



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Insurance Company of Ohio

NAIC Group Code 0707 (Current) 0707 (Prior) NAIC Company Code 73518 Employer's ID Number 31-1169935
Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Licensed as business type:

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 02/20/1986 Commenced Business 07/01/1991

Statutory Home Office _____ 9200 Worthington Road _____, _____ Westerville, OH 43082
(Street and Number) _____ (City or Town, State and Zip Code)

Main Administrative Office 9200 Worthington Road
(Street and Number)
Westerville, OH 43082, 614-410-7000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 185 Asylum Street 4th Floor, Hartford, CT 06103
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 9200 Worthington Road
(Street and Number)
Westerville, OH 43082 614-410-7000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address _____ www.unitedhealthgroup.com

Statutory Statement Contact Peter A Tassinari, 860-702-6201
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OFFICERS

President, CEO, Chairman Robert Charles Falkenberg Assistant Treasurer Cecilia Ann Walpole-Griffin
Secretary Jeffrey Ryan Tredway CFO Richard Gordon Dunlop

OTHER

Timothy Gilbert Caron Assistant Secretary	Mary Lynn Stanislav Assistant Secretary	Robert Worth Oberrender Treasurer
Juanita Bolland Luis Assistant Secretary	Michelle Marie Huntley Dill Assistant Secretary	Paul Timothy Runice Assistant Treasurer
Thomas Shaun McGlinch Assistant Treasurer	Craig Charles Anderson Vice President, Assistant Treasurer	

DIRECTORS OR TRUSTEES

Leonard A Wilkerson D.O. Jerome Paul Brophy Jr. Richard Gordon Dunlop
David Scott Luby Robert Charles Falkenberg

State of _____ SS: _____
County of _____

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.

Robert Charles Falkenberg
President, CEO, Chairman

Jeffrey Ryan Tredway
Secretary

Cecilia Ann Walpole-Griffin
Assistant Treasurer

Subscribed and sworn to before me this
____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	72,792,883		72,792,883	74,556,392
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (2,519), cash equivalents (\$ 1,499,939) and short-term investments (\$ 25,015,167)	26,512,587		26,512,587	23,492,270
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	12,424		12,424	765
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	99,317,894	0	99,317,894	98,049,427
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	840,935		840,935	.877,722
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	390,193	27,727	362,466	619,312
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,204		2,204	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0		0	1,905,872
18.2 Net deferred tax asset	311,844		311,844	.543,993
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	0		0	7,060,765
24. Health care (\$) and other amounts receivable	427,414	427,414	0	0
25. Aggregate write-ins for other than invested assets	452,895	371,974	80,921	.81,610
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	101,743,379	827,115	100,916,264	109,138,702
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	101,743,379	827,115	100,916,264	109,138,702
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Miscellaneous receivable	369,714	369,714	0	0
2502. Other Assets	83,181	2,260	80,921	.81,610
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	452,895	371,974	80,921	.81,610

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	9,987,859	604,096	10,591,955	21,530,668
2. Accrued medical incentive pool and bonus amounts	0	0	0	1,239
3. Unpaid claims adjustment expenses	112,552	6,808	119,360	281,002
4. Aggregate health policy reserves	23,668	1,432	25,100	56,202
5. Aggregate life policy reserves	16,487		16,487	16,487
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	502,885	30,416	533,301	873,040
8. Premiums received in advance	835,590		835,590	2,991,985
9. General expenses due or accrued	5,122,836		5,122,836	4,952,673
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	1,400,088		1,400,088	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	162,925		162,925	237,756
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	631,017		631,017	0
16. Derivatives			0	0
17. Payable for securities	0		0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	0		0	0
23. Aggregate write-ins for other liabilities (including \$ current)	4,120	0	4,120	3,219
24. Total liabilities (Lines 1 to 23)	18,800,024	642,752	19,442,776	30,944,271
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,700,000	2,700,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	77,773,487	74,494,431
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	81,473,487	78,194,431
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	100,916,264	109,138,702
DETAILS OF WRITE-INS				
2301. Unclaimed Property	4,120		4,120	3,219
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4,120	0	4,120	3,219
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	34,439	311,775	994,039
2. Net premium income (including \$ non-health premium income).....	XXX	18,708,536	104,625,890	344,032,977
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	31,102 .....	.....	199,834
4. Fee-for-service (net of \$ medical expenses).....	XXX .....	.....	.....	0
5. Risk revenue	XXX .....	.....	.....	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	955	1,826	3,800
8. Total revenues (Lines 2 to 7)	XXX	18,740,593	104,627,716	344,236,611
Hospital and Medical:				
9. Hospital/medical benefits	729,244	12,786,238	69,248,613	227,326,973
10. Other professional services .....	.....	52,797	208,189	144,893
11. Outside referrals .....	.....	.....	.....	0
12. Emergency room and out-of-area .....	.....	.....	.....	0
13. Prescription drugs .....	.....	(581,718)	9,225,386	25,185,699
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	.....	17,350	2,671	16,274
16. Subtotal (Lines 9 to 15)	729,244	12,274,668	78,684,858	252,673,839
Less:				
17. Net reinsurance recoveries .....	.....	.....	.....	0
18. Total hospital and medical (Lines 16 minus 17)	729,244	12,274,668	78,684,858	252,673,839
19. Non-health claims (net) .....	.....	.....	.....	15,011
20. Claims adjustment expenses, including \$ 237,112 cost containment expenses .....	.....	926,187	3,513,085	8,348,943
21. General administrative expenses .....	.....	1,587,638	8,707,024	35,226,282
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....	.....	.....	.....	(12,418)
23. Total underwriting deductions (Lines 18 through 22).....	729,244	14,788,493	90,904,967	296,251,657
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	3,952,100	13,722,748	47,984,954
25. Net investment income earned .....	.....	743,269	912,024	3,368,314
26. Net realized capital gains (losses) less capital gains tax of \$ 1,310 .....	.....	14,943	(235)	84,776
27. Net investment gains (losses) (Lines 25 plus 26)	0	758,211	911,789	3,453,090
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ ..... )] .....	.....	.....	.....	.....
29. Aggregate write-ins for other income or expenses	0	2,234	2,117	40,837
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	4,712,546	14,636,654	51,478,881
31. Federal and foreign income taxes incurred	XXX	1,398,650	4,936,997	17,226,083
32. Net income (loss) (Lines 30 minus 31)	XXX	3,313,896	9,699,657	34,252,798
DETAILS OF WRITE-INS				
0601.	XXX .....	.....	.....	.....
0602.	XXX .....	.....	.....	.....
0603.	XXX .....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701. Other Contract Revenue	XXX	955	1,826	3,800
0702.	XXX .....	.....	.....	.....
0703.	XXX .....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	955	1,826	3,800
1401. .....	.....	.....	.....	.....
1402. .....	.....	.....	.....	.....
1403. .....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous .....	.....	2,234	2,117	40,837
2902. .....	.....	.....	.....	.....
2903. .....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	2,234	2,117	40,837

