



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985

Statutory Home Office OH020-3010, 9200 Worthington Road, Westerville, OH, US 43082-8823
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office OH020-3010, 9200 Worthington Road
(Street and Number)
Westerville, OH, US 43082-8823 614-410-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address OH020-3010, 9200 Worthington Road, Westerville, OH, US 43082-8823
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records MN017-E900, 9700 Health Care Lane
(Street and Number)
Minnetonka, MN, US 55343 847-619-3670
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhc.com

Statutory Statement Contact Michael E. Koepke, 952-979-6149
(Name) (Area Code) (Telephone Number)
michael_e_koepke@uhc.com, 952-979-7825
(E-mail Address) (FAX Number)

OFFICERS

President, Chair Jefferson Brooks Walters III Treasurer Robert Worth Oberrender
Secretary Christina Regina Palme-Krizak Chief Financial Officer William Joseph Hnath

OTHER

Nyle Brent Cottingham Assistant Treasurer Richard Gordon Dunlop Vice President, Finance Robert Charles Falkenberg Chief Executive Officer, Commercial
Michelle Marie Huntley Assistant Secretary Juanita Bolland Luis Assistant Secretary

DIRECTORS OR TRUSTEES

Richard Gordon Dunlop Robert Charles Falkenberg William Joseph Hnath
David Scott Luby Jefferson Brooks Walters III

State of _____ State of _____ State of _____
County of _____ County of _____ 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.

Jefferson Brooks Walters III
President, Chair

Christina Regina Palme-Krizak
Secretary

William Joseph Hnath
Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare of Ohio, Inc.

2. Westerville, OH

NAIC Group Code	0707	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	6,188	0	3,799	0	0	0	0	2,389	0	0		
2. First Quarter	6,801	0	3,527	0	0	0	0	3,274	0	0		
3. Second Quarter	6,807	0	3,474	0	0	0	0	3,333	0	0		
4. Third Quarter	6,573	0	3,182	0	0	0	0	3,391	0	0		
5. Current Year	6,944	0	3,538	0	0	0	0	3,406	0	0		
6. Current Year Member Months	81,315	0	41,274	0	0	0	0	40,041	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	92,485	0	26,891	0	0	0	0	65,594	0	0		
8. Non-Physician	35,808	0	1,407	0	0	0	0	34,401	0	0		
9. Total	128,293	0	28,298	0	0	0	0	99,995	0	0		
10. Hospital Patient Days Incurred	10,760	0	1,198	0	0	0	0	9,562	0	0		
11. Number of Inpatient Admissions	1,872	0	359	0	0	0	0	1,513	0	0		
12. Health Premiums Written (b)	40,902,734	0	14,219,657	0	0	0	0	26,683,077	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	41,484,619	0	14,219,289	0	0	0	0	27,265,330	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	39,898,344	0	13,812,196	0	0	0	0	26,086,148	0	0		
18. Amount Incurred for Provision of Health Care Services	42,844,166	0	13,900,125	0	0	0	0	28,944,041	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$26,683,077



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REPORT FOR: 1. CORPORATION

UnitedHealthcare of Ohio, Inc.

2. Westerville, OH

NAIC Group Code	0707	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	89,521	46	2,743	0	0	0	0	86,732	0	0		
2. First Quarter	100,113	45	2,846	0	0	0	0	97,222	0	0		
3. Second Quarter	101,337	42	2,856	0	0	0	0	98,439	0	0		
4. Third Quarter	102,408	41	2,606	0	0	0	0	99,761	0	0		
5. Current Year	102,492	39	2,620	0	0	0	0	99,833	0	0		
6. Current Year Member Months	1,215,672	504	32,800	0	0	0	0	1,182,368	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,014,651	647	22,820	0	0	0	0	1,991,184	0	0		
8. Non-Physician	1,045,519	34	1,193	0	0	0	0	1,044,292	0	0		
9. Total	3,060,170	681	24,013	0	0	0	0	3,035,476	0	0		
10. Hospital Patient Days Incurred	297,394	11	209	0	0	0	0	297,174	0	0		
11. Number of Inpatient Admissions	45,835	2	53	0	0	0	0	45,780	0	0		
12. Health Premiums Written (b)	997,155,851	597,791	13,829,462	0	0	0	0	982,728,598	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,000,682,005	597,791	13,829,462	0	0	0	0	986,254,752	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	886,442,888	315,642	11,720,489	0	0	0	0	874,406,757	0	0		
18. Amount Incurred for Provision of Health Care Services	890,789,989	368,931	11,795,102	0	0	0	0	878,625,956	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$982,728,598

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare of Ohio, Inc.

