



## HEALTH ANNUAL STATEMENT

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

### UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429  
(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

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

Statutory Home Office 9200 Worthington Road OH020-1000, Westerville, OH, US 43082  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9700 Health Care Lane MN017-E900  
(Street and Number)  
Minnetonka, MN, US 55343, 952-979-6171  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9700 Health Care Lane MN017-E900, Minnetonka, MN, US 55343  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9700 Health Care Lane MN017-E900  
(Street and Number)  
Minnetonka, MN, US 55343, 952-979-6171  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com  
Statutory Statement Contact Stephen Wells, 608-783-8610  
(Name) (Area Code) (Telephone Number)  
stephen\_j\_wells@uhc.com, 952-979-7825  
(E-mail Address) (FAX Number)

#### OFFICERS

President Tracy Lynn Davidson Treasurer Robert Worth Oberrender  
Secretary Christina Regina Palme-Krizak Chief Financial Officer Dale Ray Moore

#### OTHER

Michelle Marie Huntley Assistant Secretary

#### DIRECTORS OR TRUSTEES

Richard Gordon Dunlop Joseph Gilbert Gaudio Bror Olof Hultgren

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.

Tracy Lynn Davidson  
President

Christina Regina Palme-Krizak  
Secretary

Dale Ray Moore  
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   
b. If no,  
1. State the amendment number.....  
2. Date filed.....  
3. Number of pages attached.....

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	115,299,543	0	115,299,543	61,964,458
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... 0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ ..... 0 encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 348,237 , Schedule E - Part 1), cash equivalents (\$ ..... 57,999,823 , Schedule E - Part 2) and short-term investments (\$ ..... 39,259,758 , Schedule DA) .....	97,607,818	0	97,607,818	87,644,248
6. Contract loans, (including \$ ..... 0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	212,907,361	0	212,907,361	149,608,706
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	212,907,361	0	212,907,361	149,608,706
13. Title plants less \$ ..... 0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,083,496	0	1,083,496	692,489
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	18,279,690	0	18,279,690	6,772,914
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... 0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	588,044	0	588,044	962,399
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,688,383	0	1,688,383	0
18.2 Net deferred tax asset .....	2,945,510	0	2,945,510	1,584,102
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... 0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ ..... 6,217,404 ) and other amounts receivable .....	9,847,946	3,630,542	6,217,404	3,786,477
25. Aggregate write-ins for other than invested assets .....	12,082	12,082	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	247,352,512	3,642,624	243,709,888	163,407,087
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	247,352,512	3,642,624	243,709,888	163,407,087
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Expense .....	12,082	12,082	0	0
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	12,082	12,082	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,803,727 reinsurance ceded)	75,122,210	0	75,122,210	39,641,175
2. Accrued medical incentive pool and bonus amounts	1,007,825	0	1,007,825	850,000
3. Unpaid claims adjustment expenses	1,309,043	0	1,309,043	918,208
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	376,468	0	376,468	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	1,729,547	0	1,729,547	1,181,766
8. Premiums received in advance	855,808	0	855,808	0
9. General expenses due or accrued	12,700,178	0	12,700,178	8,703,281
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	1,255,957
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	64,962	0	64,962	41,964
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittance and items not allocated	0	0	0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	21,354,876	0	21,354,876	2,063,450
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0 ) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 339,162 current)	373,642	0	373,642	1,651,813
24. Total liabilities (Lines 1 to 23)	114,894,560	0	114,894,560	56,307,614
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	21,227,057	21,227,057
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	107,587,271	85,871,416
32. Less treasury stock, at cost:				
32.1. 0 shares common (value included in Line 26 \$ 0 ).	XXX	XXX	0	0
32.2. 0 shares preferred (value included in Line 27 \$ 0 ).	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	128,815,328	107,099,473
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	243,709,888	163,407,087
<b>DETAILS OF WRITE-INS</b>				
2301. Unearned Pay for Performance (current)	26,943	0	26,943	1,633,601
2302. Unclaimed Property (non-current)	34,480	0	34,480	18,212
2303. Accrued Fines & Penalties	312,219	0	312,219	0
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	373,642	0	373,642	1,651,813
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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	1,679,642	1,445,169
2. Net premium income ( including \$ 0 non-health premium income).....	XXX.....	666,284,400	531,028,434
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	(376,468)	(653)
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	1,451,406	1,645,711
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	667,359,338	532,673,492
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	0.....	371,523,138	247,504,140
10. Other professional services.....	0.....	30,227,546	36,765,422
11. Outside referrals.....	0.....	0	0
12. Emergency room and out-of-area.....	0.....	10,147,478	19,868,259
13. Prescription drugs.....	0.....	104,310,626	93,160,152
14. Aggregate write-ins for other hospital and medical.....	0.....	0	0
15. Incentive pool, withhold adjustments, and bonus amounts.....	0.....	904,867	831,449
16. Subtotal (Lines 9 to 15).....	0.....	517,113,655	398,129,422
<b>Less:</b>			
17. Net reinsurance recoveries.....	0.....	3,306,740	5,738,717
18. Total hospital and medical (Lines 16 minus 17).....	0.....	513,806,915	392,390,705
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 17,131,200 cost containment expenses.....	0.....	34,212,846	20,285,633
21. General administrative expenses.....	0.....	85,918,825	65,575,034
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	0.....	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0.....	633,938,586	478,251,372
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	33,420,752	54,422,120
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	1,734,295	1,535,756
26. Net realized capital gains (losses) less capital gains tax of \$ 39,498.....	0.....	53,241	111,753
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	1,787,536	1,647,509
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 ) (amount charged off \$ 0 )].....	0.....	0	0
29. Aggregate write-ins for other income or expenses.....	0.....	(385,219)	0
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.....	34,823,069	56,069,629
31. Federal and foreign income taxes incurred.....	XXX.....	12,640,119	19,828,336
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	22,182,950	36,241,293
<b>DETAILS OF WRITE-INS</b>			
0601. Performance Based Revenue.....	XXX.....	1,451,406	1,645,711
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	1,451,406	1,645,711
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0.....	0	0
2901. Fines & Penalties.....	0.....	(385,219)	0
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0.....	(385,219)	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	107,099,473	71,223,489
34. Net income or (loss) from Line 32 .....	22,182,950	36,241,293
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax .....	1,361,408	816,234
39. Change in nonadmitted assets .....	(1,828,503)	(1,181,543)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	21,715,855	35,875,984
49. Capital and surplus end of reporting period (Line 33 plus 48)	128,815,328	107,099,473
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	655,656,430	531,237,725
2. Net investment income .....	2,591,411	2,752,307
3. Miscellaneous income .....	(155,252)	(958,221)
4. Total (Lines 1 through 3) .....	658,092,589	533,031,811
5. Benefit and loss related payments .....	481,507,765	404,758,957
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	115,825,560	85,831,696
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....	0	15,623,957
10. Total (Lines 5 through 9) .....	612,957,282	513,345,029
11. Net cash from operations (Line 4 minus Line 10) .....	45,135,308	19,686,782
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	13,804,119	10,906,893
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	13,804,119	10,906,893
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	68,283,551	9,847,349
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	68,283,551	9,847,349
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(54,479,432)	1,059,544
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	19,307,694	(2,540,195)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	19,307,694	(2,540,195)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	9,963,570	18,206,131
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	87,644,248	69,438,117
19.2 End of year (Line 18 plus Line 19.1) .....	97,607,818	87,644,248

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

--	--

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

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

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

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	0	.0	0	0
2. Medicare Supplement .....	0	0	0	0
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0
7. Title XIX - Medicaid .....	671,779,056	0	5,494,656	666,284,400
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	671,779,056	0	5,494,656	666,284,400
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	671,779,056	0	5,494,656	666,284,400

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

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	483,612,036	0	0	0	0	0	0	483,612,036	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	2,851,315	0	0	0	0	0	0	2,851,315	0	0
1.4 Net	480,760,721	0	0	0	0	0	0	480,760,721	0	0
2. Paid medical incentive pools and bonuses	747,043	0	0	0	0	0	0	747,043	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	76,925,937	0	0	0	0	0	0	76,925,937	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	1,803,727	0	0	0	0	0	0	1,803,727	0	0
3.4 Net	75,122,210	0	0	0	0	0	0	75,122,210	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	1,729,547	0	0	0	0	0	0	1,729,547	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	1,729,547	0	0	0	0	0	0	1,729,547	0	0
5. Accrued medical incentive pools and bonuses, current year	1,007,825	0	0	0	0	0	0	1,007,825	0	0
6. Net healthcare receivables (a)	4,261,844	0	0	0	0	0	0	4,261,844	0	0
7. Amounts recoverable from reinsurers December 31, current year	588,044	0	0	0	0	0	0	588,044	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	40,615,121	0	0	0	0	0	0	40,615,121	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	973,946	0	0	0	0	0	0	973,946	0	0
8.4 Net	39,641,175	0	0	0	0	0	0	39,641,175	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	1,181,766	0	0	0	0	0	0	1,181,766	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	1,181,766	0	0	0	0	0	0	1,181,766	0	0
10. Accrued medical incentive pools and bonuses, prior year	850,001	0	0	0	0	0	0	850,001	0	0
11. Amounts recoverable from reinsurers December 31, prior year	962,399	0	0	0	0	0	0	962,399	0	0
12. Incurred Benefits:										
12.1 Direct	516,208,789	0	0	0	0	0	0	516,208,789	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	3,306,741	0	0	0	0	0	0	3,306,741	0	0
12.4 Net	512,902,048	0	0	0	0	0	0	512,902,048	0	0
13. Incurred medical incentive pools and bonuses	904,867	0	0	0	0	0	0	904,867	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	13,606,279	0	0	0	0	0	0	13,606,279	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	319,034	0	0	0	0	0	0	319,034	0	0
1.4 Net	13,287,245	0	0	0	0	0	0	13,287,245	0	0
2. Incurred but Unreported:										
2.1 Direct	63,319,658	0	0	0	0	0	0	63,319,658	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	1,484,693	0	0	0	0	0	0	1,484,693	0	0
2.4 Net	61,834,965	0	0	0	0	0	0	61,834,965	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	76,925,937	0	0	0	0	0	0	76,925,937	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	1,803,727	0	0	0	0	0	0	1,803,727	0	0
4.4 Net	75,122,210	0	0	0	0	0	0	75,122,210	0	0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claim Reserve and Claim Liability				5	6		
	Claims Paid During the Year		December 31 of Current Year					
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year				
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0		
2. Medicare Supplement .....	0	0	0	0	0	0		
3. Dental Only .....	0	0	0	0	0	0		
4. Vision Only .....	0	0	0	0	0	0		
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0		
6. Title XVIII - Medicare .....	0	0	0	0	0	0		
7. Title XIX - Medicaid .....	26,817,813	454,317,263	5,687,440	71,164,318	32,505,253	40,822,941		
8. Other health .....	0	0	0	0	0	0		
9. Health subtotal (Lines 1 to 8) .....	26,817,813	454,317,263	5,687,440	71,164,318	32,505,253	40,822,941		
10. Healthcare receivables (a) .....	175,461	9,500,510	0	171,975	175,461	5,586,100		
11. Other non-health .....	0	0	0	0	0	0		
12. Medical incentive pools and bonus amounts .....	698,367	48,675	0	1,007,825	698,367	850,000		
13. Totals (Lines 9 - 10 + 11 + 12)	27,340,719	444,865,428	5,687,440	72,000,168	33,028,159	36,086,841		

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

## Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	(10)	(10)	(10)	(10)	(10)
2. 2009 .....	838	1,014	1,014	1,014	1,014
3. 2010 .....	XXX	127	126	126	126
4. 2011 .....	XXX	XXX	0	2	2
5. 2012 .....	XXX	XXX	XXX	3	3
6. 2013 .....	XXX	XXX	XXX	XXX	0

## Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	(10)	(10)	(10)	(10)	(10)
2. 2009 .....	1,149	1,018	1,014	1,014	1,014
3. 2010 .....	XXX	179	126	126	126
4. 2011 .....	XXX	XXX	0	2	2
5. 2012 .....	XXX	XXX	XXX	3	3
6. 2013 .....	XXX	XXX	XXX	XXX	0

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	1,534	1,014	837	82.5	1,851	120.7	0	0	1,851	120.7
2. 2010 .....	195	126	(3)	(2.4)	123	63.1	0	0	123	63.1
3. 2011 .....	9	2	6	300.0	8	88.9	0	0	8	88.9
4. 2012 .....	(24)	3	0	0.0	3	(12.5)	0	0	3	(12.5)
5. 2013 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	29,081	29,278	29,292	29,270	29,208
2. 2009 .....	277,189	312,235	312,879	312,502	312,306
3. 2010 .....	XXX	274,413	313,847	313,371	313,273
4. 2011 .....	XXX	XXX	290,498	321,098	321,426
5. 2012 .....	XXX	XXX	XXX	375,030	401,611
6. 2013 .....	XXX	XXX	XXX	XXX	454,954

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	29,149	29,278	29,292	29,270	29,208
2. 2009 .....	328,552	312,398	312,879	312,502	312,306
3. 2010 .....	XXX	315,186	314,145	313,371	313,273
4. 2011 .....	XXX	XXX	339,500	322,378	321,426
5. 2012 .....	XXX	XXX	XXX	415,243	407,298
6. 2013 .....	XXX	XXX	XXX	XXX	527,126

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	407,978	312,306	278,273	89.1	590,579	144.8	0	0	590,579	144.8
2. 2010 .....	410,981	313,273	6,375	2.0	319,648	77.8	0	0	319,648	77.8
3. 2011 .....	450,325	321,426	15,804	4.9	337,230	74.9	0	0	337,230	74.9
4. 2012 .....	535,629	401,611	20,387	5.1	421,998	78.8	5,687	96	427,781	79.9
5. 2013 .....	671,403	454,954	33,822	7.4	488,776	72.8	72,172	1,213	562,161	83.7

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

## Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	29,071	29,268	29,282	29,260	29,198
2. 2009 .....	278,027	313,249	313,893	313,516	313,320
3. 2010 .....	XXX	274,540	313,973	313,497	313,399
4. 2011 .....	XXX	XXX	290,498	321,100	321,428
5. 2012 .....	XXX	XXX	XXX	375,033	401,614
6. 2013 .....	XXX	XXX	XXX	XXX	454,954

## Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	29,139	29,268	29,282	29,260	29,198
2. 2009 .....	329,701	313,416	313,893	313,516	313,320
3. 2010 .....	XXX	315,365	314,271	313,497	313,399
4. 2011 .....	XXX	XXX	339,500	322,380	321,428
5. 2012 .....	XXX	XXX	XXX	415,246	407,301
6. 2013 .....	XXX	XXX	XXX	XXX	527,126

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009 .....	409,512	313,320	279,110	89.1	592,430	144.7	0	0	592,430	144.7
2. 2010 .....	411,176	313,399	6,372	2.0	319,771	77.8	0	0	319,771	77.8
3. 2011 .....	450,334	321,428	15,810	4.9	337,238	74.9	0	0	337,238	74.9
4. 2012 .....	535,605	401,614	20,387	5.1	422,001	78.8	5,687	96	427,784	79.9
5. 2013 .....	671,403	454,954	33,822	7.4	488,776	72.8	72,172	1,213	562,161	83.7

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	376,468	0	0	0	0	0	0	376,468	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	376,468	0	0	0	0	0	0	376,468	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	376,468	0	0	0	0	0	0	376,468	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	1,729,547	0	0	0	0	0	0	1,729,547	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	1,729,547	0	0	0	0	0	0	1,729,547	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	1,729,547	0	0	0	0	0	0	1,729,547	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)	385,468	432,009	859,098	0	1,676,575
2. Salary, wages and other benefits	7,620,588	8,540,674	16,984,096	0	33,145,358
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	0	0	0
4. Legal fees and expenses	23,181	25,980	51,665	0	100,826
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	837,799	938,953	1,880,113	0	3,656,865
7. Traveling expenses	256,609	287,591	571,908	0	1,116,108
8. Marketing and advertising	580,476	650,561	1,293,714	0	2,524,751
9. Postage, express and telephone	504,951	565,917	1,125,389	0	2,196,257
10. Printing and office supplies	165,166	185,108	368,108	0	718,382
11. Occupancy, depreciation and amortization	193,792	217,190	431,906	0	842,888
12. Equipment	28,547	31,993	63,622	0	124,162
13. Cost or depreciation of EDP equipment and software	925,947	1,037,742	2,063,668	0	4,027,357
14. Outsourced services including EDP, claims, and other services	2,914,745	1,212,499	2,072,525	0	6,199,769
15. Boards, bureaus and association fees	16,043	17,980	35,756	0	69,779
16. Insurance, except on real estate	157,876	176,938	351,860	0	686,674
17. Collection and bank service charges	50,189	56,249	111,856	0	218,294
18. Group service and administration fees	22,556	25,279	14,145	0	61,980
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	29,006	28,896	75,728	0	133,630
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	51,984,105	0	51,984,105
23.4 Payroll taxes	483,016	481,188	1,261,037	0	2,225,241
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	57,094	57,094
25. Aggregate write-ins for expenses	1,935,245	2,168,899	4,318,526	0	8,422,670
26. Total expenses incurred (Lines 1 to 25)	17,131,200	17,081,646	85,918,825	57,094	(a) 120,188,765
27. Less expenses unpaid December 31, current year	655,470	653,573	12,678,979	21,199	14,009,221
28. Add expenses unpaid December 31, prior year	569,569	348,639	8,693,119	10,162	9,621,489
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	17,045,299	16,776,712	81,932,965	46,057	115,801,033
<b>DETAILS OF WRITE-INS</b>					
2501. Information Technology	105,992	118,789	236,225	0	461,006
2502. Interest	12,572	14,089	33,440	0	60,101
2503. Managed Care & Network Access	5,579	6,253	12,435	0	24,267
2598. Summary of remaining write-ins for Line 25 from overflow page	1,811,102	2,029,768	4,036,426	0	7,877,296
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,935,245	2,168,899	4,318,526	0	8,422,670

(a) Includes management fees of \$ 58,100,316 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) 115,590	121,318
1.1 Bonds exempt from U.S. tax .....	(a) 0	0
1.2 Other bonds (unaffiliated) .....	(a) 1,216,669	1,607,493
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 0	0
5. Contract Loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) 61,854	62,583
7. Derivative instruments .....	(f) 0	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	1,394,113	1,791,394
11. Investment expenses .....	(g) 57,094	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 0	
13. Interest expense .....	(h) 5	
14. Depreciation on real estate and other invested assets .....	(i) 0	
15. Aggregate write-ins for deductions from investment income .....	0	
16. Total deductions (Lines 11 through 15) .....	57,099	
17. Net investment income (Line 10 minus Line 16) .....	1,734,295	
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	0	

(a) Includes \$ 18,628 accrual of discount less \$ 1,255,714 amortization of premium and less \$ 289,296 paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.

(e) Includes \$ 137 accrual of discount less \$ 423 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.

(g) Includes \$ 57,094 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.

(i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	20,542	0	20,542	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	72,197	0	72,197	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	92,739	0	92,739	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	3,630,542	1,799,623	(1,830,919)
25. Aggregate write-ins for other than invested assets .....	12,082	14,498	2,416
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,642,624	1,814,121	(1,828,503)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27) .....	3,642,624	1,814,121	(1,828,503)
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. Prepaid Expense .....	12,082	14,498	2,416
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	12,082	14,498	2,416

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

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	115,096	114,999	114,595	165,769	167,699	1,679,642
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	115,096	114,999	114,595	165,769	167,699	1,679,642
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.****NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS  
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012  
(In thousands except capital stock share data)****1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****Organization and Operation**

UnitedHealthcare Community Plan of Ohio, Inc. (the "Company"), licensed as a health insuring corporation ("HIC"), offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is wholly owned by Three Rivers Holdings, Inc ("TRH"). TRH is a wholly owned subsidiary of AmeriChoice Corporation. AmeriChoice Corporation is a wholly owned subsidiary of UnitedHealth Group Incorporated ("UnitedHealth Group"). UnitedHealth Group is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on March 29, 2004, as an HIC and operations commenced in October 2005. The Company is certified as an HIC by the Ohio Department of Insurance ("ODI"). The Company has entered into contracts with physicians, hospitals, and other health care provider organizations to deliver health care services for all enrollees.

The Company has a contract with the Ohio Department of Jobs and Family Services ("ODJFS") to provide health care services to Medicaid and Partners for Kids ("PFK") eligible beneficiaries in Ohio. The current contract is effective through June 30, 2014, and is subject to annual renewal provisions thereafter.

**A. Accounting Practices**

The statutory basis financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the ODI.

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Ohio, for determining and reporting the financial condition and results of operations of an HIC, for determining its solvency under Ohio Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the statutory basis financial statements.

**(1-8)** No significant differences exist between the practices prescribed or permitted by the State of Ohio and those prescribed or permitted by the NAIC SAP that materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

		State of Domicile	2013	2012
<b>Net Income</b>				
(1) Company state basis	Ohio	\$ 22,183	\$ 36,241	
(2) State prescribed practices that increase/(decrease) NAIC SAP: Not applicable	Ohio	-	-	
(3) State permitted practices that increase/(decrease) NAIC SAP: Not applicable	Ohio	-	-	
(4) NAIC SAP (1-2-3=4)	Ohio	\$ 22,183	\$ 36,241	
<b>Surplus</b>				
(5) Company state basis	Ohio	\$ 128,815	\$ 107,099	
(6) State prescribed practices that increase/(decrease) NAIC SAP: Not applicable	Ohio	-	-	
(7) State permitted practices that increase/(decrease) NAIC SAP: Not applicable	Ohio	-	-	
(8) NAIC SAP (5-6-7=8)	Ohio	\$ 128,815	\$ 107,099	

**B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements**

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves and aggregate health claim reserves (collectively known as "aggregate health reserves"). The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income in the period in which the estimate is adjusted.

**C. Accounting Policy**

**(1-13) Basis of Presentation** — The Company prepares its statutory basis financial statements on the basis of accounting practices prescribed or permitted by the ODI. These statutory practices differ from accounting principles generally accepted in the United States of America ("GAAP").

The more significant differences are as follows:

- Cash (overdrafts), cash equivalents, and short-term investments in the statutory basis financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date;
- Outstanding checks are required to be netted against cash balances or presented as cash overdrafts if in excess of cash balances in the statutory basis statements of admitted assets, liabilities, and capital and surplus as opposed to being presented as other liabilities under GAAP;
- Certain debt investments categorized as available for sale or held to maturity are presented at the lower of amortized cost or fair value in accordance with the NAIC designations in the statutory basis financial statements, whereas under GAAP, these investments are shown at fair value or amortized cost, respectively;
- Under statutory accounting, the change to deferred tax assets and liabilities is recorded directly to unassigned surplus and deferred tax assets are subject to a valuation allowance and admissibility limitations of the assets in the statutory basis financial statements, whereas under GAAP, the change in deferred tax assets and liabilities is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under statutory accounting, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the statutory basis financial statements, whereas under GAAP, such assets are included in the balance sheets;
- Certain assets, including certain health care and other amounts receivables and prepaid assets are considered nonadmitted assets for statutory purposes and are excluded from the statutory basis statements of admitted assets, liabilities, and capital and surplus and charged directly to unassigned surplus. Under GAAP, such assets are included in the balance sheets;
- The reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under GAAP;
- Comprehensive income and its components are not separately presented in the statutory basis financial statements, whereas under GAAP, it is a requirement to present comprehensive income and its components in the financial statements;
- Cash (overdrafts), cash equivalents, and short-term investments in the statutory basis statements of cash flows represent cash balances and investments with original maturities of one year or less from the time of acquisition. Under GAAP, the corresponding caption of cash and cash equivalents includes cash balances and cash equivalents with maturities of three months or less. The corresponding caption of short-term investments under GAAP represents securities with a final maturity of one year or less from the balance sheet date. The statutory basis statements of cash flows are prepared in accordance with the NAIC Annual Statement Instructions.

**Cash and Invested Assets —**

- Cash and cash equivalents represent cash held by the Company in disbursement accounts, treasury bills, agency discount notes, and commercial paper. Claims and other payments are made from the disbursement accounts daily. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments. Cash equivalents have original maturity dates of three months or less from the date of acquisition and are reported at cost or amortized cost depending on the nature of the underlying security, which approximates fair value;
- Short-term investments represent money market instruments, and state agency obligations with a maturity of greater than three months but less than one year at the time of purchase.
- Bonds include corporate debt securities, U.S. government and state agency obligations, and municipal securities with a maturity of greater than one year at the time of purchase;
- Bonds and short-term investments are stated at amortized cost if they meet NAIC designation of one or two and stated at the lower of amortized cost or fair value if they meet an NAIC designation of three or higher. Amortization of bond premium or discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office of the NACI ("SVO") in accordance with the NAIC Valuations of Securities manual prepared by the SVO or an external pricing service;
- The Company holds no mortgage loans on real estate;
- Corporate bonds and government obligations include mortgage-backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the amortized cost of mortgage-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets and total investments in mortgage-backed securities to 30% of total cash and invested assets;
- The Company holds no common or preferred stock;
- The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- The Company holds no derivatives;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains less capital gains tax in the statutory basis statements of operations;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains less capital gains tax in the statutory basis statements of operations. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for mortgage-backed securities for periods subsequent to the loss recognition. The Company has not recorded any other-than-temporary impairments for the years ended December 31, 2013 and 2012.

**Investment Income Due and Accrued —** Investment income earned and due as of the reporting date, in addition to investment income earned but not paid or collected until subsequent periods, is reported as investment income due and accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company evaluates the collectability of the amounts due and amounts determined to be uncollectible are written off in the period in which the determination is made.

**Net Investment Income Earned —** Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).

**Properties Occupied by the Company, Properties Held for the Production of Income, Properties Held for Sale, Furniture and Equipment, and Electronic Data Processing**

**Equipment and Software** — The Company does not carry any fixed assets on the statutory basis financial statements.

**Amounts Due to Parent, Subsidiaries, and Affiliates** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts due to parent, subsidiaries, and affiliates in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

**Hospital and Medical Expenses, Claims Unpaid, and Aggregate Health Reserves** — Hospital and medical expenses and corresponding liabilities include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2013 and 2012. Management believes the amount of claims unpaid and aggregate health reserves is adequate to cover the Company's liability for unpaid claims and aggregate health reserves as of December 31, 2013; however, actual payments may differ from those established estimates. Adjustments to claims unpaid estimates and aggregate health reserves are reflected in the statutory basis statement of operations in the period in which the change in estimate is identified.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

**Net Deferred Tax Asset and Federal Income Taxes Incurred** — Statutory accounting provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax bases of assets and liabilities, subject to a valuation allowance and admissibility limitations on deferred tax assets (see Note 9). The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 35% to net income before federal income taxes plus capital gains tax subject to certain adjustments (see Note 9).

**Claims Adjustment Expenses** — Claims adjustment expenses ("CAE") are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (see Note 10), effective October 1, 2012, the Company pays a management fee to UHS in exchange for administrative and management services. Prior to October 1, 2012, the Company paid Unison Administrative Services, LLC. ("UAS") for similar services. A detailed review of UHS', UAS', and the Company's administrative expenses is performed to determine the allocation between CAE and general administrative expenses to be reported in the statutory basis statement of operations. Effective October 1, 2012, it is the responsibility of UHS to pay CAE in the event the Company ceases operations. Prior to October 1, 2012, it was the responsibility of UAS. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2013 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified.

**General Administrative Expenses** — Pursuant to the terms of the management agreement (see Note 10), effective October 1, 2012, the Company pays a management fee to UHS in exchange for administrative and management services. Prior to October 1, 2012, the Company paid UAS for similar services. Costs for items not included within the scope of the management agreement are directly expensed as incurred. State and use tax are also a component of general administrative expenses. A detailed review of UHS', UAS', and the Company's administrative expenses is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the statutory basis statements of operations.