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	78,194,431	67,476,203	67,476,203
34. Net income or (loss) from Line 32	3,313,896	9,699,657	34,252,798
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(11)	.21	.30
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(232,150)	35,324	(202,362)
39. Change in nonadmitted assets	197,321	(275,400)	(254,053)
40. Change in unauthorized reinsurance .....	.0	.0	.0
41. Change in treasury stock .....	.0	.0	.0
42. Change in surplus notes .....	.0	.0	.0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			(25,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	.0	1,921,815	1,921,815
48. Net change in capital & surplus (Lines 34 to 47)	3,279,056	11,381,417	10,718,228
49. Capital and surplus end of reporting period (Line 33 plus 48)	81,473,487	78,857,620	78,194,431
DETAILS OF WRITE-INS			
4701. AVR & IMR prior to conversion to Health Blank		1,921,815	1,921,815
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.0	.0	.0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	1,921,815	1,921,815

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	16,809,010	103,176,634	338,138,349
2. Net investment income	904,613	1,078,572	4,015,254
3. Miscellaneous income	955	1,826	3,800
4. Total (Lines 1 to 3)	17,714,578	104,257,032	342,157,403
5. Benefit and loss related payments	23,357,769	74,743,173	269,396,601
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	2,514,969	10,642,560	44,828,073
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,905,999)	2,880,990	21,997,960
10. Total (Lines 5 through 9)	23,966,739	88,266,723	336,222,634
11. Net cash from operations (Line 4 minus Line 10)	(6,252,161)	15,990,309	5,934,769
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,664,599	3,431,417	15,888,960
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	301	98	393
12.7 Miscellaneous proceeds	0	0	1,257
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,664,900	3,431,515	15,890,610
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	2,845,132	2,845,132
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	11,659	61,520	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	11,659	2,906,652	2,845,132
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,653,241	524,863	13,045,478
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	25,000,000
16.6 Other cash provided (applied)	7,619,237	(8,492,605)	(6,324,774)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7,619,237	(8,492,605)	(31,324,774)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,020,317	8,022,566	(12,344,528)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	23,492,270	35,836,798	35,836,798
19.2 End of period (Line 18 plus Line 19.1)	26,512,587	43,859,364	23,492,270

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

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	50,676	0	50,676	0	0	0	0	0	0	0
2. First Quarter		13,234								
3. Second Quarter		0								
4. Third Quarter		0								
5. Current Year		0								
6. Current Year Member Months	34,439		34,439							
Total Member Ambulatory Encounters for Period:										
7. Physician		34,062		34,062						
8. Non-Physician		7,562		7,562						
9. Total	41,624	0	41,624	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0		0						
11. Number of Inpatient Admissions		0		0						
12. Health Premiums Written (a)	18,708,536		18,708,536							
13. Life Premiums Direct	0		0							
14. Property/Casualty Premiums Written	0		0							
15. Health Premiums Earned	18,739,638		18,739,638							
16. Property/Casualty Premiums Earned	0		0							
17. Amount Paid for Provision of Health Care Services	23,357,760		23,357,760							
18. Amount Incurred for Provision of Health Care Services	12,274,668		12,274,668							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

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
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	1,553,605	100,933	17,379	11,010	128,954	1,811,881
0499999 Subtotals	1,553,605	100,933	17,379	11,010	128,954	1,811,881
0599999 Unreported claims and other claim reserves						8,780,072
0699999 Total amounts withheld						
0799999 Total claims unpaid						10,591,953
0899999 Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	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 Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	18,641,071	4,698,099	936,162	10,189,093	19,577,233	22,403,707
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	18,641,071	4,698,099	936,162	10,189,093	19,577,233	22,403,707
10. Healthcare receivables (a)	245,759	41,388		140,267	245,759	624,014
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	(1,654)	20,243			(1,654)	1,239
13. Totals (Lines 9-10+11+12)	18,393,658	4,676,954	936,162	10,048,826	19,329,820	21,780,932

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

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]

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? Yes [] No [X]

2.2 If yes, date of change: _____

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
 If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

6.2 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. 12/31/2009

6.3 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). 10/01/2010

6.4 By what department or departments?
 Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this 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? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
OptumHealth Bank Inc.	Salt Lake City, Utah	NO	NO	NO	YES	NO

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
GENERAL INTERROGATORIES

9.1 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 [] No []
 (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.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
 13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
GENERAL INTERROGATORIES

