



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

Solstice Healthplans of Ohio, Inc.

(Name)

NAIC Group Code 00707 (Current Period) , 00707 (Prior Period) NAIC Company Code 16878 Employer's ID Number 30-1190514

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ X ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 04/02/2019 Commenced Business 09/30/2020

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

Main Administrative Office 7901 SW 6th Ct, Suite 400 (Street and Number)

Plantation, FL, US 33324 (City or Town, State, Country and Zip Code) 954-370-1700 (Area Code) (Telephone Number)

Mail Address PO BOX 19199 (Street and Number or P.O. Box) , Plantation, FL, US 33319 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400 (Street and Number)

Plantation, FL, US 33324 (City or Town, State, Country and Zip Code) 954-370-1700 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address WWW.SOLSTICEBENEFITS.COM

Statutory Statement Contact Nachman Weiszner (Name) , 954-370-1700 (Area Code) (Telephone Number) (Extension)

nweiszner@solsticebenefits.com (E-Mail Address) 954-370-1701 (Fax Number)

OFFICERS

Name	Title	Name	Title
Kenneth Mark Sheldon #	President	Peter Marshall Gill #	Treasurer
Mitchell Robert Davis #	Chief Financial Officer	Michael Charles Brody #	Secretary

OTHER OFFICERS

Heather Anastasia Lang #	Assistant Secretary	Jessica Leigh Zuba #	Assistant Secretary
Nyle Brent Cottingham #	Vice President	Tamara Jean Eveslage	Compliance Officer
Eric Carl Moore #	Assistant Secretary		

DIRECTORS OR TRUSTEES

Carlos Ferrera	Kenneth Mark Sheldon #	Colleen Hastings Van Ham #	Leonard Alan Weiss DMD
Thomas Patrick Wiffler #			

State of

ss

County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kenneth Mark Sheldon  
President

Peter Marshall Gill  
Treasurer

Mitchell Robert Davis  
Chief Financial Officer

Subscribed and sworn to before me this  
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	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	0		0	77,154
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
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....314,140 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	314,140		314,140	192,661
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	314,140	0	314,140	269,815
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....			0	407
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	15		15	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	1,003
18.2 Net deferred tax asset.....	3		3	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	3,956		3,956	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
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).....	318,114	0	318,114	271,225
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	318,114	0	318,114	271,225
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	1,013		1,013	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	29		29	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	268		268	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....	654		654	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,964	0	1,964	0
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1	1
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	324,999	274,999
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(8,850)	(3,775)
32. Less treasury stock, at cost: 32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	316,150	271,225
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	318,114	271,225
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	119	0
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	1,845	0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	1,845	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		1,211	0
10. Other professional services .....			0
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....			0
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	1,211	0
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	1,211	0
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....74 cost containment expenses.....		195	0
21. General administrative expenses.....		6,918	4,666
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	8,324	4,666
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(6,479)	(4,666)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		55	25
26. Net realized capital gains (losses) less capital gains tax of \$ .....			(137)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	55	(112)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		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	(6,424)	(4,778)
31. Federal and foreign income taxes incurred .....	XXX	(1,346)	(1,003)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(5,078)	(3,775)
<b>DETAILS OF WRITE-INS</b>			
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 through 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 through 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 through 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 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	271,225	0
34. Net income or (loss) from Line 32 .....	(5,078)	(3,775)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	3	0
39. Change in nonadmitted assets .....	0	0
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
44. Capital Changes:		
44.1 Paid in .....	0	1
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	50,000	274,999
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	44,925	271,225
49. Capital and surplus end of reporting year (Line 33 plus 48)	316,150	271,225
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 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....		1,830	.0
2. Net investment income .....		1,616	374
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		3,446	374
5. Benefit and loss related payments .....		198	.0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			.0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		6,816	4,666
8. Dividends paid to policyholders .....			.0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		(3,003)	0
10. Total (Lines 5 through 9) .....		4,011	4,666
11. Net cash from operations (Line 4 minus Line 10) .....		(565)	(4,292)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		76,000	78,468
12.2 Stocks .....		0	.0
12.3 Mortgage loans .....		0	.0
12.4 Real estate .....		0	.0
12.5 Other invested assets .....		0	.0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		0	.0
12.7 Miscellaneous proceeds .....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		76,000	78,468
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		0	156,515
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) .....		0	156,515
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) .....		76,000	(78,047)
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 .....		50,000	275,000
16.3 Borrowed funds .....		0	.0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			.0
16.5 Dividends to stockholders .....		0	.0
16.6 Other cash provided (applied) .....		(3,956)	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		46,044	275,000
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) .....		121,479	192,661
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....		192,661	.0
19.2 End of year (Line 18 plus Line 19.1) .....		314,140	192,661

