

**Amended PE&U, Schedule T, Schedule S Part3 Section 2**

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



## 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 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 OhioCountry of Domicile United States of AmericaLicensed as business type: Health Maintenance OrganizationIs HMO Federally Qualified? Yes  No Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985Statutory 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.comStatutory Statement Contact Michael E. Koepke, 952-979-6149  
(Name) 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 Cottington 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 Jefferson Brooks Walters III

## DIRECTORS OR TRUSTEES

Richard Gordon Dunlop Robert Charles Falkenberg William Joseph Hnath  
David Scott Luby Jefferson Brooks Walters IIIState 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, ChairChristina Regina Palme-Krizak  
SecretaryWilliam Joseph Hnath  
Chief Financial OfficerSubscribed 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.....