16. 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? Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank	801 Pennsylvania, Kansas City, MO 64105
Bank of New York Mellon	Liquidity Services, One Wall Street, 14th Floor, New York, NY 10286

16.2 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full information relating thereto:

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

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
107105	BlackRock Financial Management Inc.	55 East 52nd Street, NY NY 10055
N/A	Internally Managed	N/A

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

17.2 If no, list exceptions:

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 66.9 %

1.2 A&H cost containment percent 1.3 %

1.3 A&H expense percent excluding cost containment expenses 12.2 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

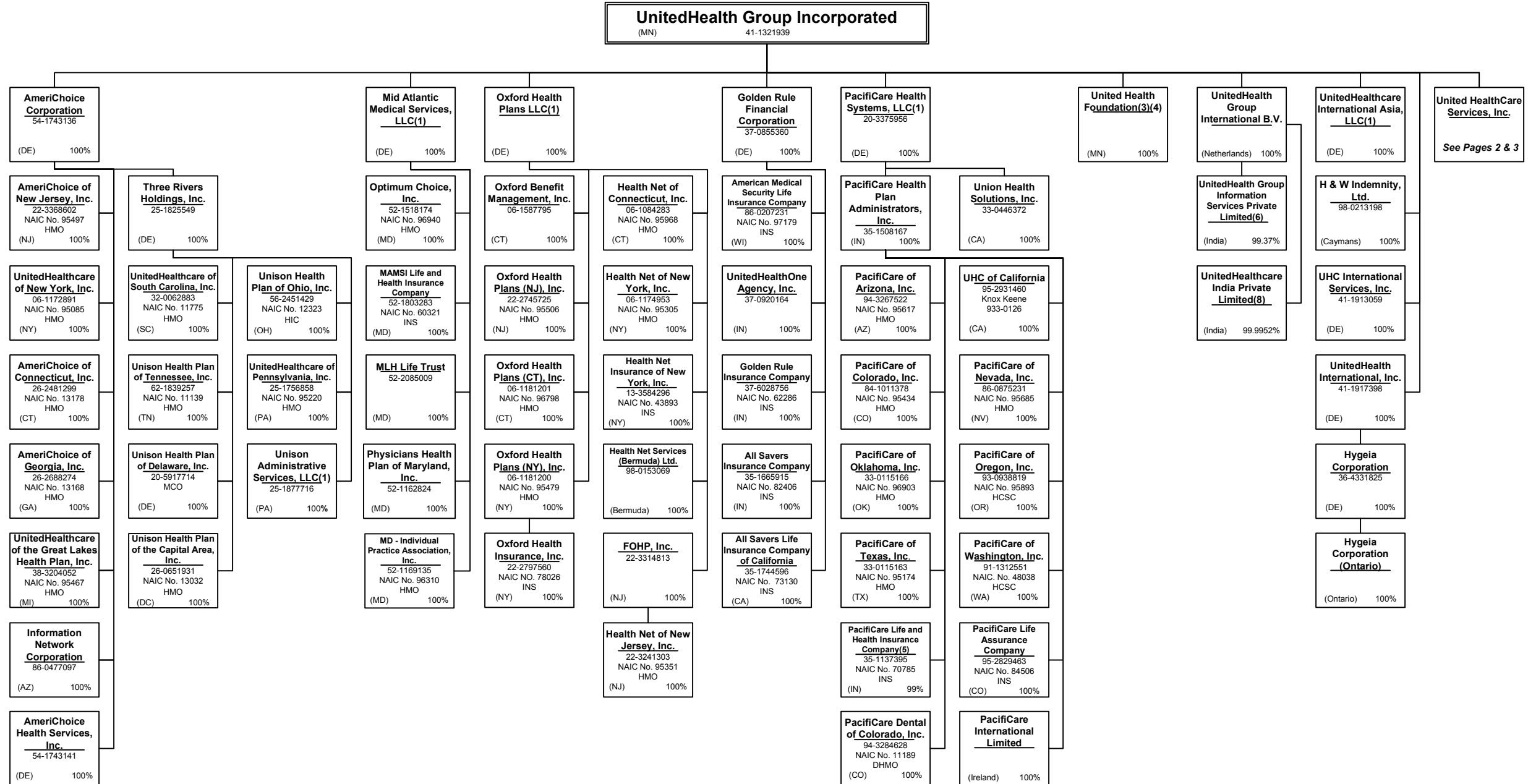
States, etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	N						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	N						0	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	L	18,708,536					18,708,536	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	18,708,536	0	0	0	0	18,708,536	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0
61. Totals (Direct Business)	(a)	1	18,708,536	0	0	0	0	18,708,536	0
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)		XXX	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

