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**ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
OHIOHEALTHY INSURANCE COMPANY**

NAIC Group Code..... 5005..... 5005..... NAIC Company Code..... 17028.... Employer's ID Number..... 85-3626444.....  
(Current) (Prior)

## OFFICERS

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

#### DIRECTORS OR TRUSTEES

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

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

---

\_\_\_\_\_ , 2025

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:  
2. Date: 5/20/01

2. Date filed

3. Number of pages attached:

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

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

**NONE**

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

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

**NONE**

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

**NONE**

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

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered.....	3,542	213	25	28	59	3,867
0499999 - Subtotals.....	3,542	213	25	28	59	3,867
0599999 - Unreported claims and other claim reserves.....						23,489
0799999 - Total claims unpaid.....						27,357
0899999 - Accrued medical incentive pool and bonus amounts.....						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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

**NONE**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables.....	<b>NONE</b>			

## EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
5. Fee-for-service.....				XXX	XXX	
6. Contractual fee payments.....	27,325	100.000	XXX	XXX	XXX	27,325
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX	XXX	
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX	XXX	
9. Non-contingent salaries.....			XXX	XXX	XXX	
10. Aggregate cost arrangements.....			XXX	XXX	XXX	
11. All other payments.....			XXX	XXX	XXX	
12. Total other payments.....	27,325	100.000	XXX	XXX	XXX	27,325
13. Total (Line 4 plus Line 12).....	27,325	100.000 %	XXX	XXX	XXX	27,325

## EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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

**NONE**

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION <sup>(a)</sup>

REPORT FOR: 1. CORPORATION OhioHealthy Insurance Company

2. Columbus, OH  
(LOCATION)

NAIC Group Code: 5005

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Company Code: 17028

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	305		305											
2. First Quarter.....	154		154											
3. Second Quarter.....	165		165											
4. Third Quarter.....	154		154											
5. Current Year.....	115		115											
6. Current Year Member Months.....	1,821		1,821											
Total Member Ambulatory Encounters for Year:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written <sup>(b)</sup> .....	173,196		173,196											
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	173,196		173,196											
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	27,325		27,325											
18. Amount Incurred for Provision of Health Care Services.....	9,887		9,887											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION <sup>(a)</sup>

REPORT FOR: 1. CORPORATION OhioHealthy Insurance Company

2. Columbus, OH  
(LOCATION)

NAIC Group Code: 5005

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 17028

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	305		305											
2. First Quarter.....	154		154											
3. Second Quarter.....	165		165											
4. Third Quarter.....	154		154											
5. Current Year.....	115		115											
6. Current Year Member Months.....	1,821		1,821											
Total Member Ambulatory Encounters for Year:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written <sup>(b)</sup> .....	173,196		173,196											
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	173,196		173,196											
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	27,325		27,325											
18. Amount Incurred for Provision of Health Care Services.....	9,887		9,887											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

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

(31) Schedule S - Part 1 - Section 2

**NONE**

(32) Schedule S - Part 2

**NONE**

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>Separate Accounts, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
11835	04-1590940	01/01/2024	PartnerRe America Insurance Company	DE	SSL/G	CMM	30,832						
5399999 - Separate Accounts, Authorized, Non-Affiliates, U.S. Non-Affiliates							30,832						
5599999 - Separate Accounts, Authorized, Total Authorized Non-Affiliates							30,832						
5699999 - Total Separate Accounts Authorized							30,832						
9099999 - Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							30,832						
9199999 - Total U.S.							30,832						
9999999 - Total (Sum of 4599999 and 9099999)							30,832						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	31				
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	3,866,393		3,866,393
2. Accident and health premiums due and unpaid (Line 15).....			
3. Amounts recoverable from reinsurers (Line 16.1).....			
4. Net credit for ceded reinsurance.....	XXX	(13,041)	(13,041)
5. All other admitted assets (Balance).....	1,142		1,142
6. Total assets (Line 28).....	3,867,535	(13,041)	3,854,494
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	27,357		27,357
8. Accrued medical incentive pool and bonus payments (Line 2).....			
9. Premiums received in advance (Line 8).....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....			
14. All other liabilities (Balance).....	57,888	(13,041)	44,847
15. Total liabilities (Line 24).....	85,245	(13,041)	72,204
16. Total capital and surplus (Line 33).....	3,782,290	XXX	3,782,290
17. Total liabilities, capital and surplus (Line 34).....	3,867,534	(13,041)	3,854,493
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....		XXX	XXX
19. Accrued medical incentive pool.....		XXX	XXX
20. Premiums received in advance.....		XXX	XXX
21. Reinsurance recoverable on paid losses.....		XXX	XXX
22. Other ceded reinsurance recoverables.....		XXX	XXX
23. Total ceded reinsurance recoverables.....		XXX	XXX
24. Premiums receivable.....		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26. Unauthorized reinsurance.....		XXX	XXX
27. Reinsurance with Certified Reinsurers.....		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29. Other ceded reinsurance payables/offsets.....	13,041	XXX	XXX
30. Total ceded reinsurance payables/offsets.....	13,041	XXX	XXX
31. Total net credit for ceded reinsurance.....	(13,041)	XXX	XXX

