contribution of \$947k was made.

B. As of January 1, 2022, OhioHealthy Health Insuring Corp (OHHIC), 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. Accounts Payable are paid through OhioHealth Corporate, resulting in intercompany receivable and payable between OhioHealth Corporate and OHHIC. Intercompany receivables/payables are settled through capital contributions. Interco receivable/payables were settled to \$0.

E. OHHIC has a management service contracts with OHMPI to reimburse OHMPI for services and expenses incurred on behalf of OHHIC. The employees of OHMPI support a number of product lines. Allocations for time spent by the various departments have been allocated from OHMPI to OHHIC. In addition, certain expenses that were paid for by OHMPI also support the OHHIC product line and the estimated allocation of those expenses were also allocated to OHHIC. OHHIC will be writing the business for in-network insurance products and the OhioHealthy Insurance Company (OHICO), which also prepares its own regulatory filing, will administer the out of network components for the insurance products. The intercompany payable/receivable to OHMPI parent is \$0

F. Guarantees or Contingencies - Not Applicable

G. Nature of Relationships that Could Affect Operations - Not Applicable

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**

Expenses incurred but not yet paid have been accrued under general expense liabilities.

A. Contingent Commitments - 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**

## Notes to the Financial Statements

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

### 20. Fair Value Measurements

US Treasury notes are recorded at FMV for GAAP and cost for statutory purposes

#### A. Fair Value Measurement

US Treasury notes are recorded at FMV for GAAP and cost for statutory purposes

##### (1) Fair value measurements at reporting date

US Treasury note posted at FMV for GAAP and cost for statutory.

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 Notes .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
Total assets at fair value/NAV .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
b. Liabilities at fair value					
Total liabilities at fair value .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....

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

NA

Description	Beginning balance as of 01/01/2023	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 12/31/2023
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)

### D. Not Practicable to Estimate Fair Value

NA

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

#### A. Pharmaceutical Rebate Receivables

Estimated using the historical data

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2023	\$ 6,565	\$ .....	-\$ .....	\$ 13,015	\$ .....

## Notes to the Financial Statements

### 28. Health Care Receivables (Continued)

#### B. Risk-Sharing Receivables

Default charge approach based on assessments from Centers for Medicare & Medicaid Services (CMS) pre-defined billable member months ("MM"). Under 500 MM, the charge is 14% of the average state premium used in the risk adjustment calculation. Over 500 MM, the charge is based on the 90th percentile of amounts assessed to Ohio small group insurers as a percent of the average state premium. Over the past few years, this has averaged about 30%.

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable			Actual Risk Sharing Amounts Received			
		As Estimated in the Prior Year	As Estimated in the Current Year	Billed	Not Yet Billed	In Year Billed	First Year Subsequent	Second Year Subsequent
2023	2023	\$ 177,249	\$ 193,998	\$ 193,998	\$ -	\$ -	\$ -	\$ -

### 29. Participating Policies - Not Applicable

### 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$
2. Date of the most recent evaluation of this liability:
3. Was anticipated investment income utilized in the calculation?

### 31. Anticipated Salvage and Subrogation - Not Applicable

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

**GENERAL**

1.1. 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, 1A, 2, and 3.

1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?..... YES.....  
Ohio.....  
NO.....

1.3. State Regulating?.....  
1.4. Is the reporting entity publicly traded or a member of a publicly traded group?.....  
1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

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. State as of what date the latest financial examination of the reporting entity was made or is being made.....  
3.2. 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.....  
3.3. 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).....  
3.4. By what department or departments?  
NA

3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A.....  
3.6. Have all of the recommendations within the latest financial examination report been complied with?..... N/A.....  
4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....  
4.11. sales of new business?..... NO.....  
4.12. renewals?..... NO.....  
4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....  
4.21. sales of new business?..... NO.....  
4.22. renewals?..... NO.....

5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....  
If yes, complete and file the merger history data file with the NAIC.

5.2. 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
.....	.....	.....

6.1. Has the 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.....  
6.2. If yes, give full information  
NA

7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?..... NO.....  
7.2. If yes,  
7.21. State the percentage of foreign control..... %  
7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity
.....	.....

8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO.....  
8.2. If response to 8.1 is yes, please identify the name of the DIHC.....  
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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

PART 1 - COMMON INTERROGATORIES

8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... NO .....

8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... N/A .....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Plante Morane 250 S High St #100, Columbus, OH 43215

10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... NO .....

10.2. If the response to 10.1 is yes, provide information related to this exemption:

10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... NO .....

10.4. If the response to 10.3 is yes, provide information related to this exemption:

10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... N/A .....