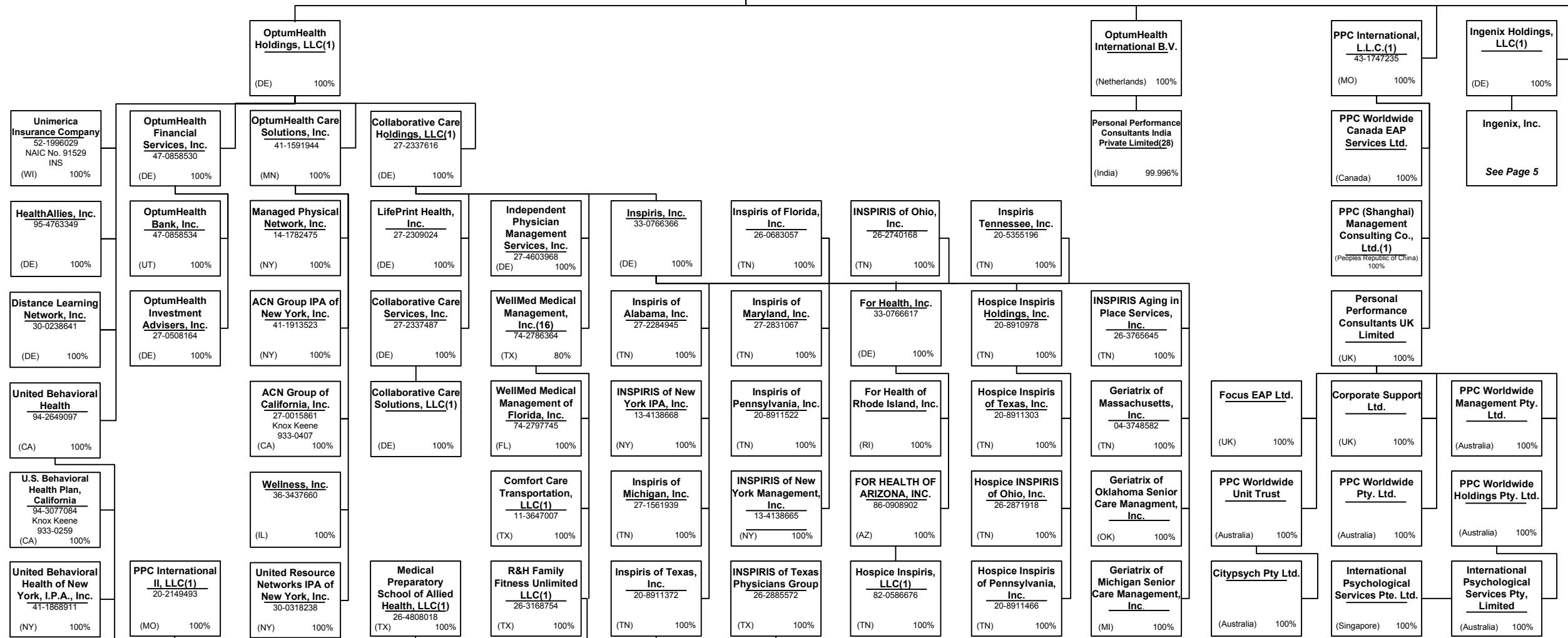


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Continued on Page 3 →

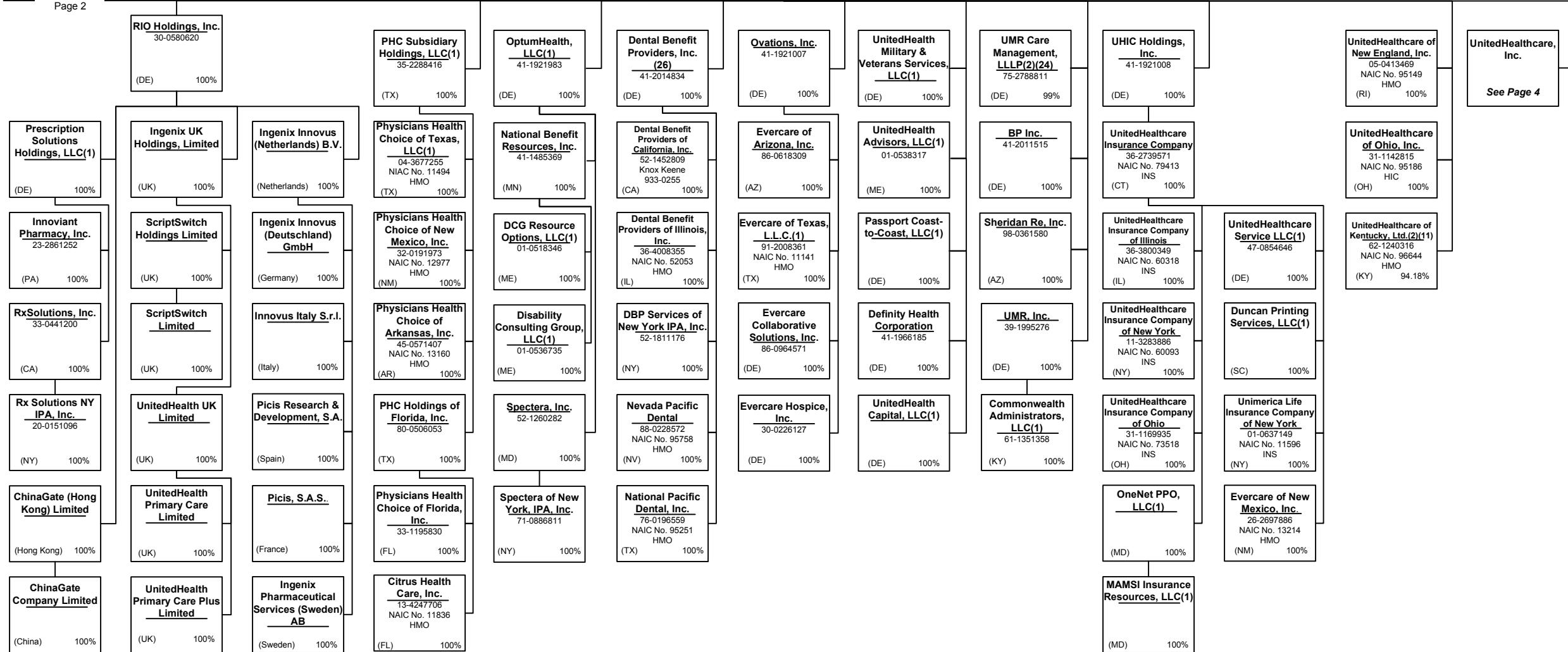


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