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Solstice Healthplans of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	1,845	0	0	1,845	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	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) .....	1,845	0	0	1,845	0	0	0	0	0	0
8. Hospital/medical benefits .....	1,211			1,211						XXX
9. Other professional services .....	0									XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	0									XXX
12. Prescription drugs .....	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.....	0									XXX
15. Subtotal (Lines 8 to 14) .....	1,211	0	0	1,211	0	0	0	0	0	XXX
16. Net reinsurance recoveries .....	0									XXX
17. Total hospital and medical (Lines 15 minus 16) .....	1,211	0	0	1,211	0	0	0	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ .....74 cost containment expenses.....	195			195						
20. General administrative expenses .....	6,918			6,918						
21. Increase in reserves for accident and health contracts .....	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) .....	8,324	0	0	8,324	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(6,479)	0	0	(6,479)	0	0	0	0	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 through 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 through 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 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....	1,845			1,845
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	1,845	.0	.0	1,845
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	1,845	0	0	1,845

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Solstice Healthplans of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	198			198						
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	198	0	0	198	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	1,013	0	0	1,013	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	1,013	0	0	1,013	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year .....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	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 .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	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 .....	1,211	0	0	1,211	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	1,211	0	0	1,211	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	0									
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	1,013			1,013						
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	1,013	0	0	1,013	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	1,013	0	0	1,013	0	0	0	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	1,013	0	0	1,013	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only.....		198		1,013	.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	.0	198	.0	1,013	.0	.0
10. Healthcare receivables (a).....					.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	0	198	0	1,013	0	0

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....					
2. 2017.....	.0	.0	.0	.0	
3. 2018.....	XXX	.0	.0	.0	
4. 2019.....	XXX	XXX	.0	.0	
5. 2020.....	XXX	XXX	XXX	.0	
6. 2021.....	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Dental Only

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....					
2. 2017.....	.0	.0	.0	.0	
3. 2018.....	XXX	.0	.0	.0	
4. 2019.....	XXX	XXX	.0	.0	
5. 2020.....	XXX	XXX	XXX	.0	
6. 2021.....	XXX	XXX	XXX	XXX	1

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	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. 2017.....	.0	.0		.0	.0	.0			.0	.0
2. 2018.....	.0	.0		.0	.0	.0			.0	.0
3. 2019.....	.0	.0		.0	.0	.0			.0	.0
4. 2020.....	.0	.0		.0	.0	.0			.0	.0
5. 2021.....	2	0	0	0.0	0	0.0	1	0	1	50.0

Pt 2C - Sn A - Paid Claims - VO  
**NONE**

Pt 2C - Sn A - Paid Claims - FE  
**NONE**

Pt 2C - Sn A - Paid Claims - XV  
**NONE**

Pt 2C - Sn A - Paid Claims - XI  
**NONE**

Pt 2C - Sn A - Paid Claims - OT  
**NONE**

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017.....	.0	.0	.0	.0	.0
3. 2018.....	XXX	.0	.0	.0	.0
4. 2019.....	XXX	XXX	.0	.0	.0
5. 2020.....	XXX	XXX	XXX	.0	.0
6. 2021.....	XXX	XXX	XXX	XXX	0

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017.....	.0	.0	.0	.0	.0
3. 2018.....	XXX	.0	.0	.0	.0
4. 2019.....	XXX	XXX	.0	.0	.0
5. 2020.....	XXX	XXX	XXX	.0	.0
6. 2021.....	XXX	XXX	XXX	XXX	1

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 Payments	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. 2017.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
2. 2018.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
3. 2019.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
4. 2020.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
5. 2021.....	2	0	0	0.0	0	0.0	1	0	1	50.0