10.6. If the response to 10.5 is no or n/a, please explain.  
OhioHealth is working on establishing an audit committee. Next meeting March 2024.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Milliman 1335 Dublin Rd # 209B, Columbus, OH 43215

12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... NO .....

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book / adjusted carrying value ..... \$ .....

12.2. If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....

13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... NO .....

13.3. Have there been any changes made to any of the trust indentures during the year? ..... NO .....

13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

14.1. 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.

14.11. If the response to 14.1 is no, please explain:

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

14.21. If the response to 14.2 is yes, provide information related to amendment(s).

14.3. Have any provisions of the code of ethics been waived for any of the specified officers? ..... NO .....

14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1. Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... NO .....

15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... YES .....

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... YES .....

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... YES .....

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... NO

20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers ..... \$

20.12 To stockholders not officers ..... \$

20.13 Trustees, supreme or grand (Fraternal only) ..... \$

20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers ..... \$

20.22 To stockholders not officers ..... \$

20.23 Trustees, supreme or grand (Fraternal only) ..... \$

21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... NO

21.2. If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others ..... \$

21.22 Borrowed from others ..... \$

21.23 Leased from others ..... \$

21.24 Other ..... \$

22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? ..... NO

22.2. If answer is yes:

22.21 Amount paid as losses or risk adjustment ..... \$

22.22 Amount paid as expenses ..... \$

22.23 Other amounts paid ..... \$

23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... NO

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

24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... NO

24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

25.01. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) ..... YES

25.02. If no, give full and complete information, relating thereto

25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions ..... \$

25.05. For the reporting entity's securities lending program, report amount of collateral for other programs ..... \$

25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... N/A

25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... N/A

25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... N/A

25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$

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

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

26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03) ..... NO

26.2. If yes, state the amount thereof at December 31 of the current year:

26.21. Subject to repurchase agreements ..... \$

26.22. Subject to reverse repurchase agreements ..... \$

26.23. Subject to dollar repurchase agreements ..... \$

26.24. Subject to reverse dollar repurchase agreements ..... \$

26.25. Placed under option agreements ..... \$

26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$

26.27. FHLB Capital Stock ..... \$

26.28. On deposit with states ..... \$

26.29. On deposit with other regulatory bodies ..... \$

26.30. Pledged as collateral - excluding collateral pledged to an FHLB ..... \$

26.31. Pledged as collateral to FHLB - including assets backing funding agreements ..... \$

26.32. Other ..... \$

26.3. For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? ..... NO .....  
 27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. ..... N/A .....

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... NO .....  
 27.4. If the response to 27.3 is YES, does the reporting entity utilize:  
     27.41 Special accounting provision of SSAP No. 108 ..... NO .....  
     27.42 Permitted accounting practice ..... NO .....  
     27.43 Other accounting guidance ..... NO .....  
 27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:  
     • The reporting entity has obtained explicit approval from the domiciliary state.  
     • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.  
     • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.  
     • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... NO .....  
 28.2. If yes, state the amount thereof at December 31 of the current year. ..... \$ .....  
 29. 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*? ..... NO .....

29.01. For agreements that comply with the requirements of the *NAIC Financial Condition Examiners Handbook*, complete the following:

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

29.02. 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)
.....	.....	.....

29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? ..... NO .....

29.04. If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

29.05. 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, OhioHealth VP Treasury .....	.....

29.0597. For those firms/individuals listed in the table for Question 29.05, 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 .....

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... NO .....

29.06. For those firms or individuals listed in the table for 29.05 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
.....	.....	.....	.....	.....

30.1. Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? ..... NO .....

30.2. If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL .....	.....	\$.....

30.3. For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book / Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	.....	\$.....	.....

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Bonds.....	\$..... 397,846	\$..... 400,870	\$..... 3,024
31.2. Preferred Stocks.....			
31.3. Totals.....	\$..... 397,846	\$..... 400,870	\$..... 3,024

31.4. Describe the sources or methods utilized in determining the fair values:

Premium/Discount rate

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?..... NO.....

32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?.....

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2. If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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.....

35. 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 an 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.....

36. 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.....

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?..... N/A.....

38.1. Does the reporting entity directly hold cryptocurrencies?..... NO.....

38.2. If the response to 38.1 is yes, on what schedule are they reported?.....

39.1. Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?..... NO.....

39.2. If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly.....

39.22 Immediately converted to U.S. dollars.....

39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1. Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?..... \$.....

40.2. List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....

41.1. Amount of payments for legal expenses, if any?..... \$..... 25,677

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

41.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Baker and Hostetler.....	\$..... 19,692

42.1. Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?..... \$.....

