



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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..... State of Domicile or Port of Entry.....OH.....
Country of Domicile.....US.....
Licensed as business type.....Life, Accident & Health..... Is HMO Federally Qualified?.....NO.....
Incorporated/Organized.....10/19/2020..... Commenced Business.....04/12/2021.....
Statutory Home Office.....3430 OhioHealth Parkway..... Columbus, OH, US 43202.....
Main Administrative Office.....3430 OhioHealth Parkway.....
Columbus, OH, US 43202..... (380)210-2311.....
(Telephone Number)
Mail Address.....3430 OhioHealth Parkway..... Columbus, OH, US 43202.....
Primary Location of Books and
Records.....3430 OhioHealth Parkway..... (380)210-2311.....
Columbus, OH, US 43202..... (Telephone Number)
Internet Website Address.....www.ohiohealthyplans.com.....
Statutory Statement Contact.....Gaston Bushiri..... (380)210-2311.....
gaston.bushiri@ohiohealth.com..... (Telephone Number)
(E-Mail Address) (614)544-4081.....
(Fax Number)

OFFICERS

David Lee, President..... Kathy Savenko, Controller.....
Gaston Bushiri, Chief Financial Officer.....
DIRECTORS OR TRUSTEES
Michael Browning..... Carrie Muller-Harris.....
John McWhorter..... Gaston Bushiri.....
David Lee.....

State of Ohio
County of Franklin 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 15th day of
November, 2024

x
Stephanie Hutchinson

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____



STEPHANIE HUTCHINSON
Notary Public, State of Ohio
My Commission Expires 09-27-2026