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - VO  
**NONE**

Pt 2C - Sn B - Incurred Claims - FE  
**NONE**

Pt 2C - Sn B - Incurred Claims - XV  
**NONE**

Pt 2C - Sn B - Incurred Claims - XI  
**NONE**

Pt 2C - Sn B - Incurred Claims - OT  
**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XI  
**NONE**

Part 2C - Sn C - Claims Expense Ratio OT  
**NONE**

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	3	3	9		15
2. Salaries, wages and other benefits .....	59	80	273		412
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....					0
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	1	4	11		16
7. Traveling expenses .....	2		4		6
8. Marketing and advertising .....			13		13
9. Postage, express and telephone .....	3	2	7		12
10. Printing and office supplies .....			1		1
11. Occupancy, depreciation and amortization .....	1		3		4
12. Equipment .....			1		1
13. Cost or depreciation of EDP equipment and software .....	1	1	4,896		4,898
14. Outsourced services including EDP, claims, and other services .....	2	29	9		40
15. Boards, bureaus and association fees .....			4		4
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....					0
18. Group service and administration fees .....			50		50
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....			518		518
23.3 Regulatory authority licenses and fees .....			1,111		1,111
23.4 Payroll taxes .....	2	2	10		14
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	(2)	0	(2)
26. Total expenses incurred (Lines 1 to 25) .....	74	121	6,918	0 (a)	7,113
27. Less expenses unpaid December 31, current year .....		29	268		297
28. Add expenses unpaid December 31, prior year .....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	74	92	6,650	0	6,816
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses .....			(2)		(2)
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	(2)	0	(2)

(a) Includes management fees of \$ .....532 to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a).....52	.....52
1.1 Bonds exempt from U.S. tax .....	(a).....	.....
1.2 Other bonds (unaffiliated) .....	(a).....	.....
1.3 Bonds of affiliates .....	(a).....0	.....
2.1 Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11 Preferred stocks of affiliates .....	(b).....0	.....
2.2 Common stocks (unaffiliated) .....	.....0	.....
2.21 Common stocks of affiliates .....	.....0	.....
3. Mortgage loans .....	(c).....	.....
4. Real estate .....	(d).....	.....
5. Contract loans .....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e).....3	.....3
7. Derivative instruments .....	(f).....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....0	.....0
10. Total gross investment income .....	55	55
11. Investment expenses .....		(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13. Interest expense .....		(h).....
14. Depreciation on real estate and other invested assets .....		(i).....
15. Aggregate write-ins for deductions from investment income .....		.....0
16. Total deductions (Lines 11 through 15) .....		.....0
17. Net investment income (Line 10 minus Line 16) .....		55
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 through 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 through 1503 plus 1598) (Line 15 above) .....	.....	0

(a) Includes \$ .....accrual of discount less \$ .....1,154 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(b) Includes \$ .....accrual of discount less \$ ..... 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 \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ .....accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(f) Includes \$ .....accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... 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 .....			.....0	.....	.....
1.1 Bonds exempt from U.S. tax .....			.....0	.....	.....
1.2 Other bonds (unaffiliated) .....			.....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
5. Contract loans .....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments .....	.....	.....	.....0	.....0	.....0
7. Derivative instruments .....	.....	.....	.....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) .....	0	0	0	0	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 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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 not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to reexamination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
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).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	0	0	0
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 through 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 through 2503 plus 2598) (Line 25 above)	0	0	0

NONE

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	36	119
7. Total	0	0	0	0	36	119
DETAILS OF WRITE-INS						
0601. HIC.....					36	119
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	36	119

**NOTES TO FINANCIAL STATEMENTS**

**1. Summary of Significant Accounting Policies**

A. Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the State of Ohio.

State of Ohio Department of Insurance (“Department”) granted Solstice Healthplans of Ohio, Inc. (“Company”) a Health Insuring Corporation license on December 31, 2020. The Company’s group plans were approved January 29, 2021 by Department.

The Company prepares its financial statements in conformity with accounting practices prescribed or permitted by the Department. Prescribed statutory accounting practices include a variety of publications of the National Association of Insurance Commissioners (“NAIC”), as well as state laws, regulations and general administrative rules. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The State of Ohio requires its domestic Specialty Health Care companies to prepare financial statements in conformity with the NAIC Accounting Practices and Procedures Manual (“APPM”), which includes all Statements of Statutory Accounting Principles (“SSAPs”), subject to any deviations prescribed or permitted by the Department.

