1 2 3 2 3 2 0 2 0 2 0 1 0 0 1 0 0

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Community Plan of Ohio, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

Statutory Home Office 5900 Parkwood Place (Street and Number), Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)

Main Administrative Office 9800 Health Care Lane MN006-W500 (Street and Number)

Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code), 952-931-4014 (Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane MN006-W500 (Street and Number or P.O. Box), Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9800 Health Care Lane MN006-W500 (Street and Number)

Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code), 952-931-4014 (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com

Statutory Statement Contact Tanner Scott Pearson (Name), 952-979-7329 (Area Code) (Telephone Number)

tanner_pearson5@uhc.com (E-mail Address), 952-931-4651 (FAX Number)

OFFICERS

Chief Executive Officer and President	Michael Barrett Roaldi	Treasurer	Peter Marshall Gill
Secretary	Shawn Patrice Neddo	Chief Financial Officer	Alba McGinnis #

OTHER

Nyle Brent Cottington, Vice President | Heather Anastasia Lang, Assistant Secretary

DIRECTORS OR TRUSTEES

Richard Gordon Dunlop | Brendan Paul Hostetler | Jean Kalbacher

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 there from 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.

Michael Barrett Roaldi	Shawn Patrice Neddo	Alba McGinnis
Chief Executive Officer, President	Secretary	Chief Financial Officer

Subscribed and sworn to before me this	Subscribed and sworn to before me this	Subscribed and sworn to before me this
____ day of ____	____ day of ____	____ day of ____

a. Is this an original filing?................................... Yes [X] 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)	401,915,446	0	401,915,446	331,605,913
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 $ 0 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 ($ 29,668,638 , Schedule E - Part 1), cash equivalents ($ 173,178,146 , Schedule E - Part 2) and short-term investments ($ 499,876 , Schedule DA)	203,346,660	0	203,346,660	98,711,617
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	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	605,262,106	0	605,262,106	430,317,530
13.	Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
14.	Investment income due and accrued	2,801,648	0	2,801,648	2,434,127
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	39,077,784	0	39,077,784	67,222,397
	15.2 Deferred premiums and 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 ($ 472,292) and contracts subject to redetermination ($ 119,122,365)	119,594,657	0	119,594,657	95,457,362
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	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	17,540,701	18,589	17,522,112	12,375,343
18.1	Current federal and foreign income tax recoverable and interest thereon	13,493,500	0	13,493,500	0
18.2	Net deferred tax asset	6,287,592	0	6,287,592	4,269,896
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 ($ 16,682,971) and other amounts receivable	32,103,014	15,420,043	16,682,971	22,879,059
25.	Aggregate write-ins for other than invested assets	0	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	836,161,002	15,438,632	820,722,370	634,955,714
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	836,161,002	15,438,632	820,722,370	634,955,714
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.					
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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1.	Claims unpaid (less $ 21,902,917 reinsurance ceded)	211,663,644	0	211,663,644	174,829,263
2.	Accrued medical incentive pool and bonus amounts	1,768,535	0	1,768,535	4,765,505
3.	Unpaid claims adjustment expenses	2,389,891	0	2,389,891	2,134,827
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	135,133,517	0	135,133,517	2,407,341
5.	Aggregate life policy reserves	0	0	0	0
6.	Property/casualty unearned premium reserves	0	0	0	0
7.	Aggregate health claim reserves	6,870,512	0	6,870,512	6,337,104
8.	Premiums received in advance	0	0	0	0
9.	General expenses due or accrued	48,058,882	0	48,058,882	43,066,026
10.1	Current federal and foreign income tax payable and interest thereon (including $ 0 on realized capital gains (losses))	0	0	0	24,127,856
10.2	Net deferred tax liability	0	0	0	0
11.	Ceded reinsurance premiums payable	2,995,505	0	2,995,505	2,468,849
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated	339,736	0	339,736	325,060
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	21,817,363	0	21,817,363	15,358,736
16.	Derivatives	0	0	0	0
17.	Payable for securities	445,011	0	445,011	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	3,208,691	0	3,208,691	3,222,874
23.	Aggregate write-ins for other liabilities (including $ 4,328 current)	4,328	0	4,328	4,388
24.	Total liabilities (Lines 1 to 23)	434,695,615	0	434,695,615	279,047,829
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	46,141,718
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	364,798,698	288,538,110
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	386,026,755	355,907,885
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	820,722,370	634,955,714
	DETAILS OF WRITE-INS				
2301.	Unclaimed Property	4,328	0	4,328	4,388
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	4,328	0	4,328	4,388
2501.	Section 9010 ACA Subsequent Fee Year Assessment	XXX	XXX	0	46,141,718
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	46,141,718
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	4,076,884	3,688,773
2.	Net premium income (including $ 0 non-health premium income)	XXX	3,266,103,382	2,635,850,099
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(120,500,359)	2,614,629
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	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	3,145,603,023	2,638,464,728
	Hospital and Medical:			
9.	Hospital/medical benefits	0	2,116,398,653	1,846,185,628
10.	Other professional services	0	34,801,541	43,406,825
11.	Outside referrals	0	0	0
12.	Emergency room and out-of-area	0	0	0
13.	Prescription drugs	0	474,626,823	391,562,173
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	3,967,116	7,190,633
16.	Subtotal (Lines 9 to 15)	0	2,629,794,133	2,288,345,259
	Less:			
17.	Net reinsurance recoveries	0	28,480,227	25,349,256
18.	Total hospital and medical (Lines 16 minus 17)	0	2,601,313,906	2,262,996,003
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including $ 79,877,113 cost containment expenses	0	114,755,609	115,768,870
21.	General administrative expenses	0	275,854,333	218,103,845
22.	Increase in reserves for life and accident and health contracts (including $ 0 increase in reserves for life only)	0	12,165,000	0
23.	Total underwriting deductions (Lines 18 through 22)	0	3,004,088,848	2,596,868,718
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	141,514,175	41,596,010
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	9,913,873	11,240,173
26.	Net realized capital gains (losses) less capital gains tax of $ (3,646)	0	(13,717)	872,388
27.	Net investment gains (losses) (Lines 25 plus 26)	0	9,900,156	12,112,561
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	0	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	151,414,331	53,708,571
31.	Federal and foreign income taxes incurred	XXX	44,009,148	10,953,233
32.	Net income (loss) (Lines 30 minus 31)	XXX	107,405,183	42,755,338
	DETAILS OF WRITE-INS			
0601.		XXX		
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
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.				
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	355,907,885	362,777,071
34.	Net income or (loss) from Line 32	107,405,183	42,755,338
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 $ (9)	(34)	1,106
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0
38.	Change in net deferred income tax	2,017,687	53,450
39.	Change in nonadmitted assets	3,196,034	320,920
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	(82,500,000)	(50,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	30,118,870	(6,869,186)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	386,026,755	355,907,885
	DETAILS OF WRITE-INS		
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
	Cash from Operations		
1.	Premiums collected net of reinsurance	3,270,698,172	2,582,505,823
2.	Net investment income	11,498,224	13,107,418
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	3,282,196,396	2,595,613,241
5.	Benefit and loss related payments	2,562,376,671	2,236,213,615
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	390,534,881	324,083,386
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of $ 0 tax on capital gains (losses)	81,626,858	(18,277,702)
10.	Total (Lines 5 through 9)	3,034,538,410	2,542,019,299
11.	Net cash from operations (Line 4 minus Line 10)	247,657,986	53,593,942
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	62,926,771	127,125,545
	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	(754)	4,019
	12.7 Miscellaneous proceeds	445,011	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	63,371,028	127,129,564
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	135,209,385	123,794,656
	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)	135,209,385	123,794,656
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)	(71,838,357)	3,334,908
	Cash from Financing and Miscellaneous Sources		
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	82,500,000	50,000,000
	16.6 Other cash provided (applied)	11,315,414	1,692,416
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(71,184,586)	(48,307,584)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	104,635,043	8,621,266
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	98,711,617	90,090,351
	19.2 End of year (Line 18 plus Line 19.1)	203,346,660	98,711,617

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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. Net premium income	3,266,103,382	0	0	0	0	0	0	3,266,103,382	0	0
2. Change in unearned premium reserves and reserve for rate credit	(120,500,359)	0	0	0	0	0	0	(120,500,359)	0	0
3. Fee-for-service (net of $ 0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,145,603,023	0	0	0	0	0	0	3,145,603,023	0	0
8. Hospital/medical benefits	2,116,398,653	0	0	0	0	0	0	2,116,398,653	0	XXX
9. Other professional services	34,801,541	0	0	0	0	0	0	34,801,541	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	474,626,823	0	0	0	0	0	0	474,626,823	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	3,967,116	0	0	0	0	0	0	3,967,116	0	XXX
15. Subtotal (Lines 8 to 14)	2,629,794,133	0	0	0	0	0	0	2,629,794,133	0	XXX
16. Net reinsurance recoveries	28,480,227	0	0	0	0	0	0	28,480,227	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	2,601,313,906	0	0	0	0	0	0	2,601,313,906	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 79,877,113 cost containment expenses	114,755,609	0	0	0	0	0	0	114,755,609	0	0
20. General administrative expenses	275,854,333	0	0	0	0	0	0	275,854,333	0	0
21. Increase in reserves for accident and health contracts	12,165,000	0	0	0	0	0	0	12,165,000	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	3,004,088,848	0	0	0	0	0	0	3,004,088,848	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	141,514,175	0	0	0	0	0	0	141,514,175	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

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	3,301,689,208	0	35,585,826	3,266,103,382
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	3,301,689,208	0	35,585,826	3,266,103,382
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	3,301,689,208	0	35,585,826	3,266,103,382

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	2,580,399,838	0	0	0	0	0	0	2,580,399,838	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	24,987,253	0	0	0	0	0	0	24,987,253	0	0
1.4 Net	2,555,412,585	0	0	0	0	0	0	2,555,412,585	0	0
2. Paid medical incentive pools and bonuses	6,964,086	0	0	0	0	0	0	6,964,086	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	233,566,561	0	0	0	0	0	0	233,566,561	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	21,902,917	0	0	0	0	0	0	21,902,917	0	0
3.4 Net	211,663,644	0	0	0	0	0	0	211,663,644	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	6,870,512	0	0	0	0	0	0	6,870,512	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	6,870,512	0	0	0	0	0	0	6,870,512	0	0
5. Accrued medical incentive pools and bonuses, current year	1,768,535	0	0	0	0	0	0	1,768,535	0	0
6. Net healthcare receivables (a)	(4,566,416)	0	0	0	0	0	0	(4,566,416)	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	193,239,205	0	0	0	0	0	0	193,239,205	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	18,409,942	0	0	0	0	0	0	18,409,942	0	0
8.4 Net	174,829,263	0	0	0	0	0	0	174,829,263	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	6,337,104	0	0	0	0	0	0	6,337,104	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	6,337,104	0	0	0	0	0	0	6,337,104	0	0
10. Accrued medical incentive pools and bonuses, prior year	4,765,505	0	0	0	0	0	0	4,765,505	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	2,625,827,018	0	0	0	0	0	0	2,625,827,018	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	28,480,228	0	0	0	0	0	0	28,480,228	0	0
12.4 Net	2,597,346,790	0	0	0	0	0	0	2,597,346,790	0	0
13. Incurred medical incentive pools and bonuses	3,967,116	0	0	0	0	0	0	3,967,116	0	0

(a) Excludes $ 6,897,139 loans or advances to providers not yet expensed.

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	54,894,637	0	0	0	0	0	0	54,894,637	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	54,894,637	0	0	0	0	0	0	54,894,637	0	0
2. Incurred but Unreported:										
2.1 Direct	178,069,853	0	0	0	0	0	0	178,069,853	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	21,902,917	0	0	0	0	0	0	21,902,917	0	0
2.4 Net	156,166,936	0	0	0	0	0	0	156,166,936	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	602,071	0	0	0	0	0	0	602,071	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	602,071	0	0	0	0	0	0	602,071	0	0
4. TOTALS:										
4.1 Direct	233,566,561	0	0	0	0	0	0	233,566,561	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	21,902,917	0	0	0	0	0	0	21,902,917	0	0
4.4 Net	211,663,644	0	0	0	0	0	0	211,663,644	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior 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	138,827,396	2,416,585,189	3,509,741	215,024,415	142,337,137	181,166,368
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	138,827,396	2,416,585,189	3,509,741	215,024,415	142,337,137	181,166,368
10. Healthcare receivables (a)	6,599,711	17,541,470	0	1,064,694	6,599,711	29,772,291
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	4,557,905	2,406,181	514,939	1,253,596	5,072,844	4,765,505
13. Totals (Lines 9 - 10 + 11 + 12)	136,785,590	2,401,449,900	4,024,680	215,213,317	140,810,270	156,159,582

(a) Excludes $ 6,897,139 loans or advances to providers not yet expensed.

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	105,486	105,345	107,296	109,626	109,464
2. 2016	1,581,430	1,699,022	1,697,839	1,696,395	1,696,306
3. 2017	XXX	1,677,657	1,790,384	1,790,677	1,787,045
4. 2018	XXX	XXX	1,889,795	2,020,575	2,020,248
5. 2019	XXX	XXX	XXX	2,104,255	2,251,849
6. 2020	XXX	XXX	XXX	XXX	2,418,991

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	106,464	105,345	107,296	109,626	109,464
2. 2016	1,738,854	1,702,690	1,697,839	1,696,395	1,696,306
3. 2017	XXX	1,839,245	1,793,404	1,790,677	1,787,045
4. 2018	XXX	XXX	2,046,643	2,029,980	2,020,248
5. 2019	XXX	XXX	XXX	2,280,782	2,255,873
6. 2020	XXX	XXX	XXX	XXX	2,635,269

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. 2016	2,059,211	1,696,306	95,109	5.6	1,791,415	87.0	0	0	1,791,415	87.0
2. 2017	2,231,848	1,787,045	99,723	5.6	1,886,768	84.5	0	0	1,886,768	84.5
3. 2018	2,537,563	2,020,248	103,985	5.1	2,124,233	83.7	0	0	2,124,233	83.7
4. 2019	2,667,570	2,251,849	115,514	5.1	2,367,363	88.7	4,025	44	2,371,432	88.9
5. 2020	3,181,189	2,418,991	100,417	4.2	2,519,408	79.2	216,278	2,346	2,738,032	86.1

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 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	105,486	105,345	107,296	109,626	109,464
2.	2016	1,581,430	1,699,022	1,697,839	1,696,395	1,696,306
3.	2017	XXX	1,677,657	1,790,384	1,790,677	1,787,045
4.	2018	XXX	XXX	1,889,795	2,020,575	2,020,248
5.	2019	XXX	XXX	XXX	2,104,255	2,251,849
6.	2020	XXX	XXX	XXX	XXX	2,418,991

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 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	106,464	105,345	107,296	109,626	109,464
2.	2016	1,738,854	1,702,690	1,697,839	1,696,395	1,696,306
3.	2017	XXX	1,839,245	1,793,404	1,790,677	1,787,045
4.	2018	XXX	XXX	2,046,643	2,029,980	2,020,248
5.	2019	XXX	XXX	XXX	2,280,782	2,255,873
6.	2020	XXX	XXX	XXX	XXX	2,635,269

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.	2016	2,059,211	1,696,306	95,109	5.6	1,791,415	87.0	0	0	1,791,415	87.0
2.	2017	2,231,848	1,787,045	99,723	5.6	1,886,768	84.5	0	0	1,886,768	84.5
3.	2018	2,537,563	2,020,248	103,985	5.1	2,124,233	83.7	0	0	2,124,233	83.7
4.	2019	2,667,570	2,251,849	115,514	5.1	2,367,363	88.7	4,025	44	2,371,432	88.9
5.	2020	3,181,189	2,418,991	100,417	4.2	2,519,408	79.2	216,278	2,346	2,738,032	86.1

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)	12,165,000	0	0	0	0	0	0	12,165,000	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	118,559,986	0	0	0	0	0	0	118,559,986	0
5. Aggregate write-ins for other policy reserves	4,408,531	0	0	0	0	0	0	4,408,531	0
6. Totals (gross)	135,133,517	0	0	0	0	0	0	135,133,517	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	135,133,517	0	0	0	0	0	0	135,133,517	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	6,870,512	0	0	0	0	0	0	6,870,512	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	6,870,512	0	0	0	0	0	0	6,870,512	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	6,870,512	0	0	0	0	0	0	6,870,512	0
DETAILS OF WRITE-INS									
0501. Ohio Department of Jobs and Family Services - Pay for Performance Program	4,408,531	0	0	0	0	0	0	4,408,531	0
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)	4,408,531	0	0	0	0	0	0	4,408,531	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 $ 12,165,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ 0 for occupancy of own building)	2,342,073	929,709	2,207,341	0	5,479,123
2. Salary, wages and other benefits	38,814,813	15,407,925	36,581,912	0	90,804,650
3. Commissions (less $ 0 ceded plus $ 0 assumed)	0	0	0	0	0
4. Legal fees and expenses	482,400	191,493	454,649	0	1,128,542
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	4,135,919	1,641,794	3,897,992	0	9,675,705
7. Traveling expenses	449,898	178,591	424,017	0	1,052,506
8. Marketing and advertising	2,470,685	980,763	2,328,559	0	5,780,007
9. Postage, express and telephone	1,756,769	697,367	1,655,707	0	4,109,843
10. Printing and office supplies	2,697,119	1,070,648	2,541,962	0	6,309,729
11. Occupancy, depreciation and amortization	1,073,737	426,231	1,011,968	0	2,511,936
12. Equipment	297,997	118,293	280,854	0	697,144
13. Cost or depreciation of EDP equipment and software	4,526,994	1,797,035	4,266,570	0	10,590,599
14. Outsourced services including EDP, claims, and other services	7,420,055	6,173,932	11,963,337	0	25,557,324
15. Boards, bureaus and association fees	51,516	20,450	48,552	0	120,518
16. Insurance, except on real estate	543,515	215,754	512,248	0	1,271,517
17. Collection and bank service charges	212,909	84,516	200,661	0	498,086
18. Group service and administration fees	996,786	395,684	2,394,466	0	3,786,936
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	89,150	35,126	127,960	0	252,236
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	175	0	175
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	193,204,134	0	193,204,134
23.4 Payroll taxes	1,768,140	696,674	2,537,866	0	5,002,680
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	219,725	219,725
25. Aggregate write-ins for expenses	9,746,638	3,816,511	9,213,403	0	22,776,552
26. Total expenses incurred (Lines 1 to 25)	79,877,113	34,878,496	275,854,333	219,725	(a) 390,829,667
27. Less expenses unpaid December 31, current year	1,663,514	726,377	47,994,131	64,751	50,448,773
28. Add expenses unpaid December 31, prior year	1,562,599	572,228	42,996,717	69,309	45,200,853
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)	79,776,198	34,724,347	270,856,919	224,283	385,581,747
DETAILS OF WRITE-INS					
2501. Information Technology	253,644	100,687	239,053	0	593,384
2502. Interest	20,578	8,169	62,417	0	91,164
2503. Managed Care & Network Access	45,112	17,908	42,517	0	105,537
2598. Summary of remaining write-ins for Line 25 from overflow page	9,427,304	3,689,747	8,869,416	0	21,986,467
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	9,746,638	3,816,511	9,213,403	0	22,776,552

(a) Includes management fees of $ 139,620,850 to affiliates and $ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 189,177	187,432
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 8,676,633	9,197,056
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) 749,110	749,110
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	9,614,920	10,133,598
11.	Investment expenses		(g) 219,725
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 0
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)		219,725
17.	Net investment income (Line 10 minus Line 16)		9,913,873
	DETAILS OF WRITE-INS		
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 $ 181,762 accrual of discount less $ 2,138,192 amortization of premium and less $ 416,272 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 $ 3,093 accrual of discount less $ 0 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 $. 0 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	78,177	0	78,177	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(66,691)	(28,135)	(94,826)	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	(711)	0	(711)	(44)	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)	10,775	(28,135)	(17,360)	(44)	0
	DETAILS OF WRITE-INS					
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 and contracts subject to redetermination	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	18,589	2,123	(16,466)
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	15,420,043	18,632,543	3,212,500
25.	Aggregate write-ins for other than invested assets	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	15,438,632	18,634,666	3,196,034
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	15,438,632	18,634,666	3,196,034
	DETAILS OF WRITE-INS			
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.				
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)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		Total Members at End of					6
		1	2	3	4	5	Current Year
	Source of Enrollment	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Member Months
1.	Health Maintenance Organizations	308,118	312,390	346,598	354,565	360,111	4,076,884
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	308,118	312,390	346,598	354,565	360,111	4,076,884
	DETAILS OF WRITE-INS						
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, 2020 AND 2019

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

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 Holding, 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 a HIC and operations commenced in October 2005. The Company is certified as a 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 is licensed to do business in the state of Ohio.

The Company has a contract with the State of Ohio Department of Medicaid ("ODM") to provide health care services to Medicaid, Expansion, and Aged, Blind and Disabled ("ABD"), including Partners for Kids ("PFK") eligible beneficiaries in Ohio. The contract is effective through June 30, 2021, and is subject to annual renewal provisions thereafter through December 31, 2022.

The Company also serves as a plan sponsor under an Integrated Care Delivery System Plan, "MyCare Ohio", offering a Medicare-Medicaid Plan ("MMP") under contracts with the Centers for Medicare and Medicaid Services ("CMS") and the ODM. An MMP provides dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization through a three-way contract. The contract was renewed on July 1, 2019 and is subject to one-year renewal options through December 31, 2022.

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 ODI 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 a 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.

No significant differences exist between the practices prescribed or permitted by the State of Ohio and the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

	SSAP #	F/S Page #	F/S Line #	December 31, 2020	December 31, 2019
Net Income					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 107,405,183	$ 42,755,338
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	$ 107,405,183	$ 42,755,338
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 386,026,755	$ 355,907,885
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	$ 386,026,755	$ 355,907,885

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. 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

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").

Accounting policy disclosures that are required by the NAIC Annual Statement instructions are as follows:

(1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet NAIC designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet an NAIC designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the NAIC ("SVO") identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the SVO in accordance with the NAIC Valuation of Securities manual prepared by the SVO or an external pricing service;

(3–4) The Company holds no common or preferred stock;

(5) The Company holds no mortgage loans on real estate;

(6) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-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. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets;

(7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;

(8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;

(9) The Company holds no derivatives;

(10) Premium deficiency reserves ("PDR") (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses ("CAE"), 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 data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase (decrease) in reserves for life and accident and health contracts in the statutory basis statements of operations in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the PDR calculation (see Note 30);

(11) 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 Agreement ("the Agreement") (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc. ("UHS"), in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and UHS is performed to determine the allocation between CAE and general administrative expenses ("GAE") to be reported in the statutory basis statements of operations. It is the responsibility of UHS to pay CAE in the event the Company ceases operations. The Company has recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in unpaid in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Management believes the amount of the liability for unpaid CAE as of December 31, 2020 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 CAE are reflected in operating results in the period in which the change in estimate is identified;

(12) The Company does not carry any fixed assets in the statutory basis financial statements;

(13) Health care and other amounts receivable consist of pharmacy rebates receivable 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 provider advances and claim overpayments to providers, hospitals and other health care organizations, as well as amounts due from the ODM for reimbursable claims. Health care and other amounts receivable are considered nonadmitted assets under the NAIC SAP 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).