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

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL					
2. Alaska.....	AK					
3. Arizona.....	AZ					
4. Arkansas.....	AR					
5. California.....	CA					
6. Colorado.....	CO					
7. Connecticut.....	CT					
8. Delaware.....	DE					
9. District of Columbia.....	DC					
10. Florida.....	FL					
11. Georgia.....	GA					
12. Hawaii.....	HI					
13. Idaho.....	ID					
14. Illinois.....	IL					
15. Indiana.....	IN					
16. Iowa.....	IA					
17. Kansas.....	KS					
18. Kentucky.....	KY					
19. Louisiana.....	LA					
20. Maine.....	ME					
21. Maryland.....	MD					
22. Massachusetts.....	MA					
23. Michigan.....	MI					
24. Minnesota.....	MN					
25. Mississippi.....	MS					
26. Missouri.....	MO					
27. Montana.....	MT					
28. Nebraska.....	NE					
29. Nevada.....	NV					
30. New Hampshire.....	NH					
31. New Jersey.....	NJ					
32. New Mexico.....	NM					
33. New York.....	NY					
34. North Carolina.....	NC					
35. North Dakota.....	ND					
36. Ohio.....	OH					
37. Oklahoma.....	OK					
38. Oregon.....	OR					
39. Pennsylvania.....	PA					
40. Rhode Island.....	RI					
41. South Carolina.....	SC					
42. South Dakota.....	SD					
43. Tennessee.....	TN					
44. Texas.....	TX					
45. Utah.....	UT					
46. Vermont.....	VT					
47. Virginia.....	VA					
48. Washington.....	WA					
49. West Virginia.....	WV					
50. Wisconsin.....	WI					
51. Wyoming.....	WY					
52. American Samoa.....	AS					
53. Guam.....	GU					
54. Puerto Rico.....	PR					
55. U.S. Virgin Islands.....	VI					
56. Northern Mariana Islands.....	MP					
57. Canada.....	CAN					
58. Aggregate Other Alien.....	OT					
59. Totals.....						

NONE

## Annual Statement for the Year 2024 of the OhioHealthy Insurance Company

**SCHEDULE Y**

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

Asterisk	Explanation

**SCHEDULE Y**

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
17026	85-2275116	OhioHealthy Health Insuring Corporation.....		9,655,034		(455,845)				9,199,190	
17028	85-3626444	OhioHealthy Insurance Company.....		808,424		(45,236)				763,188	
	.36-4897871	OhioHealth Medical Plan, Inc.....		(10,463,459)		501,081				(9,962,378)	
9999999 - Control Totals.....				-		-		XXX		-	

**SCHEDULE Y**

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES****REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
<b>March Filing</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes.....
2. Will an actuarial opinion be filed by March 1?	yes.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes.....
<b>April Filing</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes.....
<b>June Filing</b>	
8. Will an audited financial report be filed by June 1?	YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	No.....

**SUPPLEMENTAL FILINGS**

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		 1 7 0 2 8 2 0 2 4 2 2 1 0 0 0 0 0
10.		
11.	NA	 1 7 0 2 8 2 0 2 4 2 0 5 0 0 0 0 0
12.		 1 7 0 2 8 2 0 2 4 4 2 0 0 0 0 0 0
13.		 1 7 0 2 8 2 0 2 4 3 7 1 0 0 0 0 0
14.		 1 7 0 2 8 2 0 2 4 3 7 0 0 0 0 0 0
15.	No Medicare Part D Coverage.	 1 7 0 2 8 2 0 2 4 3 6 5 0 0 0 0 0
16.		 1 7 0 2 8 2 0 2 4 2 2 4 0 0 0 0 0
17.		 1 7 0 2 8 2 0 2 4 2 2 5 0 0 0 0 0
18.		 1 7 0 2 8 2 0 2 4 2 2 6 0 0 0 0 0
19.		
20.		
21.		 1 7 0 2 8 2 0 2 4 3 0 6 0 0 0 0 0
22.		
23.		
24.		

**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2024  
 (To Be Filed By March 1)  
 FOR THE STATE OF Ohio

NAIC Group Code: 5005

NAIC Company Code: 17028

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

Person Completing This Exhibit:

Title:

Telephone Number:

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022, 2023, 2024			
										11 Premiums Earned	12 Incurred Claims Amount	13 Incurred Claims % of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Incurred Claims % of Premiums Earned	18 Number of Covered Lives
0199999 - TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 - TOTAL EXPERIENCE ON GROUP POLICIES																	

**NONE**

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:.....
  - 2.2 Contact Person and Phone Number:.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:.....
  - 3.2 Contact Person and Phone Number:.....
4. Explain any policies identified above as policy type "O"

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024

(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code: 5005

NAIC Company Code: 17028

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
1. Disability income.....	.....
2. Health.....	YES.....
3. Homeowners.....	.....
4. Individual annuity.....	.....
5. Individual life.....	.....
6. Lender-placed home and auto.....	.....
7. Long-term care.....	.....
8. Other health.....	.....
9. Private flood.....	.....
10. Private passenger auto.....	.....
11. Short-term limited duration health plans.....	.....
12. Travel.....	.....