**Revenues, Uncollected Premiums** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums. Premiums received in full during the current period that are not due until future periods are recorded as premiums received in advance in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

Net premium income is made up of amounts paid by the ODJFS per member in exchange for the provision and administration of medical benefits under the Medicaid program. Premiums are contractual and are recognized in the coverage period in which members are entitled to receive services, except in the case of maternity payments. Maternity income is billed on contractual rates and recognized as income as each birth case is identified by the Company. Included in net premium income are capitated payments, maternity payments, and PFK payments. The PFK program is for uninsured children and pays providers for non-OB/GYN covered services for members in the Southeast Region, age 18 and under. The majority of net premium income recorded is based on capitated rates, which are monthly premiums paid for each member enrolled.

The Company reports uncollected premium balances from its ODJFS and CMS as uncollected premium balances in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Uncollected premium balances that are over 90 days past due, with the exception of amounts due from government insured plans, are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential.

Revenues also include performance based revenue that is recognized based upon the Company's performance measured against targets established in its contracts with ODJFS. The Company receives a fixed amount per member in the period the member is entitled to receive healthcare services which is recorded as other liabilities and health care and other amounts receivable in the accompanying statutory basis statements of admitted assets, liabilities and capital and surplus. Revenue related to the program is recognized as aggregate write-ins for other health care related revenues on the statutory basis statements of revenues and expenses when ODJFS provides the Company with a final report, annually.

**Reinsurance Ceded** — In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts or specific transfer of risk agreements. The Company remains primarily liable as the direct insurer on the risks reinsured. Reinsurance premiums paid and reinsurance premiums incurred but not paid are deducted from net premium income in the accompanying statutory basis statements of operations. Any amounts due to the Company pursuant to this agreement are recorded as amounts recoverable from reinsurers in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Company has an insolvency-only reinsurance agreement.

**Ceded Reinsurance Premiums Payable** — The Company has excess of loss and insolvency-only reinsurance agreements with UnitedHealthcare Insurance Company (UHIC), a wholly owned subsidiary of UnitedHealthcare Insurance Company Holdings, Inc., which is a wholly owned subsidiary of UHS. The ceded reinsurance premiums payable balance represents amounts due to the affiliated reinsurer for coverage which will be paid based on the contract terms. Reinsurance premiums paid and incurred are deducted from net premium income in the accompanying statutory basis financial statements.

**Amounts Recoverable from Reinsurers** — The Company records amounts recoverable from reinsurers for in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as net reinsurance recoveries in the statutory basis statements of operations.

**Incentive Pool** — The Company has agreements with certain independent physicians and physician network organizations that provide for the establishment of a fund into which the Company places monthly premiums payable for members assigned to the physician. The Company manages the disbursement of funds from this account as well as reviews the utilization of nonprimary care medical services of members assigned to the physicians. Any surpluses or deficits in the fund are shared by the Company and the physician based upon predetermined risk-sharing percentage and the liability is included in accrued medical incentive pool and bonus amounts or health care and other receivables in the statutory basis statements of admitted assets, liabilities, and capital and surplus, and the corresponding expense to expense is included in incentive pool, withhold adjustments, and bonus amounts in the statutory basis statements of operations.

**Reserve for Experience Rated Refunds** — A liability is established for estimated premium refunds on experience rated contracts based on actuarial methods and assumptions. Estimated accrued retrospective premiums due from the Company are recorded in aggregate health policy reserves on the statutory basis statements of admitted assets, liabilities, and capital and surplus and as a decrease to change in reserve for rate credits in the statutory basis statements of operations.

**Health Care and Other Amounts Receivable** — Health care and other amounts receivable consist of pharmacy rebate receivables estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc. ("OptumRx"). Health care and other amounts receivable also include receivables for amounts due to the Company for claims overpayments to providers, hospitals and other health care provider organizations, as well as amounts due from ODJFS for reimbursable claims and performance based payments. Health care and other amounts receivable are considered nonadmitted assets for statutory purposes if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 28).

**Premium Deficiency Reserves** — Premium deficiency reserves and the related expenses are recognized when it is probable that expected future health care expenses, claim adjustment expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, CAE, and direct administration costs are considered. The methods for making such estimates and for establishing the resulting reserves are periodically reviewed and updated, and any adjustments are reflected in decrease in reserves for accident and health contracts in the accompanying statutory basis statements of operations in the period in which the change in estimate is identified. The Company anticipates investment income as a factor in the premium deficiency calculation (see Note 30).

**Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business.

Direct written premiums and uncollected premiums from the ODJFS, as a percentage of total direct premiums written and total uncollected premiums are 100% and 100% as of December 31, 2013 and 100% and 100% as of December 31, 2012, respectively.

**Restricted Cash Reserves** — The Company is required by the State of Ohio to maintain a minimum regulatory deposit (currently \$400) and is currently holding approximately \$449 and \$464, which is in compliance with this requirement as of December 31, 2013 and 2012, respectively. This restricted cash reserve consists principally of government obligations that are stated at amortized cost, which approximates fair value. This reserve is included in bonds in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus. Interest earned on this reserve accrues to the Company.

**Minimum Capital and Surplus** — Under the laws of the State of Ohio, the ODI requires the Company to maintain a minimum capital and surplus of \$1,700, and shall maintain total admitted assets equal to at least 110% of the liabilities of the corporation. The minimum capital and surplus requirement is \$1,700, for December 31, 2013 and 2012, respectively. The Company has approximately \$128,815 and \$107,099 in total statutory basis capital and surplus as of December 31, 2013 and 2012, respectively, which is in compliance with the required amount.

Risk-based capital ("RBC") is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The ODI requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the RBC formula, or the level needed to avoid action pursuant to the trend test in the RBC formula. The Company is in compliance with the required amount.

**Recently Issued Accounting Standards** — The Company reviewed all recently issued guidance in 2012 and 2013 that has been adopted for 2013 or subsequent year's implementation and has determined that none of the items would have a significant impact to the statutory basis financial statements.

## 2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No changes in accounting principles have been recorded during the years ended December 31, 2013 and 2012.

### 3. BUSINESS COMBINATIONS AND GOODWILL

**A-D.** The Company was not party to a business combination during the years ended December 31, 2013 and 2012, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

### 4. DISCONTINUED OPERATIONS

(1-5) The Company did not discontinue any operations during 2013 and 2012.

### 5. INVESTMENTS AND OTHER INVESTED ASSETS

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. The gross realized gains and losses on sales of investments for bonds were approximately \$108 and (\$15), respectively, for 2013 and approximately \$168 and \$0, respectively, for 2012. The net realized gain is included in net realized capital gains less capital gains tax in the accompanying statutory basis statements of operations. Total proceeds on the sale of investments for bonds were approximately \$5,809 and \$2,327 and for short-term investments were approximately \$767,345 and \$492,346 in 2013 and 2012, respectively.

As of December 31, 2013 and 2012, the amortized cost, fair value, and gross unrealized holding gains and losses of the Company's investments, excluding cash (overdrafts) of approximately \$348 and \$(3,974), respectively, and cash equivalents of approximately \$58,000 and \$1,000, respectively, are as follows:

	2013				
	Amortized Cost	Gross Unrealized Holding Gains	Gross Unrealized Holding Losses < 1 year	Gross Unrealized Holding Losses > 1 year	Fair Value
U.S. government and agency securities	\$ 21,698	\$ 161	\$ (277)	\$ (76)	\$ 21,506
State and agency municipalities	29,082	592	(36)	-	29,638
City and county municipalities	26,392	279	(87)	-	26,584
Corporate debt securities	38,163	487	(272)	-	38,378
Money-market funds	<u>39,224</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>39,224</u>
Total bonds and short-term investments	<u>\$ 154,559</u>	<u>\$ 1,519</u>	<u>\$ (672)</u>	<u>\$ (76)</u>	<u>\$ 155,330</u>
	2013				
	Amortized Cost	Gross Unrealized Holding Gains	Gross Unrealized Holding Losses < 1 year	Gross Unrealized Holding Losses > 1 year	Fair Value
Less than one year	\$ 46,998	\$ 55	\$ -	\$ -	\$ 47,053
One to five years	45,566	802	(63)	-	46,305
Five to ten years	40,369	427	(374)	-	40,422
Over ten years	<u>21,626</u>	<u>235</u>	<u>(235)</u>	<u>(76)</u>	<u>21,550</u>
Total bonds and short-term investments	<u>\$ 154,559</u>	<u>\$ 1,519</u>	<u>\$ (672)</u>	<u>\$ (76)</u>	<u>\$ 155,330</u>
	2012				
	Amortized Cost	Gross Unrealized Holding Gains	Gross Unrealized Holding Losses < 1 year	Gross Unrealized Holding Losses > 1 year	Fair Value
U.S. government and agency securities	\$ 14,591	\$ 534	\$ -	\$ -	\$ 15,125
State and agency municipalities	21,856	841	-	-	22,697
City and county municipalities	11,328	313	-	-	11,641
Corporate debt securities	14,190	787	(4)	-	14,973
Money-market funds	<u>90,618</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>90,618</u>
Total bonds and short-term investments	<u>\$ 152,583</u>	<u>\$ 2,475</u>	<u>\$ (4)</u>	<u>\$ -</u>	<u>\$ 155,054</u>

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at an amortized cost of approximately \$15,905 and fair value of approximately \$15,773.

The following table illustrates the fair value and gross unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrealized loss position as of December 31, 2013 and 2012:

	2013					
	< 1 year		> 1 year		Total	
	Fair Value	Gross Unrealized Holding Losses	Fair Value	Gross Unrealized Holding Losses	Fair Value	Gross Unrealized Holding Losses
U.S. government and agency securities	\$ 10,643	\$ (277)	\$ 725	\$ (76)	\$ 11,368	\$ (353)
State and agency municipalities	1,730	(36)	-	-	1,730	(36)
City and county municipalities	11,442	(87)	-	-	11,442	(87)
Corporate debt securities	19,235	(272)	-	-	19,235	(272)
<b>Total bonds and short-term investments</b>	<b>\$ 43,050</b>	<b>\$ (672)</b>	<b>\$ 725</b>	<b>\$ (76)</b>	<b>\$ 43,775</b>	<b>\$ (748)</b>
2012						
	< 1 year		> 1 year		Total	
	Fair Value	Gross Unrealized Holding Losses	Fair Value	Gross Unrealized Holding Losses	Fair Value	Gross Unrealized Holding Losses
	\$ 843	\$ -	\$ -	\$ -	\$ 843	\$ -
Corporate debt securities	469	(4)	-	-	469	(4)
<b>Total bonds and short-term investments</b>	<b>\$ 1,312</b>	<b>\$ (4)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,312</b>	<b>\$ (4)</b>

The unrealized losses on investments in U.S. government and agency securities, and corporate debt securities at December 31, 2013 and 2012, were mainly caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its amortized cost. The contractual cash flows of the U.S. government and agency obligations are either guaranteed by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company evaluated the credit ratings of the municipalities and local agency obligations and corporate obligations, noting whether a significant deterioration since purchase or other factors that may indicate an OTTI, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain mortgage-backed securities for a period of time sufficient to recover the amortized cost. As a result of this review, no other other-than-temporary impairments were recorded by the Company as of December 31, 2013 and 2012.

**A-C.** The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

#### D. Loan-Backed Securities

- (1) Corporate bonds and government obligations include mortgage-backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the amortized cost of mortgage-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any OTTI on mortgage-backed securities as of December 31, 2013 and 2012.
- (3) The Company did not have mortgage-backed securities with an OTTI to report by CUSIP as of December 31, 2013 or 2012.

(4) The following table illustrates the fair value, gross unrealized losses, and length of time that the mortgage-backed securities have been in a continuous unrealized loss position as of December 31, 2013 and 2012 :

			2013
The aggregate amount of unrealized losses:			
1. Less than 12 months			\$ (221)
2. 12 Months or longer			(76)
The aggregate related fair value of securities with unrealized losses:			
1. Less than 12 months			10,625
2. 12 Months or longer			725
			2012
The aggregate amount of unrealized losses:			
1. Less than 12 months			\$ -
2. 12 Months or longer			-
The aggregate related fair value of securities with unrealized losses:			
1. Less than 12 months			983
2. 12 Months or longer			-

(5) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrealized losses as of December 31, 2013 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.

**E. Repurchase Agreements and/or Securities Lending Transactions** — Not applicable.

**F. Real Estate** — Not applicable.

**G. Low-Income Housing Tax Credits** — Not applicable.

**H. Restricted Assets**

(1) Restricted assets – including pledged as of December 31, 2013 and 2012:

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	0.0%	0.0%
c. Subject to repurchase agreements	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale	-	-	-	-	0.0%	0.0%
i. On deposit with state	\$ 449	\$ 464	\$ (15)	\$ 449	0.2%	0.2%
j. On deposit with other regulatory bodies	-	-	-	-	0.0%	0.0%
k. Pledged as collateral not captured in other categories	-	-	-	-	0.0%	0.0%
l. Other restricted assets	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>0.0%</u>	<u>0.0%</u>
m. Total Restricted Assets	<u><u>\$ 449</u></u>	<u><u>\$ 464</u></u>	<u><u>\$ (15)</u></u>	<u><u>\$ 449</u></u>	<u><u>0.2%</u></u>	<u><u>0.2%</u></u>

**(2-3)** The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2013 or 2012.

## 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

**A-B.** The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

## 7. INVESTMENT INCOME

**A.** The Company has admitted all investment income due and accrued in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

The components of net investment income earned as of December 31, 2013 and 2012 are as follows:

	2013	2012
Bonds	\$ 1,728	\$ 1,469
Cash, cash equivalents, and short-term investments	<u>63</u>	<u>111</u>
 Total investment income earned	 1,791	 1,580
 Expenses — investment management fees	 <u>(57)</u>	 <u>(44)</u>
 Net investment income earned	 <u>\$ 1,734</u>	 <u>\$ 1,536</u>