The Company has also deemed the following to be significant accounting policies and/or differences between statutory practices and GAAP:

ASSETS

Cash and Invested Assets

- Bonds include U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities, with a maturity of greater than one year at the time of purchase;

- Certain debt investments categorized as available-for-sale or held-to-maturity under GAAP are presented at the lower of book/adjusted carrying value 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 book/adjusted carrying value, respectively;

- Cash, 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;

- Cash equivalents include money-market funds and U.S. treasury bills. Cash equivalents have original maturity dates of three months or less from the date of acquisition. Effective June 2020, cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by UHS. The investment pool consists principally of investments with original maturities of less than one year, with the average life of the individual investments being less than 60 days. The Company's share of the pool represents an undivided ownership interest in the pool and is immediately convertible to cash at no cost or penalty. The participants within the pool have an individual fund number to track those investments owned by the Company. In addition, the Company is listed as a participant in the executed custodial agreement between UHS and the custodian whereby the Company's share in the investment pool is segregated and separately maintained. The pool is primarily invested in government obligations, commercial paper, certificates of deposit, and short-term agency notes and is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Prior to June 2020, the investment pool was reported in short-term investments (see Note 1 *Recently Issued Accounting Standards*). Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value ("NAV") as a practical expedient;

- Short-term investments include corporate debt securities. Short-term investments have a maturity of greater than three months but less than one year at the time of purchase. Prior to June 2020, short-term investments also included the Company's share of an investment pool sponsored and administered by UHS (see Note 1 *Recently Issued Accounting Standards*);

- 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 (losses) gains less capital gains (benefit) tax ("net realized capital gains (losses) less taxes);

- 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 (losses) gains less taxes 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 loan-backed securities for periods subsequent to the loss recognition. The Company recognized an other-than-temporary impairments ("OTTI") of $28,135 and $0 for the years ended December 31, 2020 and 2019, respectively;

- The NAIC SAP requires the following captions to be taken into consideration in the reconciliation of the statutory basis statements of cash flows: cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under GAAP, pursuant to Accounting Standards Update 2016-18*, Statement of Cash Flows, Restricted Cash,* the statements of cash flows reconcile the corresponding captions of cash, cash equivalents and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of GAAP cash flows. In addition, there are classification differences within the presentation of the cash flow categories between GAAP and NAIC SAP. The statutory basis statements of cash flows are prepared in accordance with the NAIC Annual Statement Instructions;

Other Assets

- **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 accrued and amounts determined to be uncollectible are written off in the period in which the determination is made. In addition, the remaining balance is assessed for admissibility and any balance greater than 90 days past due is considered a nonadmitted asset.

- **Premiums and Considerations** — The Company reports uncollected premium balances from its insured members as premiums and considerations 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. Premiums and considerations also include the following (see Note 24):

  a) CMS risk corridor receivables for which adjustments are based on whether the ultimate per member per month (“PMPM”) benefit costs of any Medicare Plan varies more than 5% above the level estimated in the original bid submitted by the Company and approved by CMS;

  b) CMS risk adjustment receivables. The risk adjustment model apportions premiums paid to all health plans according to the health severity and certain demographic factors of its enrollees. The CMS risk adjustment model pays more for members whose medical history indicates they have certain medical conditions. Under this risk adjustment methodology, CMS calculates the risk-adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, and physician treatment settings. The Company and health care providers collect, capture, and submit the necessary and available diagnosis data to CMS within prescribed deadlines. The Company estimates risk adjustment revenues based upon the diagnosis data submitted and expected to be submitted to CMS. The Company recognizes such changes when the amounts become determinable and supportable and collectability is reasonably assured;

  c) ODM pay for performance (“P4P”) program receivables. The P4P program is based upon the Company’s performance against various quality and operational measures established in the Company’s contract with the State which is based on a stated percentage of total direct premiums written. Premium adjustments for the Medicaid and MMP performance guarantee program are accounted for as premium adjustments subject to redetermination; and

  d) a Hepatitis C Risk Pool arrangement with the ODM. The ODM will maintain a cost-neutral risk sharing pool for high cost Hepatitis C drugs. To the extent a managed care plan (“MCP”) incurred a higher portion of Hepatitis C drug expenditures in relation to other MCPs, the MCP shall receive a reimbursement from the risk sharing pool. The ODM redistributes the funds paid into the risk sharing pool based on relative actual incurred Hepatitis C drug expenditures among all of the MCPs subject to the arrangement.

- **Amounts Receivable Relating to Uninsured Plans** — The Company reports amounts due to the Company from CMS for the administrative activities it performs for which it has no insurance risk as amounts receivable relating to uninsured plans (see Note 18). Amounts receivable relating to uninsured plans include the following:

  a) costs incurred in excess of the cost reimbursement under the Medicare Plans for the catastrophic reinsurance subsidy and the low-income member cost-sharing subsidy for the individual members. The Company is fully reimbursed by CMS for costs incurred for these contract elements, and accordingly, there is no insurance risk to the Company. Subsidies for individual members are received monthly and are not reflected as net premium income, but rather are accounted for as deposits. If the Company incurs costs in excess of these subsidies, a corresponding receivable is recorded; and

  b) the Patient Protection and Affordable Care Act and its related legislation (“ACA”) mandates consumer discounts of 70% on brand name prescription drugs for Part D plan participants in the coverage gap. As part of the coverage gap discount program (“CGDP”), the Company records a receivable from the pharmaceutical manufacturers for reimbursement of the discounts. The Company solely administers the application of these funds and has no insurance risk.

- **Current Federal Income Tax Recoverable** — The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group, 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. A current federal income tax recoverable is recognized when the Company's allocated intercompany estimated payments are more than its actual calculated obligation based on the Company's stand-alone federal income tax return (see Note 9).

- **Net Deferred Tax Asset** — The NAIC SAP provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax bases of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets (see Note 9). In addition, under the NAIC SAP, the change in deferred tax assets is recorded directly to unassigned surplus in the statutory basis financial statements, whereas under GAAP, the change in deferred tax assets 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 the NAIC SAP, 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 sheet.

LIABILITIES

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include 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 2020 and 2019. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2020; however, actual payments may differ from those established estimates.

  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.

  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.

- **Accrued Medical Incentive Pool and Bonus Amounts** — 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 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 in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company has incentive and bonus arrangements with providers that are based on quality, utilization, and/or various health outcome measures. The estimated amount due to providers that meet the established metrics is included in accrued medical incentive pool and bonus amounts in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- **Aggregate Health Policy Reserves** — Aggregate health policy reserves include:

  a) CMS risk corridor payables under MyCare Ohio for which adjustments are based on whether the ultimate PMPM benefit costs of any Medicare Plan varies more than 5% below the level estimated in the original bid submitted by the Company and approved by CMS (see note 24);

  b) ODM P4P program sanction payables. The Company is subject to contractual sanctions for noncompliance of the defined performance measures as stated in the Company's MCP agreements. The Company estimates the impact of sanctions which are collected by ODM. The Company has the ability to also earn back the sanctioned amounts through remediation efforts (see note 24); and

  c) the estimated amount for PDR (see Note 30).

- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. General expenses due or accrued also include the amounts for unpaid assessments and HIC franchise taxes.

- **Current Federal Income Tax Payable** — The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group 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. A liability for federal income taxes payable is recognized when its allocated intercompany estimated payments are less than its actual calculated obligation based on the Company's stand-alone federal income tax return (see Note 9).

- **Amounts due to Parent, Subsidiaries, and Affiliates, Net** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts owed as amounts payable to parent, subsidiaries, and affiliates, net, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- **Liability for Amounts Held Under Uninsured Plans** — Liability for amounts held under uninsured plans includes hospital incentive pass through payments received from ODM to pay incentive payments to members of the Ohio Hospital Association ("OHA"). These payments will be prefunded by the state through capitation payments. The Company will pay 100% of the funds received for this incentive program. Disbursements are passed through to the OHA per a predetermined payment schedule provided by the ODM, and are based on cash received from the ODM in a given month. The pass through arrangement is recorded pursuant to Statements of Statutory Accounting Principles ("SSAP") No. 47, *Uninsured Plans* ("SSAP No. 47"). The Company assumes no risk and did not recognize any premium revenue, medical benefit expenses, or general administrative expenses as of December 31, 2020 and 2019, respectively (see Note 18).

  The Company participates in the Comprehensive Primary Care ("CPC") program in which it administers CPC gain sharing payments received from ODM to pay participating providers. To receive a gain sharing payment, a provider would need to achieve a cost of care level lower than historical levels. The program aims to improve population health outcomes by coordinating with care management entities to develop and implement utilization management programs. The Company assumes no risk and did not recognize any premium revenue, medical benefit expenses, or general administrative expenses as of December 31, 2020 and 2019, respectively. As such, the arrangement is recorded pursuant to SSAP No. 47 (see Note 18).

  Effective July 1, 2018, ODM started the Care Innovation and Community Improvement Program ("CICIP") in which it administers CICIP payments received from ODM to pay quality improvement and bonus payments to both public and nonprofit hospital agencies. The Company assumes no risk and recorded the arrangement pursuant to SSAP No. 47. The Company did not recognize any premium revenue, medical benefit expenses, or general administrative expenses as of December 31, 2020 and 2019 (see Note 18).

  The ACA mandates consumer discounts of 70% on brand name prescription drugs for Part D plan participants in the coverage gap. These discounts are pre-funded for the individual members by CMS and a liability for the amount subject to recoupment is recorded. There are no similar subsidies for employer group members. The Company solely administers the application of these funds and has no insurance risk.

- **Payable for Securities** — The Company reports payable for securities when investments are traded at the end of an accounting period for which the settlement does not occur until the following month in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Nonadmitted Assets** — Certain assets, including certain health care receivables, are considered nonadmitted assets under the NAIC SAP 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 sheet.

- **Restricted Cash Reserves** — The Company held regulatory deposits in the amount of $3,418,310 and $3,466,377 as of December 31, 2020 and 2019, respectively, in compliance with the state requirements for qualification purposes as a domestic insurer and for a Medicaid provider performance bond requirement. These restricted cash reserves consist principally of government obligations and are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Interest earned on these deposits 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 equal to $1,700,000, and shall maintain total admitted assets equal to at least 110% of the liabilities of the Company. The minimum capital and surplus requirement is $1,700,000 for December 31, 2020 and 2019, respectively. The Company has $386,026,755 and $355,907,885 in total statutory basis capital and surplus as of December 31, 2020 and 2019, 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.

  The Company has $386,026,755 and $355,907,885 in total statutory basis capital and surplus as of December 31, 2020 and 2019, respectively, which is in compliance with the required amounts where it is licensed to do business.

- **Section 9010 ACA subsequent fee year assessment**— The Company is subject to the Section 9010 ACA subsequent fee year assessment. Under the NAIC SAP, as of December 31, 2019, an amount equal to the estimated subsequent year fee was apportioned out of unassigned surplus and reported as Section 9010 ACA subsequent fee year assessment, in the statutory basis statements of admitted assets, liabilities, and capital and surplus, whereas under GAAP, no such special surplus designation is required. In accordance with the 2021 Health Insurer Fee (“HIF”) repeal, no HIF will be payable in 2021 or thereafter, therefore no amounts will be apportioned out of unassigned surplus after December 31, 2019.

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in Reserve for Rate Credits** — 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 paid and reinsurance premiums incurred but not paid in the statutory basis statements of operations.

  The Company also records estimates related to the CMS risk corridor program. Changes to these estimates are reflected as change in reserve for rate credits in the statutory basis statements of operations.

  Net premium income also includes amounts paid by the ODM on a per member basis 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. PFK is a risk arrangement whereby children (age 18 and under) receive acute services excluding OB/GYN in the Central/Southeast Regions. The majority of net premium income recorded is based on capitated rates, which are monthly premiums paid for each member enrolled.

Net premium income also includes amounts paid jointly by the ODM and CMS for the Medicare Plans program elements for members enrolled in the MMP. Net premium income is recognized ratably over the period in which eligible individuals are entitled to receive health care services.

Net premium income also includes amounts pursuant to the CMS risk adjustment program. The Company recognized $(598,553) and $4,515,360 for changes in prior year Medicare risk factor estimates during the years ended December 31, 2020 and 2019, respectively, which is recorded as net premium income in the statutory basis statements of operations.

The MyCare Ohio and Expansion products are subject to minimum loss ratio ("MLR") requirements, similar to those of the ACA legislation, under the terms of the contracts. The Company obtained a waiver for the Medicare Advantage plans and Part D prescription drug plans MLR requirements under ACA legislation, based upon the contractual requirements. Plans with medical loss ratios that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies its estimated rebates as change in reserve for rate credits in the statutory basis statements of operations (see Note 24).

Revenues also include performance based revenue that is recognized based upon the Company's performance measured against targets established in its contracts with the ODM. ODM calculates the eligible performance revenue pursuant to the contract annually and pays the providers up to a fixed percentage of net premium and delivery services payments. The Company records estimated payments as premiums and considerations in the accompanying statutory basis statements of admitted assets, liabilities and capital and surplus (see Note 24).

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses 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.

  Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the statutory basis statements of operations.

- **General Administrative Expenses** — Pursuant to the terms of the Agreement (see Note 10), the Company pays a management fee to UHS in exchange for administrative and management services. Costs for items not included within the scope of the Agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and UHS is performed to determine the allocation between CAE and GAE to be reported in the statutory basis statements of operations.

  The Company is subject to an annual fee under Section 9010 of the ACA. A health insurance entity's annual fee becomes payable once the entity provides health insurance for any U.S. health risk during the calendar year, which is nondeductible for tax purposes (see Note 22). Under the NAIC SAP, the entire amount of the estimated annual fee expense is recognized on January 1 of the fee year in GAE in the statutory basis statements of operations, whereas under GAAP, a deferred asset is created on January 1 of the fee year which is amortized to expense on a straight-line basis throughout the year.

- **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).

- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income before federal income taxes and net realized capital (losses) gains subject to certain adjustments (see Note 9).

- **Comprehensive Income** — 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.

REINSURANCE

- **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 statutory basis statements of operations. Any amounts due to the Company pursuant to this agreement are recorded as amounts recoverable from reinsurers in the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 23).

  The Company has an insolvency-only reinsurance agreement with UnitedHealthcare Insurance Company ("UHIC"), an affiliate whereby 0.1% of net premium income is ceded to UHIC (see Note 23).

- **Ceded Reinsurance Premiums Payable** — The ceded reinsurance premiums payable balance represents amounts due to the reinsurers for specified coverage which will be paid based on the contract terms.

OTHER

- **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 premiums written and premiums and considerations, including receivables for contracts subject to redetermination, from the ODM under the Medicaid contract as a percentage of total direct premiums written and total premiums and considerations, including receivables for contracts subject to redetermination, are 72% and 54% as of December 31, 2020 and 67% and 60% as of December 31, 2019, respectively.

  Direct premiums written and premiums and considerations, including receivables for contracts subject to redetermination, from the ODM and CMS under the MyCare Ohio contract for the Medicare Advantage and the Medicare Part D program as a percentage of total direct premiums written and total premiums and considerations, including receivables for contracts subject to redetermination, are 28% and 46% as of December 31, 2020 and 33% and 40% as of December 31, 2019, respectively.

Recently Issued Accounting Standards — In May 2020, the NAIC revised SSAP No. 2R, *Cash, Cash Equivalents, Drafts, and Short-Term Investments* ("SSAP No. 2R") for the presentation of qualifying cash pools. The revision clarified the types of cash pooling structures and the investments required to be maintained in those structures for the cash pools to qualify as cash, cash equivalents or short-term investments. This revised guidance is effective for reporting periods on and after January 1, 2021 with early adoption permitted. The Company has elected to early adopt the revised change effective June 2020 (see Note 5 and Note 20).

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2020 and 2019.

3. BUSINESS COMBINATIONS AND GOODWILL

A–D. The Company was not party to a business combination during the years ended December 31, 2020 and 2019, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2020 and 2019.

B. Change in Plan of Sale of Discontinued Operation — Not applicable.

C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal — Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal — Not applicable.

5. INVESTMENTS

Pursuant to the early adoption of SSAP No. 2R (see Note 1), the Company's investment in the qualified cash pool is included in cash equivalents in 2020 and was reported in short-term investments in 2019. The Company's investment in the qualified cash pool balance is $379,652 and $377,707 as of December 31, 2020 and December 31, 2019, respectively.

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 long-term investments were $289,019 and $286,535, respectively, for 2020 and $1,300,378 and $171,985, respectively, for 2019. The gross realized gains and losses on sales of short-term investments were $30 and $0, respectively, for 2020 and $0 and $0, respectively, for 2019. The net realized (loss) gain is included in net realized capital (losses) gains less taxes in the statutory basis statements of operations. Total proceeds on the sale of long-term investments were $21,093,288 and $92,234,551 and for short-term investments were $1,878,947 and $10,000,000 in 2020 and 2019, respectively.

As of December 31, 2020 and 2019, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company's investments, excluding cash and cash equivalents of $202,846,784 and $98,333,910 respectively, are disclosed in the table below.

	2020				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	$ 74,249,048	$ 2,829,738	$ 1,901	$ -	$ 77,076,885
State and agency municipal securities	44,187,987	1,654,061	-	-	45,842,048
City and county municipal securities	49,273,198	2,317,622	1,493	-	51,589,327
Corporate debt securities	234,705,089	13,579,184	60,538	13,382	248,210,353
Total bonds and short-term investments	$ 402,415,322	$ 20,380,605	$ 63,932	$ 13,382	$ 422,718,613

	2020				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
Less than one year	$ 18,536,115	$ 240,227	$ -	$ -	$ 18,776,342
One to five years	133,608,229	6,503,845	-	-	140,112,074
Five to ten years	139,449,035	9,534,600	30,182	1,537	148,951,916
Over ten years	110,821,943	4,101,933	33,750	11,845	114,878,281
Total bonds and short-term investments	$ 402,415,322	$ 20,380,605	$ 63,932	$ 13,382	$ 422,718,613

	2019				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	$ 62,567,273	$ 1,394,284	$ 17,923	$ 29,975	$ 63,913,659
State and agency municipal securities	22,077,313	691,827	28,308	-	22,740,832
City and county municipal securities	36,976,924	1,312,651	102,876	-	38,186,699
Corporate debt securities	210,362,110	6,102,018	17,623	27,102	216,419,403
Total bonds and short-term investments	$ 331,983,620	$ 9,500,780	$ 166,730	$ 57,077	$ 341,260,593

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-related loan-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 a book/adjusted carrying value of $82,370,813 and fair value of $86,016,475.

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2020 and 2019:

	2020					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	$ 1,467,911	$ 1,901	$ -	$ -	$ 1,467,911	$ 1,901
City and county municipal securities	606,312	1,493	-	-	606,312	1,493
Corporate debt securities	8,715,856	60,538	2,889,317	13,382	11,605,173	73,920
Total bonds and short-term investments	$ 10,790,079	$ 63,932	$ 2,889,317	$ 13,382	$ 13,679,396	$ 77,314

	2019					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	$ 4,775,462	$ 17,923	$ 5,863,019	$ 29,975	$ 10,638,481	$ 47,898
State and agency municipal securities	2,903,930	28,308	-	-	2,903,930	28,308
City and county municipal securities	6,475,911	102,876	-	-	6,475,911	102,876
Corporate debt securities	7,754,229	17,623	8,606,815	27,102	16,361,044	44,725
Total bonds and short-term investments	$ 21,909,532	$ 166,730	$ 14,469,834	$ 57,077	$ 36,379,366	$ 223,807

The unrecognized unrealized losses on investments in U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities at December 31, 2020 and 2019, were mainly caused by interest rate fluctuations 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 book/adjusted carrying value. The contractual cash flows of the U.S. government and agency securities are guaranteed either 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 assessed the credit quality of the state and agency municipal securities, city and county municipal securities and corporate debt securities, 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 loan-backed securities for a period of time sufficient to recover the amortized cost. As a result of these reviews, the Company recorded an OTTI of $28,135 and $0 as of December 31, 2020 and 2019, respectively, which are included in net realized capital (losses) gains less taxes.

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) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-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 OTTIs on loan-backed securities as of December 31, 2020 and 2019.

(3) The Company did not have any loan-backed securities with OTTIs to report by CUSIP as of December 31, 2020 or 2019.

(4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the loan-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2020 and 2019:

	2020
The aggregate amount of unrealized losses:	
1. Less than 12 months	$ 29,913
2. 12 months or longer	13,382
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	8,098,121
2. 12 months or longer	2,889,317

	2019
The aggregate amount of unrealized losses:	
1. Less than 12 months	$ 20,807
2. 12 months or longer	52,953
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	8,208,652
2. 12 months or longer	10,334,860

(5) The Company believes that it will continue to collect timely the principal and interest due on its loan-backed securities that have an amortized cost in excess of fair value. The unrealized losses were primarily caused by interest rate changes and not by unfavorable changes in the credit quality associated with these securities that impacted the assessment on collectability of principle and interest. At each reporting period, the Company evaluates available-for-sale debt securities for any credit-related impairment when the fair value of the investment is less than its amortized cost. The Company evaluated the expected cash flows, the underlying credit quality and credit ratings of the issuers, and the potential economic impacts of COVID-19 on the issuers, noting no significant credit deterioration since purchase. As of December 31, 2020, the unrealized loss on any security that the Company classified as intent to sell was not material to the Company’s investment portfolio. Any other securities in an unrealized loss position as of December 31, 2020, the Company considers to be temporary.

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

F. **Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.

G. **Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing** — Not applicable.

H. **Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.

I. **Reverse Repurchase Agreements Transactions Accounted for as a Sale** — Not applicable.

J. **Real Estate** — Not applicable.

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

L. Restricted Assets

(1) Restricted assets, including pledged securities as of December 31, 2020 and 2019, are presented below:

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	$ -	$ -	$ -	$ -	$ -	0 %	0 %
b. Collateral held under security lending agreements	-	-	-	-	-	0 %	0 %
c. Subject to repurchase agreements	-	-	-	-	-	0 %	0 %
d. Subject to reverse repurchase agreements	-	-	-	-	-	0 %	0 %
e. Subject to dollar repurchase agreements	-	-	-	-	-	0 %	0 %
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0 %	0 %
g. Placed under option contracts	-	-	-	-	-	0 %	0 %
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	-	-	-	-	-	0 %	0 %
i. FHLB capital stock	-	-	-	-	-	0 %	0 %
j. On deposit with states	3,418,310	3,466,377	(48,067)	-	3,418,310	0 %	0 %
k. On deposit with other regulatory bodies	-	-	-	-	-	0 %	0 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0 %	0 %
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0 %	0 %
n. Other restricted assets	-	-	-	-	-	0 %	0 %
o. Total restricted assets	$ 3,418,310	$ 3,466,377	$ (48,067)	$ -	$ 3,418,310	0 %	0 %

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2–4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2020 or 2019.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5GI Securities

The Company does not have any investments with an NAIC designation of 5GI as of December 31, 2020 and 2019.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees —

The following table illustrates prepayment penalty and acceleration fees as of December 31, 2020:

	General Account
1. Number of CUSIPs	22
2. Aggregate Amount of Investment Income	$ 386,398

R. Reporting Entity's Share of Cash Pool by Asset Type

Pursuant to the early adoption of SSAP No. 2R in June 2020 (see Note 1), the Company's investment in the qualified cash pool is being reported in cash equivalents. Prior to the early adoption, the qualified cash pool was being reported in short-term investments. The Company's investment in the qualified cash pool balance is $379,652 and $377,707 as of December 31, 2020 and December 31, 2019, respectively.