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of Ohio is shown below.

	SSAP #	F/S Page	F/S Line #	2021	2020
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (5,078)	\$ (3,775)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (5,078)	\$ (3,775)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 316,150	\$ 271,225
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 316,150	\$ 271,225

**B. Basis of Presentation**

The preparation of financial statements is in conformity with the NAIC Annual Statement Instructions and accounting practices prescribed or permitted by the Department, which requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**C. Accounting Policy**

**Losses and Loss Adjustment Expenses**

The Company records liabilities for unpaid claims, and related loss adjustment expenses (“LAE”) based upon management’s best estimate of aggregate case-basis estimates for losses reported and estimates of incurred but not reported (IBNR) losses related to direct business. Reserves for unreported losses are established using various statistical and actuarial techniques reflecting historical patterns of paid and reported claims adjusted for current trends. The Company has obtained assistance from its actuarial consultant in estimating its reserves and LAE at the end of each calendar year. These reserves are presented on an undiscounted basis.

Because the ultimate settlement of claims is subject to future events, no single loss or LAE reserve can be considered accurate with certainty. The Company’s analysis of the reasonableness of loss or LAE reserve estimates includes an analysis of the amount of variability in the estimate. The Company develops its estimate considering a range of reserve estimates. The high and low ends of the range do not correspond

to an absolute best and worst case scenarios of ultimate settlements because such estimates may be the result of unlikely assumptions. Management's best estimate therefore does not include the set of all possible outcomes but only those outcomes that are considered reasonable.

Management believes the liabilities for losses and LAE are adequate to cover the ultimate liability. However, due to the underlying risks and high degree of uncertainty associated with the determination of the liability for claims, such estimates may be more or less than the amounts ultimately paid when the claims are settled.

### **Use of Estimates**

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect the reported financial statement balances as well as the disclosure of contingent assets and liabilities. Accordingly, actual results reported in the accompanying statutory financial statements could differ materially from those estimates.

As further discussed in the accompanying notes to the statutory financial statements, significant estimates and assumptions affect various provisions including claims. The liabilities for losses and LAE, though supported by actuarial analysis and other data, are ultimately based on management's reasoned expectations of future events.

The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

### **Cash and Cash Equivalents**

The Company considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The Company considers all highly liquid debt instruments with a maturity of one year or less but greater than three months to be short term investments.

### **Bonds**

The Company can invest in bonds that are designated highest-quality and high-quality (NAIC designations 1 and 2, respectively) and as such are reported at amortized cost in accordance with SSAP 26R. Premiums and discounts are amortized over the life of the related securities as an adjustment to yield using the scientific (constant yield) interest method.

### **Premiums, Commissions Received and Policy Acquisition Costs**

Premiums and commissions are recognized in the period during which coverage is provided to the covered individuals. Payments received from customers in advance of the related period of coverage are reflected on the accompanying balance sheet as unearned premiums. The Company evaluates the collectability of all receivables for possible impairment. When the Company determines it is probable a receivable balance will not be collected, the customer's policy is terminated, and the receivable balance is written off.

In connection with the Company's acquisition of new customers and the continued servicing of existing customers, the Company pays brokers' and consultant's commissions based on a percentage of revenue collected. These commissions are recognized as expenses in the period in which the related premium revenue is recognized.

### **Income Taxes**

The Company files a consolidated federal income tax return and Ohio state income tax return. The difference between the statutory rate and the Company's effective rate is due to state income taxes.

The Company is subject to state taxes and includes this under Insurance taxes, licenses, and fees per SSAP 101.

Deferred income tax assets and liabilities reflect the differences between the statutory and income tax reporting bases of admitted and non-admitted assets and liabilities are based on enacted tax rates and laws. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. Changes in deferred tax assets and deferred tax liabilities are recognized as

a separate component of gains and losses in surplus, except to the extent allocated to changes in unrealized gains and losses.

#### **Non-admitted Assets**

Assets included in the statutory balance sheet are at admitted asset value. Non-admitted assets are principally deferred assets, agents' balances over 90-days past due, computer software, other equipment, intangibles and investments in excess of 10% of admitted assets are excluded through a charge against surplus.