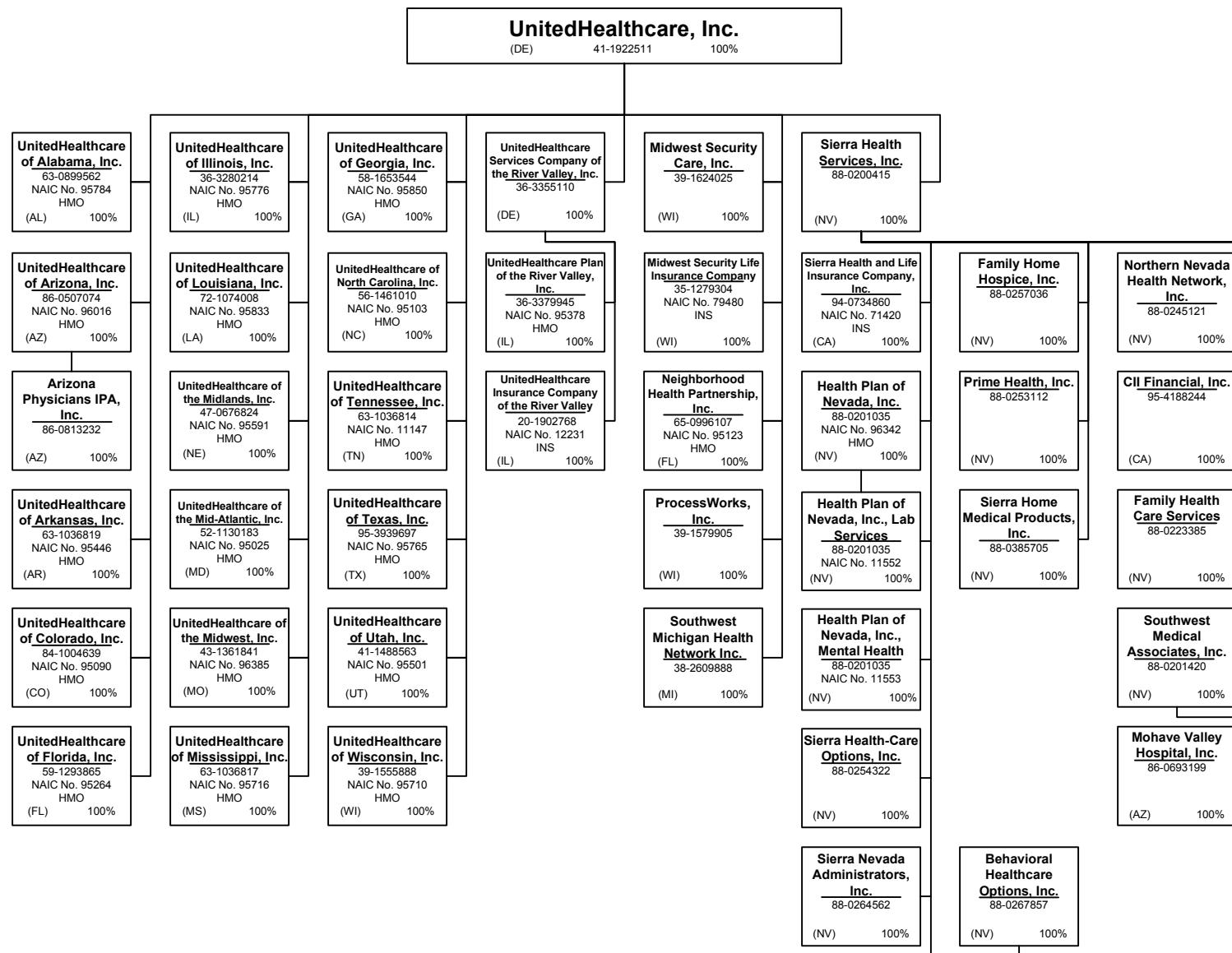


Continued from
Page 2



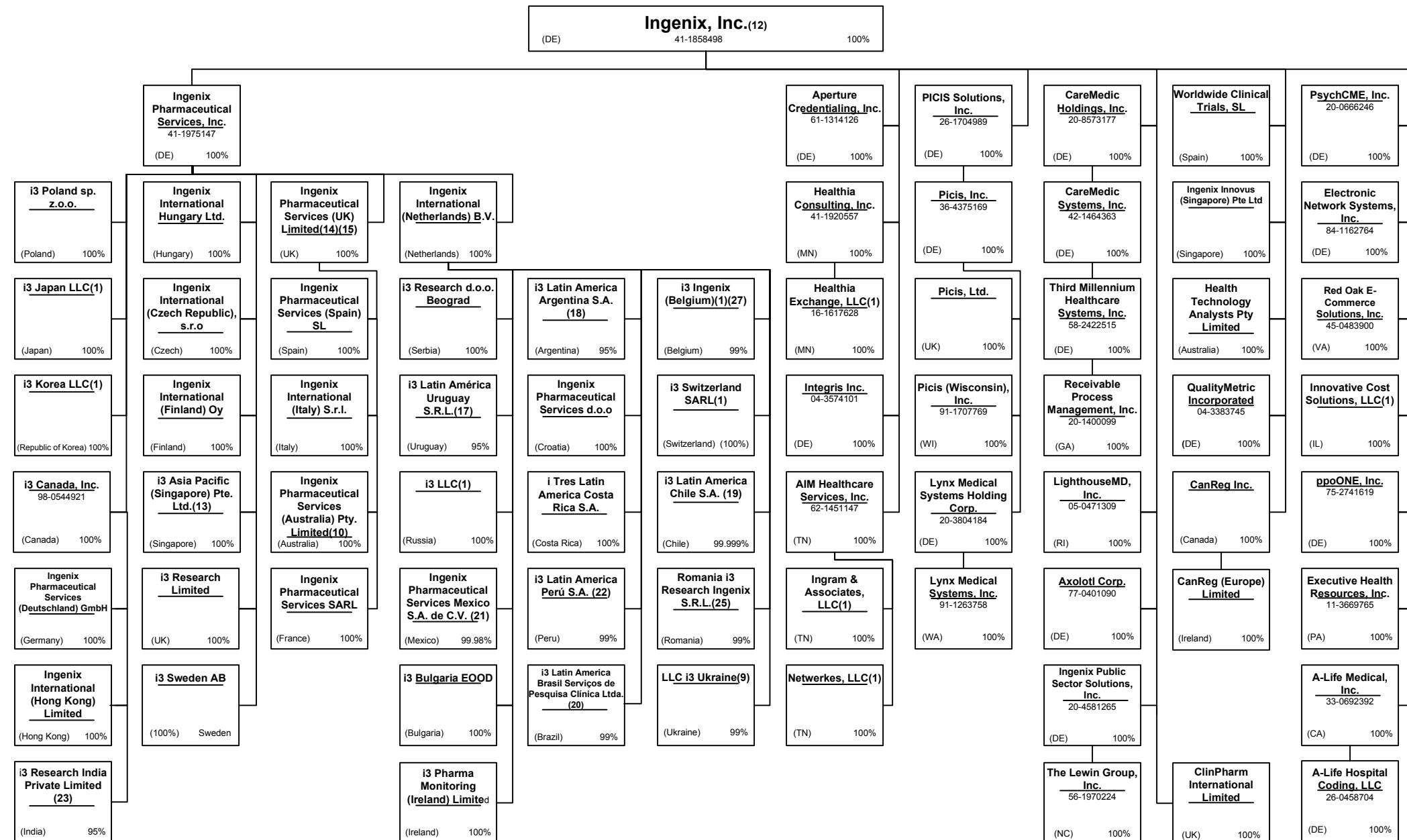
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