The following table presents the percent share distribution by asset type of the total qualified cash pool balance as of December 31, 2020:

Asset Type	Percent Share
(1) Cash	0%
(2) Cash Equivalents	85%
(3) Short-Term Investments	15%
(4) Total	100%

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 excludes all investment income due and accrued amounts that are over 90 days past due from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

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

8. DERIVATIVE INSTRUMENTS

A–B. 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, 2020 and 2019 are as follows:

	2020			2019			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7+8) Total
(a) Gross deferred tax asset	$ 6,506,008	$ -	$6,506,008	$ 4,514,181	$ 285	$ 4,514,466	$ 1,991,827	$ (285)	$ 1,991,542
(b) Statutory valuation allowance adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	6,506,008	-	6,506,008	4,514,181	285	4,514,466	1,991,827	(285)	1,991,542
(d) Deferred tax assets nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal net admitted deferred tax asset (1c - 1d	6,506,008	-	6,506,008	4,514,181	285	4,514,466	1,991,827	(285)	1,991,542
(f) Deferred tax liabilities	218,416	-	218,416	241,288	3,282	244,570	(22,872)	(3,282)	(26,154)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	$ 6,287,592	$ -	$6,287,592	$ 4,272,893	$ (2,997)	$ 4,269,896	$ 2,014,699	$ 2,997	$ 2,017,696

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

	2020			2019			Change		
	1	2	3	4	5	6	7	8	9
Admission Calculation Components SSAP No. 101	**Ordinary**	**Capital**	**(Col 1 + 2) Total**	**Ordinary**	**Capital**	**(Col 4 + 5) Total**	**(Col 1 - 4) Ordinary**	**(Col 2 - 5) Capital**	**(Col 7 + 8) Total**
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	$6,506,008	$ -	$ 6,506,008	$ 4,514,181	$ -	$ 4,514,181	$ 1,991,827	$ -	$ 1,991,827
(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	56,960,874	XXX	XXX	52,745,698	XXX	XXX	4,215,176
(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	-	-	-	-	285	285	-	(285)	(285)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	$6,506,008	$ -	$ 6,506,008	$ 4,514,181	$ 285	$ 4,514,466	$ 1,991,827	$ (285)	$ 1,991,542

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

	2020	**2019**
(a) Ratio percentage used to determine recovery period and threshold limitation amount	544 %	396 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	$ 379,739,163	$ 351,637,989

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2020 and 2019 is presented below:

	2020		2019		Change	
	1	2	3	4	5	6
Impact of Tax-Planning Strategies	**Ordinary**	**Capital**	**Ordinary**	**Capital**	**(Col 1 - 3) Ordinary**	**(Col 2 - 4) Capital**
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	$ 6,506,008	$ -	$4,514,181	$ 285	$1,991,827	$ (285)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	$ 6,506,008	$ -	$4,514,181	$ 285	$1,991,827	$ (285)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes		No	X

B. Unrecognized Deferred Tax Liabilities

(1–4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2020 and 2019.

C. Significant Components of Income Taxes

(1) The current federal income taxes incurred for the years ended December 31, 2020 and 2019 are as follows:

	1 2020	2 2019	3 (Col 1 - 2) Change
1. Current income tax			
(a) Federal	$ 44,009,148	$10,953,233	$ 33,055,915
(b) Foreign	-	-	-
(c) Subtotal	44,009,148	10,953,233	33,055,915
(d) Federal income tax on net capital (losses) gains	(3,646)	258,622	(262,268)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
(g) Total federal and foreign income taxes incurred	$ 44,005,502	$11,211,855	$ 32,793,647

(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, 2020 and 2019, are as follows:

	1 2020	2 2019	3 (Col 1 - 2) Change
2 Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	$ 709,245	$ 600,901	$ 108,344
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	2,554,650	-	2,554,650
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables — nonadmitted	3,242,113	3,913,280	(671,167)
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	-	-	-
(99) Subtotal	6,506,008	4,514,181	1,991,827
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	6,506,008	4,514,181	1,991,827
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	285	(285)
(99) Subtotal	-	285	(285)
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	285	(285)
(i) Admitted deferred tax assets (2d + 2h)	6,506,008	4,514,466	1,991,542
3 Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	-	53,101	(53,101)
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	218,416	188,187	30,229
(99) Subtotal	218,416	241,288	(22,872)
(b) Capital:			
(1) Investments	-	2,988	(2,988)
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	294	(294)
(99) Subtotal	-	3,282	(3,282)
(c) Deferred tax liabilities (3a99 + 3b99)	218,416	244,570	(26,154)
4 Net deferred tax assets/liabilities (2i - 3c)	$ 6,287,592	$ 4,269,896	$ 2,017,696

The Company did not have an other capital deferred tax asset in 2020. The other capital deferred tax asset of $285 for 2019 consists of an unrealized gain. The other ordinary deferred tax liability of $218,416 for 2020 consists of bad debt and discounting of unpaid losses. The other ordinary deferred tax liability of $188,187 for 2019 consists of discounting of unpaid losses. The Company did not have an other capital deferred tax liability in 2020. The other capital deferred tax liability of $294 for 2019 consists of an unrealized loss.

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, 2020 and 2019.

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 21% to net income before federal income taxes incurred, less capital gains (benefit) tax. A summarization of the significant items causing this difference as of December 31, 2020 and 2019 is as follows:

	2020		2019	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	$ 31,796,244	21%	$ 11,333,111	21%
Tax-exempt interest	(193,831)	0%	(239,947)	0%
Health insurer fee	9,714,235	6%	-	0%
Tax effect of nonadmitted assets	671,167	0%	67,393	0%
Change in statutory valuation allowance	-	0%	(2,152)	0%
Total statutory income taxes	$ 41,987,815	27%	$ 11,158,405	21%
Federal income taxes incurred	$ 44,009,148	28%	$ 10,953,233	20%
Capital gains (benefit) tax	(3,646)	0%	258,622	1%
Change in net deferred income tax	(2,017,687)	(1)%	(53,450)	0%
Total statutory income taxes	$ 41,987,815	27%	$ 11,158,405	21%

E. December 31, 2020, the Company had no net operating loss carryforwards.

Current federal income tax recoverable (payable) of $13,493,500 and ($24,127,856) as of December 31, 2020 and 2019, respectively, are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Federal income taxes paid and (recovered), net of payments and refunds were $81,626,858 and ($18,277,702) in 2020 and 2019, respectively.

Federal income taxes incurred of $44,005,500 and $11,211,855 for 2020 and 2019, 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 (“IRS”) Code.

F. The Company is included in the 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 2016 and prior. UnitedHealth Group’s 2017 through 2020 tax returns are under 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 the 2013 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward. The Company does not believe any adjustments that may result from these examinations will be material to the Company.

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

H. Repatriation Transition Tax — Not applicable.

I. Alternative Minimum Tax Credit — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the ODI according to Management's understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreements (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

UHS maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2020 and 2019, the Company's portion was $379,652 and $377,707, respectively, and pursuant to SSAP No. 2R (see Note 1), is included in cash equivalents as of December 31, 2020 and in short-term investments as of December 31, 2019 in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The Company has a tax-sharing agreement with UnitedHealth Group (see Note 9).

The Company paid dividends of $82,500,000 and $50,000,000 in 2020 and 2019, respectively, to its parent (see Note 13).

The Company holds a $50,000,000 subordinated revolving credit agreement with UnitedHealth Group at an interest rate of London InterBank Offered Rate 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 December 31, 2020. No amounts were outstanding under the line of credit as of December 31, 2020 and 2019.

The Company has entered into a reinsurance agreement with an affiliated entity (see Note 23).

C. Transactions With Related Parties Who Are Not Reported On Schedule Y

The Company has no material related party transactions that meet the disclosure requirements pursuant to SSAP No. 25, *Affiliates and Other Related Parties* ("SSAP No. 25") that are not included in NAIC Statutory Statement Schedule Y—Part 2 Summary Of Insurer's Transactions With Any Affiliates.

D. At December 31, 2020 and 2019, the Company reported $21,817,363 and $15,358,736, respectively, as amounts due to parent, subsidiaries, and affiliates, net 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.

E. The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) PMPM; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in GAE, CAE, and hospital and medical expenses in the statutory basis statements of operations. The following table identifies the amounts reported for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2020 and 2019, which meet the disclosure requirements pursuant to SSAP No. 25, regardless of the effective date of the contract:

	2020	2019
United Behavioral Health	$ 269,774,368	$ 188,785,174
OptumRx	147,074,190	409,720,082
UHS	145,138,611	150,838,113
Optum Frontier Therapies II, LLC	10,832,144	-
OptumInsight, Inc.	9,344,716	8,645,564
AxelaCare Intermediate Holdings, LLC	5,848,082	4,923,289
LifePrint Health, Inc.	149,651	53,842,264

United Behavioral Health provides services related to mental health and substance abuse treatment.

OptumRx provides services that may include, but are not limited to, administrative services related to pharmacy management and pharmacy claims processing for enrollees, manufacturer rebate administration, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products.

UHS provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for UHS to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the Agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, medical management, credentialing, preventative health services, and utilization management reporting.

Optum Frontier Therapies II, LLC provides medical services to the Company's members.

OptumInsight, Inc. provides services that may include, but are not limited to, claim analytics and recovery of medical expense overpayments, retroactive fraud, waste and abuse, subrogation and premium audit services. All recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis.

AxelaCare Intermediate Holdings, LLC provides home infusion therapy services.

LifePrint Health, Inc. provides services that may include, but are not limited to, care management services to eligible members and/or arranging for the delivery of clinical services to the Company's enrollees.

The Company has premium payments that are received and claim payments and direct expenses such as broker commissions, ODI exam fees, ACA assessments and premium taxes that are processed and paid by an affiliated UnitedHealth Group entity. Premiums, claims, and direct expenses applicable to the Company are settled at regular intervals throughout the month via the intercompany settlement process and any amounts outstanding are reflected in payable amounts due to parent, subsidiaries, and affiliates, net in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

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

G. The Company is part of an insurance holding company system with UnitedHealth Group as the ultimate parent. Management believes that the Company's 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.

H. The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.

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

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

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

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

M. The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.

N. The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.

O. The Company does not have any investments in subsidiary, controlled, or affiliated entities or joint ventures, partnerships and limited liability companies in which the Company's share of losses exceeds the investment.

11. DEBT

A–B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2020 and 2019.

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, or 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 the Agreement (see Note 10).

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

A–B. 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.

C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the ODI.

D. The Company paid an ordinary cash dividend to TRH of $42,500,000 on June 11, 2020, which required no approval and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company also paid an extraordinary cash dividend to TRH of $40,000,000 on December 21, 2021, which was approved by the ODI and recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company paid an ordinary cash dividend to TRH of $50,000,000 on June 10, 2019, which required no approval and was recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

E. The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.

F. There are no restrictions placed on the Company's unassigned surplus.

G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.

H. 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.

I. As discussed in Note 1, in 2020 no amount was required to be apportioned out of unassigned surplus as the HIF was repealed by Congress, effective January 1, 2021. For the year ended December 31, 2019, the amount of the estimated Section 9010 ACA subsequent fee year assessment apportioned out of unassigned surplus was $46,141,718.

J. The portion of unassigned surplus, excluding the apportionment of estimated Section 9010 ACA subsequent fee year assessment, net income, and dividends, represented (or reduced) by each item below is as follows:

	2020	2019
Unrealized capital gains on investments	$ -	$ 44
Net deferred income taxes	6,287,592	4,269,896
Nonadmitted assets	(15,438,632)	(18,634,666)
Total	$ (9,151,040)	$ (14,364,726)

K-M. The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

The Company is not aware of any guaranty fund assessments or premium tax offsets, 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. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

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.

The Company has been, or is currently involved, in various governmental investigations, audits and reviews. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments and other governmental authorities. The Company cannot reasonably estimate the range of loss, if any, that may result from any material government investigations, audits and reviews in which it is currently involved given the inherent difficulty in predicting regulatory action, fines and penalties, if any, and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

On February 14, 2017, the Department of Justice ("DOJ") announced its decision to pursue certain claims within a lawsuit initially asserted against the Company and filed under seal by a whistleblower in 2011. The whistleblower's complaint, which was unsealed on February 15, 2017, alleges that the Company made improper risk adjustment submissions and violated the False Claims Act. On February 12, 2018, the court granted in part and denied in part the Company's motion to dismiss. In May 2018, the DOJ moved to dismiss the Company's counterclaims, which were filed in March 2018, and moved for partial summary judgment. In March 2019, the court denied the government's motion for partial summary judgment and dismissed the Company's counterclaims without prejudice. The Company cannot reasonably estimate the outcome that may result from this matter given its procedural status.

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 statutory basis statements of admitted assets, liabilities, and capital and surplus or statutory basis statements of operations of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in 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.

There are no other assets that the Company considers to be impaired at December 31, 2020 and 2019, except as disclosed in Note 5.

15. LEASES

A–B. According to the Agreement between the Company and UHS (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of UHS. 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 have any 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–B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2020 and 2019.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program under MyCare Ohio is a partially insured plan. The Company recorded a receivable of $17,522,112 and $12,283,580 at December 31, 2020 and 2019, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies. The Company also recorded a receivable of $0 and $91,763 and also a payable of $1,846 and $0 at December 31, 2020 and 2019, respectively, for the Medicare Part D CGDP. The receivables and payables are recorded in amounts receivable relating to uninsured plans and liability for amounts held under uninsured plans, respectively, in the statutory basis statements of admitted assets, liabilities and capital and surplus. These Medicare subsidies are described in Note 1, *Amounts Receivable Relating to Uninsured Plans* and *Liability for Amounts Held Under Uninsured Plans.*

The Company participates in administering hospital incentive pass through payments received from ODM to pay incentive payments to members of the OHA. There is no risk to the Company as a result of these transactions. The Company has a hospital incentive payable of $1,647,975 and $1,584,244 as of December 31, 2020 and December 31, 2019, respectively, which is included in liability for amounts held for uninsured plans in the statutory basis statement of admitted assets, liabilities, and capital and surplus.

The Company participates in the CPC program in which it administers CPC gain sharing payments received from ODM to pay participating providers. To receive a gain sharing payment, a provider would need to achieve a cost of care level lower than historical levels. The program aims to improve population health outcomes by coordinating with care management entities to develop and implement utilization management programs. The Company assumes no risk and did not recognize any premium revenue, medical benefit expenses, or general administrative expenses as of December 31, 2020 and December 31, 2019, respectively. As such, the arrangement is recorded pursuant to SSAP No. 47, *Uninsured Plans*. The liability is recorded as amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus in the amounts of $0 and $7,059 at December 31, 2020 and December 31, 2019, respectively.

The Company participates in the CICIP in which it administers CICIP payments received from ODM to pay quality improvement and bonus payments to both public and nonprofit hospital agencies. The Company recorded a CICIP payable of $1,059,357 and $1,631,571 as of December 31, 2020 and December 31, 2019, respectively, which is included in liability for amounts held for uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The ODM provides funding to support MCP initiatives for the Enhanced Maternal Program (“EMP”) in which the Company participates. The EMP targets geographic areas with high infant mortality rates and provides guidelines to the MCPs for the purposes of developing strategies and systems that will provide enhanced maternal case management and reduce infant mortality rates. MCPs are responsible for partnering with Maternal & Infant Support Program Coordinating Entities to improve population health, coordinate with care management entities, coordinate activities for justice-involved individuals, develop and implement a Quality Assessment and Performance Improvement program, and participate in external quality review activities. The Company recorded $499,513 and $605,208 as of December 31, 2020 and December 31, 2019, respectively, relating to the EMP. In 2019, the EMP was reported as general expenses due or accrued on the statutory basis statements of admitted assets, liabilities, and capital and surplus. As of December 31, 2020, the amounts are reported as liability for amounts held under uninsured plans on the statutory basis statements of admitted assets, liabilities, and capital and surplus, pursuant to SSAP No. 47, *Uninsured 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 in 2020 and 2019.

20. FAIR VALUE MEASUREMENTS

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, cash equivalents, and short-term investments (collectively “investment holdings”) 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) Fair Value Measurements at Reporting Date

The following tables present information about the Company's financial assets that are measured and reported at fair value at December 31, 2020 and 2019, in the statutory basis statements of admitted assets, liabilities, and capital and surplus according to the valuation techniques the Company used to determine their fair values:

	December 31, 2020				
Description for Each Class of Asset or Liability	**(Level 1)**	**(Level 2)**	**(Level 3)**	**Net Asset Value (NAV)**	**Total**
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	$ -	$ -	$ -	$ -	$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	156,034,663	-	-	-	156,034,663
Qualified cash pool	379,652	-	-	-	379,652
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	$156,414,315	$ -	$ -	$ -	$ 156,414,315
b. Liabilities at fair value:					
Derivative liabilities	$ -	$ -	$ -	$ -	$ -
Total liabilities at fair value	$ -	$ -	$ -	$ -	$ -

Description for Each Class of Asset or Liability	December 31, 2019 (Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	$ -	$ -	$ -	$ -	$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	95,512,040	-	-	-	95,512,040
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	$ 95,512,040	$ -	$ -	$ -	$ 95,512,040
b. Liabilities at fair value:					
Derivative liabilities	$ -	$ -	$ -	$ -	$ -
Total liabilities at fair value	$ -	$ -	$ -	$ -	$ -

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.

(3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2020 or 2019.

(4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 and therefore has no valuation technique to disclose.

(5) The Company has no derivative assets and liabilities to disclose.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

Pursuant to the early adoption of SSAP No. 2R in June 2020 (see Note 1), the Company's investment in the qualified cash pool is being reported in cash equivalents in the December 31, 2020 table below. Prior to the early adoption, the qualified cash pool was being reported in short-term investments and presented in corporate debt securities in the December 31, 2019 table below. The Company's investment in the qualified cash pool balance is $379,652 and $377,707 as of and December 31, 2020 and 2019, respectively.

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2020 and 2019 is presented in the table below:

	December 31, 2020						
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	$ 77,076,885	$ 74,249,048	$ 10,018,583	$ 67,058,302	$ -	$ -	$ -
State and agency municipal securities	45,842,049	44,187,987	-	45,842,049	-	-	-
City and county municipal securities	51,589,327	49,273,198	-	51,589,327	-	-	-
Corporate debt securities	248,210,350	234,705,089	-	248,210,350	-	-	-
Cash equivalents	173,178,146	173,178,146	173,178,146	-	-	-	-
Total bonds, short-term investments, and cash equivalents	$595,896,757	$ 575,593,468	$183,196,729	$412,700,028	$ -	$ -	$ -

	December 31, 2019						
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	$ 63,913,659	$ 62,567,273	$ 7,208,262	$ 56,705,397	$ -	$ -	$ -
State and agency municipal securities	22,740,832	22,077,313	-	22,740,832	-	-	-
City and county municipal securities	38,186,699	36,976,924	-	38,186,699	-	-	-
Corporate debt securities	216,419,403	210,362,110	377,707	216,041,696	-	-	-
Cash equivalents	97,316,045	97,316,045	97,316,045	-	-	-	-
Total bonds, short-term investments, and cash equivalents	$438,576,638	$ 429,299,665	$104,902,014	$333,674,624	$ -	$ -	$ -

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

E. Investments Measured Using the NAV Practical Expedient — Not applicable.

21. OTHER ITEMS

COVID-19 Trends and Uncertainties

The COVID-19 pandemic continues to evolve and the ultimate impact on the Company and its statutory basis results of operations, financial condition and cash flows remains uncertain. During the second quarter, the global health system experienced unprecedented levels of care deferral. As the pandemic advanced, access to and demand for care was most constrained from mid-March through April, began to recover in May and June and restored to near normal seasonal levels in the third quarter. Care patterns continued to normalize in the fourth quarter, returning to, and even exceeding, seasonal baselines, including COVID-19 treatment and testing costs, towards the end of the quarter. The temporary deferral of care experienced in 2020 may cause care patterns to moderately exceed normal baselines in future periods as utilization of health system capacity continues to increase. From time to time, health system capacity may be subject to possible increased volatility due to the pandemic. The Company has taken various measures which could include expanded benefit coverage in areas such as COVID-19 care and testing, telemedicine, and pharmacy benefits; provided customers assistance in the form of co-pay waivers and premium forgiveness; offered additional enrollment opportunities to those who previously declined employer-sponsored offerings; extended certain premium payment terms for customers experiencing financial hardship; simplified administrative practices; and accelerated payments to care providers, all with the aim of assisting customers, care providers, members and communities in addressing the COVID-19 crisis. Temporary care deferrals impacted the Company's results of operations for the year ended December 31, 2020. The impact of temporary care deferrals was partially offset by COVID-19 related care and testing, the significant financial assistance provided to customers, rebate requirements and broader economic impacts.

Increased consumer demand for care, potentially even higher acuity care, along with continued COVID-19 care and testing costs are expected to result in increased future medical costs. Disrupted care patterns, as a result of the pandemic, may temporarily affect the ability to obtain complete member health status information, impacting future revenue in businesses utilizing risk adjustment methodologies. The ultimate overall impact is uncertain and dependent on the future pacing and intensity of the pandemic, the duration of policies and initiatives to address COVID-19, and general economic uncertainty.

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2020 and 2019.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2020 and 2019.

C. Other Disclosures

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 that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2020 and 2019.

E. State Transferable and Non-transferable Tax Credits

The Company has no transferable or non-transferable state tax credits.

F. Sub-Prime Mortgage-Related Risk Exposure

(1) The investment policy for the Company limits investments in loan-backed securities, which includes 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 have an NAIC designation of 1 or 2.

(2) The Company has no direct exposure through investments in sub-prime mortgage loans.

(3) The Company has no direct exposure through other investments.

(4) The Company has no underwriting exposure to sub-prime mortgage risk through mortgage guaranty or financial guaranty insurance coverage.

G. Retained Assets

The Company does not have any retained asset accounts for beneficiaries.

H. Insurance-Linked Securities Contracts

As of December 31, 2020, the Company is not aware of any possible proceeds of insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy — Not applicable.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through March 1, 2021, which is the date these statutory basis financial statements were available for issuance.

<u>TYPE I — Recognized Subsequent Events</u>

Any material Type I events subsequent to December 31, 2020, have been recognized in the statutory basis financial statements and corresponding disclosures.

<u>TYPE II — Non-Recognized Subsequent Events</u>

For the years ended December 31, 2020 and 2019, the Company was subject to the annual fee under Section 9010 of the ACA. The fee is 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, of the year the fee is due. The HIF was repealed by Congress, effective January 1, 2021.

The table below presents information regarding the annual fee under Section 9010 of the ACA as of December 31, 2020 and 2019:

	2020	2019
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	YES	
B. ACA fee assessment payable for the upcoming year	$ -	$ 46,141,718
C. ACA fee assessment paid	46,258,263	-
D. Premium written subject to ACA 9010 assessment	-	2,418,910,529
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	386,026,755	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	386,026,755	
G. Authorized Control Level (Five-Year Historical Line 15)	69,866,922	
H. Would reporting the ACA assessment as of December 31, 2020, have triggered an RBC action level (YES/NO)?	NO	

There are no other material non-recognized Type II events that require disclosure.

23. REINSURANCE

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 reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

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 $3,179,577 and $2,667,454 in 2020 and 2019, respectively, are netted against net premium income in the statutory basis statements of operations. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company has a reinsurance agreement with an affiliated entity, UHIC to cover certain inpatient hospital claims in excess of defined limits. Reinsurance premiums, which are calculated on a PMPM basis, of $32,406,249 and $26,437,893 in 2020 and 2019 respectively, are netted against net premium income in the statutory basis statements of operations. Reinsurance recoveries of $28,480,227 and $25,349,256 in 2020 and 2019 respectively, are included in net reinsurance recoveries in the statutory basis statements of operations. There were $0 and $0 of recoveries on paid claims related to this agreement which are included in amounts recoverable from reinsurers and $21,902,917 and $18,409,942 for estimated recoveries on unpaid losses which are recorded as a reduction to claims unpaid in 2020 and 2019, respectively, in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

The Company does not have any unaffiliated reinsurance agreements in place as of December 31, 2020 or 2019.