#### **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**

The Company did not have any accounting changes or corrections of errors in 2021 or 2020.

### **3. Business Combinations and Goodwill**

#### **A. Statutory Purchase Method**

The Company did not participate in business combinations taking the form of a Statutory Purchase in 2021 or 2020.

#### **B. Statutory Merger**

The Company did not participate in business combinations taking the form of a statutory merger in 2021 or 2020.

#### **C. Assumption Reinsurance**

The Company did not have any assumption reinsurance in 2021 or 2020.

#### **D. Impairment Loss**

The Company did not recognize an impairment loss on the transactions described above in 2021 or 2020.

#### **E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill**

The Company did not have any subcomponents and calculation of adjusted surplus and total admitted goodwill in 2021 or 2020.

### **4. Discontinued Operations**

The Company did not have discontinued operations in 2021 or 2020.

### **5. Investments**

#### **A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not invest in Mortgage Loans in 2021 or 2020.

#### **B. Debt Restructuring**

The Company did not have loan restructurings in 2021 or 2020.

#### **C. Reverse Mortgages**

The Company did not enter into reverse mortgages in 2021 or 2020.

#### **D. Loan-Backed Securities**

The Company did not invest in Loan-Backed Securities in 2021 or 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into dollar repurchase agreements or securities lending transactions in 2021 or 2020.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreements transactions in 2021 or 2020

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreements transactions in 2021 or 2020

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements transactions in 2021 or 2020

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements transactions in 2021 or 2020

J. Real Estate

The Company did not own Real Estate in 2021 or 2020.

K. Low-income Housing Tax Credits (LIHTC) Property Investments

The Company did not own LIHTC Property Investments in 2021 or 2020.

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	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	\$	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states	76,000	77,154	(1,154)		76,000	23.9	23.9
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0		0	0.0	0.0
n. Other restricted assets	0	0	0		0	0.0	0.0
o. Total Restricted Assets	\$ 76,000	\$ 77,154	\$ (1,154)	\$ 0	\$ 76,000	23.9 %	23.9 %

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

The Company did not have assets pledged as collateral not captured in other categories as of December 31, 2021 and December 31, 2020.

3. Description of Other Restricted Assets

The Company did not have assets pledged as collateral not captured in other categories as of December 31, 2021 and December 31, 2020.

M. Working Capital Finance Investments

The Company did not have working capital finance investments as of December 31, 2021 and December 31, 2020.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets and liabilities that were offset as of December 31, 2021 and December 31, 2020.

**O. 5GI Securities**

The Company did not have 5GI Securities as of December 31, 2021 and December 31, 2020.

**P. Short Sales**

The Company did not have short sale securities as of December 31, 2021 and December 31, 2020

**Q. Prepayment Penalty and Acceleration Fees**

The Company did not have any prepayment penalties or acceleration fees as of December 31, 2021 and December 31, 2020.

**R. Share of Cash Pool by Asset Type**

The Company did not have a share of a cash pool in 2021 or 2020.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

The Company did not have investments in joint ventures, partnerships or limited liability companies during 2021 or 2020.

**7. Investment Income**

**A. Bases for excluding investment income.**

Due and accrued investment income is recorded as an asset, with the exceptions of due and accrued investment income that is determined to be uncollectible, regardless of its age, is written off in the period that determination is made.

**B. Amount excluded.**

All due and accrued investment income was admitted at December 31, 2021 and December 31, 2020.

**8. Derivative Instruments**

**A. Derivatives under SSAP No. 86–Derivatives**

The Company did not enter into derivative contracts in 2021 or 2020.

**B. Derivatives under SSAP No. 108–Derivative Hedging Variable Annuity Guarantees**

This not is not applicable to the Company as described in the instructions.

9. Income Taxes

A. Net Deferred Income Tax Assets (Liabilities).

1.

December 31, 2021			December 31, 2020			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 Assets	3	-	-	-	3	-	3
(b)	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	3	-	-	-	3	-	3
(d)	Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	3	-	-	-	3	-	3
(f)	Deferred Tax Liabilities	-	-	-	-	-	-	-
(g)	Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	3	-	-	-	3	-	3

2.