**B.** There were no investment income amounts excluded from the statutory basis financial statements.

## 8. DERIVATIVE INSTRUMENTS

**A-F.** The Company has no derivative instruments.

## 9. INCOME TAXES

### A. Deferred Tax Asset/Liability

**(1)** The components of the net deferred tax asset at December 31, 2013 and 2012, are as follows:

	2013			2012			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
(a) Gross deferred tax assets	\$ 2,955	\$ -	\$ 2,955	\$ 1,595	\$ -	\$ 1,595	\$ 1,360	\$ -	\$ 1,360
(b) Statutory valuation allowance adjustments	- -	- -	- -	- -	- -	- -	- -	- -	- -
(c) Adjusted gross deferred tax assets (1a-1b)	2,955	- -	2,955	1,595	- -	1,595	1,360	- -	1,360
(d) Deferred tax assets nonadmitted	- -	- -	- -	- -	- -	- -	- -	- -	- -
(e) Subtotal net admitted deferred tax asset (1c-1d)	2,955	- -	2,955	1,595	- -	1,595	1,360	- -	1,360
(f) Deferred tax liabilities	7 - 3	10	1 - 10	11	6 - (7)	11 - 11	6 - (7)	1 - (1)	1 - (1)
(g) Net admitted deferred tax asset/ (net deferred tax liability) (1e-1f)	\$ 2,948	\$ (3) -	\$ 2,945	\$ 1,594	\$ (10) -	\$ 1,584	\$ 1,354	\$ 7 -	\$ 1,361

(2) The components of the adjusted gross deferred tax assets admissibility calculation under SSAP No. 101, *Income Taxes — A Replacement of SSAP No. 10R and SSAP No. 10*, are as follows:

Admission Calculation Components SSAP No. 101	2013			2012			Change		
	1	2	3 (Col 1+2)	4	5	6 (Col 4+5)	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 2,955	\$ -	\$ 2,955	\$ 1,595	\$ -	\$ 1,595	\$ 1,360	\$ -	\$ 1,360
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	-	-	-	-	-	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	17,793	XXX	XXX	15,827	XXX	XXX	1,966
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	-	-	-	-	-	-
(d) Deferred tax assets admitted as the result of application of SSAP No. 101	\$ 2,955	\$ -	\$ 2,955	\$ 1,595	\$ -	\$ 1,595	\$ 1,360	\$ -	\$ 1,360
Total (2(a)+2(b)+2(c))	<u>\$ 2,955</u>	<u>\$ -</u>	<u>\$ 2,955</u>	<u>\$ 1,595</u>	<u>\$ -</u>	<u>\$ 1,595</u>	<u>\$ 1,360</u>	<u>\$ -</u>	<u>\$ 1,360</u>

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admission calculation are presented below:

	2013	2012
(a) Ratio percentage used to determine recovery period and threshold limitation amount	660 %	693 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above (in thousands)	\$ 125,870	\$ 105,515

(4) There was no impact to the deferred tax assets as a result of tax-planning strategies.

## B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities.

## C. Significant Components of Income Taxes

(1) The current federal income taxes incurred for the years ended December 31, 2013 and 2012 are as follows:

	1 2013	2 2012	3 (Col 1-2) Change
1. Current income tax			
(a) Federal	\$ 12,640	\$ 19,828	\$ (7,188)
(b) Foreign	-	-	-
(c) Subtotal	12,640	19,828	(7,188)
(d) Federal income tax on net capital gains	40	56	(16)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
(g) Total federal and foreign income taxes incurred	<u>\$ 12,680</u>	<u>\$ 19,884</u>	<u>\$ (7,204)</u>

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

**(2-4)** The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2013 and 2012, are as follows:

	1 2013	2 2012	3 (Col 1-2) Change
<b>2. Deferred tax assets:</b>			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 294	\$ 211	\$ 83
(2) Unearned premium reserve	60	-	60
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	1,271	630	641
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	<u>1,330</u>	<u>754</u>	<u>576</u>
(99) Subtotal	2,955	1,595	1,360
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	<u>-</u>	<u>-</u>	<u>-</u>
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>2,955</u>	<u>1,595</u>	<u>1,360</u>
(e) Capital			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	<u>-</u>	<u>-</u>	<u>-</u>
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>-</u>	<u>-</u>	<u>-</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>2,955</u>	<u>1,595</u>	<u>1,360</u>
<b>3. Deferred tax liabilities:</b>			
(a) Ordinary			
(1) Investments	7	1	6
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal	<u>7</u>	<u>1</u>	<u>6</u>
(b) Capital			
(1) Investments	3	10	(7)
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal	<u>3</u>	<u>10</u>	<u>(7)</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>10</u>	<u>11</u>	<u>(1)</u>
<b>4. Net deferred tax assets/liabilities (2i - 3c)</b>	<u><u>\$ 2,945</u></u>	<u><u>\$ 1,584</u></u>	<u><u>\$ 1,361</u></u>

The other ordinary deferred tax asset of \$1,330 for 2013 and \$754 for 2012 consists of bad debts.

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2013 and 2012.

**D.** The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 35% to net income before federal income taxes, plus capital gains tax capital gains tax. The significant items causing this difference are as follows:

	<b>2013</b>	<b>2012</b>
Tax provision at the federal statutory rate	\$ 12,202	\$ 19,644
Tax-exempt interest	(242)	(198)
Other	-	36
Tax effect of nonadmitted assets	<u>(641)</u>	<u>(414)</u>
 Total statutory income taxes	 <u>\$ 11,319</u>	 <u>\$ 19,068</u>
 Federal income taxes incurred	 \$ 12,640	 \$ 19,828
Capital gains tax	40	56
Change in net deferred income tax	<u>(1,361)</u>	<u>(816)</u>
 Total statutory income taxes	 <u>\$ 11,319</u>	 <u>\$ 19,068</u>

**E.** At December 31, 2013, the Company had no net operating loss carryforwards.

Current federal income taxes (recoverable) payable of approximately (\$1,688) and \$1,256 as of December 31, 2013 and 2012, respectively, are included in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus. Federal income taxes paid, net of refunds were approximately \$15,624 and \$22,754 in 2013 and 2012, respectively.

Federal income taxes incurred of approximately \$12,680 and \$19,847 for 2013 and 2012, respectively, are available for recoupment in the event of future net losses.

The Company has not admitted any aggregate amounts of deposits that are included within Section 6603 ("Deposits made to suspend running of interest on potential underpayments, etc.") of the Internal Revenue Service Code ("IRS").

**F.** The Company is included in a consolidated federal income tax return with its ultimate parent, UnitedHealth Group. The entities included within the consolidated return are included in NAIC Statutory Statement Schedule Y — Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses, the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. UnitedHealth Group currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The IRS has completed exams on UnitedHealth Group's consolidated income tax returns for fiscal years 2012 and prior. UnitedHealth Group's 2013 tax return is under advance review by the IRS under its Compliance Assurance Program. With the exception of a few states, UnitedHealth Group is no longer subject to income tax examinations prior to 2008 in major state and foreign jurisdictions. The Company does not believe any adjustments that may result from these examinations will be material to the Company.

**G. Tax Contingencies** — Not applicable.

## **10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES**

### **A-L. Material Related Party Transactions**

Effective October 1, 2012, the Company entered into a Management Agreement (Agreement) with UHS. This Agreement has been approved by the ODI and will replace the previous agreement with UAS. Pursuant to the terms of the Agreement, UHS will provide management services to the Company under a fee structure, which is based on a direct charge representing UHS' expenses for services or use of assets provided to the Company. Management fees under this arrangement totaled approximately \$58,100 and \$39,460 in 2013 and 2012, respectively, and are included in general administrative expenses and claims adjustment expenses in the accompanying statutory basis statements of operations. Direct expenses not included in the management agreement, such as broker commissions, department of insurance exam fees, and premium taxes, are paid by UHS on behalf of the Company. UHS is reimbursed by the Company for these direct expenses.

Management believes that its transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.

The Company expensed as hospital and medical expenses, general administrative expenses, and claims adjustment expenses approximately \$16,393 and \$3,330 in capitation fees to related parties during 2013 and 2012, respectively. Under the Agreement effective for October 2012, UHS provides or arranges for services on behalf of the Company using a pass-through of charges incurred by UHS on a per member per month ("PMPM") basis (where the charge incurred by UHS is on a PMPM basis) or using another allocation methodology consistent with the Agreement. These services include, but are not limited to, integrated personal health management solutions, such as disease management, treatment decision support, and wellness services, including a 24-hour call-in service, access to a network of transplant providers, and discount program services. OptumHealth Care Solutions, Inc. provides chiropractic and physical therapy services. United Behavioral Health provides mental health and substance abuse services.

The capitation expenses, administrative services, and access fees paid to related parties, that are included as hospital and medical expenses, general administrative expenses, and claims adjustment expenses in the accompanying statutory basis statements of operations for the years ended December 31, 2013 and 2012, are shown below:

	2013	2012
UHS	\$ 2,212	\$ 446
United Behavioral Health	14,015	2,799
OptumHealth Care Solutions, Inc.	<u>166</u>	<u>85</u>
 Total	 <u>\$ 16,393</u>	 <u>\$ 3,330</u>

The Company contracts with affiliates UHS and OptumRx provide administrative services related to pharmacy management and pharmacy claims processing for its enrollees. Fees related to these agreements, which are calculated on a per-claim basis, of approximately \$2,800 and \$510 in 2013 and 2012, respectively, are included in general administrative expenses and claims adjustment expenses in the accompanying statutory basis statements of operations.

Effective January 1, 2011, the Company has an agreement with OptumInsight, Inc., an affiliate of the Company, for services that lead up to and include the prevention and recovery of medical expense overpayments. Service fees are either percentages of every recovery that are retained by OptumInsight, Inc. based on the services performed and recoveries, net of fees, are returned to the Company on a monthly basis and/or all recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis and a capitated service fee is charged to the Company as a PMPM. Service fees of approximately \$1,024 and \$22 are included in hospital and medical expenses, claims adjustment expenses, and general administrative expenses in the accompanying statutory basis statements of operations for the years ended December 31, 2013 and 2012, respectively.

The Company has premium payments that are received and claim payments that are processed by an affiliated UnitedHealth Group entity. Both premiums and claims applicable to the Company are settled at regular intervals throughout the month via the intercompany settlement process and any amounts outstanding are reflected in amounts due to parent, subsidiaries, and affiliates in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Company has an insolvency-only reinsurance agreement with UHIC, an affiliate of the Company, to provide insolvency protection for its enrollees. Reinsurance premiums, which are calculated on a percentage of member premium income, of approximately \$658 and \$524 in 2013 and 2012, respectively, are netted against net premium income in the accompanying statutory basis statements of operations.

The Company has a reinsurance agreement with UHIC to cover certain inpatient hospital claims in excess of defined limits. Reinsurance premiums, which are calculated on a PMPM basis, of approximately \$4,837 and \$4,077 in 2013 and 2012, respectively, are netted against net premium income in the accompanying statutory basis statements of operations. Reinsurance recoveries of approximately \$3,307 and \$5,738 in 2013 and 2012, respectively, are included in net reinsurance recoveries in the accompanying statutory basis statements of operations. There was approximately \$588 and \$962 of reinsurance receivables related to this agreement as of December 31, 2013 and 2012, respectively. Failure of reinsurers to honor their obligations could result in losses to the Company.

The Company holds a \$30,000 subordinated revolving credit agreement with UnitedHealth Group at an interest rate of LIBOR plus a margin of 0.50%. This credit agreement is subordinate to the extent it does not conflict with any credit facility held by either party. The credit agreement is for a one-year term and automatically renews annually, unless terminated by either party. The agreement was renewed effective September 1, 2013. No amounts were outstanding under the line of credit as of December 31, 2013 and 2012.

At December 31, 2013 and 2012, the Company reported approximately \$21,355 and \$2,063, respectively, as amounts due to parent, subsidiaries, and affiliates, which are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.

The Company has entered into a Tax Sharing Agreement with UnitedHealth Group (see Note 9).

The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.

The Company does not have any investments in impaired subsidiary, controlled, or affiliated entities.

The Company does not have any investments in foreign insurance subsidiaries.

The Company does not hold any investments in a downstream noninsurance holding company.

The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.

## **11. DEBT**

**A-B.** The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2013 and 2012.

## **12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POSTRETIREMENT BENEFIT PLANS**

**A-I.** The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, and compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of UHS, which provides services to the Company under the terms of a management agreement (see Note 10).

## **13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS**

- (1-2) The Company has 1,000 shares authorized and 1,000 shares issued and outstanding of \$1 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, TRH.
- (3) Under the laws of the State of Ohio, all dividends and other distributions to shareholders must be reported to the Superintendent of the ODI (the "Superintendent"). Extraordinary dividends or other extraordinary distributions must be approved by the Superintendent in advance. An extraordinary dividend or distribution includes any dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, and a statement of the effect of the proposed dividend on the surplus and the reasonableness of surplus in relation to the outstanding liabilities and financial needs.
- (4) The Company paid no dividends or received any infusions during 2013 or 2012.
- (5) The amount of ordinary dividends that may be paid out during any given period are subject to certain restrictions as specified by state statute.
- (6) There are no restrictions placed on the Company's unassigned surplus.
- (7) The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- (8) The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- (9) The Company does not have any special surplus funds.

(10) The portion of unassigned funds represented or (reduced by) each item below is as follows:

	2013	2012	Change
Net deferred income taxes	2,945	1,584	1,361
Nonadmitted assets	<u>(3,643)</u>	<u>(1,814)</u>	<u>(1,829)</u>
Total	<u>\$ (698)</u>	<u>\$ (230)</u>	<u>\$ (468)</u>

(11-13) The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

## 14. CONTINGENCIES

### A. Contingent Commitments

The Company has no contingent commitments.

### B. Assessments

The Company is not aware of any assessments, potential or accrued, that could have a material financial effect on the operations of the entity.

### C. Gain Contingencies

The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.

### D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits — Not applicable

### E. All Other Contingencies

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers and regulators, relating to the Company's businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters: involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus or statutory basis statements of operations of the Company.

The Company's business is regulated at the federal, state, and local levels. The laws and rules governing the Company's business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

Health Reform Legislation and the related federal and state regulations will continue to impact how the Company does business and could restrict revenue and enrollment growth in certain products and market segments, restrict premium growth rates for certain products and market segments, increase the Company's medical and administrative costs, expose the Company to an increased risk of liability (including increasing our liability in federal and state courts for coverage determinations and contract interpretation), or put the Company at risk for loss of business. In addition, the Company's statutory basis results of operations, financial condition, and cash flows could be materially adversely affected by such changes. The Health Reform Legislation may create new or expand existing opportunities for business growth, but due to its complexity, the impact of the Health Reform Legislation remains difficult to predict and is not yet fully known.

There are no assets that the Company considers to be impaired at December 31, 2013 and 2012, except as disclosed in Note 5 and Note 20.