The effect of the internal reinsurance agreements outlined above on net premium income and hospital and medical expenses is presented below:

	2020	**2019**
Premiums:		
Direct	$ 3,301,689,208	$ 2,664,955,446
Ceded:		
Affiliate	35,585,826	29,105,347
Net premium income	$ 3,266,103,382	$ 2,635,850,099
Hospital and medical expenses:		
Direct	$ 2,629,794,133	$ 2,288,345,259
Ceded:		
Affiliate	28,480,227	25,349,256
Net hospital and medical expenses	$ 2,601,313,906	$ 2,262,996,003

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, 2020.

(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 2020 and 2019, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2020 or 2019.

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

E. Reinsurance Credit

(1) The Company has no reinsurance contracts subject to Appendix A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.

(2) The Company has a reinsurance contract with UHIC not subject to A-791, for which reinsurance accounting was applied and includes a provision that limits the reinsurer’s assumption of risk.

The Company has two reinsurance contracts to which risk limiting provisions apply. No reinsurance credits were taken on these contracts.

(3) The Company's reinsurance contracts do not contain features which result in delays in payment in form or in fact.

(4) The Company has not reflected a reinsurance accounting credit for any contracts not subject to Appendix A-791 and not yearly renewable term, which meet the risk transfer requirements of SSAP No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance* ("SSAP No. 61R").

(5) The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and GAAP accounting treatment were not the same.

(6) The Company's ceded reinsurance contracts which are not subject to A-791 and not yearly renewable term reinsurance, are treated the same for GAAP and statutory accounting principles.

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 from the Company are recorded in aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as an adjustment to change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

C. The Company has Medicare Part D risk-corridor amounts from CMS under the MyCare Ohio contract which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D direct premiums written subject to the retrospectively rated feature was $14,251,697 and $15,906,807, representing 0.4% and 0.6% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

The Company has risk-adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health scores based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to the redetermination feature was $348,845,167 and $326,207,526 representing, 10.6% and 12.2% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

The Medicaid contract with the State of Ohio includes an 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 the ODM. The total amount of direct premiums written from the Medicaid contract for which a portion is subject to the retrospectively rated feature was $443,270,040 and $374,989,844, representing 13.4% and 14.1% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

The Medicaid and MyCare Ohio contracts include 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 amount of direct premiums written from the Medicaid and MyCare Ohio contracts for which a portion is subject to the redetermination feature was $3,163,611,468 and $2,600,763,625, representing 95.8% and 97.6% of total direct premiums written, as of December 31, 2020 and December 31, 2019, respectively.

CMS released the final Medicaid Managed Care Rule which is subject to each State's administration elections. This rule is the first major update to the Medicaid Managed Care regulations in more than a decade, which includes a minimum loss ratio requirement. Pursuant to the regulations, premiums associated with the Company's Medicaid line of business is subject to retrospectively rated features based on the actual medical loss ratios experienced on this product. The calculation is pursuant to the Medicaid Managed Care guidance. The total amount of direct premiums written for the Medicaid line of business for which a portion is subject to the retrospectively rated features was $2,369,707,121 and $1,783,331,005, representing 71.8% and 66.9% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

The MyCare Ohio contract with the state of Ohio includes medical loss ratio rebates. The rebate period is over the contract period. The Company estimates accrued retrospective premium adjustments for its MyCare Ohio business based on the medical loss ratio experienced on the MyCare Ohio line of business. The formula is based on net income before taxes. The total amount of direct premiums written from the MyCare Ohio contract for which a portion is subject to the retrospectively rated features was $931,982,087 and $881,624,441, representing 28.2% and 33.1% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

The Company is subject to a Hepatitis C Risk Pool arrangement with the ODM where the amount of the pool is determined by the projected Hepatitis C costs incorporated into the current year rates, and the funds are redistributed among the plans based on relative actual Hepatitis C costs. The total Medicaid direct premiums written subject to this retrospective rating feature were $2,954,766,861 and $2,338,253,107 representing 89.5% and 87.7% of total direct premiums written as of December 31, 2020 and December 31, 2019, respectively.

D. Pursuant to the Medicaid Managed Care Rule, based on the State's election the Company is required to maintain specific minimum loss ratios on the Medicaid line of business. The Company has no amounts accrued for Medicaid minimum loss ratio rebates as of December 31, 2020 and December 31, 2019, respectively.

Pursuant to the Medicaid Managed Care Rule, based on the State's election and state contractual minimum loss ratio requirements, the Company is required to maintain specific minimum loss ratios on its MyCare Ohio population. The Company's actual medical loss ratios for the MyCare Ohio were in excess of the minimum requirements and as a result, no minimum loss ratio liability was required as of December 31, 2020 and December 31, 2019, respectively.

E. Risk-Sharing Provisions of the Affordable Care Act

(1–5) The Company did not write accident and health premiums in 2020 and 2019 subject to the risk-sharing provisions of the ACA.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and health care and other amounts receivable (excluding provider loans and advances not yet expensed) for the years ended December 31, 2020 and 2019:

	2020		
	Current Year Incurred Claims	**Prior Years Incurred Claims**	**Total**
Beginning of year claim reserve	$ -	$ (185,931,872)	$ (185,931,872)
Paid claims—net of health care receivables* and reinsurance recoveries collected	2,418,991,371	143,385,300	2,562,376,671
End of year claim reserve	216,278,011	4,024,680	220,302,691
Incurred claims excluding the change in health care receivables as presented below	2,635,269,382	(38,521,892)	2,596,747,490
Beginning of year health care receivables*	-	29,772,291	29,772,291
End of year health care receivables*	(18,606,164)	(6,599,711)	(25,205,875)
Total incurred claims	$ 2,616,663,218	$ (15,349,312)	$ 2,601,313,906

*Health care receivables excludes provider loans and advances not yet expensed of $6,897,139 and $11,739,311 for 2020 and 2019, respectively.

	2019		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	$ -	$ (159,867,900)	$ (159,867,900)
Paid claims—net of health care receivables* and reinsurance recoveries collected	2,104,255,093	131,958,522	2,236,213,615
End of year claim reserve	176,526,936	9,404,936	185,931,872
Incurred claims excluding the change in health care receivables as presented below	2,280,782,029	(18,504,442)	2,262,277,587
Beginning of year health care receivables*	-	30,490,707	30,490,707
End of year health care receivables*	(25,475,018)	(4,297,273)	(29,772,291)
Total incurred claims	$2,255,307,011	$ 7,688,992	$2,262,996,003

*Health care receivables excludes provider loans and advances not yet expensed of $11,739,311 and $12,448,107 for 2019 and 2018, respectively.

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and health care and other amounts receivable (excluding provider loans and advances not yet expensed), as of December 31, 2019 was $156,159,581. As of December 31, 2020, $143,385,300 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables and other amounts receivable (excluding provider loans and advances not yet expensed) are now $(2,575,031), as a result of re-estimation of unpaid claims. Therefore, there has been $15,349,312 favorable prior year development since December 31, 2019 to December 31, 2020. The primary drivers consist of favorable development of $15,683,770 in retroactivity for inpatient, outpatient, physician, and pharmacy claims and favorable development as a result of a change in the provision for adverse deviations in experience of $7,587,921, offset by unfavorable development of $2,863,751 due to reinsurance receivables, unfavorable development of $1,355,621 due to transportation provider payables, unfavorable development of $1,863,319 due to provider settlements, and unfavorable development of $866,111 due to Rx rebates. At December 31, 2019, the Company recorded $7,688,992 of unfavorable development related to unfavorable development of $19,727,117 in retroactivity for inpatient, outpatient, physician, and pharmacy claims, unfavorable development of $6,575,291 due to risk share, and unfavorable development of $1,876,217 due to reinsurance recoveries, offset by favorable development of $12,056,140 related to capitation, and favorable development as a result of a change in the provision for adverse deviations in experience of $9,008,056. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. 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 reserve for rate credits in the statutory basis statements of operations.

The Company incurred CAE of $114,755,609 and $115,768,870 in 2020 and 2019, respectively. These costs are included in the management service fees paid by the Company to UHS as a part of the Agreement (see Note 10). The following table discloses paid CAE, incurred CAE, and the balance in unpaid CAE reserve for 2020 and 2019:

	2020	2019
Total claims adjustment expenses	$ 114,755,609	$ 115,768,870
Less: current year unpaid claims adjustment expenses	(2,389,891)	(2,134,827)
Add: prior year unpaid claims adjustment expenses	2,134,827	2,132,603
Total claims adjustment expenses paid	$ 114,500,545	$ 115,766,646

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid CAE in 2020.

26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. The Company did not have any intercompany pooling arrangements in 2020 or 2019.

27. STRUCTURED SETTLEMENTS

A–B. The Company did not have structured settlements in 2020 or 2019.

28. HEALTH CARE RECEIVABLES

A. Pharmacy 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 nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, *Health Care and Government Insured Plan Receivables* ("SSAP No. 84") 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 of SSAP No. 84, the pharmacy rebate 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
12/31/2020	$ 8,288,646	$ 2,634,623	$ -	$ -	$ -
9/30/2020	8,102,875	8,072,060	5,038,934	-	-
6/30/2020	8,100,759	8,026,647	6,457,126	1,303,123	-
3/31/2020	7,119,295	7,636,379	2,757,363	4,559,310	87,350
12/31/2019	11,946,381	11,964,256	7,725,170	2,970,959	1,011,538
9/30/2019	12,618,168	12,593,528	7,907,249	3,156,037	1,226,439
6/30/2019	12,909,822	12,809,547	7,187,239	5,061,344	304,456
3/31/2019	12,858,129	12,618,146	8,621,862	2,222,988	1,474,827
12/31/2018	13,266,547	12,795,534	9,797,655	2,990,907	124,840
9/30/2018	12,112,505	11,995,885	8,572,986	2,767,504	552,676
6/30/2018	12,584,130	12,245,098	8,674,318	2,961,392	500,898
3/31/2018	12,605,919	12,371,048	8,240,554	3,362,946	707,847

Of the amount reported as health care and other amounts receivable, $15,420,043 and $17,136,092 relates to pharmacy rebates receivable as of December 31, 2020 and 2019, respectively.

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

The Company also admitted $768,723and $740,359 of provider receivables resulting from claim overpayments and $4,724,996 and $5,002,608 for receivables from the ODM PFK program as of December 31, 2020 and December 31, 2019, respectively, which are included in health care and other receivables in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2020 or 2019.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company's PDR as of December 31, 2020 and 2019:

	2020
1. Liability carried for premium deficiency reserves	$ 12,165,000
2. Date of the most recent evaluation of this liability	12/31/2020
3. Was anticipated investment income utilized in this calculation?	Yes [X] No [ ]

	2019
1. Liability carried for premium deficiency reserves	$ -
2. Date of the most recent evaluation of this liability	12/31/2019
3. Was anticipated investment income utilized in this calculation?	Yes [X] No [ ]

PDR is included in aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2020 and 2019, 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.

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 [X] 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 [X] No [ ] N/A [ ]

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000731766

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

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. 12/31/2018

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). 06/01/2020

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 [X]

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

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 [X]
4.12 renewals? Yes [ ] No [X]

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 [X]
4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
If yes, complete and file the merger history data file with the NAIC.

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 [X]

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 [X]

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

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 US, LLP, 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 18A 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 P. Donnelly, Director of Actuarial Services of the Community and State division of United HealthCare Services, Inc., of which UnitedHealthCare Community Plan of Ohio, Inc. is an affiliate, 9800 Health Care 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 [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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).

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 [X] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	$	0
22.22 Amount paid as expenses	$	46,258,263
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 securities 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 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $ 0

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $ 0

24.06 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]

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

24.08 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]

GENERAL INTERROGATORIES

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

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
24.093 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 Placed under option agreements $ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $ 0
25.27 FHLB Capital Stock $ 0
25.28 On deposit with states $ 3,418,310
25.29 On deposit with other regulatory bodies $ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB $ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements $ 0
25.32 Other $ 0

25.3 For category (25.26) 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 [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
26.42 Permitted accounting practice Yes [ ] No [ ]
26.43 Other accounting guidance Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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
Bank of New York Mellon	Global Liquidity Services, 1 Wall St, 14th Floor, New York, NY 10286
Northern Trust	50 S. LaSalle, Chicago, IL 60675

GENERAL INTERROGATORIES

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 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts"; "…handle securities"]

1 Name of Firm or Individual	2 Affiliation
Internally Managed	I
BlackRock Financial Management, Inc.	U
JPMorgan Investment Management, Inc.	U
BNY Mellon Asset Management North America	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105	BlackRock Financial Management, Inc.	549300LVXYIVJKE13M84	SEC	NO
107038	JPMorgan Investment Management, Inc.	549300W78QHV4XMM6K69	SEC	NO
105764	BNY Mellon Asset Management North America	ME7YUCK4NF1W8VM8SP25	SEC	NO

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

GENERAL INTERROGATORIES

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	419,179,153	439,482,443	20,303,290
30.2 Preferred stocks	0	0	0
30.3 Totals	419,179,153	439,482,443	20,303,290

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 Investment Analysis Office been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
   a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
   b. Issuer or obligor is current on all contracted interest and principal payments.
   c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

   Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
   a. The security was purchased prior to January 1, 2018.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
   d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

   Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
   a. The shares were purchased prior to January 1, 2019.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
   d. The fund only or predominantly holds bonds in its portfolio.
   e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
   f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

   Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
   a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
   b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
   c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
   d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.

   Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [X] N/A [ ]

GENERAL INTERROGATORIES

OTHER

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

37.2 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

38.1 Amount of payments for legal expenses, if any? $ 0

38.2 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

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

39.2 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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

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	3,266,103,382	2,635,850,099
2.2	Premium Denominator	3,266,103,382	2,635,850,099
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	355,436,208	188,339,213
2.5	Reserve Denominator	355,436,208	188,339,213
2.6	Reserve Ratio (2.4/2.5)	1.000	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 [ ] No [X]

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 [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

- 5.31 Comprehensive Medical $ 0
- 5.32 Medical Only $ 1,050,000
- 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 [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

- 8.1 Number of providers at start of reporting year 75,680
- 8.2 Number of providers at end of reporting year 103,901

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

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

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $ 1,768,535
10.22 Amount actually paid for year bonuses $ 6,964,086
10.23 Maximum amount payable withholds $ 602,071
10.24 Amount actually paid for year withholds $ 546,792

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]
11.14 A Mixed Model (combination of above)? Yes [X] No [ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio
11.4 If yes, show the amount required. $ 1,700,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation
Ohio Statutes Title 17, Chapter 1751, section 28, paragraph 4 requires the Company's net worth to be equal to or greater than $1,700,000.

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

1 Name of Service Area
Ohio - Statewide

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

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 [X]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit 5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written $ 0
15.2 Total Incurred Claims $ 0
15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [X]

FIVE-YEAR HISTORICAL DATA

		1 2020	2 2019	3 2018	4 2017	5 2016
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	820,722,370	634,955,714	576,744,345	494,579,047	449,392,697
2.	Total liabilities (Page 3, Line 24)	434,695,615	279,047,829	213,967,274	221,450,282	229,653,361
3.	Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4.	Total capital and surplus (Page 3, Line 33)	386,026,755	355,907,885	362,777,071	273,128,765	219,739,336
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	3,145,603,023	2,638,464,728	2,510,484,616	2,231,848,109	2,059,387,555
6.	Total medical and hospital expenses (Line 18)	2,601,313,906	2,262,996,003	2,004,328,570	1,796,887,742	1,683,175,206
7.	Claims adjustment expenses (Line 20)	114,755,609	115,768,870	102,352,197	99,533,394	94,342,306
8.	Total administrative expenses (Line 21)	275,854,333	218,103,845	247,143,730	222,901,154	237,116,492
9.	Net underwriting gain (loss) (Line 24)	141,514,175	41,596,010	156,660,119	112,525,819	44,753,551
10.	Net investment gain (loss) (Line 27)	9,900,156	12,112,561	10,257,851	7,084,250	7,195,236
11.	Total other income (Lines 28 plus 29)	0	0	(11,811)	(23,307)	(3,030,268)
12.	Net income or (loss) (Line 32)	107,405,183	42,755,338	124,717,714	78,809,685	22,910,465
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	247,657,986	53,593,942	42,261,411	81,222,754	19,397,094
	Risk-Based Capital Analysis					
14.	Total adjusted capital	386,026,755	355,907,885	362,777,071	273,128,765	219,739,336
15.	Authorized control level risk-based capital	69,866,922	88,810,067	78,344,679	68,651,383	63,200,859
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	360,111	308,118	304,233	312,886	293,677
17.	Total members months (Column 6, Line 7)	4,076,884	3,688,773	3,833,905	3,703,252	3,548,668
	Operating Percentage (Page 4) (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)	82.7	85.8	79.8	80.5	82.2
20.	Cost containment expenses	2.5	3.2	2.6	2.9	2.8
21.	Other claims adjustment expenses	1.1	1.2	1.5	1.5	1.8
22.	Total underwriting deductions (Line 23)	95.5	98.4	93.8	95.0	98.4
23.	Total underwriting gain (loss) (Line 24)	4.5	1.6	6.2	5.0	2.2
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	140,810,270	137,066,187	121,410,171	126,813,174	101,533,681
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	156,159,582	129,377,192	136,909,029	136,747,568	130,298,889
	Investments In Parent, Subsidiaries and Affiliates					
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

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	States, etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama AL	N	0	0	0	0	0	0	0	0
2.	Alaska AK	N	0	0	0	0	0	0	0	0
3.	Arizona AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas AR	N	0	0	0	0	0	0	0	0
5.	California CA	N	0	0	0	0	0	0	0	0
6.	Colorado CO	N	0	0	0	0	0	0	0	0
7.	Connecticut CT	N	0	0	0	0	0	0	0	0
8.	Delaware DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia DC	N	0	0	0	0	0	0	0	0
10.	Florida FL	N	0	0	0	0	0	0	0	0
11.	Georgia GA	N	0	0	0	0	0	0	0	0
12.	Hawaii HI	N	0	0	0	0	0	0	0	0
13.	Idaho ID	N	0	0	0	0	0	0	0	0
14.	Illinois IL	N	0	0	0	0	0	0	0	0
15.	Indiana IN	N	0	0	0	0	0	0	0	0
16.	Iowa IA	N	0	0	0	0	0	0	0	0
17.	Kansas KS	N	0	0	0	0	0	0	0	0
18.	Kentucky KY	N	0	0	0	0	0	0	0	0
19.	Louisiana LA	N	0	0	0	0	0	0	0	0
20.	Maine ME	N	0	0	0	0	0	0	0	0
21.	Maryland MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts MA	N	0	0	0	0	0	0	0	0
23.	Michigan MI	N	0	0	0	0	0	0	0	0
24.	Minnesota MN	N	0	0	0	0	0	0	0	0
25.	Mississippi MS	N	0	0	0	0	0	0	0	0
26.	Missouri MO	N	0	0	0	0	0	0	0	0
27.	Montana MT	N	0	0	0	0	0	0	0	0
28.	Nebraska NE	N	0	0	0	0	0	0	0	0
29.	Nevada NV	N	0	0	0	0	0	0	0	0
30.	New Hampshire NH	N	0	0	0	0	0	0	0	0
31.	New Jersey NJ	N	0	0	0	0	0	0	0	0
32.	New Mexico NM	N	0	0	0	0	0	0	0	0
33.	New York NY	N	0	0	0	0	0	0	0	0
34.	North Carolina NC	N	0	0	0	0	0	0	0	0
35.	North Dakota ND	N	0	0	0	0	0	0	0	0
36.	Ohio OH	L	0	348,845,167	2,952,844,041	0	0	0	3,301,689,208	52,229,349
37.	Oklahoma OK	N	0	0	0	0	0	0	0	0
38.	Oregon OR	N	0	0	0	0	0	0	0	0
39.	Pennsylvania PA	N	0	0	0	0	0	0	0	0
40.	Rhode Island RI	N	0	0	0	0	0	0	0	0
41.	South Carolina SC	N	0	0	0	0	0	0	0	0
42.	South Dakota SD	N	0	0	0	0	0	0	0	0
43.	Tennessee TN	N	0	0	0	0	0	0	0	0
44.	Texas TX	N	0	0	0	0	0	0	0	0
45.	Utah UT	N	0	0	0	0	0	0	0	0
46.	Vermont VT	N	0	0	0	0	0	0	0	0
47.	Virginia VA	N	0	0	0	0	0	0	0	0
48.	Washington WA	N	0	0	0	0	0	0	0	0
49.	West Virginia WV	N	0	0	0	0	0	0	0	0
50.	Wisconsin WI	N	0	0	0	0	0	0	0	0
51.	Wyoming WY	N	0	0	0	0	0	0	0	0
52.	American Samoa AS	N	0	0	0	0	0	0	0	0
53.	Guam GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0
57.	Canada CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	348,845,167	2,952,844,041	0	0	0	3,301,689,208	52,229,349
60.	Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	XXX	0	348,845,167	2,952,844,041	0	0	0	3,301,689,208	52,229,349
	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	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

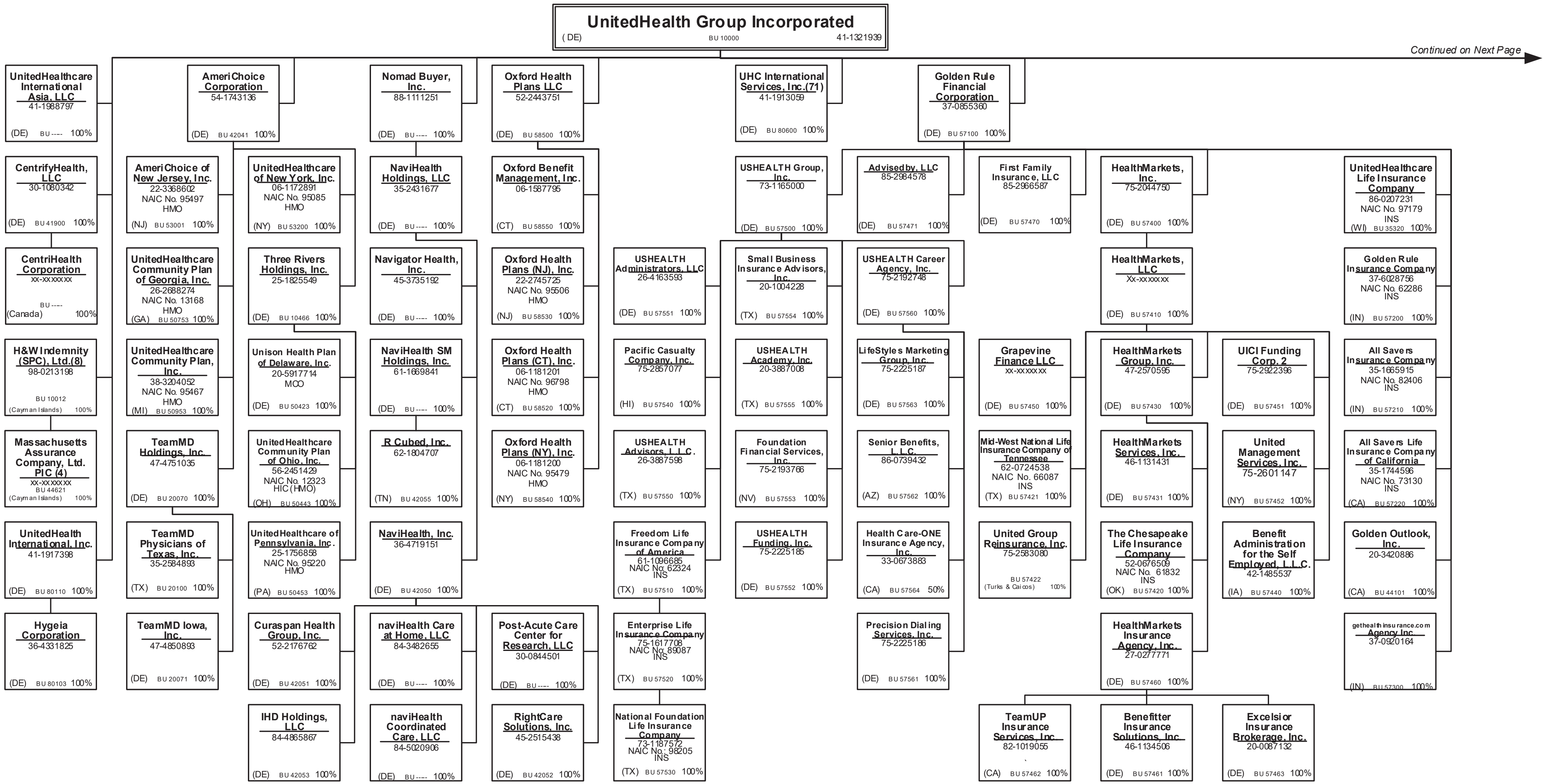
(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
R - Registered - Non-domiciled RRGs 0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0
Q - Qualified - Qualified or accredited reinsurer 0
N - None of the above - Not allowed to write business in the state 56

(b) Explanation of basis of allocation by states, premiums by state, etc.
Premiums allocated by state based upon Geographic Market.