December 31, 2021			December 31, 2020			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
Admission Calculation Components								
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-
(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)	3	-	3	-	3	-	3

1.

Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.

\$3\$-\$3\$-\$-\$-\$3\$-\$-\$3

2.

Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold

XXXXXX\$47,423XXXXXX\$40,684XXXXXX\$6,739

(c)

Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities

\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$

(d)

Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))

\$3\$-\$3\$-\$-\$-\$3\$-\$-\$3

3.

	2021	2020
(a)	Ratio percentage used to determine Recovery Period and Threshold Limitation Amount	45424%38969%
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period And Threshold Limitation in 2(b)2 above	\$316,150271,225

4.

December 31, 2021			December 31, 2020		Change	
(1)	(2)	(3)	(4)	(5)	(6)	
Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital	
Impact of Tax-Planning Strategies						
(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)	3	-	-	3	-
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	3	-	-	3	-
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%
(b)	Does the Company's tax-planning strategies include the use of reinsurance? Yes_____ No ___X___					

B. Unrecognized DTLs

The Company did not incur unrecognized Deferred Tax Liabilities during 2021 or 2020.

C. Components of Income Tax Incurred.

		12/31/21	12/31/20	Change
1.	Current income tax			
(a)	Federal	(1,346)	(1,003)	(343)
(b)	Foreign	-	-	-
(c)	Subtotal	(1,346)	(1,003)	(343)
(d)	Federal income tax on net capital gains	-	-	-
(e)	Utilization of capital loss carry-forwards	-	-	-
(f)	Other	-	-	-
(g)	Federal and foreign income taxes incurred	(1,346)	(1,003)	(343)
2.	Deferred Tax Assets:			
(a)	Ordinary:			
(1)	Discounting of unpaid losses	3	-	3
(2)	Unearned premium reserve	-	-	-
(3)	Policyholder reserves	-	-	-
(4)	Investments	-	-	-
(5)	Deferred acquisition costs	-	-	-
(6)	Policyholder dividends accrual	-	-	-
(7)	Fixed assets	-	-	-
(8)	Compensation and benefits accrual	-	-	-
(9)	Pension accrual	-	-	-
(10)	Receivables - nonadmitted	-	-	-
(11)	Net operating loss carry-forward	-	-	-
(12)	Tax credit carry-forward	-	-	-
(13)	Other (including items <5% of total ordinary tax assets)	-	-	-
(99)	Subtotal	3	-	3
(b)	Statutory valuation allowance adjustment	-	-	-
(c)	Nonadmitted	-	-	-
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	3	-	3
(e)	Capital:			
(1)	Investments	-	-	-
(2)	Net capital loss carry-forward	-	-	-
(3)	Real estate	-	-	-
(4)	Other (including items <5% of total capital tax assets)	-	-	-
(99)	Subtotal	-	-	-
(f)	Statutory valuation allowance adjustment	-	-	-
(g)	Nonadmitted	-	-	-
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i)	Admitted deferred tax assets (2d + 2h)	3	-	3
3.	Deferred Tax Liabilities:			
(a)	Ordinary			
(1)	Investments	-	-	-
(2)	Fixed assets	-	-	-
(3)	Deferred and uncollected premium	-	-	-
(4)	Policyholder reserves	-	-	-
(5)	Other (including items <5% of total ordinary tax assets)	-	-	-
(99)	Subtotal	-	-	-
(b)	Capital:			
(1)	Investments	-	-	-
(2)	Real estate	-	-	-
(3)	Other (including items <5% of total capital tax assets)	-	-	-
(99)	Subtotal	-	-	-
(c)	Deferred tax liabilities (3a99 + 3b99)	-	-	-
4.	Net deferred tax assets/liabilities (2i - 3c)	3	-	3

D. Reconciliation to Federal income Tax Rate to Actual Effective Rate.

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @ 21%	Effective Tax Rate
Income before taxes	(6,424)	(1,349)	21.00%
DRD deduction and tax-exempt interest, net	-	-	0.00%
Prior year underaccrual/(overaccrual)	-	-	0.00%
Change in nonadmitted assets	-	-	0.00%
Meals and entertainment	-	-	0.00%
Change in valuation allowance	-	-	0.00%
Other	-	-	0.00%
Total	(6,424)	(1,349)	21.00%
Federal income taxed incurred [expense/(benefit)]		(1,346)	20.95%
Tax on capital gains		-	0.00%
Change in net deferred income tax [charge/(benefit)]		(3)	0.05%
Total statutory income taxes		(1,349)	21.00%

E. Operating Losses and Tax Credit Carryforwards

None

**F. Consolidated Tax Returns**

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 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 are 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 the current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return to UnitedHealth Group. UnitedHealth Group currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions.