**F.** The Company routinely evaluates the collectability of all receivable amounts included within the statutory basis statements of admitted assets, liabilities, and capital and surplus. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company's statutory basis financial condition.

**15. LEASES**

**A-B.** According to the management agreement between the Company and UHS, and the previous agreement between the Company and UAS (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of UHS and UAS, respectively. Fees associated with the lease agreements are included as a component of the Company's management fee.

**16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

**(1-4)** The Company does not hold any financial instruments with off-balance-sheet risk or concentrations of credit risk.

**17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

**A-C.** The Company did not participate in any transfer of receivables, financial assets, or wash sales.

**18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

**A-C.** The Company does not have any uninsured or partially insured accident and health plans.

**19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS**

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators.

**20. FAIR VALUE MEASUREMENT**

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

*Level 1* — Quoted (unadjusted) prices for identical assets in active markets.

*Level 2* — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data.

*Level 3* — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds and short-term investments are based on quoted market prices, where available. The Company obtains one price for each security, primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services have not historically resulted in an adjustment in the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

#### A. Fair Value

(1 - 5) The Company does not have any financial assets that are measured and reported at fair value on the statutory basis statements of admitted assets, liabilities, and capital and surplus at December 31, 2013 and 2012.

B. Fair Value Combination — Not applicable.

C. The aggregate fair value by hierarchy of all financial instruments as of December 31, 2013 and 2012 is presented in the table below:

Types of Financial Investment	Aggregate Fair Value	Admitted Assets	2013			Not Practical Carrying Value
			(Level 1)	(Level 2)	(Level 3)	
U.S. government and agency securities	\$ 21,506	\$ 21,698	\$ 3,579	\$ 17,927	\$ -	\$ -
State and agency municipalities	29,638	29,082	-	29,638	-	-
City and county municipalities	26,584	26,392	-	26,584	-	-
Corporate debt securities	38,378	38,163	-	38,378	-	-
Money-market funds	39,224	39,224	39,224	-	-	-
Total bonds and short-term investments	<u>155,330</u>	<u>154,559</u>	<u>42,803</u>	<u>112,527</u>	<u>\$ -</u>	<u>\$ -</u>

Types of Financial Investment	Aggregate Fair Value	Admitted Assets	2012			Not Practical Carrying Value
			(Level 1)	(Level 2)	(Level 3)	
U.S. government and agency securities	\$ 15,125	\$ 14,591	\$ 4,330	\$ 10,795	\$ -	\$ -
State and agency municipalities	22,697	21,856	-	22,697	-	-
City and county municipalities	11,641	11,328	-	11,641	-	-
Corporate debt securities	14,973	14,190	-	14,973	-	-
Money-market funds	90,618	90,618	90,618	-	-	-
Total bonds and short-term investments	<u>155,054</u>	<u>152,583</u>	<u>94,948</u>	<u>60,106</u>	<u>\$ -</u>	<u>\$ -</u>

Included as Level 1 in U.S. government and agency securities in the fair value hierarchy table above are U.S. Treasury securities of approximately \$3,579 and \$4,330 as of December 31, 2013 and 2012, respectively. These instruments are reflected in bonds in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

D. Not Practicable to Estimate Fair Value — Not applicable.

#### 21. OTHER ITEMS

The Company elected to use rounding in reporting amounts in the notes to statutory basis financial statements.

Effective for calendar years 2013 and 2014 the Patient Protection and Affordable Care Act (ACA) has mandated that certain practicing primary care physicians ("PCPs") are eligible to receive increased payments for specified primary care services provided to Medicaid eligible individuals. This is to encourage PCPs to serve the Medicaid population in advance of the Medicaid expansion in 2014.

ACA requires that the managed care organizations ("MCO's") reimburse PCPs at a rate of no less than 100 percent of Medicare fee schedule rates for specified services. The federal government will finance the difference between the state Medicaid fee schedule rate and the corresponding Medicare fee schedule rate (enhanced rate payment) during calendar years 2013 and 2014. The state will in turn fund the enhanced rate payments to the MCO's as part of an enhanced Medicaid capitation monthly premium or as a lump sum payment of the rate differential, depending on the model selected by each state and approved by CMS.

- A.** The Company did not encounter any extraordinary items for the years ended December 31, 2013 or 2012.
- B.** The Company has no troubled debt restructurings as of December 31, 2013 or 2012.
- C.** The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments.
- D.** The Company has not received any business interruption insurance recoveries during 2013 and 2012.
- E.** The Company has no transferrable or non-transferable state tax credits.
- F.** **Sub-Prime Mortgage-Related Risk Exposure**

- (1)** The investment policy for the Company limits investments in asset-backed securities, which includes the sub-prime issuers. Further, the policy limits investments in private-issuer mortgage securities to 10% of the portfolio, which also includes sub-prime issuers. The exposure to unrealized losses on sub-prime issuers is due to changes in market prices. There are no realized losses due to not receiving anticipated cash flows. The investments covered are rated NAIC rating of 1 or 2.
- (2)** The Company has no direct exposure through investments in subprime mortgage loans.
- (3)** The Company has no direct exposure through other investments for the year ended December 31, 2013. Direct exposure through other investments for the year ended December 31, 2012 is as follows:

	2012				
	Actual Cost	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized	
a. Residential mortgage-backed securities	\$ -	\$ -	\$ -	\$ -	-
b. Commercial mortgage-backed securities	1,180	1,156	1,312		-
c. Collateralized debt obligations	-	-	-		-
d. Structured securities	-	-	-		-
e. Equity investment in SCAs	-	-	-		-
f. Other assets	-	-	-		-
g. Total	<u>\$ 1,180</u>	<u>\$ 1,156</u>	<u>\$ 1,312</u>	<u>\$ -</u>	

The Company changed its presentation in 2013 to only include securities that have sub-prime risk exposure. In 2012, the Company also included modeled commercial mortgaged-backed securities.

- (4)** The Company has no underwriting exposure to sub-prime mortgage risk through mortgage guaranty or financial guaranty insurance coverage.
- G.** The Company does not have any retained asset accounts for beneficiaries.
- H.** The Company does not have any offsetting or netting assets and liabilities as it relates to derivatives, repurchase and reverse repurchase, and securities borrowing and securities lending.

## 22. SUBSEQUENT EVENTS

### **TYPE I – Recognized Subsequent Events:**

Subsequent events have been evaluated through February 28, 2014, which is the date these statutory basis financial statements were available for issuance.

There are no events subsequent to December 31, 2013, that require disclosure.

### **TYPE II – Nonrecognized Subsequent Events:**

Subsequent events have been evaluated through February 28, 2014, which is the date these statutory basis financial statements were available for issuance.

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act ("ACA"). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of the health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to payable on September 30, 2014 to be \$9,780. The Company's Authorized Control Level RBC ("ACL RBC") ratio was 675% as of December 31, 2013. If the ACA assessment was recognized as a liability as of December 31, 2013, the ACL RBC ratio would have been 624%.

The ACA fee assessment payable as of December 31, 2013 is as follows:

A. ACA fee assessment payable	\$ 9,780
B. Assessment expected to impact RBC	51 %

There are no other events subsequent to December 31, 2013 that require disclosure.

## 23. REINSURANCE

The Company does not have any unaffiliated reinsurance agreements (external reinsurance) in place as of December 31, 2013 or 2012.

**Reinsurance Agreements** — In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated (see Note 10) reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

### **A. Ceded Reinsurance Report**

#### ***Section 1 — General Interrogatories***

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No (X)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor, or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

#### ***Section 2 — Ceded Reinsurance Report— Part A***

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (X)

(2) Does the reporting entity have any reinsurance agreements in effect that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

**Section 3—Ceded Reinsurance Report — Part B**

(1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2013.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

B. **Uncollectible Reinsurance** — During 2013 and 2012, there were no uncollectible reinsurance recoverables.

C. **Commutation of Ceded Reinsurance** — There was no commutation of reinsurance in 2013 or 2012.

D. **Certified Reinsurer Rating Downgraded or Status Subject to Revocation** — Not applicable.

**24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION**

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.

B. Estimated accrued retrospective premiums due to (from) the Company are recorded in uncollected premiums in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as an adjustment to net premium income in the statutory basis statements of operations.

C. The Medicaid business contract with the state of Ohio includes Aged, Blind, and Disabled (ABD) program which is subject to retrospective rating features. The Company estimates accrued retrospective premium adjustments for its ABD program based on the contract with ODJFS. The amount of net premium income that is subject to the ABD program contract retrospective rating feature is approximately \$ 261,302 and \$216,250, representing 39.9% and 40.7% of total net premium income as of December 31, 2013 and 2012, respectively.

The Medicaid business contract with ODJFS includes a provision for which a stated percentage of total direct premiums written can be eligible for a performance guarantee payment based on various quality measures. The total Medicaid direct premiums written, subject to this redetermination feature was approximately \$9,100 and \$5,237, which represents 1.3% and 1.0% of the Company's total direct premiums written as of December 31, 2013 and 2012, respectively.

Pursuant to the Health Reform Legislation, effective for calendar years 2013 and 2014, the state has elected to administer additional PCP funds through prospective capitation increases with risk-sharing that incorporates a reconciliation model (see Note 21). Under this model, the state pays the Company prospectively but also reconciles after the contract period based on utilization and any excess or shortage is remitted to or received back from the state. The amount of Medicaid direct written premiums written subject to this legislation is approximately \$36,103 representing 5.4% of total direct written premiums as of December 31, 2013.

D. Pursuant to the Health Reform Legislation, the Company does not have any business subject to specific minimum loss ratio requirements as of December 31, 2013 and December 31, 2012 (see Note 14).

## 25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the accompanying statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in the claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and health care receivable for 2013 and 2012:

	2013		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (41,673)	\$ (41,673)
Paid claims, net of health care receivable and reinsurance recoveries collected	454,954	26,554	481,508
End of year claim reserve	<u>72,172</u>	<u>5,688</u>	<u>77,860</u>
Incurred claims excluding the change in health care receivable and reinsurance recoverables as presented below	527,126	(9,431)	517,695
Beginning of year health care receivable	-	6,548	6,548
End of year health care receivable and reinsurance recoverables on paid losses	<u>(10,260)</u>	<u>(176)</u>	<u>(10,436)</u>
Total incurred claims	<u>\$ 516,866</u>	<u>\$ (3,059)</u>	<u>\$ 513,807</u>
	2012		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (49,300)	\$ (49,300)
Paid claims, net of health care receivable and reinsurance recoveries collected	375,032	29,727	404,759
End of year claim reserve	<u>40,393</u>	<u>1,280</u>	<u>41,673</u>
Incurred claims excluding the change in health care receivable and reinsurance recoverables as presented below	415,425	(18,293)	397,132
Beginning of year health care receivable	-	1,807	1,807
End of year health care receivable and reinsurance recoverables on paid losses	<u>(4,582)</u>	<u>(1,966)</u>	<u>(6,548)</u>
Total incurred claims	<u>\$ 410,843</u>	<u>\$ (18,452)</u>	<u>\$ 392,391</u>

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and health care receivable as of December 31, 2012 were approximately \$35,125. As of December 31, 2013, approximately \$26,554 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years net of health care receivables and reinsurance recoverables are approximately \$5,512 as a result of re-estimation of unpaid claims. Therefore, there has been approximately \$3,059 favorable prior year development since December 31, 2012 to December 31, 2013. The primary drivers consist of favorable/unfavorable development as a result of a change in the provision for adverse deviations in experience of approximately \$2,917 and by favorable/unfavorable development of approximately \$98 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. At December 31, 2012, the Company recorded approximately \$18,452 of favorable development driven by a change in the provision for adverse deviations in experience of approximately \$3,137 and favorable development of approximately \$14,645 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this favorable development is the impact related to retrospectively rated policies. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

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

The Company incurred claims adjustment expenses of approximately \$34,213 and \$20,286 in 2013 and 2012, respectively. These costs are included in the management service fees paid by the Company to UHS and UAS as a part of its management agreement (see Note 10). The following tables disclose paid CAE, incurred CAE, and the balance in the unpaid claim adjustment expenses reserve for 2013 and 2012:

	2013	2012
Total claims adjustment expenses incurred	\$ 34,213	\$ 20,286
Less current year unpaid claims adjustment expenses	(1,309)	(918)
Add prior year unpaid claims adjustment expenses	<u>918</u>	<u>1,026</u>
 Total claims adjustment expenses paid	 <u>\$ 33,822</u>	 <u>\$ 20,394</u>

**26. INTERCOMPANY POOLING ARRANGEMENTS**

**A–G.** The Company did not have any intercompany pooling arrangements in 2013 or 2012.

**27. STRUCTURED SETTLEMENTS**

**A–B.** The Company did not have structured settlements in 2013 or 2012.

**28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE**

**A.** Pharmaceutical rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has non-admitted all pharmacy rebate receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria, the transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2013	\$ 1,970	\$ -	\$ -	\$ -	\$ -
9/30/2013	1,569	1,345	213	-	-
6/30/2013	887	1,194	176	763	-
3/31/2013	758	989	11	643	402
 12/31/2012	 922	 999	 150	 526	 297
9/30/2012	-	658	161	488	11
6/30/2012	-	813	178	558	69
3/31/2012	-	797	59	610	128
 12/31/2011	 -	 654	 135	 347	 170
9/30/2011	-	-	-	-	-
6/30/2011	-	-	-	-	-
3/31/2011	-	-	-	-	-

Of the amount reported as health care and other amounts receivables, approximately \$2,282 and \$922 relates to pharmaceutical rebate receivables as of December 31, 2013 and 2012, respectively. This increase is primarily due to increased membership along with the change in generic/name brand mix.

**B.** The Company does not have any risk-sharing receivables.

**29. PARTICIPATING POLICIES**

The Company did not have any participating contracts in 2013 or 2012.

**30. PREMIUM DEFICIENCY RESERVES**

The Company has not recorded any premium deficiency reserves as of December 31, 2013 or 2012. This analysis of the premium deficiency reserve was completed as of December 31, 2013 and 2012. The Company did consider anticipated investment income when calculating the premium deficiency reserve.