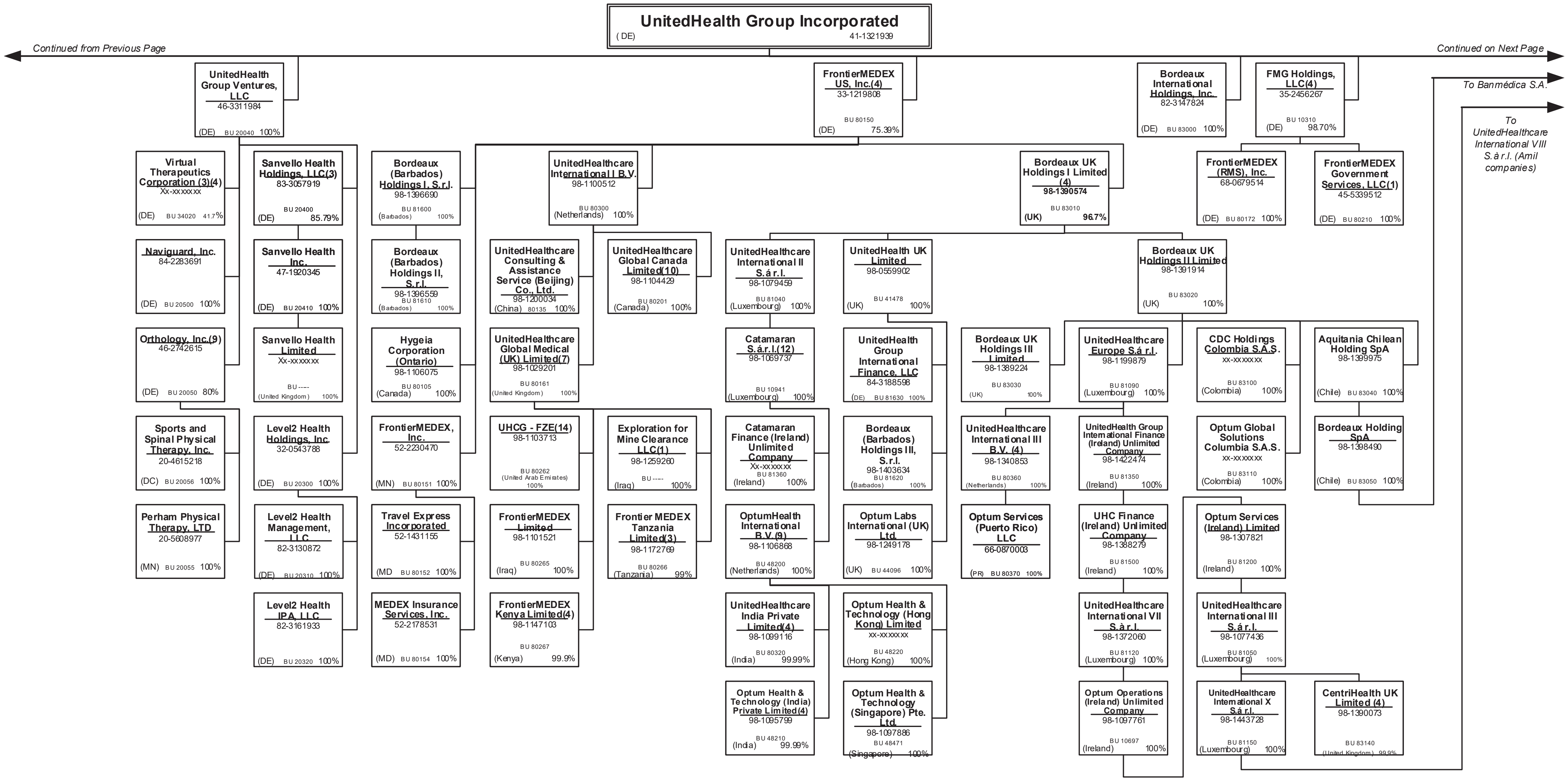
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



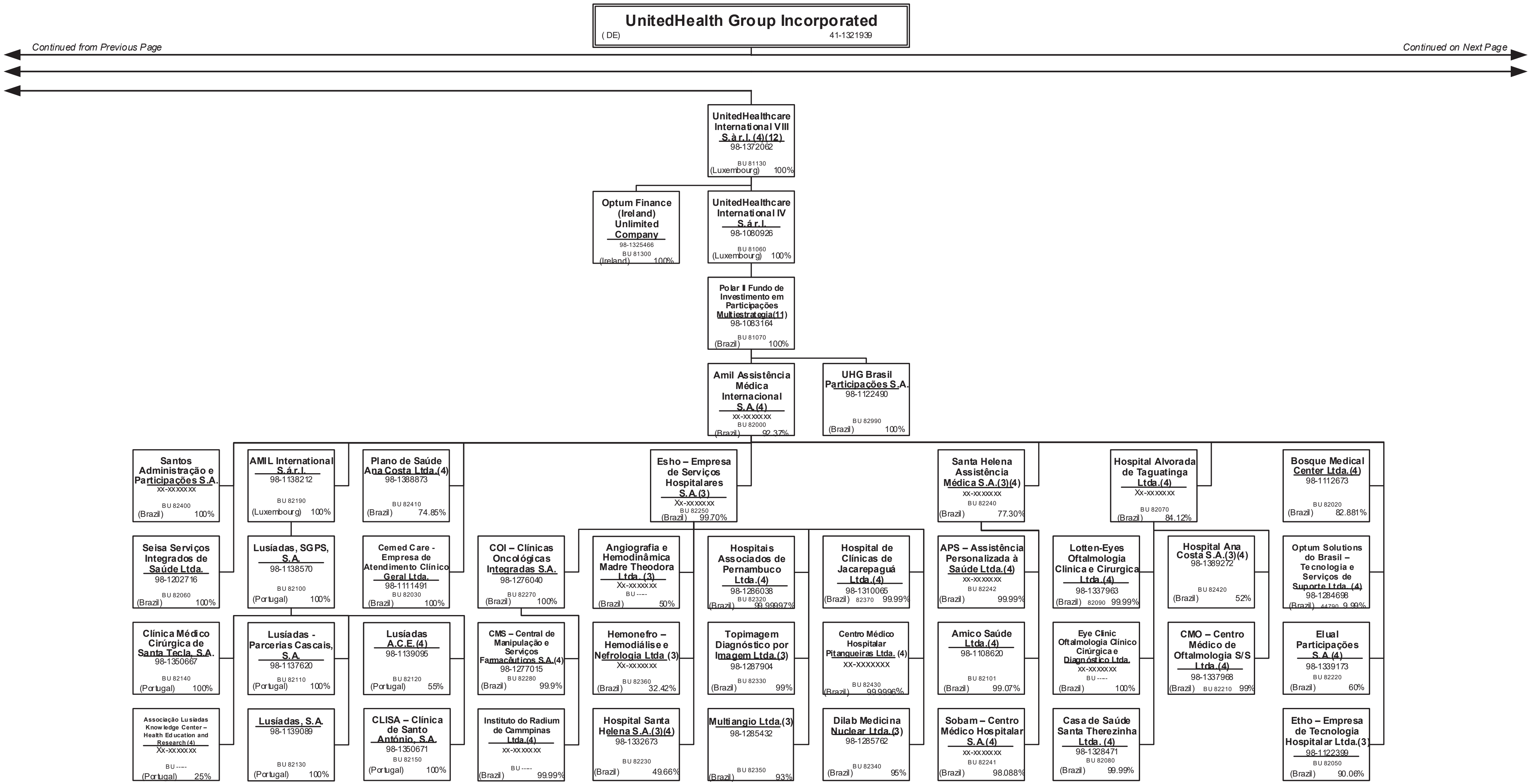
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



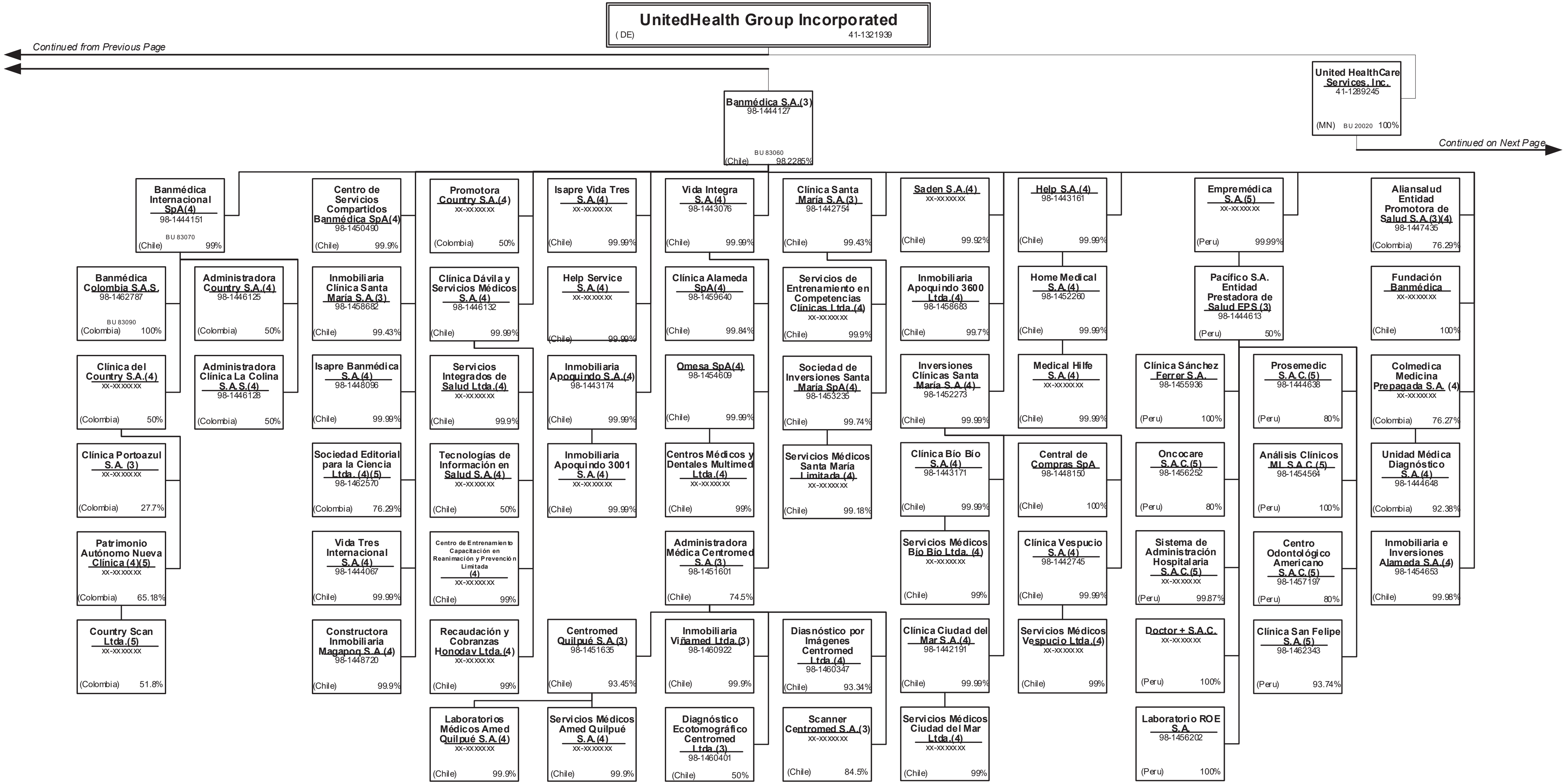
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



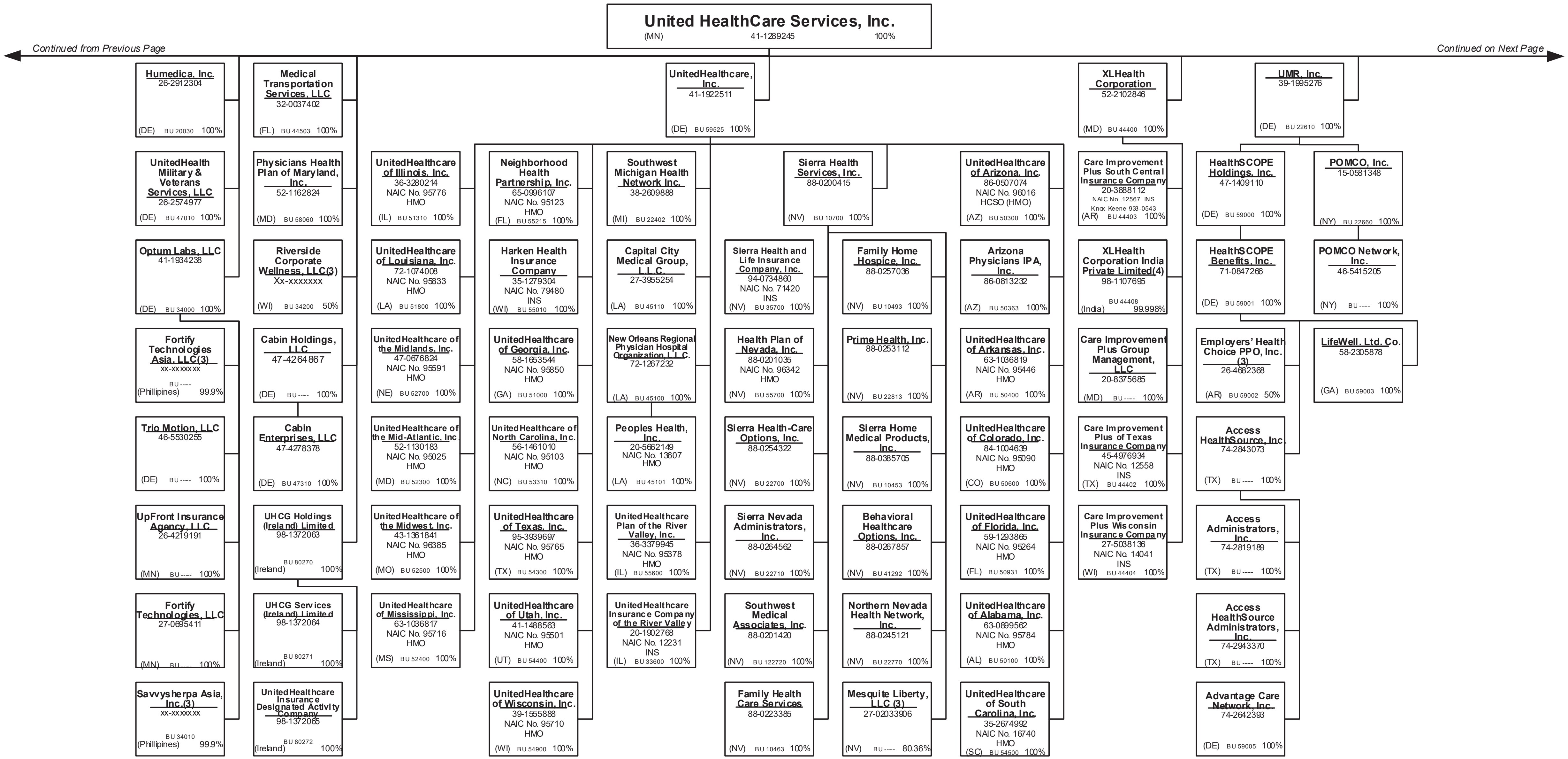
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



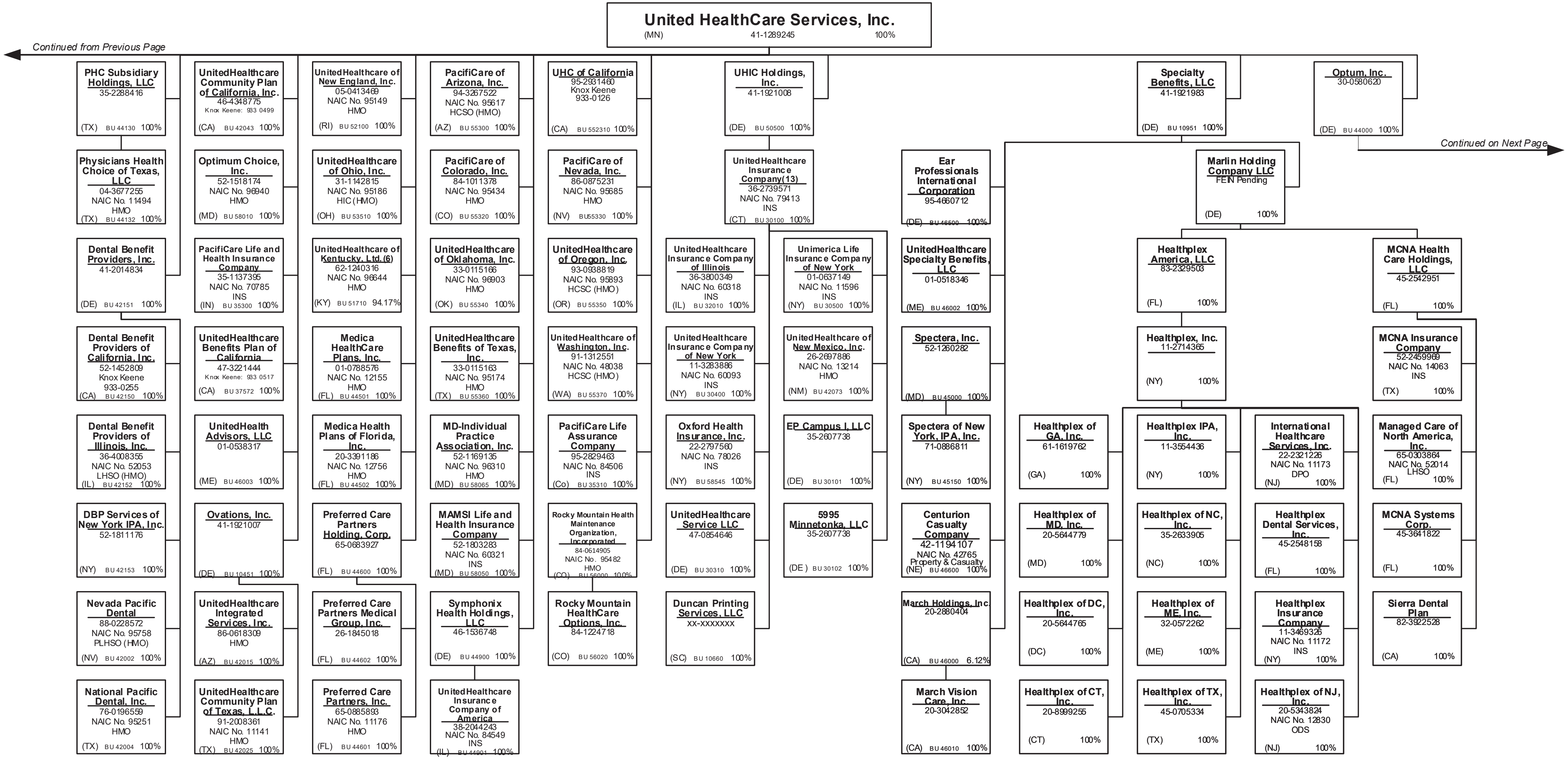
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



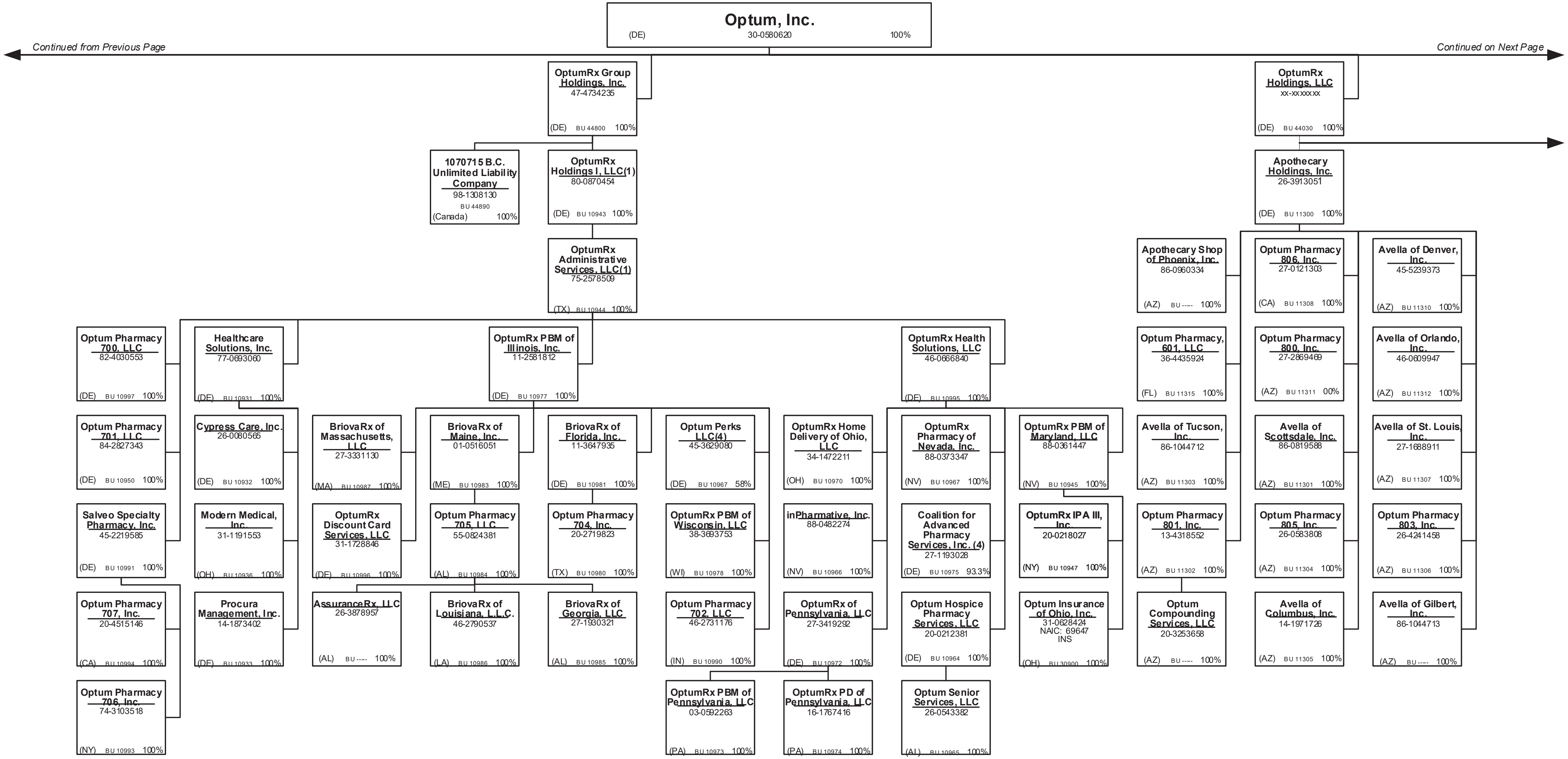
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