2. Westerville, OH

NAIC Group Code	0707	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR				2013		NAIC Company Code	95186
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:												
1. Prior Year	95,709	46	6,542	0	0	0	0	89,121	0	0		
2. First Quarter	106,914	45	6,373	0	0	0	0	100,496	0	0		
3. Second Quarter	108,144	42	6,330	0	0	0	0	101,772	0	0		
4. Third Quarter	108,981	41	5,788	0	0	0	0	103,152	0	0		
5. Current Year	109,436	39	6,158	0	0	0	0	103,239	0	0		
6. Current Year Member Months	1,296,987	504	74,074	0	0	0	0	1,222,409	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,107,136	647	49,711	0	0	0	0	2,056,778	0	0		
8. Non-Physician	1,081,327	34	2,600	0	0	0	0	1,078,693	0	0		
9. Total	3,188,463	681	52,311	0	0	0	0	3,135,471	0	0		
10. Hospital Patient Days Incurred	308,154	11	1,407	0	0	0	0	306,736	0	0		
11. Number of Inpatient Admissions	47,707	2	412	0	0	0	0	47,293	0	0		
12. Health Premiums Written (b)	1,038,058,585	597,791	28,049,119	0	0	0	0	1,009,411,675	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,042,166,624	597,791	28,048,751	0	0	0	0	1,013,520,082	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	926,341,232	315,642	25,532,685	0	0	0	0	900,492,905	0	0		
18. Amount Incurred for Provision of Health Care Services	933,634,155	368,931	25,695,227	0	0	0	0	907,569,997	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,009,411,675

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare of Ohio, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
79413	36-2739571	01/01/2005	UnitedHealthcare Insurance Company	CT	OTH/A/G	1,042,166	0	0	0	0	0	0
0299999	General Account - Authorized U.S. Affiliates - Other											
0399999	Total General Account - Authorized U.S. Affiliates											
0699999	Total General Account - Authorized Non-U.S. Affiliates											
0799999	Total General Account - Authorized Affiliates											
1099999	Total General Account - Authorized Non-Affiliates											
1199999	Total General Account Authorized											
1499999	Total General Account - Unauthorized U.S. Affiliates											
1799999	Total General Account - Unauthorized Non-U.S. Affiliates											
1899999	Total General Account - Unauthorized Affiliates											
2199999	Total General Account - Unauthorized Non-Affiliates											
2299999	Total General Account Unauthorized											
2599999	Total General Account - Certified U.S. Affiliates											
2899999	Total General Account - Certified Non-U.S. Affiliates											
2999999	Total General Account - Certified Affiliates											
3299999	Total General Account - Certified Non-Affiliates											
3399999	Total General Account Certified											
3499999	Total General Account Authorized, Unauthorized and Certified											
3799999	Total Separate Accounts - Authorized U.S. Affiliates											
4099999	Total Separate Accounts - Authorized Non-U.S. Affiliates											
4199999	Total Separate Accounts - Authorized Affiliates											
4499999	Total Separate Accounts - Authorized Non-Affiliates											
4599999	Total Separate Accounts Authorized											
4899999	Total Separate Accounts - Unauthorized U.S. Affiliates											
5199999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates											
5299999	Total Separate Accounts - Unauthorized Affiliates											
5599999	Total Separate Accounts - Unauthorized Non-Affiliates											
5699999	Total Separate Accounts Unauthorized											
5999999	Total Separate Accounts - Certified U.S. Affiliates											
6299999	Total Separate Accounts - Certified Non-U.S. Affiliates											
6399999	Total Separate Accounts - Certified Affiliates											
6699999	Total Separate Accounts - Certified Non-Affiliates											
6799999	Total Separate Accounts Certified											
6899999	Total Separate Accounts Authorized, Unauthorized and Certified											
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)											
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)											
9999999	Totals											