(1) Entity is a Limited Liability Company

(2) Entity is a Partnership

(3) Entity is a Non-Profit Corporation

(4) Control of the Foundation is based on sole membership, not the ownership of voting securities

(5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC

(6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.

(7) Placeholder

(8) United Healthcare India (Private) Limited is 99.9952% owned by UnitedHealth Group International B.V. and 0.0048% owned by UnitedHealth International, Inc.

(9) LLC i3 Ukraine is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(10) Established a branch, Ingenix Pharmaceutical Services, (Australia) Pty Limited, in New Zealand.

(11) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.

(12) Established a branch, Ingenix, Inc. – Abu Dhabi, located in Abut Dhabi, UAE.

(13) Established a branch, Asia Pacific (Singapore) Pte. Ltd. – Taipei Branch, located in Taiwan.

(14) Established a branch, Ingenix Pharmaceutical Services (UK) Limited – South Africa Operations, located in South Africa.

(15) Established a branch, Ingenix Pharmaceutical Services (UK) Limited – Representative Office in the Republic of Croatia.

(16) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by WMG Healthcare Partners, L.P.

(17) i3 Latin América Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(18) i3 Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(19) i3 Latin America Chile S.A. is 99.9999% owned by Ingenix International (Netherlands) B.V. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.

(20) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(21) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99.98% owned by Ingenix International (Netherlands) B.V. The remaining 0.02% is owned by i3 Latin America Argentina S.A..

(22) i3 Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by i3 Latin America Argentina S.A.

(23) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.

(24) Limited partnership interest is held by United HealthCare Services, Inc. (99%). General partnership interest is held by UMR, Inc. (1%)

(25) Romania i3 Research Ingenix S.R.L. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services (UK) Limited

(26) Dental Benefit Providers, Inc. is 99.999% owned by United HealthCare Services, Inc. and 0.001% owned by PacificDental Benefits, Inc.

(27) i3 Ingenix (Belgium) is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.

(28) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	74,556,392	87,992,063
2. Cost of bonds and stocks acquired	0	2,845,132
3. Accrual of discount	21,445	89,187
4. Unrealized valuation increase (decrease)	0	30
5. Total gain (loss) on disposals	16,089	142,439
6. Deduct consideration for bonds and stocks disposed of	1,664,599	15,888,960
7. Deduct amortization of premium	136,307	623,499
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	138	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	72,792,882	74,556,392
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	72,792,882	74,556,392

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	92,869,953	36,925,614	35,040,252	(113,064)	94,642,251	0	0	92,869,953
2. Class 2 (a)	5,140,663	0	474,357	(568)	4,665,738	0	0	5,140,663
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	42,434	0	42,979	545	0	0	0	42,434
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	98,053,050	36,925,614	35,557,588	(113,087)	99,307,989	0	0	98,053,050
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	98,053,050	36,925,614	35,557,588	(113,087)	99,307,989	0	0	98,053,050

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$;

NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SI02

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	25,015,167	XXX	25,015,167	7,901	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	14,797,050	34,831,991
2. Cost of short-term investments acquired	24,428,400	151,442,845
3. Accrual of discount	0	250
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	98
6. Deduct consideration received on disposals	14,210,283	171,478,134
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	25,015,167	14,797,050
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	25,015,167	14,797,050

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	8,699,608	999,953
2. Cost of cash equivalents acquired	12,497,214	72,987,280
3. Accrual of discount	1,913	10,888
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	301	285
6. Deduct consideration received on disposals	19,699,097	65,298,798
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,499,939	8,699,608
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,499,939	8,699,608