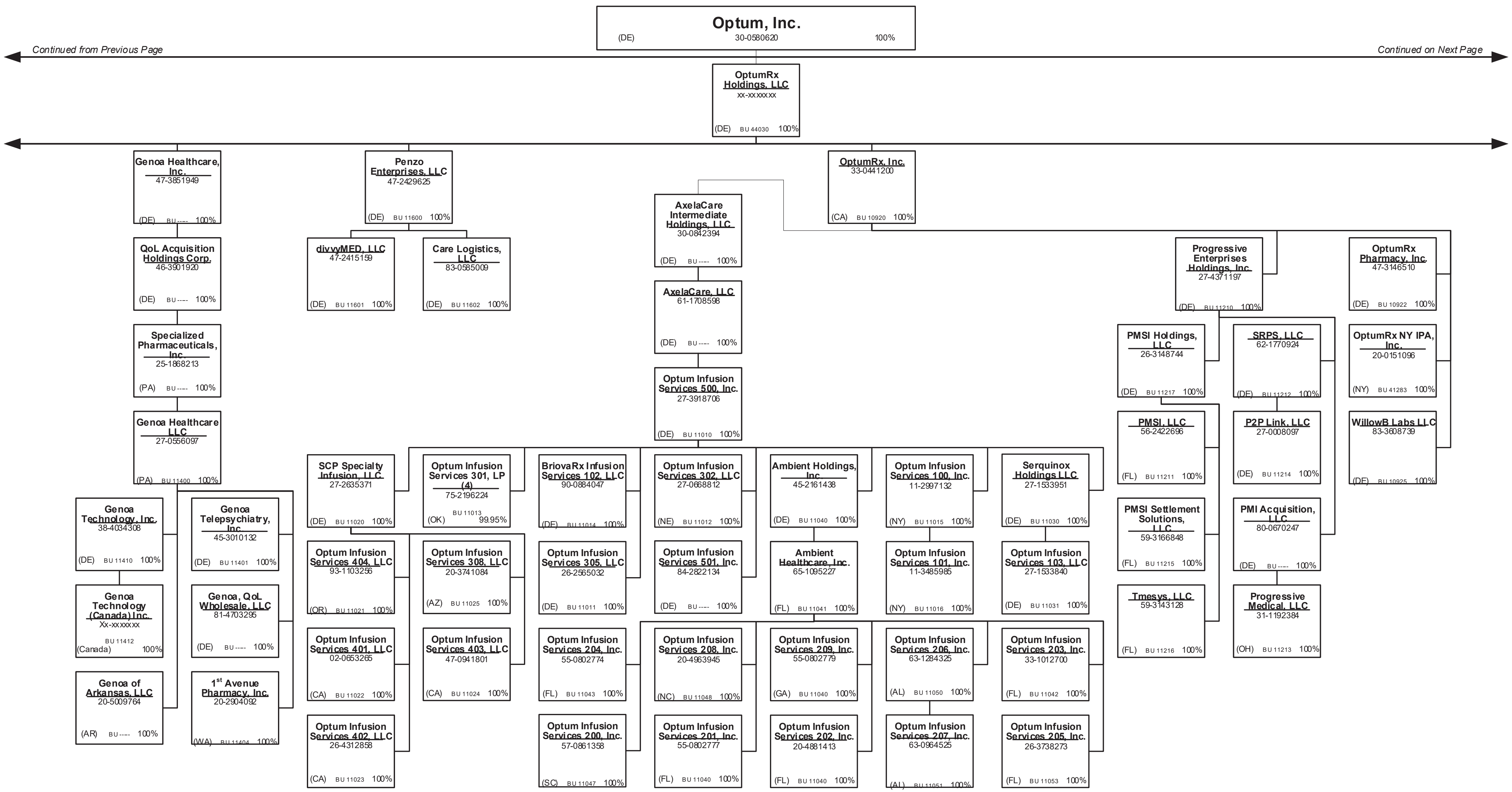
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



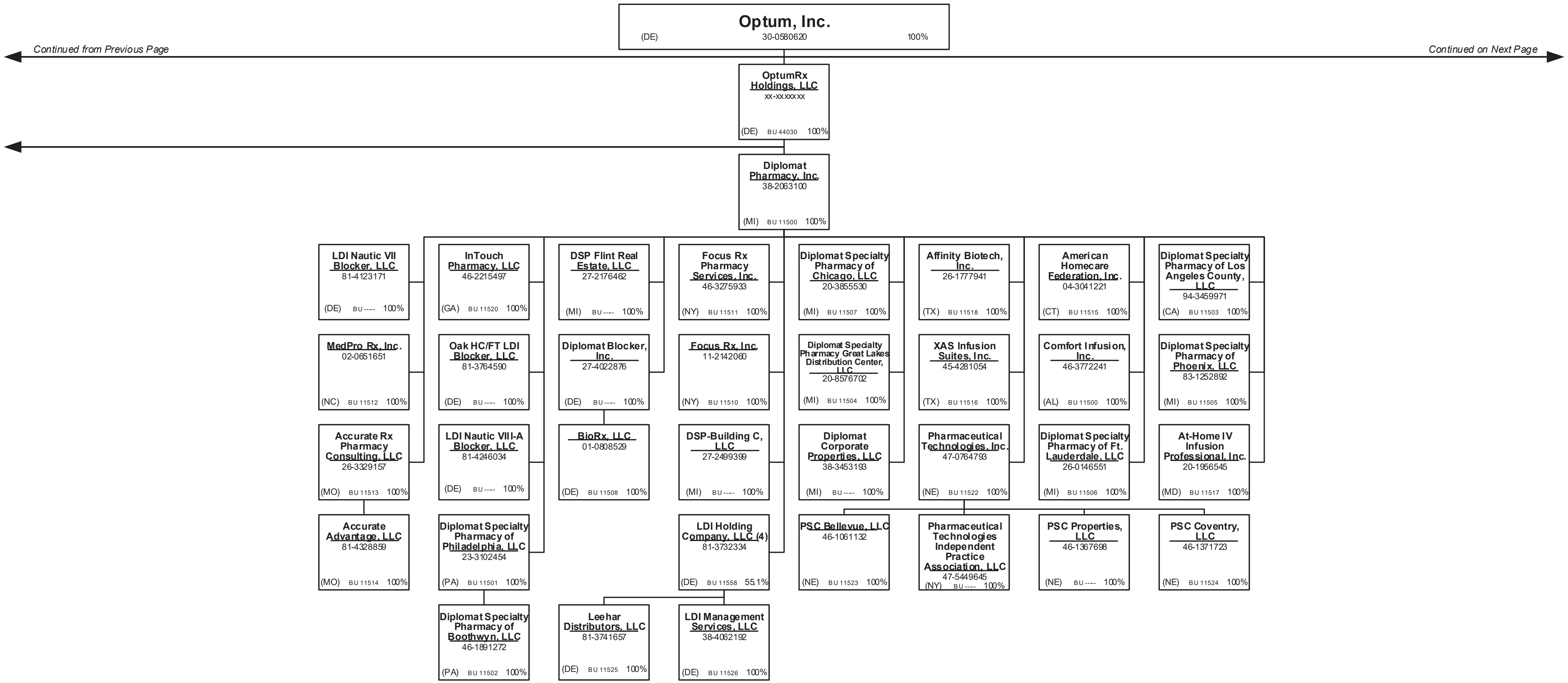
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



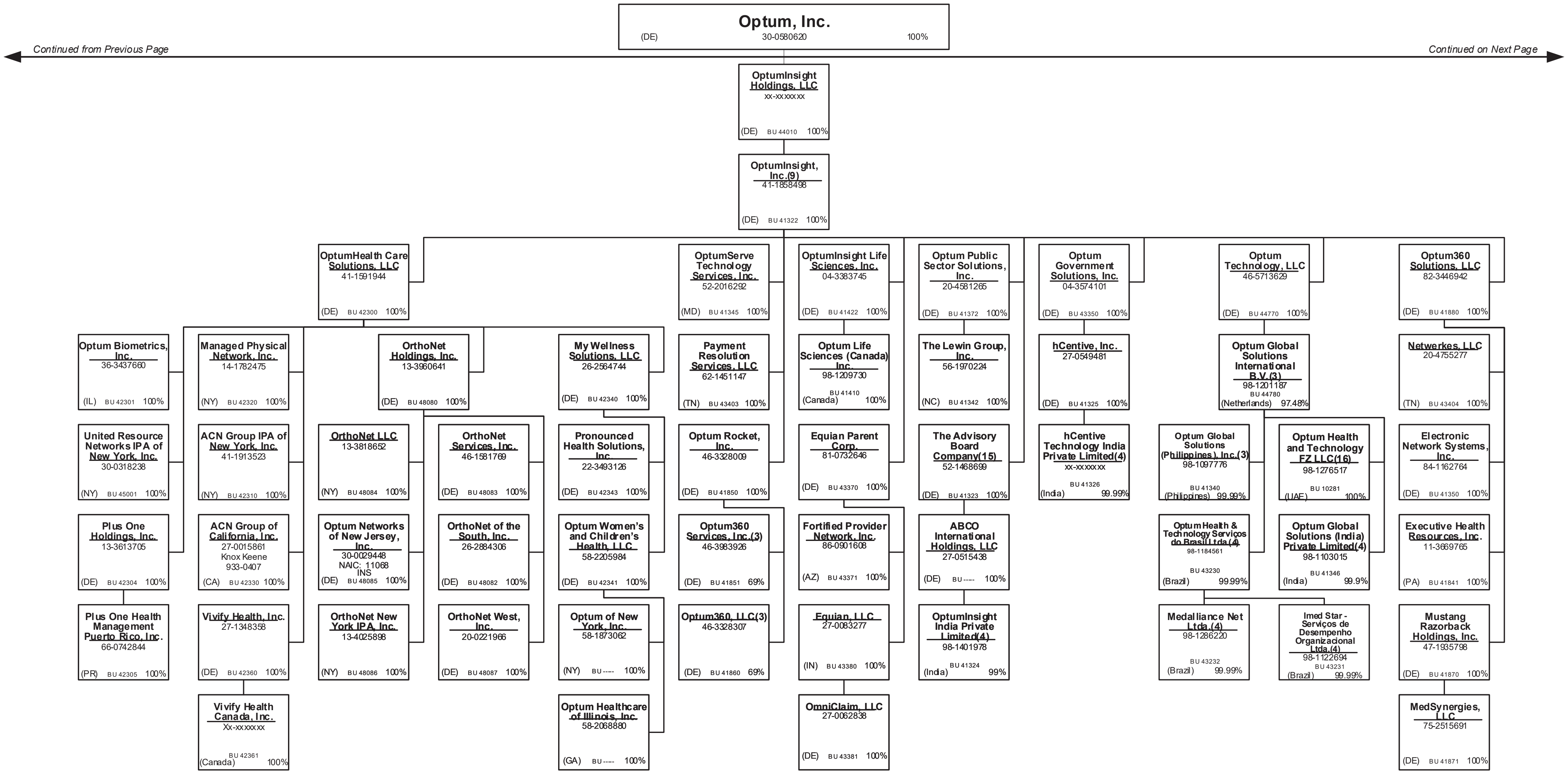
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



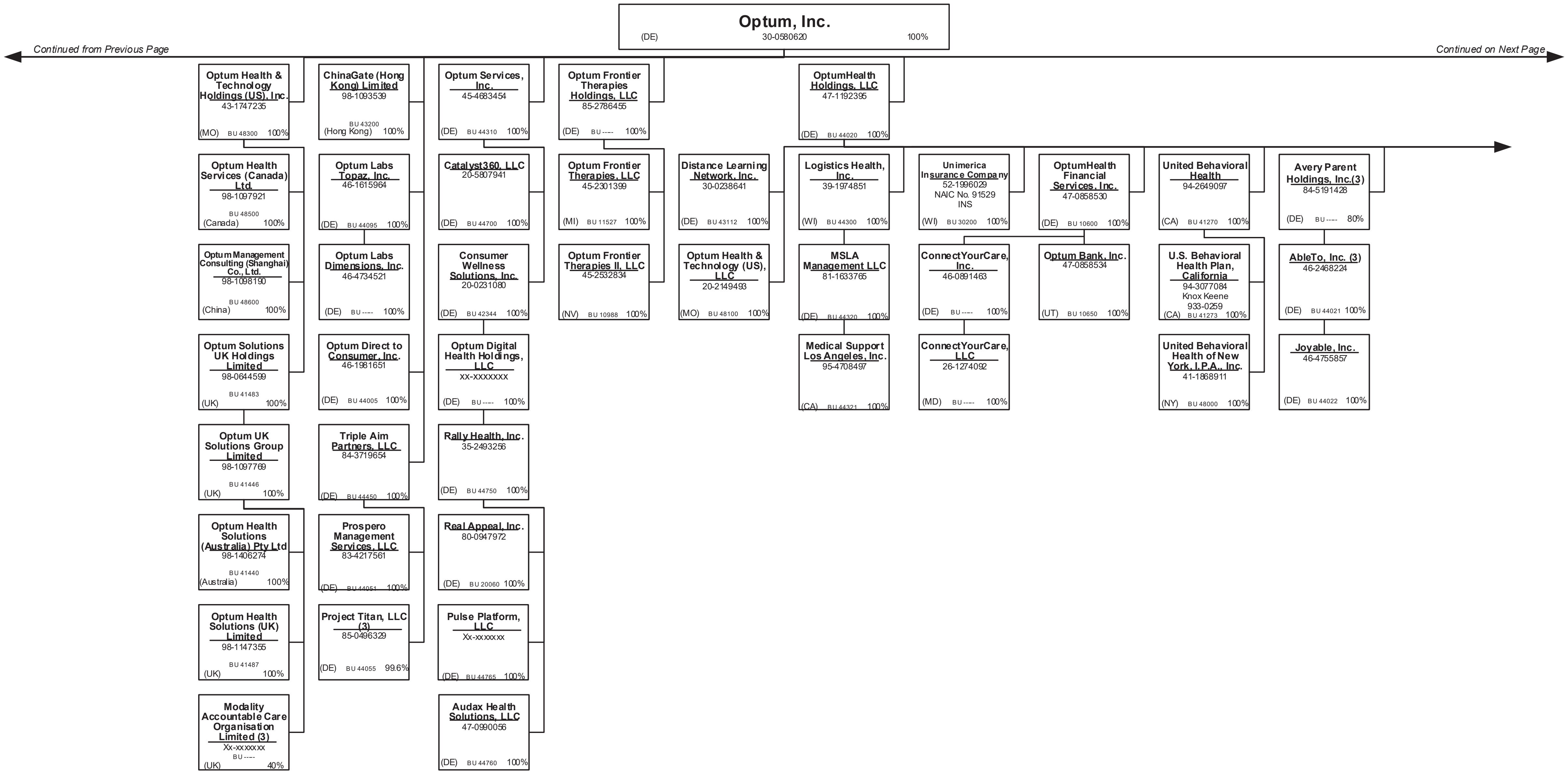
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



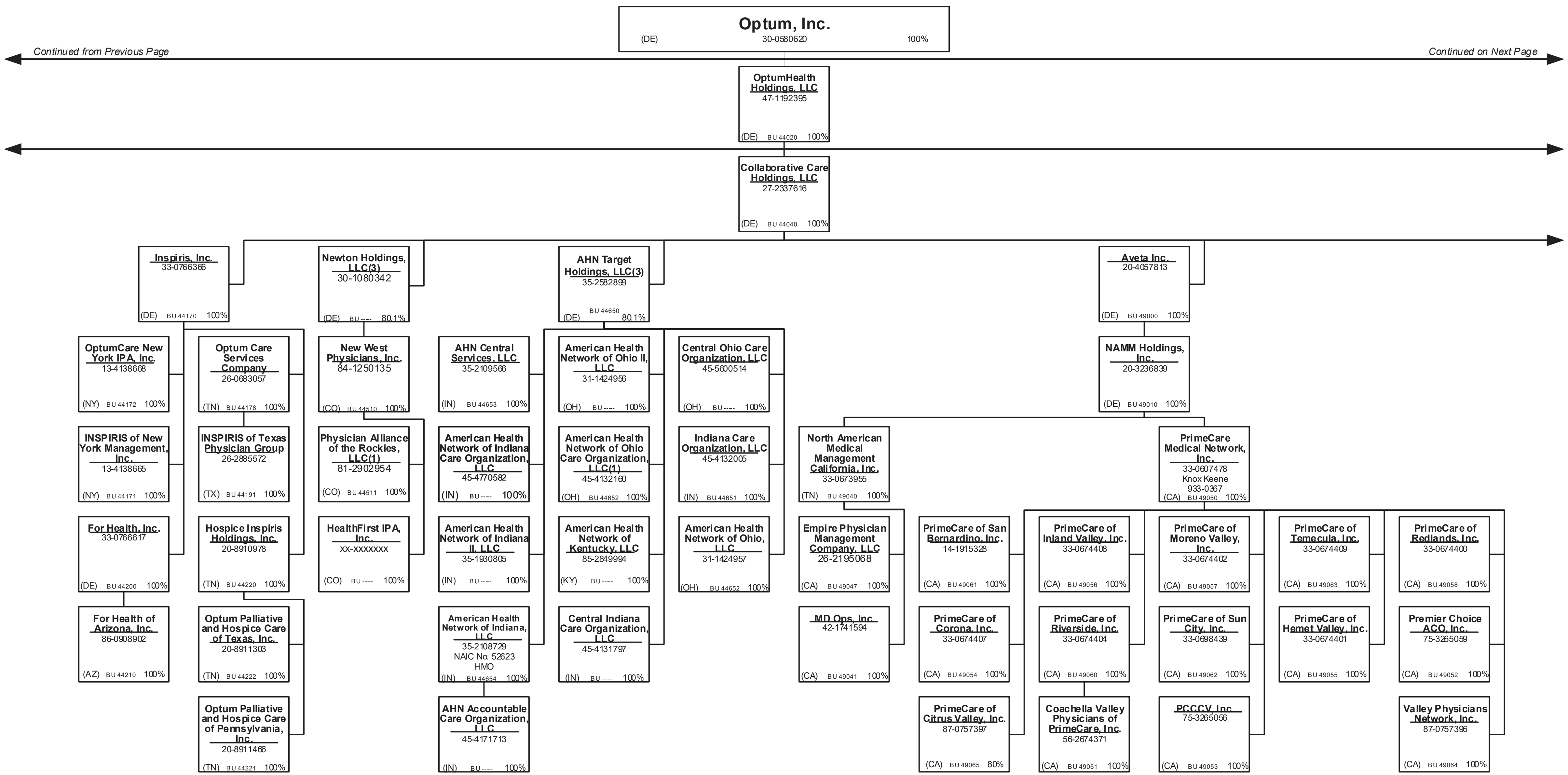
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



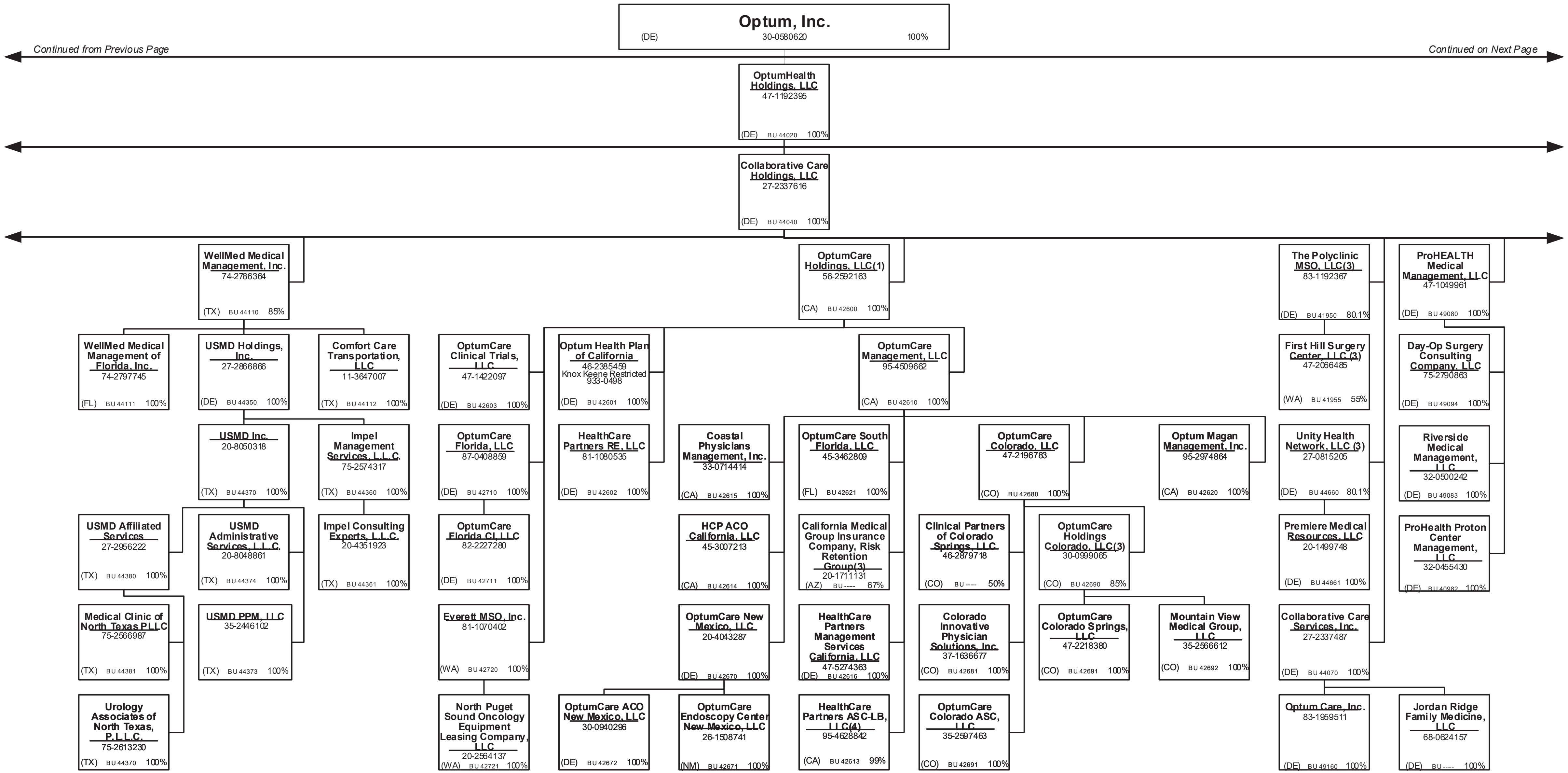
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