The following table summarizes the Company's premium deficiency reserves as of December 31, 2013 and 2012:

	<b>2013</b>
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2013
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<b>2012</b>
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2012
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**31. ANTICIPATED SALVAGE AND SUBROGATION**

Due to the type of business being written, the Company has no salvage. As of December 31, 2013 and 2012, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [  ] No [  ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [  ] No [  ] N/A [  ]

1.3 State Regulating? ..... Ohio

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 [  ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2009

3.2 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

3.3 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

3.4 By what department or departments?  
 Ohio Department of Insurance .....

3.5 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 [  ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? ..... Yes [  ] No [  ]  
 4.12 renewals? ..... Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? ..... Yes [  ] No [  ]  
 4.22 renewals? ..... Yes [  ] No [  ]

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

5.2 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
---------------------	------------------------	------------------------

6.1 Has the 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 [  ]

6.2 If yes, give full information:  
 \_\_\_\_\_

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [  ] No [  ]

7.2 If yes,  
 7.21 State the percentage of foreign control; ..... 0.0 %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

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 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 FDIC	6 SEC
Optum Bank, Inc. ....	Salt Lake City, UT ....	NO.	NO.	YES.	NO.

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Baker Tilly Virchow Krause LLP, 225 South 6th Street, Suite 2300, Minneapolis, MN

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: ....  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: ....  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain: ....  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Kevin B. Francis, FSA, MAAA, Vice President, Actuarial Services  
 UnitedHealthcare Community & State  
 9800 Healthcare Lane  
 Minnetonka, MN 55343 .....  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... \$ ..... 0  
 12.2 If, yes provide explanation: ....  
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? ....  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 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 [ X ] 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.  
 14.11 If the response to 14.1 is No, please explain: ....  
 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 Non-material modifications were made to the UnitedHealth Group Code of Conduct in Q3 2013. ....  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). ....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ ..... 0
20.12 To stockholders not officers.....	\$ ..... 0
20.13 Trustees, supreme or grand (Fraternal Only).....	\$ ..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ ..... 0
20.22 To stockholders not officers.....	\$ ..... 0
20.23 Trustees, supreme or grand (Fraternal Only).....	\$ ..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ ..... 0
21.22 Borrowed from others.....	\$ ..... 0
21.23 Leased from others .....	\$ ..... 0
21.24 Other .....	\$ ..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	0
22.22 Amount paid as expenses .....	\$ ..... 0
22.23 Other amounts paid .....	\$ ..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .... \$ ..... 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .... \$ ..... 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.103 Total payable for securities lending reported on the liability page. ....	\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 Pledged as collateral .....	\$ ..... 0
25.26 Placed under option agreements .....	\$ ..... 0
25.27 Letter stock or other securities restricted as to sale .....	\$ ..... 448,606
25.28 On deposit with state or other regulatory body .....	\$ ..... 0
25.29 Other .....	\$ ..... 0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  N/A [ ]  
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ ..... 0

28. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust .....	50 S. LaSalle, Chicago, IL 60675 .....
Bank of New York Mellon .....	Global Liquidity Services, 1 Wall St, 14th Floor, New York, NY 10286 .....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? .....  Yes [ ]  No [ X ]

28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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 Number(s)	2 Name	3 Address
113972 .....	Standish Mellon Asset Management Company .....	201 Washington Street Suite 2900 Boston, MA 02108-4408 .....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [ X ]  
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	212,559,124	213,330,377	771,253
30.2 Preferred stocks .....	0	0	0
30.3 Totals .....	212,559,124	213,330,377	771,253

30.4 Describe the sources or methods utilized in determining the fair values:

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from HUB which is an external data sources vendor. Hub utilizes various pricing sources.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....  
 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? .....\$ .....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
1.2	If yes, indicate premium earned on U.S. business only. ....	\$ ..... 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ ..... 0
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$ ..... 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ ..... 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned ..... \$ ..... 0	
	1.62 Total incurred claims ..... \$ ..... 0	
	1.63 Number of covered lives ..... 0	
	All years prior to most current three years:	
	1.64 Total premium earned ..... \$ ..... 0	
	1.65 Total incurred claims ..... \$ ..... 0	
	1.66 Number of covered lives ..... 0	
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned ..... \$ ..... 0	
	1.72 Total incurred claims ..... \$ ..... 0	
	1.73 Number of covered lives ..... 0	
	All years prior to most current three years:	
	1.74 Total premium earned ..... \$ ..... 0	
	1.75 Total incurred claims ..... \$ ..... 0	
	1.76 Number of covered lives ..... 0	
2.	Health Test:	
	1 Current Year	2 Prior Year
2.1	Premium Numerator .....	666,284,400 ..... 525,117,880
2.2	Premium Denominator .....	666,284,400 ..... 531,028,434
2.3	Premium Ratio (2.1/2.2) .....	.1.000 ..... 0.989
2.4	Reserve Numerator .....	79,892,248 ..... 41,672,941
2.5	Reserve Denominator .....	78,236,050 ..... 41,672,941
2.6	Reserve Ratio (2.4/2.5) .....	.1.021 ..... 1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
5.2	If no, explain:	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical ..... \$ ..... 0	
	5.32 Medical Only ..... \$ ..... 1,240,000	
	5.33 Medicare Supplement ..... \$ ..... 0	
	5.34 Dental & Vision ..... \$ ..... 0	
	5.35 Other Limited Benefit Plan ..... \$ ..... 0	
	5.36 Other ..... \$ ..... 0	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreement .....	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year ..... 29,755	
	8.2 Number of providers at end of reporting year ..... 33,432	
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
9.2	If yes, direct premium earned:	
	9.21 Business with rate guarantees between 15-36 months...\$ ..... 0	
	9.22 Business with rate guarantees over 36 months ..... \$ ..... 0	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [  ] No [  ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ 1,007,825
10.22 Amount actually paid for year bonuses.....	\$ 747,043
10.23 Maximum amount payable withholds.....	\$ 0
10.24 Amount actually paid for year withholds.....	\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.13 An Individual Practice Association (IPA), or, .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.14 A Mixed Model (combination of above)? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? ..... Yes [  ] No [  ]

11.3 If yes, show the name of the state requiring such net worth. ..... Ohio

11.4 If yes, show the amount required. ..... \$ 38,146,198

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [  ] No [  ]

11.6 If the amount is calculated, show the calculation

Net worth requirement is the greater of \$1,700,000 per Ohio statute or 200% of the Company's authorized control level risk based capital.

12. List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
State of Ohio .....	

13.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ 0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ 0

**FIVE-YEAR HISTORICAL DATA**

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	243,709,888	163,407,087	143,162,744	119,636,596	168,560,507
2. Total liabilities (Page 3, Line 24)	114,894,560	56,307,614	71,939,255	59,212,281	108,034,983
3. Statutory surplus	38,146,198	30,440,512	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	128,815,328	107,099,473	71,223,489	60,424,315	60,525,524
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	667,359,338	532,673,492	448,513,204	413,137,802	407,466,924
6. Total medical and hospital expenses (Line 18)	513,806,915	392,390,705	339,306,567	299,208,656	323,721,774
7. Claims adjustment expenses (Line 20)	34,212,846	20,285,633	16,055,586	7,292,205	10,710,638
8. Total administrative expenses (Line 21)	85,918,825	65,575,034	58,705,823	61,500,467	45,141,351
9. Net underwriting gain (loss) (Line 24)	33,420,752	54,422,120	34,445,228	45,136,474	27,893,161
10. Net investment gain (loss) (Line 27)	1,787,536	1,647,509	1,467,003	628,055	273,477
11. Total other income (Lines 28 plus 29)	(385,219)	0	0	0	0
12. Net income or (loss) (Line 32)	22,182,950	36,241,293	23,266,753	32,753,268	15,219,430
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	45,135,308	19,686,782	42,238,196	(21,052,081)	76,177,354
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	128,815,328	107,099,473	71,223,489	60,424,315	60,525,524
15. Authorized control level risk-based capital	19,073,099	15,220,256	13,142,865	11,871,974	12,808,766
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	167,699	115,096	119,766	119,095	119,300
17. Total members months (Column 6, Line 7)	1,679,642	1,445,169	1,436,935	1,454,833	1,326,443
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	77.2	73.9	76.1	72.8	79.9
20. Cost containment expenses	2.6	2.4	2.6	1.4	1.9
21. Other claims adjustment expenses	2.6	1.5	1.0	0.4	0.7
22. Total underwriting deductions (Line 23)	95.2	90.1	92.8	89.5	93.6
23. Total underwriting gain (loss) (Line 24)	5.0	10.2	7.7	11.0	6.9
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	33,028,159	29,040,511	40,037,104	35,586,099	29,137,960
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	36,086,841	47,492,693	38,774,378	51,742,151	35,117,566
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes  No 

If no, please explain: .....

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama .....	AL	N	0	0	0	0	0	0	0
2. Alaska .....	AK	N	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0
9. District of Columbia .....	DC	N	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0
14. Illinois .....	IL	N	0	0	0	0	0	0	0
15. Indiana .....	IN	N	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0
23. Michigan .....	MI	N	0	0	0	0	0	0	0
24. Minnesota .....	MN	N	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0
36. Ohio .....	OH	L	0	671,779,056	0	0	0	671,779,056	0
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0
57. Canada .....	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....		XXX	0	671,779,056	0	0	0	671,779,056	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX	0	0	0	0	0	0	0
61. Total (Direct Business)	(a)	1	0	0	671,779,056	0	0	671,779,056	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(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.

Explanation of basis of allocation by states, premiums by state, etc.

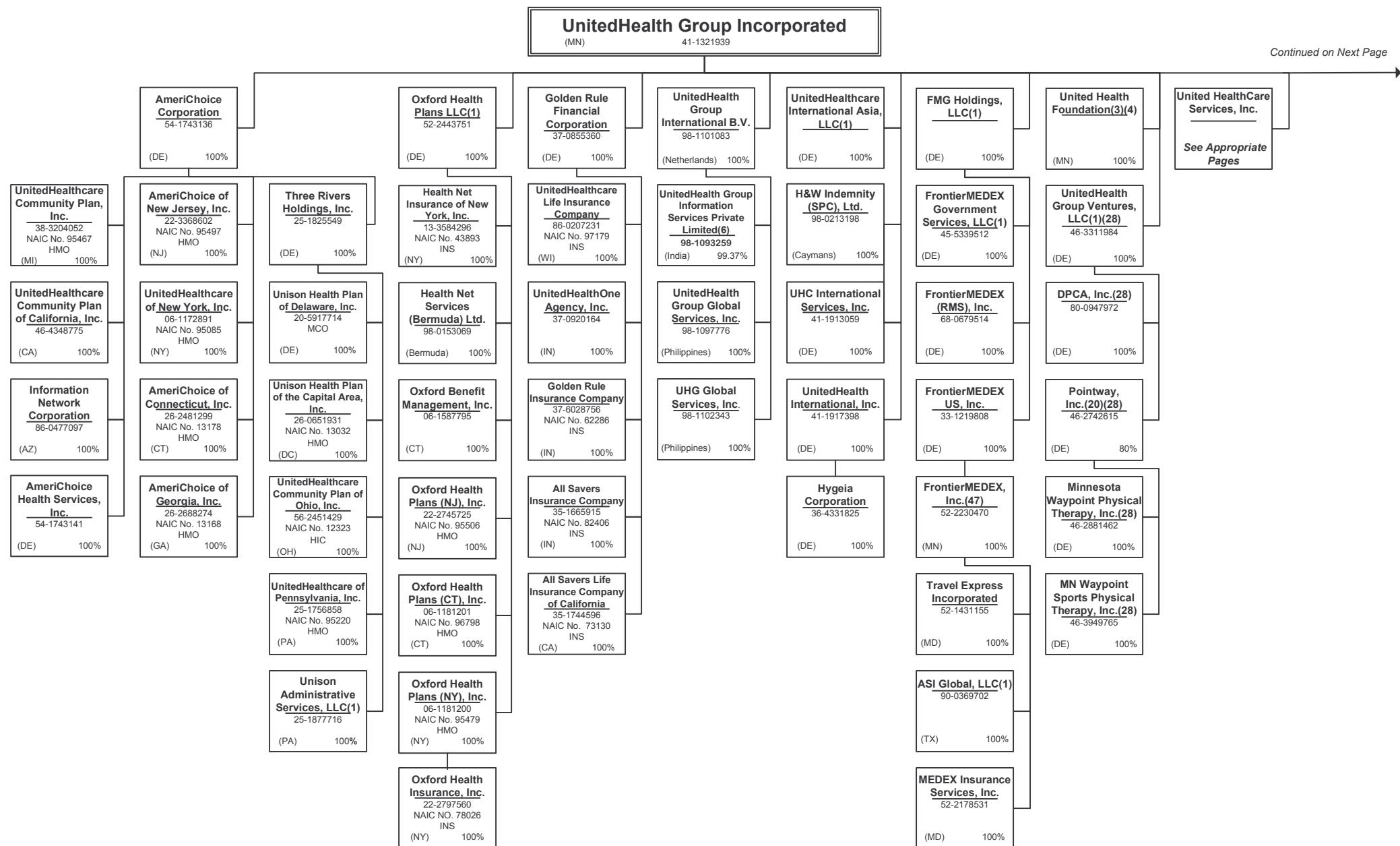
Premiums allocated by state based upon Geographic Market.