42.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	\$.....

**GENERAL INTERROGATORIES**  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... NO

1.2 If yes, indicate premium earned on U.S. business only. .... \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .... \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .... \$

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$

1.62 Total incurred claims ..... \$

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned ..... \$

1.65 Total incurred claims ..... \$

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$

1.72 Total incurred claims ..... \$

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned ..... \$

1.75 Total incurred claims ..... \$

1.76 Number of covered lives

## 2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ 641,937	\$
2.2 Premium Denominator	\$ 641,937	\$
2.3 Premium Ratio (2.1/2.2)	100.000	
2.4 Reserve Numerator	\$ 359,806	\$
2.5 Reserve Denominator	\$ 497,011	\$
2.6 Reserve Ratio (2.4/2.5)	72.394 %	%

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... NO

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... YES

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... NO

5.1 Does the reporting entity have stop-loss reinsurance? ..... NO

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$

5.32 Medical Only ..... \$

5.33 Medicare Supplement ..... \$

5.34 Dental and Vision ..... \$

5.35 Other Limited Benefit Plan ..... \$

5.36 Other ..... \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... YES

7.2 If no, give details

## GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year.....

8.2 Number of providers at end of reporting year.....

9.1 Does the reporting entity have business subject to premium rate guarantees?..... NO.....

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months..... \$.....

9.22 Business with rate guarantees over 36 months..... \$.....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... NO.....

10.2 If yes:

10.21 Maximum amount payable bonuses..... \$.....

10.22 Amount actually paid for year bonuses..... \$.....

10.23 Maximum amount payable withholds..... \$.....

10.24 Amount actually paid for year withholds..... \$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,..... NO.....

11.13 An Individual Practice Association (IPA), or,..... NO.....

11.14 A Mixed Model (combination of above)?..... NO.....

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... YES.....

11.3 If yes, show the name of the state requiring such minimum capital and surplus..... Ohio.....

11.4 If yes, show the amount required..... \$ 1,700,000.....

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?..... NO.....

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
Ashland.....	
Athens.....	
Crawford.....	
Delaware.....	
Fairfield.....	
Franklin.....	
Hardin.....	
Hocking.....	
Knox.....	
Licking.....	
Madison.....	
Marion.....	
Morrow.....	
Pickaway.....	
Richland.....	
Union.....	

13.1 Do you act as a custodian for health savings accounts?..... NO.....

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$.....

13.3 Do you act as an administrator for health savings accounts?..... NO.....

13.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?..... N/A.....

14.2. If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written..... \$.....

15.2 Total Incurred Claims..... \$.....

15.3 Number of Covered Lives.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... NO.....

16.1 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.....

## FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	3,503,751	3,302,798	2,099,083		
2. Total liabilities (Page 3, Line 24).....	751,492	599,865	1,194		
3. Statutory minimum capital and surplus requirement.....	1,700,000	1,700,000	1,700,000		
4. Total capital and surplus (Page 3, Line 33).....	2,752,259	2,702,933	2,097,889		
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8).....	641,937				
6. Total medical and hospital expenses (Line 18).....	648,753				
7. Claims adjustment expenses (Line 20).....	3,424				
8. Total administrative expenses (Line 21).....	2,894,285	2,658,725	195,176		
9. Net underwriting gain (loss) (Line 24).....	(3,235,728)	(2,658,725)	(195,176)		
10. Net investment gain (loss) (Line 27).....	48,951	1,682	(2,111)		
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(3,186,777)	(2,657,043)	(197,287)		
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	(3,079,067)	(2,058,810)	(195,985)		
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	2,752,259	2,702,933	2,097,889		
15. Authorized control level risk-based capital.....	915,213	6,844	865,782		
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....	320				
17. Total members months (Column 6, Line 7).....	995				
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0 %	%	100.0 %	100.0 %	100.0 %
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....	101.1				
20. Cost containment expenses.....	0.5				
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	604.1				
23. Total underwriting gain (loss) (Line 24).....	(504.1)				
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5).....					
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)].....					
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....					
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—*Accounting Changes and Correction of Errors*?

If no, please explain

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property / Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
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	641,937							641,937
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. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	XXX								
59. Subtotal		XXX	641,937							641,937
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)		XXX	641,937							641,937
<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 ..... 1 ..... 4. Q – Qualified - Qualified or accredited reinsurer ..... –  
 2. R – Registered – Non-domiciled RRGs ..... – ..... 5. N – None of the above - Not allowed to write business in the state ..... 56  
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... –

(b) Explanation of basis of allocation by states, premiums by state, etc



FYE June 30, 2023