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal Date	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
362960-E7-0	GNMA Pool 697758 MBS 4.500% 04/15/24		01/01/2011	Paydown		.40,663	.40,663	.42,423	.42,234	0	-(1,571)	0	-(1,571)	0	.40,663	0	0	0	0	.152	04/15/2024	1
362960-E7-0	GNMA Pool 697758 MBS 4.500% 04/15/24		02/01/2011	Paydown		.7,739	.7,739	.8,038	.8,038	0	-(299)	0	-(299)	0	.7,739	0	0	0	0	.58	04/15/2024	1
362960-E7-0	GNMA Pool 697758 MBS 4.500% 04/15/24		03/01/2011	Paydown		.37,092	.37,092	.38,525	.38,525	0	-(1,433)	0	-(1,433)	0	.37,092	0	0	0	0	.417	04/15/2024	1
362960-FA-2	GNMA Pool 697761 MBS 4.500% 04/15/24		01/01/2011	Paydown		.22,928	.22,928	.23,873	.23,873	0	-(945)	0	-(945)	0	.22,928	0	0	0	0	.86	04/15/2024	1
362960-FA-2	GNMA Pool 697761 MBS 4.500% 04/15/24		02/01/2011	Paydown		.25,778	.25,778	.26,840	.26,840	0	-(1,062)	0	-(1,062)	0	.25,778	0	0	0	0	.193	04/15/2024	1
362960-FA-2	GNMA Pool 697761 MBS 4.500% 04/15/24		03/01/2011	Paydown		.31,546	.31,546	.32,846	.32,846	0	-(1,300)	0	-(1,300)	0	.31,546	0	0	0	0	.355	04/15/2024	1
36296U-I4-8	GNMA Pool 701867 MBS 4.500% 04/15/24		01/01/2011	Paydown		.4,967	.4,967	.5,182	.5,182	0	-(192)	0	-(192)	0	.4,967	0	0	0	0	.19	04/15/2024	1
36296U-I4-8	GNMA Pool 701867 MBS 4.500% 04/15/24		02/01/2011	Paydown		.4,310	.4,310	.4,496	.4,496	0	-(166)	0	-(166)	0	.4,310	0	0	0	0	.32	04/15/2024	1
36296U-I4-8	GNMA Pool 701867 MBS 4.500% 04/15/24		03/01/2011	Paydown		.4,378	.4,378	.4,568	.4,568	0	-(169)	0	-(169)	0	.4,378	0	0	0	0	.49	04/15/2024	1
0599999. Bonds - U.S. Governments						179,401	179,401	187,168	186,537	0	(7,137)	0	(7,137)	0	179,401	0	0	0	0	1,361	XXX	XXX
OPEN DEPOSITORY																						
3128QG-FW-7	FHLMC Pool 1N0181 MBS ARM 4.177% 04/01/36		01/01/2011	Paydown		.10	.10	.10	.10	0	0	0	0	0	.10	0	0	0	0	0	04/01/2036	1
3128QG-FW-7	FHLMC Pool 1N0181 MBS ARM 4.177% 04/01/36		02/01/2011	Paydown		.10	.10	.10	.10	0	0	0	0	0	.10	0	0	0	0	0	04/01/2036	1
3128QG-FW-7	FHLMC Pool 1N0181 MBS ARM 4.177% 04/01/36		03/01/2011	Paydown		.2,009	.2,009	.2,019	.2,019	0	-(10)	0	-(10)	0	.2,009	0	0	0	0	.25	04/01/2036	1
3128QJ-PS-9	FHLMC Pool 1G1333 MBS ARM 5.243% 10/01/36		01/01/2011	Paydown		.13	.13	.13	.13	0	0	0	0	0	.13	0	0	0	0	0	04/01/2036	1
3128QJ-PS-9	FHLMC Pool 1G1333 MBS ARM 5.243% 10/01/36		02/01/2011	Paydown		.10,659	.10,659	.10,716	.10,712	0	-(53)	0	-(53)	0	.10,659	0	0	0	0	.99	10/01/2036	1
3128QJ-PS-9	FHLMC Pool 1G1333 MBS ARM 5.243% 10/01/36		03/01/2011	Paydown		.10,415	.10,415	.10,470	.10,467	0	-(52)	0	-(52)	0	.10,415	0	0	0	0	.145	10/01/2036	1
312968-J5-0	FHLMC Pool B15684 MBS 5.000% 07/01/19		01/01/2011	Paydown		.3,499	.3,499	.3,560	.3,550	0	-(51)	0	-(51)	0	.3,499	0	0	0	0	.15	07/01/2019	1
312968-J5-0	FHLMC Pool B15684 MBS 5.000% 07/01/19		02/01/2011	Paydown		.1,115	.1,115	.1,134	.1,131	0	-(16)	0	-(16)	0	.1,115	0	0	0	0	.9	07/01/2019	1
312968-J5-0	FHLMC Pool B15684 MBS 5.000% 07/01/19		03/01/2011	Paydown		.2,048	.2,048	.2,083	.2,078	0	-(30)	0	-(30)	0	.2,048	0	0	0	0	.26	07/01/2019	1
31371M-AA-5	FNMA Pool 255701 MBS 5.000% 04/01/25		01/01/2011	Paydown		.6,988	.6,988	.7,012	.7,008	0	-(20)	0	-(20)	0	.6,988	0	0	0	0	.29	04/01/2025	1
31371M-AA-5	FNMA Pool 255701 MBS 5.000% 04/01/25		02/01/2011	Paydown		.6,848	.6,848	.6,872	.6,868	0	-(20)	0	-(20)	0	.6,848	0	0	0	0	.57	04/01/2025	1
31371M-AA-5	FNMA Pool 255701 MBS 5.000% 04/01/25		03/01/2011	Paydown		.4,451	.4,451	.4,467	.4,464	0	-(13)	0	-(13)	0	.4,451	0	0	0	0	.56	04/01/2025	1
31391Y-7E-1	FNMA Pool 681393 MBS 5.000% 02/01/18		01/01/2011	Paydown		.92,080	.92,080	.92,123	.92,062	0	-(18)	0	-(18)	0	.92,080	0	0	0	0	.384	02/01/2018	1
31391Y-7E-1	FNMA Pool 681393 MBS 5.000% 02/01/18		02/01/2011	Paydown		.125,996	.125,996	.126,055	.125,971	0	-(25)	0	-(25)	0	.125,996	0	0	0	0	.1,050	02/01/2018	1
31391Y-7E-1	FNMA Pool 681393 MBS 5.000% 02/01/18		03/01/2011	Paydown		.109,056	.109,056	.109,107	.109,034	0	-(21)	0	-(21)	0	.109,056	0	0	0	0	.1,363	02/01/2018	1
31393R-BR-0	FHLMC FHR 2617 TJ CMO 4.500% 08/15/16		01/01/2011	Paydown		.109,377	.109,377	.105,719	.108,669	0	708	0	708	0	.109,377	0	0	0	0	.410	08/15/2016	1
31393R-BR-0	FHLMC FHR 2617 TJ CMO 4.500% 08/15/16		02/01/2011	Paydown		.107,490	.107,490	.103,896	.106,794	0	696	0	696	0	.107,490	0	0	0	0	.806	08/15/2016	1
31393R-BR-0	FHLMC FHR 2617 TJ CMO 4.500% 08/15/16		03/01/2011	Paydown		.105,632	.105,632	.102,100	.104,949	0	684	0	684	0	.105,632	0	0	0	0	.1,188	08/15/2016	1
31410K-AY-0	FNMA Pool 889323 MBS 5.500% 11/01/22		01/01/2011	Paydown		.75,619	.75,619	.77,178	.77,062	0	-(1,444)	0	-(1,444)	0	.75,619	0	0	0	0	.347	11/01/2022	1
31410K-AY-0	FNMA Pool 889323 MBS 5.500% 11/01/22		02/01/2011	Paydown		.55,812	.55,812	.56,963	.56,877	0	-(1,066)	0	-(1,066)	0	.55,812	0	0	0	0	.512	11/01/2022	1
31410K-AY-0	FNMA Pool 889323 MBS 5.500% 11/01/22		03/01/2011	Paydown		.47,114	.47,114	.48,086	.48,014	0	-(900)	0	-(900)	0	.47,114	0	0	0	0	.648	11/01/2022	1
.64985F-RT-0	NY SI Environmental Rev Bond Call 5.200%		06/15/14	Call	100,000	.55,000	.55,000	.58,111	.55,000	0	0	0	0	0	.55,000	0	0	0	0	.739	06/15/2014	1FE
3199999. Bonds - U.S. Special Revenues						931,241	931,241	927,704	932,762	0	(1,523)	0	(1,523)	0	931,241	0	0	0	0	7,908	XXX	XXX
126671-RX-6	Countrywide CIL 2002-3 M1 ABS 4.800% 05/25/32		01/01/2011	Paydown		.1,431	.1,431	.910	.924	0	507	0	507	0	.1,431	0	0	0	0	.6	05/25/2032	
126671-RX-6	Countrywide CIL 2002-3 M1 ABS 4.800% 05/25/32		01/20/2011	Southwest Securities		.52,991	.64,305	.40,858	.41,510	0	37	0	37	0	.41,547	0	11,443	11,443	.463	05/25/2032		
126671-UD-6	Countrywide CIL 2002-S4 A5 ABS 5.216% 10/25/17		01/01/2011	Paydown		.4,816	.4,816	.4,349	.4,401	0	414	0	414	0	.4,816	0	0	0	0	.21	10/25/2017	1Z*
126671-UD-6	Countrywide CIL 2002-S4 A5 ABS 5.216% 10/25/17		02/01/2011	Paydown		.2,386	.2,386	.2,155	.2,181	0	205	0	205	0	.2,386	0	0	0	0	.21	10/25/2017	1Z*
126671-UD-6	Countrywide CIL 2002-S4 A5 ABS 5.216% 10/25/17		03/01/2011	Paydown		.2,326	.2,326	.2,101	.2,126	0	200</											