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

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

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

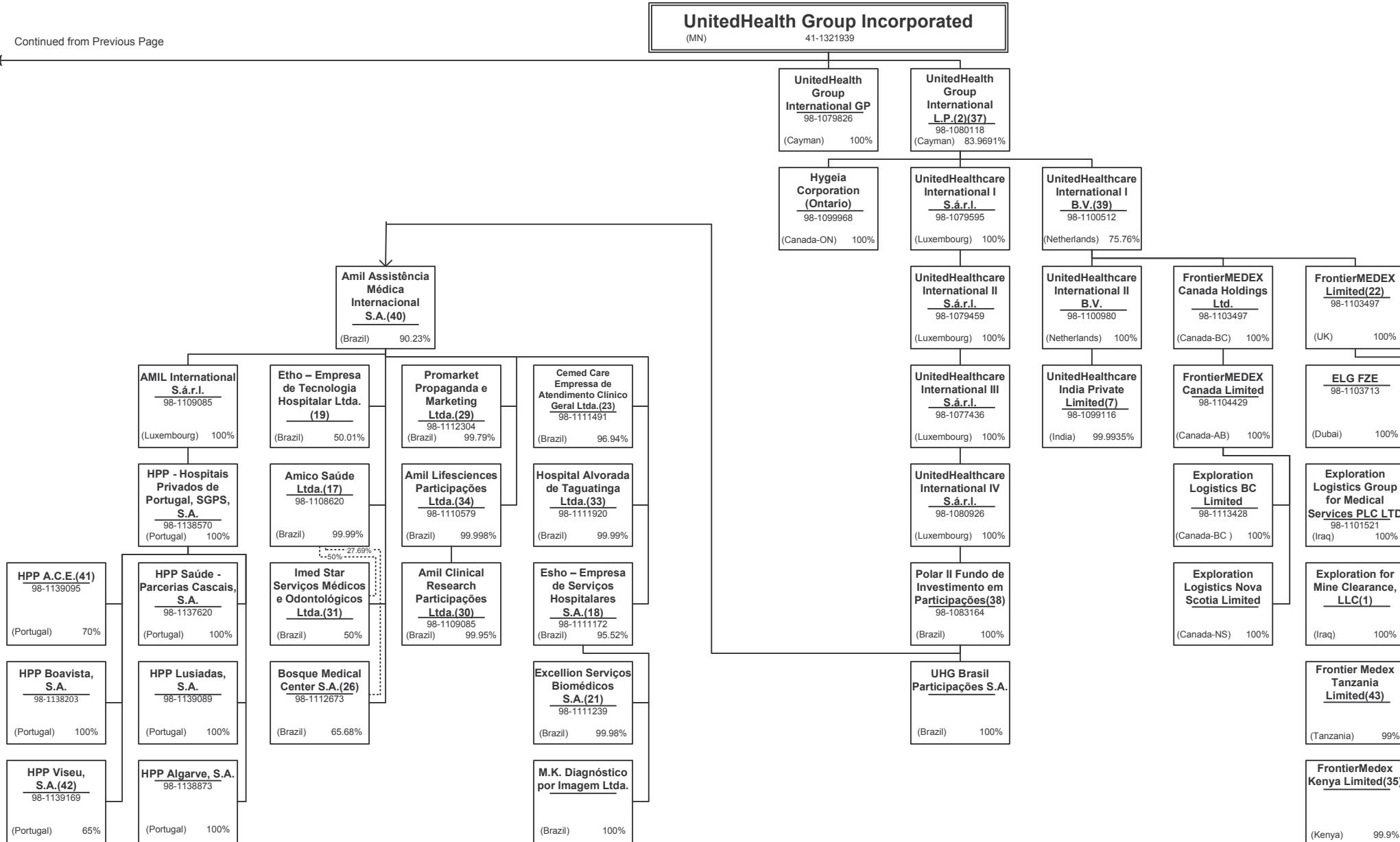
**PART 1 - ORGANIZATIONAL CHART**



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

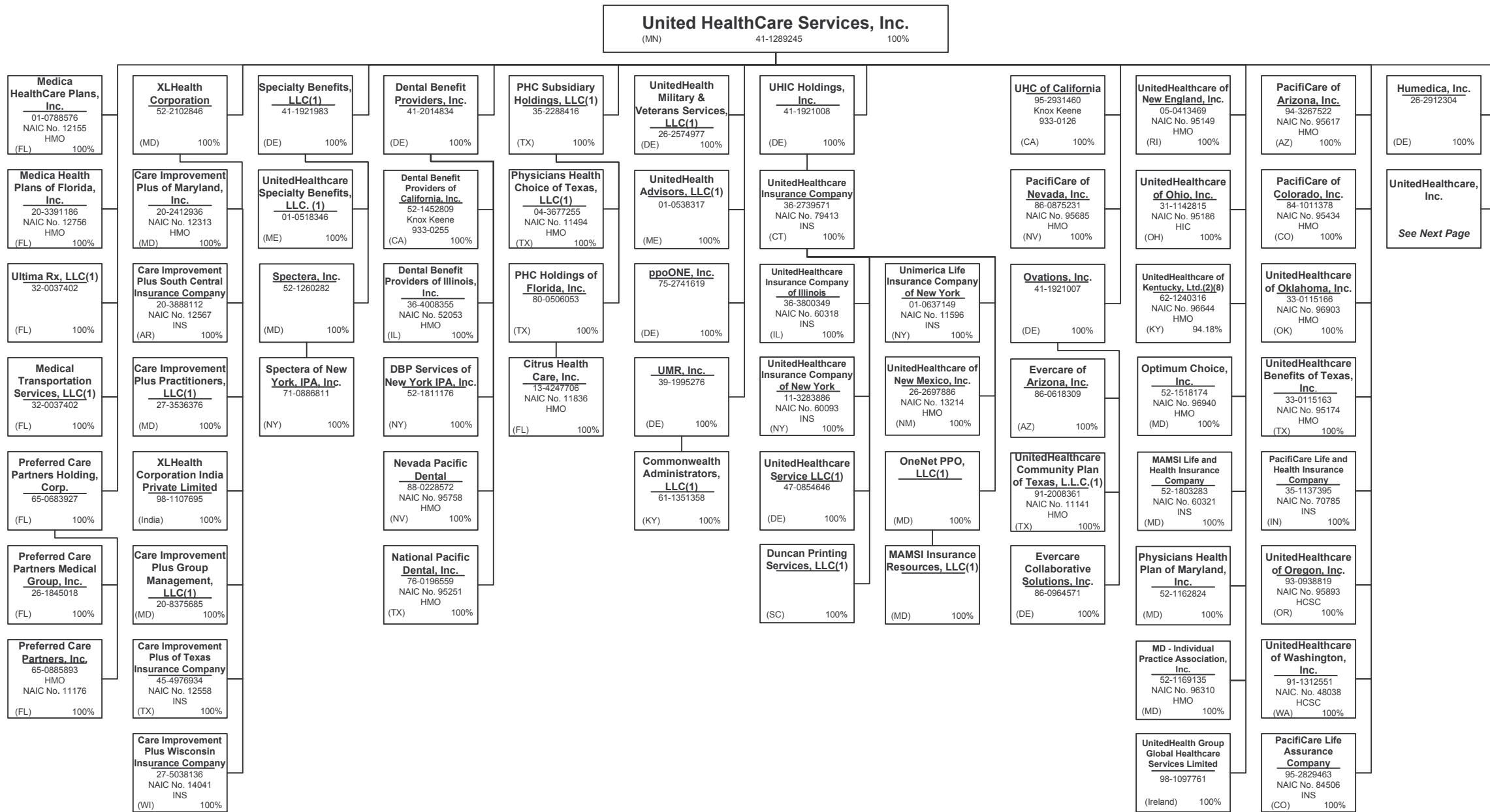
## PART 1 - ORGANIZATIONAL CHART

Continued from Previous Page



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

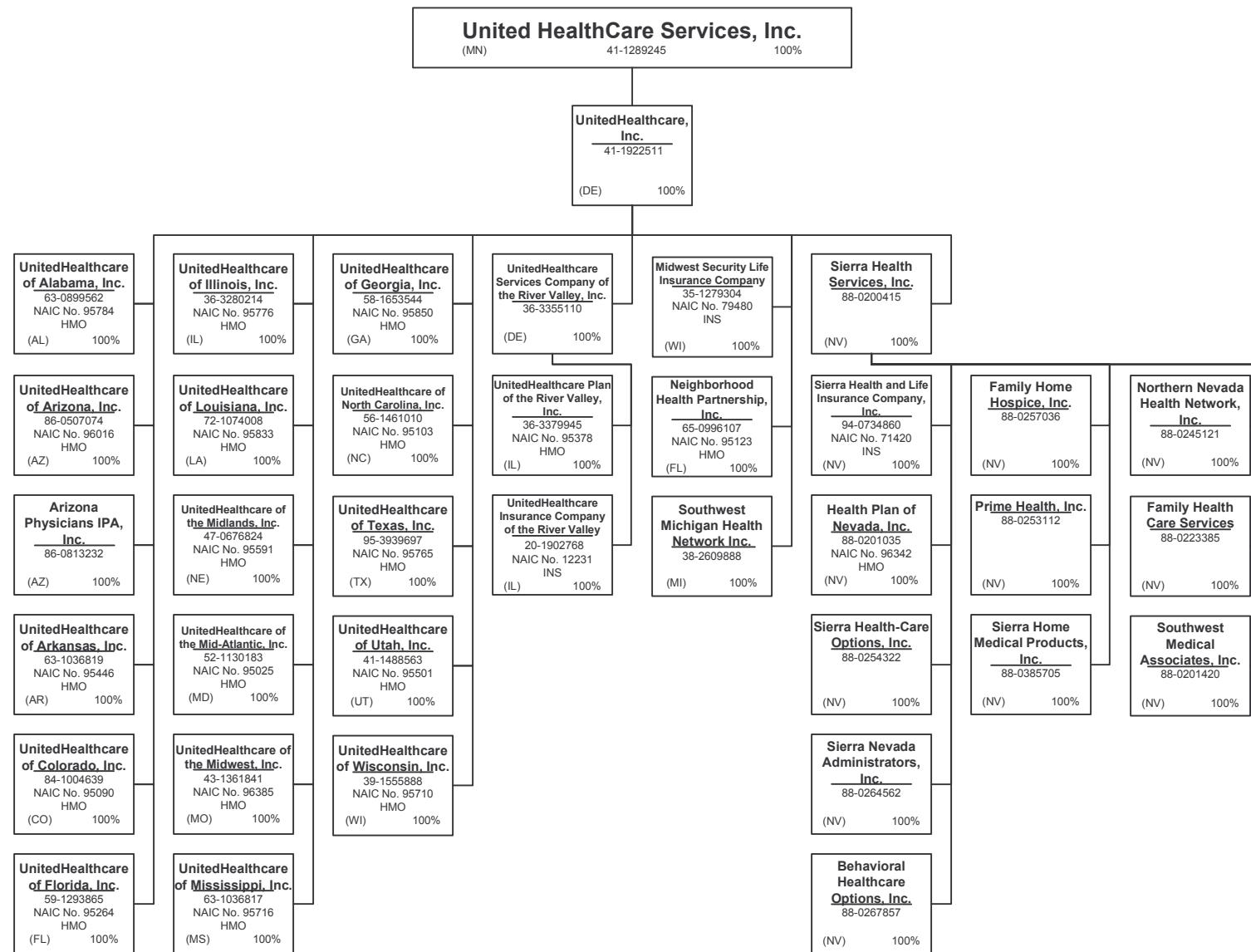
## PART 1 - ORGANIZATIONAL CHART



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

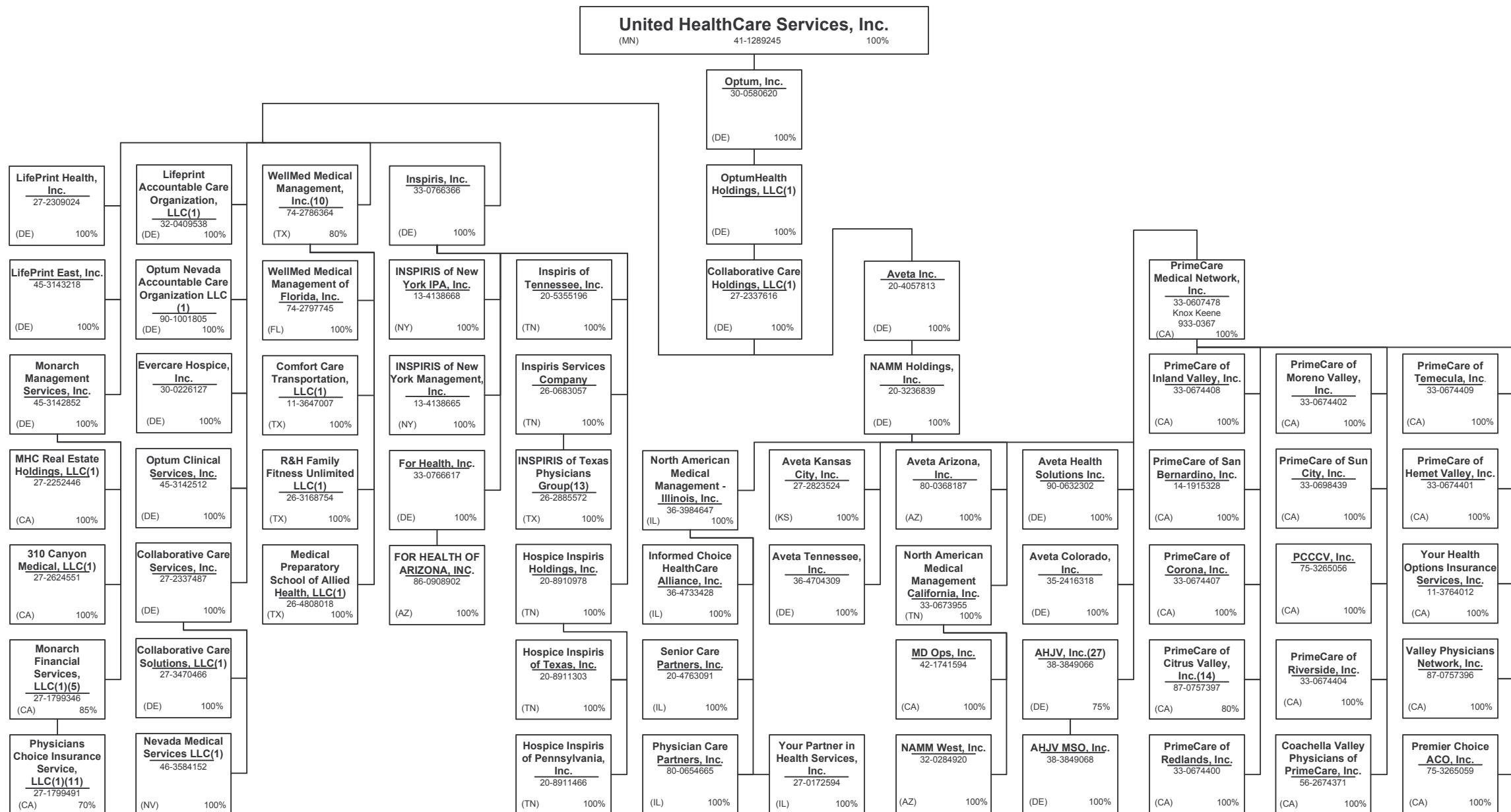
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**