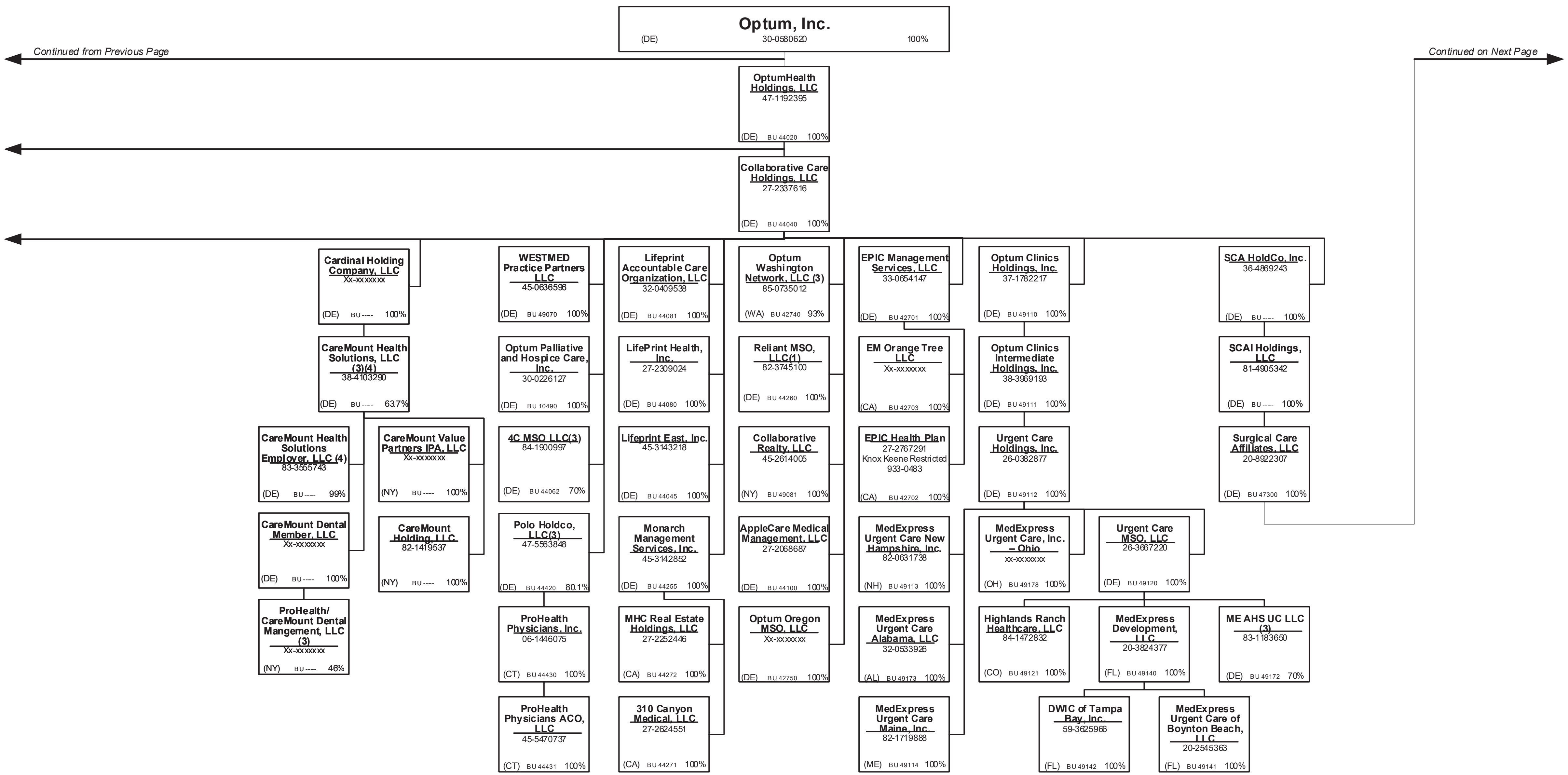
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



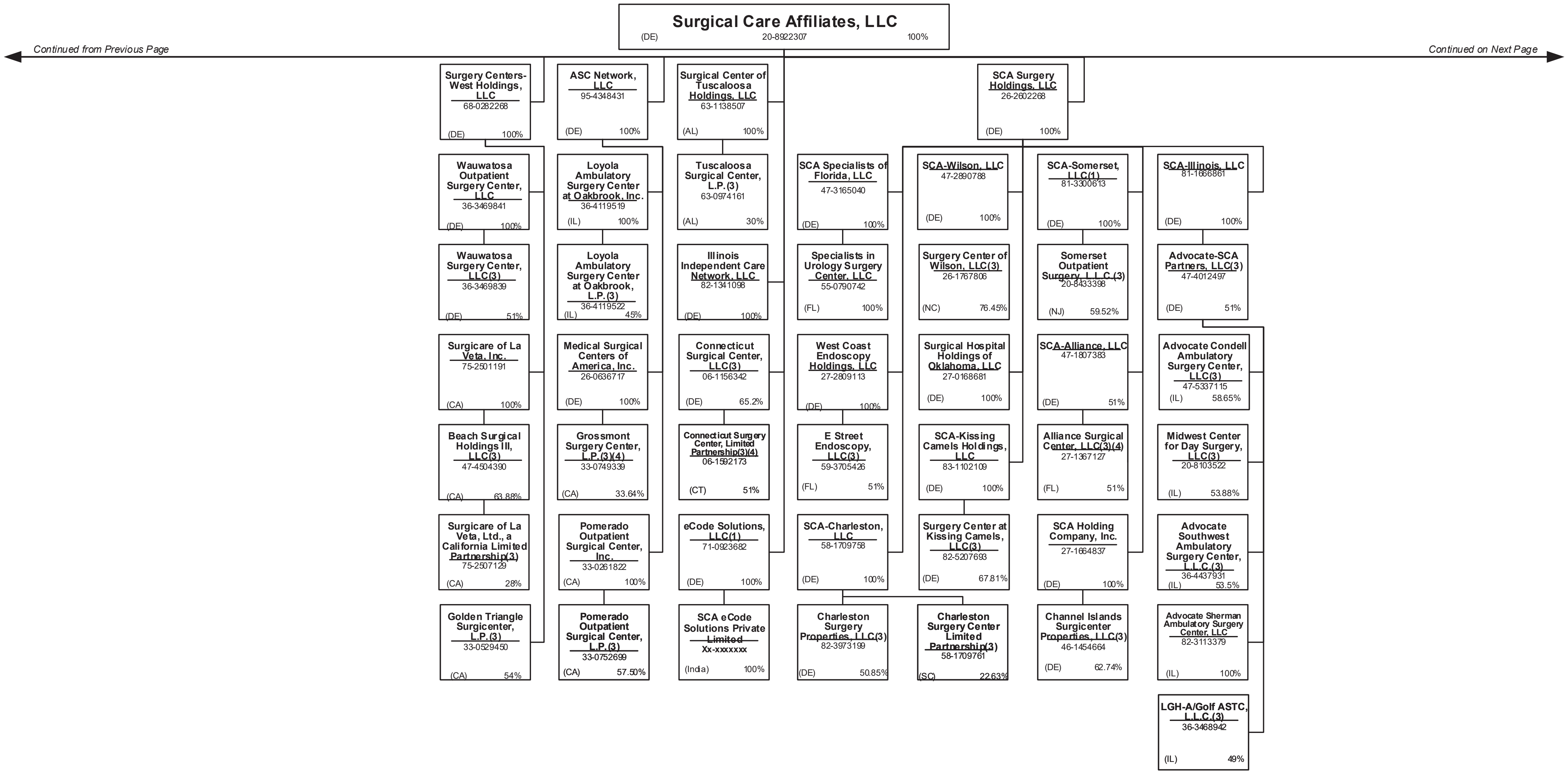
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



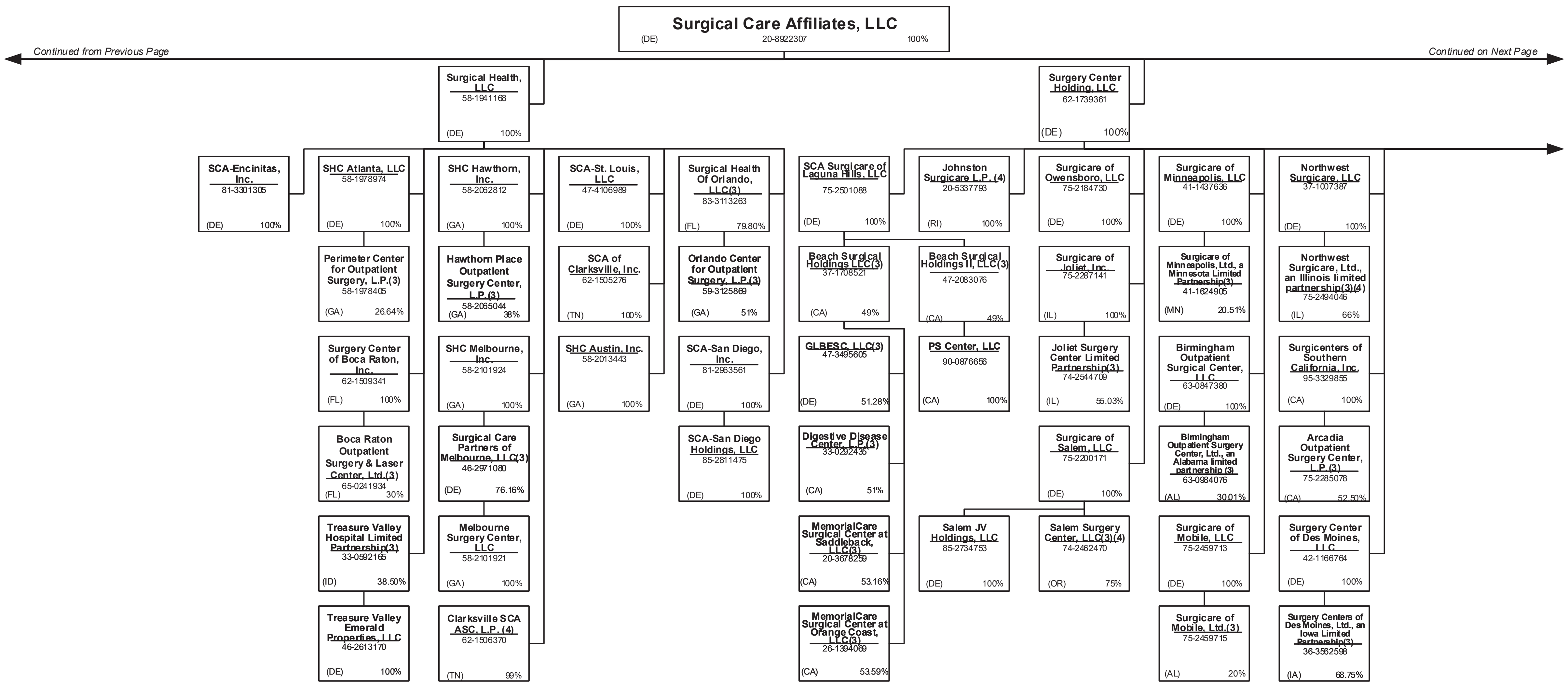
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



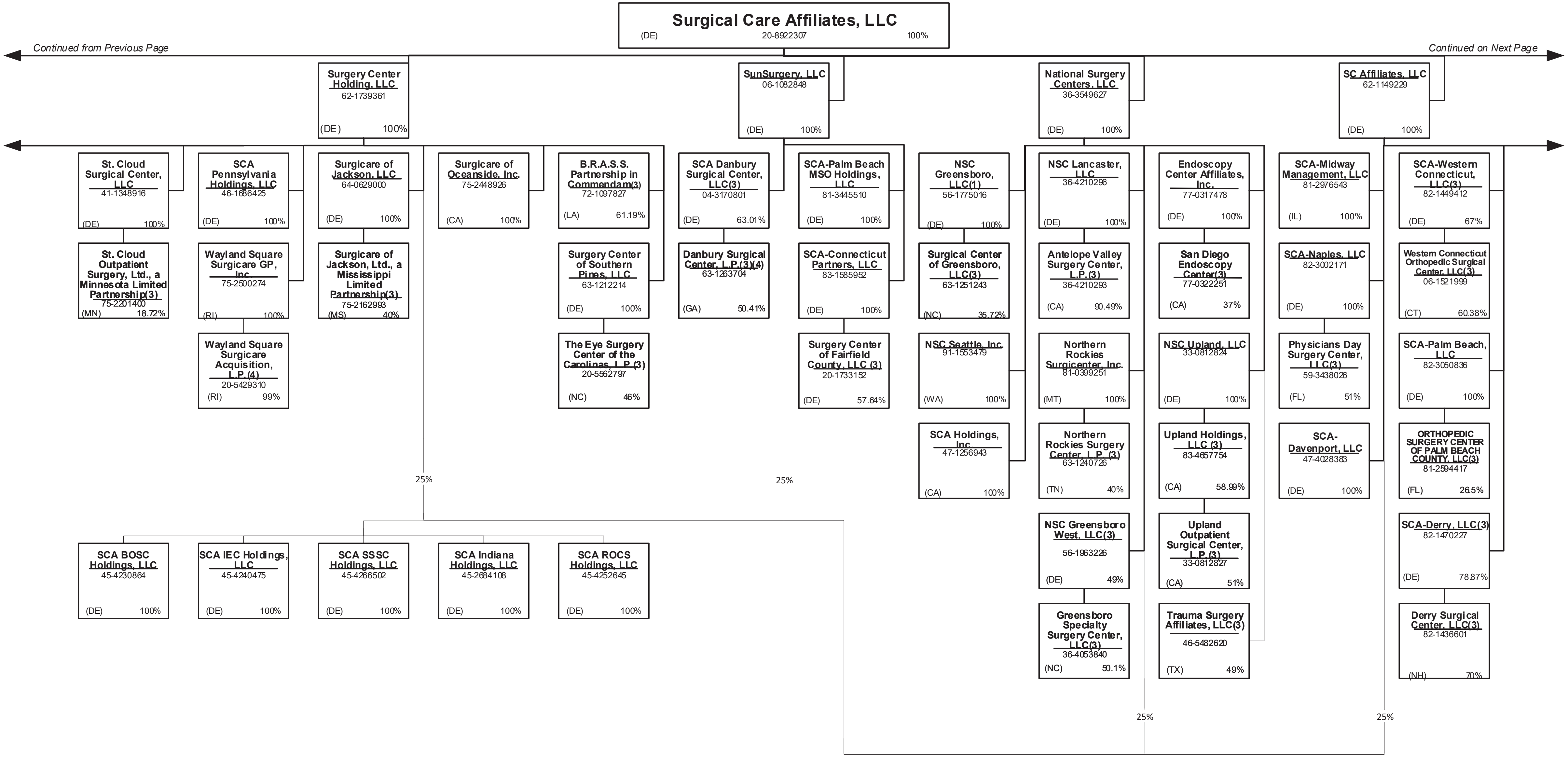
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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

PART 1 – ORGANIZATIONAL CHART



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

PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC (DE) 20-8922307 100%

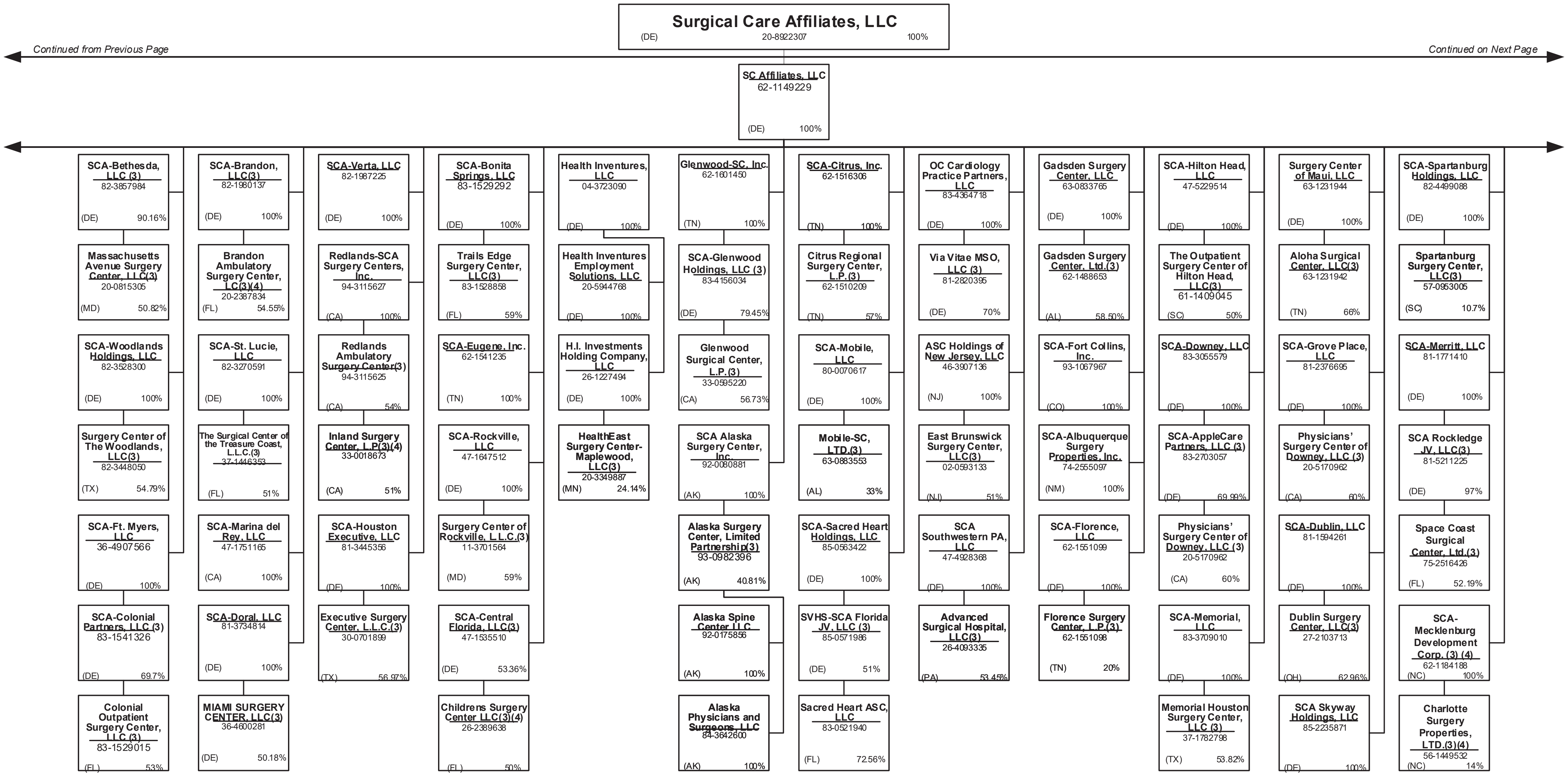
Continued from Previous Page

Continued on Next Page

- **SC Affiliates, LLC** 62-1149229 (DE) 100%
  - Connecticut Surgery Properties, LLC 26-1313646 (DE) 100%
  - SCA Athens, LLC 47-5537316 (DE) 100%
  - SCA-Phoenix, LLC 47-2785908 (DE) 100%
  - SCA Sage Medical, LLC 84-3673924 (DE) 100%
    - SCA Sage Medical MSO, LLC 84-3689385 (DE) 26%
  - Surgery Center of Louisville, LLC 62-1179537 (DE) 100%
    - Louisville S.C., Ltd.(3) 62-1179566 (KY) 59.40%
  - SCA-Sand Lake, LLC(3) 47-1685878 (DE) 79.59%
    - Sand Lake SurgiCenter, LLC(3) 27-3787593 (FL) 51.45%
  - SCA-Sparta, LLC 47-2676325 (DE) 100%
    - Specialty Surgical Center, LLC(3) 20-3412545 (NJ) 51%
  - SCA West Health Holdings, LLC 85-3263993 (DE) 100%
    - WestHealth JV Holdings, LLC 85-3312235 (DE) 100%
  - SCA-Morris Avenue, LLC Xx-xxxxxxx (DE) 100%
  - SCA-Main Street, LLC 81-4292506 (DE) 100%
    - The Surgical Center of Connecticut, LLC(3) 06-1552689 (CT) 20.37%
  - SCA-Naperville, LLC 81-2850365 (DE) 100%
  - Marin Surgery Holdings, Inc. 26-2601943 (DE) 100%
    - MGH/SCA, LLC(4) 38-3861395 (CA) 99%
      - Marin Speciality Surgery Center, LLC (3) 26-2637247 (CA) 51%
        - Marin Health Ventures, LLC 94-3377073 (CA) 100%
  - SCA-Mokena, LLC 81-1065674 (DE) 100%
    - Southwest Surgery Center, LLC(3) 36-4369359 (IL) 54.3%
  - SCA-Mt. Pleasant, LLC 62-1506655 (DE) 100%
    - Mt. Pleasant Surgery Center, L.P.(3) 62-1506649 (TN) 99%
  - SCA Denver Holdings, LLC Xx-xxxxxxx (DE) 100%
    - SCA-VLR Holdings Company, LLC (3) 85-1998338 (DE) 51%
      - Vascular Labs of the Rockies ASC, LLC (3) 85-0780051 (DE) 51%
  - SCA-Grants Pass, LLC 82-1438326 (DE) 100%
    - Grants Pass Surgery Center, LLC(3) 93-1237063 (OR) 51%
  - SCA-Franklin, LLC 47-3641516 (DE) 100%
    - Franklin Surgical Center LLC(3) 20-3412606 (NJ) 51.63%
  - SCA Pinnacle Holdings, LLC Xx-xxxxxxx (DE) 100%
    - Pinnacle III, LLC 84-1498816 (CO) 100%
      - Specialty Billing Solutions, LLC 20-1494993 (CO) 100%
  - SCA-Gladiolus, LLC 81-1956407 (DE) 100%
    - Gladiolus Surgery Center, L.L.C.(3) 65-1025514 (FL) 49.83%
  - SCA Development, LLC 62-1535981 (DE) 100%
  - SCA-Blue Ridge, LLC 62-1530120 (DE) 100%
    - Blue Ridge GP, LLC 27-2241593 (NC) 100%
      - Blue Ridge Day Surgery Center, L.P.(3) 62-1530122 (TN) 37.14%
      - Blue Ridge Properties, LLC(3) 37-1945431 (DE) 38.21%
  - SCA-Santa Rosa, Inc. 88-0185362 (NV) 100%
  - SCA-Chevy Chase, LLC 81-3301058 (DE) 100%
  - SCA-Winchester, LLC 81-1159878 (DE) 100%
    - Winchester Endoscopy, LLC(3) 46-5548304 (IL) 51%
    - Liberty Anesthesia Services, LLC (3) 881-4465348 (IL) 25%
  - SCA-Fort Walton, Inc. 62-1502719 (TN) 100%
  - SCA-Colorado Springs, LLC 93-1047471 (DE) 100%
    - Colorado Springs Surgery Center, Ltd. (3) 84-1160450 (CO) 95%
  - SCA Heartland Holdings, LLC 83-2735871 (DE) 100%
    - Heartland Heart and Vascular, LLC(3) 83-2722254 (DE) 80%
  - SCA-Honolulu, LLC 62-1506650 (DE) 100%
  - Surgery Center of Easton, LLC 72-1349752 (DE) 100%
    - The Surgery Center of Easton, LLC(3) 72-1349755 (TN) 42%
  - Surgery Center of Muskogee, LLC 63-1194204 (DE) 100%
    - Muskogee Surgical Investors, LLC 20-4209261 (OK) 100%
      - Three Rivers Surgical Care, L.P.(3) (4) 63-1194203 (TN) 85.10%
  - SCA-Hamden, LLC 81-4605501 (DE) 100%
  - SCA-Panama City Holdings, LLC 84-3367495 (DE) 100%
    - Panama City Surgery Center, LLC (3) 48-1255983 (FL) 53.46%
  - SCA-Hagerstown, LLC 47-3466283 (DE) 100%
    - Parkway Surgery Center, LLC (3) 20-4127100 (DE) 78.4%
  - Charlotte-SC, LLC 62-1262567 (DE) 100%
    - Charlotte Surgery Center, LLC (3) 56-1449531 (DE) 16.61%
  - SCA-Paoli, LLC 62-1538850 (DE) 100%
  - Maryland-SCA Centers, LLC 52-1401791 (DE) 100%
  - Surgery Center of Ellicott City, Inc. 63-1212213 (DE) 100%
    - Maryland Ambulatory Centers, LLC(3)(4) 52-1456812 (MD) 50%
      - Montgomery Surgery Center Limited Partnership(3) 52-1401868 (MD) 51%
  - SCA-Wilmington, LLC 83-3082789 (DE) 100%
    - Surgery Center of Wilmington, LLC xx-xxxxxxx (NC) 100%
      - Surgery Center of Wilmington Properties, LLC xx-xxxxxxx (NC) 100%
  - SCA-Morris County, LLC 84-4936803 (DE) 100%
    - Morris County Surgical Center, LLC 26-3513595 (NJ) 100%
  - SCA-Memorial City, LLC 81-4616104 (DE) 100%
    - Memorial City Holdings, LLC(3) 82-4964787 (DE) 51%
      - Memorial City Partners, LLC(3) 82-3689933 (DE) 51%
        - INOV8 Surgical at Memorial City, LLC 47-5640889 (TX) 100%
  - Louisville-SC Properties, Inc. 62-1179538 (KY) 100%

