

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)

Organized under the Laws of OH
Country of Domicile US
Licensed as business type: Life, Accident & Health
Incorporated/Organized 10/19/2020
Statutory Home Office 3430 OhioHealth Parkway
Main Administrative Office 3430 OhioHealth Parkway
Columbus, OH, US 43202

State of Domicile or Port of Entry OH
Is HMO Federally Qualified? NO
Commenced Business 04/12/2021
Columbus, OH, US 43202
(380)210-2311
(Telephone)
Columbus, OH, US 43202
(380)210-2311
(Telephone)
www.ohiohealthyplans.com
(380)210-2311
(Telephone)
Gaston Bushiri
(614)544-4081
(E-Mail) (Fax)

Mail Address 3430 OhioHealth Parkway
Primary Location of Books and Records 3430 OhioHealth Parkway
Columbus, OH, US 43202
Internet Website Address
Statutory Statement Contact

OFFICERS

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

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
David Lee
President

x
Gaston Bushiri
Chief Financial Officer

x
Kathy Savenko
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 filed:
3. Number of pages attached:

x

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

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

	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		NONE				
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment		NONE				
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	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 (b).....	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 (a)



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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	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.....														
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12. Health Premiums Written (b).....	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	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Separate Accounts, Authorized, Non-Affiliates, U.S. Non-Affiliates													
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	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
	1. Premiums.....	31				
	2. Title XVIII-Medicare.....					
	3. Title XIX-Medicaid.....					
	4. Commissions and reinsurance expense allowance.....					
	5. Total hospital and medical expenses.....					
B.	BALANCE SHEET ITEMS					
	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.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	13. Funds deposited by and withheld from (F).....					
	14. Letters of credit (L).....					
	15. Trust agreements (T).....					
	16. Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses		XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables		XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets	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

			Direct Business Only				
			1	2	3	4	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
5005			36-4897871				OhioHealhty 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater than 10% Ownership						
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
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	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
April Filing		
5.	Will Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
June Filing		
8.	Will an audited financial report be filed by June 1?	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.

March Filing		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	yes
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	no
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
April Filing		
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
August Filing		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation		Barcode
1.		
2.		
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.		 1 7 0 2 8 2 0 2 4 3 0 6 0 0 0 0 0
21.		 1 7 0 2 8 2 0 2 4 2 1 1 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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022, 2023, 2024			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	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”

Supp360.OH



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

		1
		MCAS Reportable Premium / Considerations (YES/NO)
MCAS Lines of Business		
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	