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

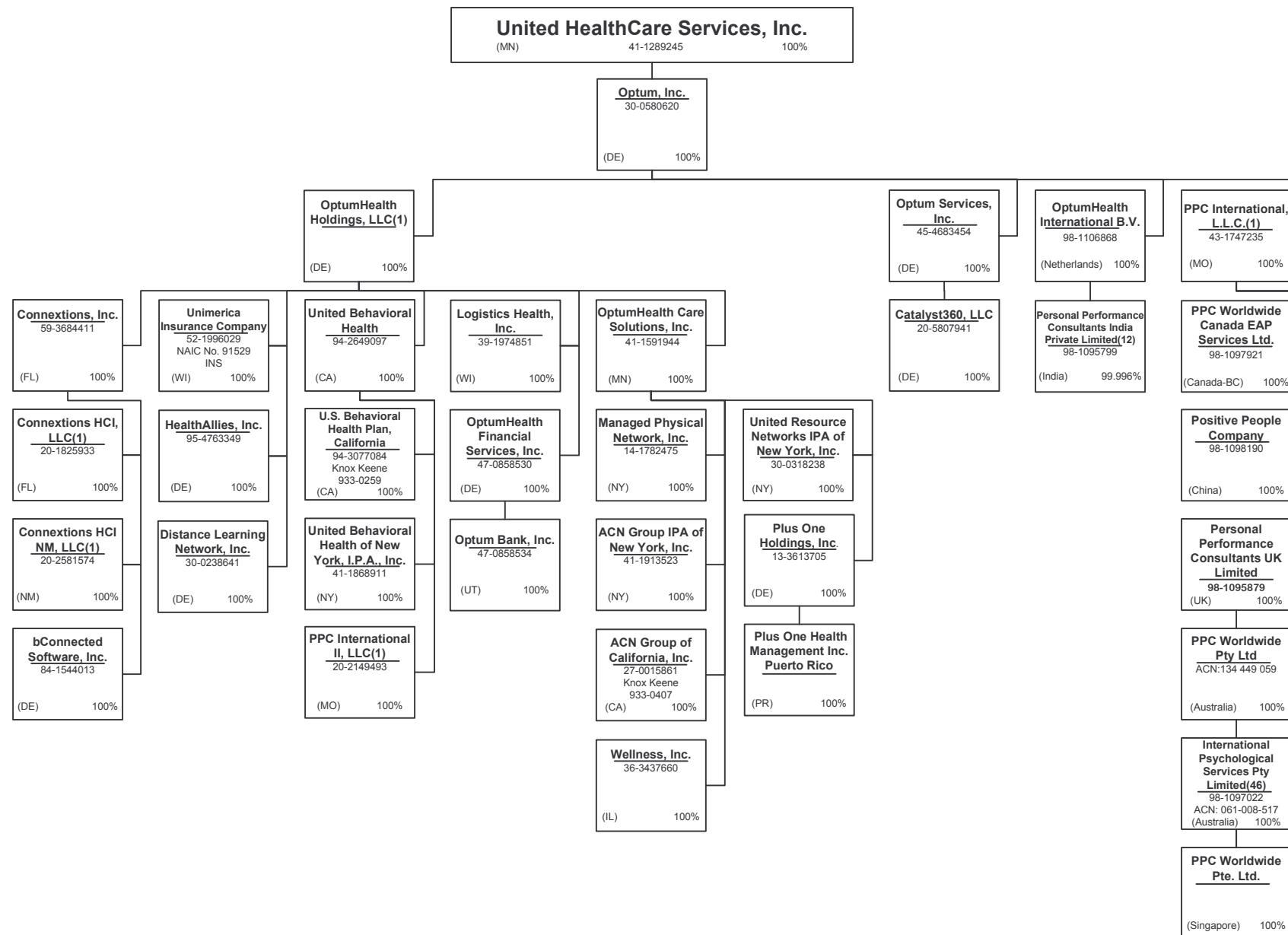
## PART 1 - ORGANIZATIONAL CHART



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

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

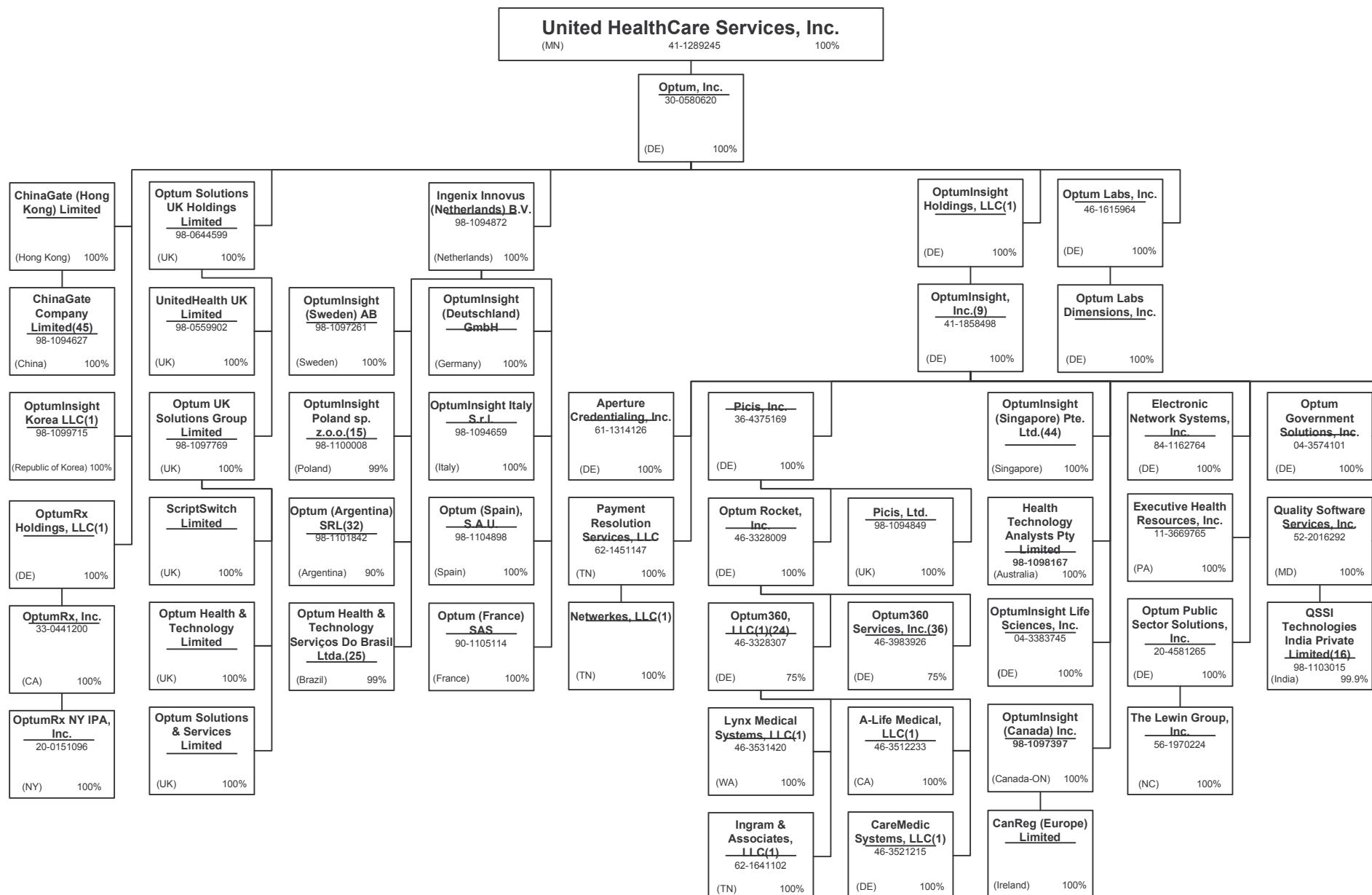
**PART 1 - ORGANIZATIONAL CHART**



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

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

**PART 1 - ORGANIZATIONAL CHART**



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

**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) Monarch Financial Services, LLC is 85% owned by Monarch Management Services, Inc. and 15% owned by external shareholders.

(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) United Healthcare India Private Limited is 99.9935% owned by UnitedHealthcare International II B.V. and 0.0048% owned by UnitedHealth International, Inc.

(8) 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%.

(9) Branch office located in Abut Dhabi, UAE.

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

(11) Physicians Choice Insurance Service, LLC is 70% owned by Monarch Financial Services, LLC and 30% owned by external shareholders.

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

(13) INSPIRIS of Texas Physicians Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.

(14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.

(15) OptumInsight Poland sp. z.o.o. is 99% owned by Ingenix Innovus (Netherlands) B.V. The remaining 1% is owned by OptumInsight, Inc.

(16) QSSI Technologies India Private Limited is 99.9% owned by Quality Software Services, Inc. and 0.1% owned by an Indian citizen.

(17) Amico Saúde Ltda. is 99.99% owned by Amil Participações S.A. and the remaining percent is owned by and officer of Amil.

(18) Esho – Empresa de Serviços Hospitalares S.A is 95.52% owned by Amil Assistência Médica Internacional S.A.; 2.84% owned by Amico Saúde Ltda.; 0.0001% owned by Treasury Shares and 1.62% owned by external shareholders.

(19) Etho – Empresa de Tecnologia Hospitalar Ltda. 50.01% owned by Amil Assistência Médica Internacional S.A. and 49.99% owned by an external shareholder.

(20) Waypoint Holdings is 80% owned by UnitedHealth Group Ventures, LLC and 20% owned by external shareholders.

(21) Excellion Serviços Biomédicos S.A. is 99.98% owned by Esho – Empresa de Serviços Hospitalares S.A. and 0.02% owned by external shareholders.

(22) Branch offices in Iraq and Uganda.

(23) Cemed Care Empresa de Atendimento Clínico Geral Ltda. Is 96.94% owned by Amil Assistência Médica Internacional S.A., 2.54% owned by Amico Saúde Ltd. and 0.53% owned by ASL Assistência a Saúde Ltda.

(24) Optum 360, LLC is 75% owned by Optum Rocket, Inc. and 25% owned by an external interest holder.

(25) Optum Health & Technology Serviços Do Brasil Ltda. is 99% owned by Ingenix Innovus (Netherlands) B.V. and 1 % owned by OptumInsight, Inc.

(26) Bosque Medical Center S.A. is 65.68% owned by Amil Assistência Médica Internacional S.A.; 27.69% owned by Amico Saúde Ltd. and 6.64% owned by Esho – Empresa de Serviços Hospitalares S.A..

(27) AHJV, Inc. is 75% owned by NAMM Holdings, Inc. and 25% owned by Humana, Inc.

(28) Entity is majority-owned by UHG or one of its affiliates. Corporate secretarial services for this entity are the responsibility of the portfolio company.

(29) Promarket Propaganda e Marketing Ltda. is 99.79% owned by Amil Assistência Médica Internacional S.A and 0.21% owned by Amico Saúde Ltd.

(30) Amil Clinical Research Participações Ltda. is 99.95% owned by Amil Lifesciences Participações Ltda. and .05% owned by an officer of Amil.

(31) Iméd Star Serviços Médicos e Odontológicos Ltda. is 50% owned by Amil Assistência Médica Internacional S.A and 50% owned by Amico Saúde Ltd.

(32) Optum Argentina is 90% owned by Ingenix Innovus (Netherlands) BV and 10% owned by ScriptSwitch Holdings Limited.

(33) Hospital Alvorada Taguatinga Ltda. Is 99.99% owned by Amil Assistência Médica Internacional S.A. and the remaining percent is owned by an officer of Amil.

(34) Amil Lifesciences Participações Ltda. Is 99.998% owned by Amil Assistência Médica Internacional S.A and the remaining 0.002% is owned by an officer of Amil.

(35) FrontierMedex Kenya Limited is 99.9% owned by FrontierMEDEX Limited and 0.1% owned by a director of Frontier Medex Kenya Limited.

(36) Optum360 Services, Inc. is 75% owned by Optum Rocket, Inc. and 25% owned by an external interest holder.

(37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (15.8303%), Hygeia Corporation (DE) (0.2006%) and UnitedHealth Group Incorporated (83.9691%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.

(38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.

(39) UnitedHealthcare International I, B.V. is 75.76% owned by UnitedHealth Group International L.P. and 24.24% owned by UnitedHealth Group International B.V.

(40) Amil Assistência Médica Internacional S.A. is 90.23% owned by Polar II Fundo de Investimento em Participações and the remaining 9.77% is owned by the former controlling shareholders of Amil Participações S.A.

(41) HPP A.C.E. is 70% owned by HPP - Hospitais Privados de Portugal, SGPS, S.A. The remaining 30% is owned by (1) HPP Boavista, S.A., (2) HPP Lusiadas, S.A., (3) HPP Algarve, S.A., (4) HPP Saúde - Parcerias Cascais, S.A., and (5) HPP Viseu, S.A.; each owning 6%.

(42) HPP Viseu, S.A. is 65% owned by HPP - Hospitais Privados de Portugal, SGPS, S.A.. The remaining 35% is jointly owned VISABEIRA Saúde - Serviços de Saúde, S.A., VISABEIRA Participações Financeiras, SGPS, S.A., VISABEIRA Investimentos Financeiros SGPS, S.A. and Ciclorama - Estudos, Projectos e Produções, Lda.

(43) Frontier Medex Tanzania Limited is 99% owned by FrontierMEDEX Limited. The remaining 1% is owned by an officer of FrontierMEDEX Limited.

(44) Branch office located in Taiwan

(45) Liaison office located in Beijing.

(46) Branch office located in Hong Kong.

(47) Representative office in Beijing

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Miscellaneous Losses	(28)	(32)	(63)	0	(123)
2505. Professional Fees/Consulting	4,845	5,430	10,799	0	21,074
2506. Sundry General Expenses	1,806,285	2,024,370	4,025,690	0	7,856,345
2597. Summary of remaining write-ins for Line 25 from overflow page	1,811,102	2,029,768	4,036,426	0	7,877,296

## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14