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recog- nized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
8999997. Total - Preferred Stocks - Part 4							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals							1,664,601	XXX	1,658,392	1,655,898	0	(7,391)	0	(7,391)	0	1,648,511	0	16,089	16,089	12,819	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
J P Morgan Chase	New York, NY				(4,028)	(3,753)	(2,519)	XXX
State Street	Kansas City, MO				0	2,544		XXX
0199998. Deposits in ...	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX					XXX
0199999. Totals - Open Depositories		XXX	XXX	0	0	(4,028)	(1,209)	(2,519)
0299998. Deposits in ...	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX					XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	(4,028)	(1,209)	(2,519)
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
0599999. Total - Cash		XXX	XXX	0	0	(4,028)	(1,209)	(2,519)

STATEMENT AS OF MARCH 31, 2011 OF THE UnitedHealthcare Insurance Company of Ohio

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
0599999. Total - U.S. Government Bonds					0	0	0
1099999. Total - All Other Government Bonds					0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999. Total - U.S. Political Subdivisions Bonds					0	0	0
3199999. Total - U.S. Special Revenues Bonds					0	0	0
Chariot Fndg LLC Disc Comm Paper		03/09/2011	0.210	04/08/2011	1,499.939	0	192
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					1,499.939	0	192
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					1,499.939	0	192
4199999. Total - Credit Tenant Loans					0	0	0
4899999. Total - Hybrid Securities					0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
7799999. Total - Issuer Obligations					1,499.939	0	192
7899999. Total - Residential Mortgage-Backed Securities					0	0	0
7999999. Total - Commercial Mortgage-Backed Securities					0	0	0
8099999. Total - Other Loan-Backed and Structured Securities					0	0	0
8399999. Total Bonds					1,499.939	0	192
8699999 - Total Cash Equivalents					1,499.939	0	192