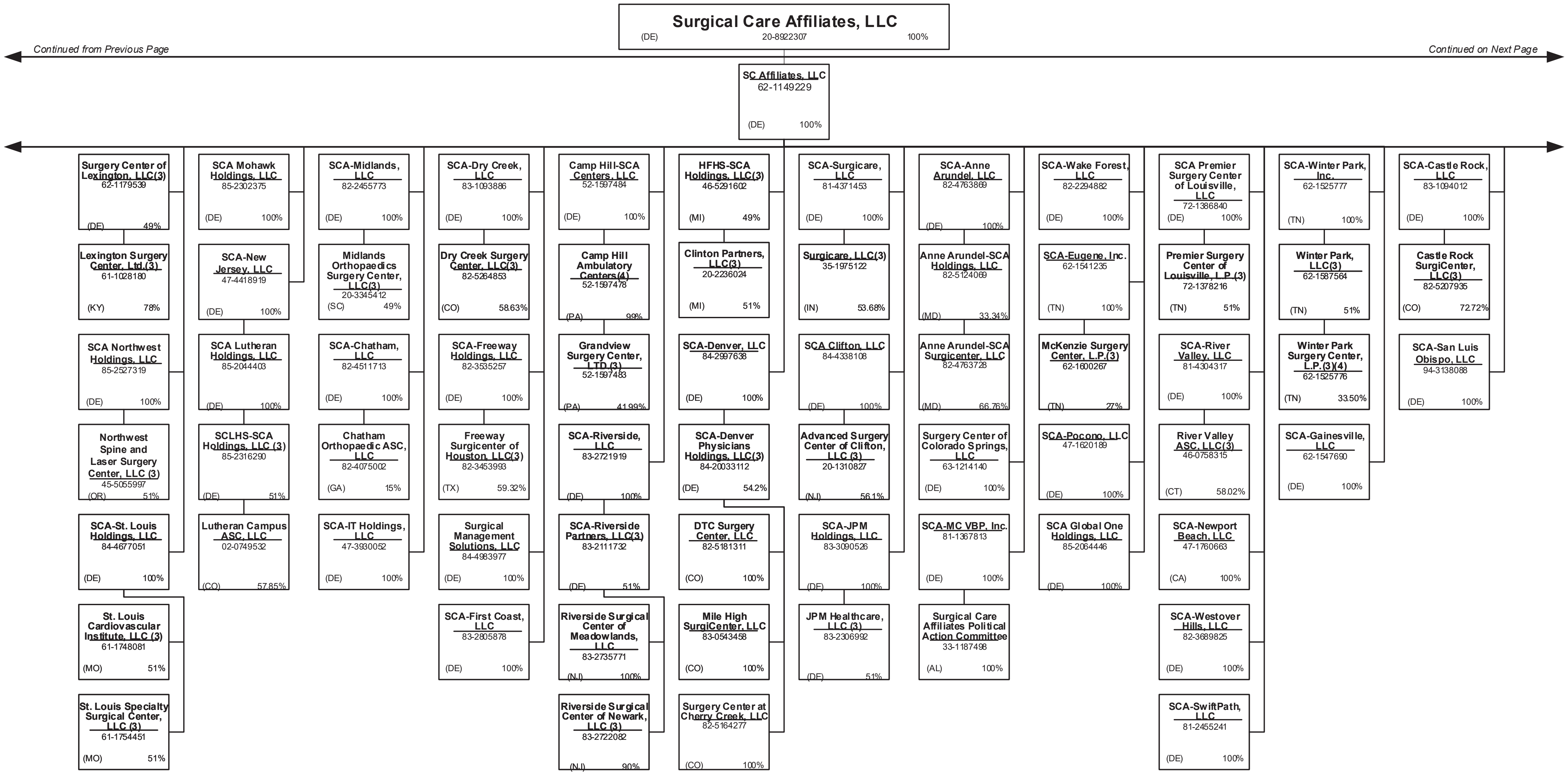
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



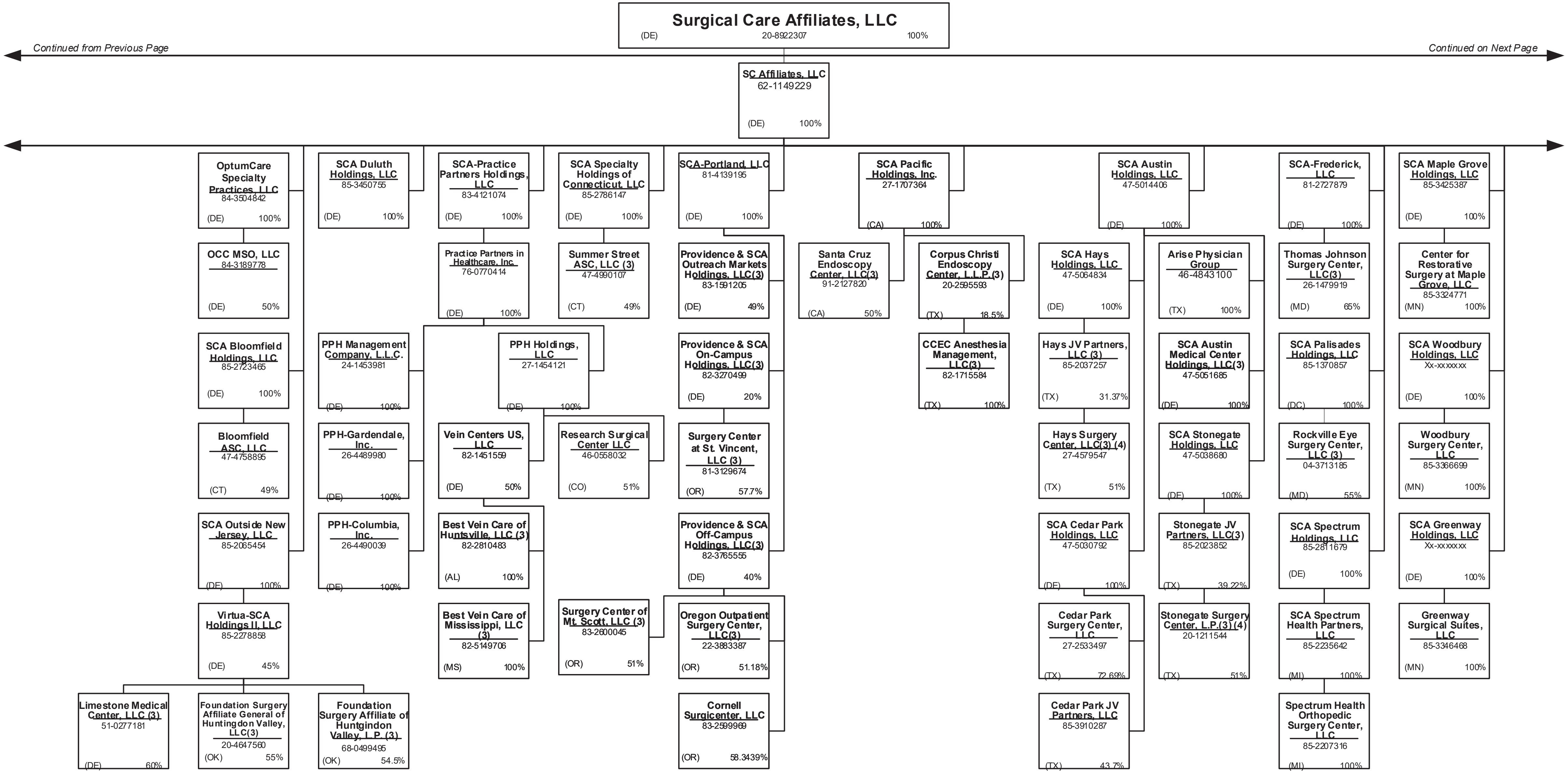
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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

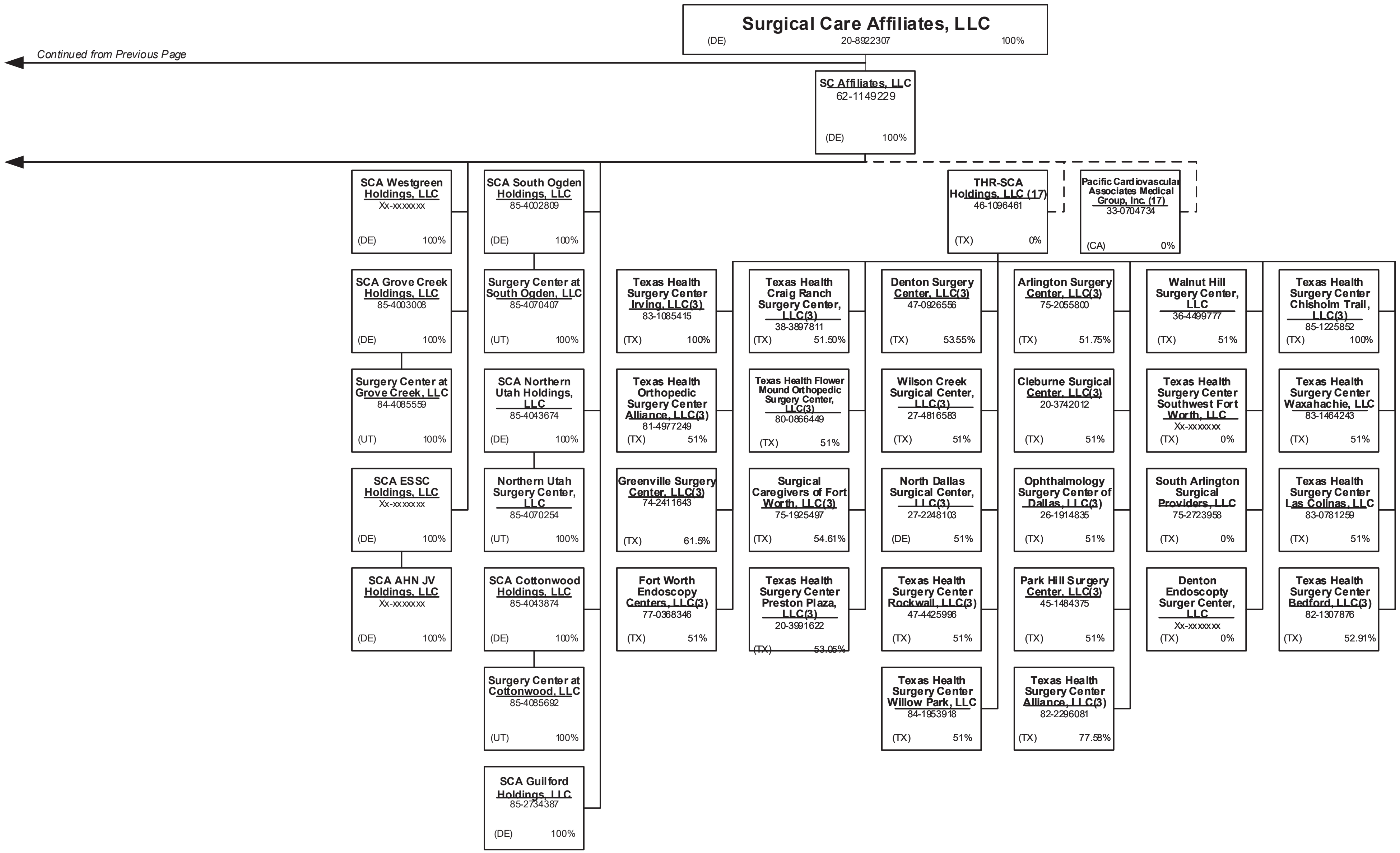
PART 1 – ORGANIZATIONAL CHART



40.20

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

Physician Owned Entities

Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948
A.G. Dikengil, Inc.	NJ	22-3149900
AbleTo Behavioral Health Services, P.C.	CT	47-5519672
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	--
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491
AppleCare Medical ACO, LLC	CA	45-2852872
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269
AppleCare Medical Group, Inc.	CA	33-0898174
ARTA Health Network, P.C.	CA	46-1772418
ARTA Western California, Inc.	CA	33-0658815
Aspectus, Inc.	MA	04-3403101
Beaver Medical Group, P.C.	CA	33-0645967
Bedford Physicians Risk Retention Group, Inc.	VT	20-8773716
Better Health Value Network, LLC	WA	47-4349079
Bexar Imaging Center, LLC	TX	22-3858211
Bongiorno Physical Therapy, P.C.	NY	--
California Spring Holdings, PC	CA	81-0881243
CareMount Health Solutions ACO, LLC	NY	--
CareMount Medical, P.C.	NY	13-3544120
Centers for Family Medicine, GP	CA	33-0483510
David Moen, M.D. P.C.	NY	81-5101448
David R. Ferrell, M.D., P.C.	NV	45-2380022
Day-OP Center Of Long Island Inc.	NY	11-2811353
Durable Medical Equipment, Inc.	MA	04-3106404
Empire Physicians' Medical Group, Inc.	CA	33-0181426
Everett Physicians, Inc. P.S.	WA	81-1625636
First Hill Surgery Center, LLC	WA	47-2068485
Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
HealthCare Partners Affiliates Medical Group	CA	95-4526112
HealthCare Partners ASC-HB, LLC	CA	26-4247365
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760
HealthCare Partners Medical Group, P.C.	CA	95-4340584
Homecare Dimensions of Florida, Inc.	TX	81-0884465

Entity Name	Juris.	Federal Tax ID
Homecare Dimensions, Inc.	TX	74-2758644
IN Style OPTICAL, LLC	MA	27-3296953
Inland Faculty Medical Group, Inc.	CA	33-0618077
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739
INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670
Level 2 Medical Services, P.A. (ALASKA)	AK	84-5003916
Level2 Medical Services, P.A.	DE	84-5003916
March Vision Care Group, Incorporated	CA	95-4874334
March Vision Care IPA, Inc.	NY	27-3115058
March Vision Care of Texas, Inc.	TX	45-4227915
MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
Mat-Rx Fort Worth GP, L.L.C.	TX	35-2262695
ME Urgent Care Nebraska, Inc.	NE	81-0936574
MedExpress Employed Services, Inc.	DE	81-1265129
MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
MedExpress Primary Care Kansas, P.A.	KS	81-4605885
MedExpress Primary Care Maryland, P.C.	MD	82-3384324
MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
MedExpress Primary Care Minnesota P.C.	MN	81-4396738
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858
MedExpress Primary Care Texas, P.A.	TX	84-2500750
MedExpress Primary Care Virginia, P.C.	VA	82-3395792
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120
MedExpress Urgent Care California, P.C.	CA	82-0930142

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

PART 1 – ORGANIZATIONAL CHART

Physician Owned Entities

Entity Name	Juris.	Federal Tax ID
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396
MedExpress Urgent Care Missouri P.C.	MO	47-3132625
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706
MedExpress Urgent Care Texas, P.A.	TX	47-5147441
MedExpress Urgent Care Washington, P.C.	WA	82-2443118
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678
MedExpress Urgent Care, Inc. – West Virginia	WV	26-4546400
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365
MedExpress Urgent Care, P.C. – Pennsylvania	PA	26-3750502
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138
MedExpress Urgent Care, P.C. – Virginia	VA	45-3123110
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124
MedExpress, Inc. – Delaware	DE	45-5436856
Memorial Healthcare IPA, GP	CA	95-4688463
MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MHCH, Inc.	CA	80-0507474
MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
Mobile Medical Services of New Jersey, PC	NJ	81-2977678
Mobile Medical Services, P.C.	NY	30-0445773
Moen, M.D., P.C.	CA	85-3287029
Monarch Health Plan, Inc.	CA	22-3935634
Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
Monika Roots, M.D., P.C.	CA	84-4887072
Mosaic Management Services, Inc.	CA	20-5892451
NAMM Medical Group Holdings, Inc.	CA	56-2627070
NAMM MGH, Inc.	CA	61-1627269
naviHealth Coordinated Care SC, P.C.	MI	85-0975337
naviHealth Michigan HBPC, P.C.	MI	84-3469040
Nifty After Fifty/Monarch, LLC	CA	26-2995765
Northridge Medical Group, Inc.	CA	95-4748023
Northwest Medical Group Alliance, LLC	WA	91-1699944
NPN IPA Washington, PLLC	WA	61-1855159
Optum Clinic, P.A.	TX	75-2778455
Optum Medical Services of California, P.C.	CA	30-0826311
Optum Medical Services of Colorado, P.C.	CO	45-5424191
Optum Medical Services, P.C.	NC	45-3866363
Physician Associates of the Greater San Gabriel Valley, a Medical Group, Inc.	CA	95-4747379
Physician Partners Medical Group, Inc.	CA	30-0516435
Physicians Care Network, L.L.C.	WA	91-1822767
Polyclinic Holdings, P.C.	WA	83-3042027
Polyclinic Management Services Company, LLC	WA	46-0508606
Primary Care Associated Medical Group, Inc.	CA	33-0527335
Prime Community Care, Inc.	CA	30-0516440
PrimeCare Medical Group of Chino Valley, Inc.	CA	33-0645768
ProHEALTH Accountable Care Medical Group, PLLC	NY	45-4469117
ProHEALTH Ambulatory Surgery Center, Inc.	NY	11-3447394
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253
ProHEALTH Care Associates, L.L.P.	NY	11-3355604
ProHEALTH Medical NY, P.C.	NY	47-1388406
ProHealth Physicians, P.C.	CT	06-1469068
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535
ProHEALTH Urgent Care Medicine, PLLC	NY	46-1883579
Prospero Health Partners Florida, Inc.	FL	85-0775386

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

PART 1 – ORGANIZATIONAL CHART

Physician Owned Entities

Entity Name	Juris.	Federal Tax ID
Prospero Health Partners New York, P.C.	NY	82-2400620
Prospero Health Partners North Carolina, P.C.	NC	84-4569314
Prospero Health Partners, P.C.	MN	84-3234753
Prospero Medical Services New Jersey, P.C.	NJ	84-3844362
Psychiatry Services of New York, P.C.	NY	85-0921665
Redlands Family Practice Medical Group, Inc.	CA	56-2627067
Reliant Medical Group The Endoscopy Center, LLC	MA	20-5251393
Reliant Medical Group, Inc.	MA	04-2472266
Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097
Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
Riverside Pediatric Group, P.C.	NJ	22-3624559
Robert B. McBeath, M.D. II, P.C.	NV	86-0857176
Robert B. McBeath, M.D. III, P.C.	NV	46-2662506
Robert B. McBeath, M.D., Professional Corporation	NV	88-0310956
San Bernardino Medical Group, Inc.	CA	--
Sanvello Behavioral Health Services of Michigan, P.C.	DE	85-1941832
Sanvello Behavioral Health Services of New Jersey, P.C.	NJ	85-0666386
Sanvello Behavioral Health Services of North Carolina, P.C.	NC	85-1959641
Sanvello Behavioral Health Services of Texas, P.A.	TX	84-3152209
Sanvello Behavioral Health Services, P.A.	DE	84-1754732
Southern California Medical Practice Concepts, LLC	CA	30-0743767
Surgical Eye Experts, LLC	MA	65-1321064
Talbert Medical Group, P.C.	CA	93-1172065
TeamMD Physicians, P.C.	IA	42-1446216
The Everett Clinic, PLLC	WA	91-0214500
The Polyclinic, PLLC	WA	91-0369070
USMD Diagnostic Services, LLC	TX	27-2803133
USMD Hospital at Arlington, L.P.	TX	73-1662763
USMD Hospital at Fort Worth, L.P.	TX	20-3571243
USMD of Arlington GP, L.L.C.	TX	73-1662757
Vitucci, LCSW, P.C.	IL	85-1453387
Waypoint Minnesota PC	MN	46-2854394
Waypoint Minnesota Sports PC	MN	46-2859426

Entity Name	Juris.	Federal Tax ID
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Greater Texas Medicare ACO, LLC	TX	84-2178104
WellMed Medical Group, P.A.	TX	74-2574229
WellMed Network of Florida, Inc.	TX	35-2314192
WellMed Networks - DFW, Inc.	TX	41-2250215
WellMed Networks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
WellMed Tampa/Orlando Medicare ACO, LLC	TX	84-2193803
WellMed Texas Medicare ACO, LLC	TX	84-2219968
WND Medical, PLLC	TX	45-2158334
XLHome Michigan, P.C.	MI	46-3537245
XLHome Northeast, P.C.	NJ	45-5530241
XLHome Oklahoma, Inc.	OK	46-2931689
XLHome, P.C.	MD	27-3543997

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

PART 1 – ORGANIZATIONAL CHART

Organizational Chart Footnotes

(1) Entity is owned in full or in part by a UnitedHealth Group Incorporated friendly physician.
(2) Control of the Foundation is based on sole membership, not the ownership of voting securities.
(3) The remaining percentage is owned either by a non-affiliated entity, outside investor(s), former company officer(s), or third party shareholder(s).
(4) The minority percentage is owned by one or more affiliated UnitedHealth Group Incorporated subsidiaries. Voting rights do vary.
(5) No information of the other shareholder(s) has been provided
(6) 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%.
(7) Branch offices in Iraq and Uganda.
(8) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
(9) Registered as a foreign shareholder in Brazil.
(10) Registered in Nova Scotia and Newfoundland& Labrador.
(11) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
(12) Branch office located in the United States.
(13) Entity has a representative office in Beijing, China.
(14) Registered in the Dubai Silicon Oasis free zone.
(15) Registered branches in Australia and the UK.
(16) Registered in the Dubai Healthcare City free zone.
(17) Entity is not directly owned by the parent. However, the parent does have a viable economic interest as well as control over the entity through contractual agreements.

OVERFLOW PAGE FOR WRITE-INS

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

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Miscellaneous Losses	59,865	23,764	56,421	0	140,050
2505. Professional Fees/Consulting	1,018,888	404,458	960,275	0	2,383,621
2506. Sundry General Expenses	8,348,551	3,261,525	7,852,720	0	19,462,796
2597. Summary of remaining write-ins for Line 25 from overflow page	9,427,304	3,689,747	8,869,416	0	21,986,467