



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
Aetna Health of Ohio Inc.

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	15805	Employer's ID Number	47-3850677
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	04/24/2015		Commenced Business		01/01/2020	
Statutory Home Office	7400 W. Campus Road (Street and Number)		New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)			
Main Administrative Office	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)			
	New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)					
Mail Address	Attn: Stat Compliance; P.O. Box 818048 (Street and Number or P.O. Box)		Cleveland, OH, US 44181-8048 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7400 W. Campus Road (Street and Number)		800-872-3862 (Area Code) (Telephone Number)			
	New Albany, OH, US 43054 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.aetna-medicareadvantage.com					
Statutory Statement Contact	Kim E. Roth (Name)		215-775-6508 (Area Code) (Telephone Number)			
	StatutoryReporting@aetna.com (E-mail Address)		860-262-7767 (FAX Number)			

OFFICERS

Vice President and Treasurer	Tracy Louise Smith	Principal Financial Officer and Controller	Steven Matthew Conte
Vice President and Secretary	Jennifer Arthur Corvo #		

OTHER

Derek Scott Blunt, Senior Investment Officer	Scott David Miller, Assistant Controller	Bryan Sheppard Nazworth, Chief Financial Officer
Peter Keller, Assistant Controller	Whitney Dorothy Todisco, Assistant Controller	Aaron Jacob Igdalsky, Vice President and Assistant Secretary
Terry Jason Smith, Chief Executive Officer and President (through 6/15/2025)		

DIRECTORS OR TRUSTEES

Terry Jason Smith (through 6/15/2025)	Kimberly Sue Foltz #	Bryan Sheppard Nazworth
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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.

 Tracy Louise Smith Vice President and Treasurer	 Jennifer Arthur Corvo Vice President and Secretary	 Steven Matthew Conte Principal Financial Officer and Controller
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State of..... Connecticut
County of..... Hartford

State of..... Connecticut
County of..... Hartford

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this

Subscribed and sworn to before me this

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28th day of July, 2025

day of , 2025

day of , 2025

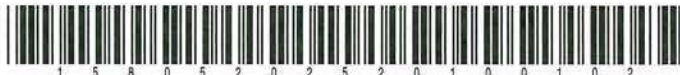
Cynthia Montano
NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

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- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
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3. Number of pages attached.....



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State of..... Connecticut County of..... Hartford	State of..... Connecticut County of..... Hartford	State of..... Connecticut County of..... Hartford
Subscribed and sworn to before me this ____ day of _____, 2025	Subscribed and sworn to before me this <u>15</u> day of <u>July</u> , 2025  _____ NOTARY PUBLIC (Seal)	Subscribed and sworn to before me this ____ day of _____, 2025 _____ NOTARY PUBLIC (Seal)
NOTARY PUBLIC (Seal)		NOTARY PUBLIC (Seal)



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County of..... Hartford

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Subscribed and sworn to before me this

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____ day of _____, 2025

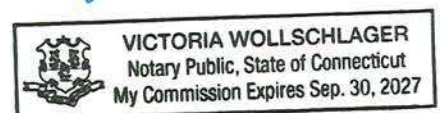
____ day of _____, 2025

29 day of July, 2025

NOTARY PUBLIC (Seal)

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