**G. Federal or Foreign Income Tax Loss Contingencies**

None

**H. Repatriation Transition Tax (RTT)**

(1)	The Company does not have foreign operations and is not subject to RTT.
-----	---

**I. Alternative Minimum Tax (AMT) Credits**

None

## **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 Department 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.

**C.** 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, 2021 and 2020, the Company reported \$3,956 and \$0, respectively, as receivables from parent, subsidiaries, which are included in the financial statements. 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 Company had entered into an administrative services agreement with the Solstice Benefits, Inc. (SBI) an affiliate. SBI make its employees available to the Company to perform Account Management Services, including but not limited to the following functions: billing and collection, sales and marketing; group administration; claims processing and adjudication; customer service; information technology and support; and finance and accounting. The Company has also entered into a network lease with Affiliate, Solstice of New York, Inc. As of April 1, 2021, the Expense Sharing and Cost Allocation Agreement with SBI was replaced by a Management Services Agreement with United HealthCare Services, Inc. (Agreement) as part of the acquisition discussed in Note 21.C.

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) per member per month; (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 financial statements.

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, utilization management reporting and expenses incurred for new business that will be effective in the subsequent year.

The Company has premium payments that are received and claim payments and direct expenses such as broker commissions, Department 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 receivables from parent, subsidiaries, and affiliates or payable amounts due to parent, subsidiaries, and affiliates, in the financial statements.

**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.** Disclosure of debt and Holding Company obligations.

The Company did not have debt outstanding at December 31, 2021 and December 31, 2020.

- B.** Disclosure of Federal Home Loan Bank agreements.

The Company did not have funding agreements or borrowing arrangements with the Federal Home Loan Bank at December 31, 2021 and December 31, 2020.

## **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, (make sure previously defined) which provides services to the Company under the terms of the Agreement (see Note 10).

## **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- A.** The maximum number of shares of Common Stock that the Company is authorized to issue is 990 shares at \$1 par value, of which 1 share has been issued and is outstanding.
- B.** The Company is not authorized to issue Preferred Stock.
- C.** The ability of the Company to pay dividends is generally dependent on business conditions, income, cash requirements of the Company, receipt of dividends and specifically certification by an officer of the company of compliance with all the requirements of the Ohio Insurance Laws.
- D.** There were no cash dividends that were paid during the periods ending December 31, 2021 and December 31, 2020.
- E.** Within the limitations of Part 3 above, there were no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- F.** The unassigned funds, which are held for the benefit of the shareholder, are unrestricted except by requirement for regulatory approval as described in Part 3 above.
- G.** The Company is not a mutual or similarly organized company, and therefore, this disclosure requirement does not apply.
- H.** The Company did not hold stock for special purposes at December 31, 2021 and December 31, 2020.
- I.** The Company did not have special surplus funds balances at December 31, 2021 and December 31, 2020.

- J. The Company did not have cumulative unrealized gains and losses at December 31, 2021 and December 31, 2020.
- K. The Company did not have surplus notes or similar obligations outstanding at December 31, 2021 and December 31, 2020.
- L. The Company did not have restatements due to quasi-reorganizations in 2021 or 2020.
- M. The Company was not quasi-reorganized in 2021 or 2020.

#### **14. Liabilities, Contingencies and Assessments**

##### **A. Contingent Commitments**

The Company did not have any Contingent Commitments in 2021 or 2020.

##### **B. Assessments**

The Company did not have assessments in 2021 or 2020.

##### **C. Gain Contingencies**

The Company did not have gain contingencies in 2021 or 2020.

##### **D. Claims related extra contractual obligation or bad faith losses**

The Company did not have claims related extra contractual obligation or bad faith losses stemming from lawsuits in 2021 or 2020.

##### **E. Joint and Several Liabilities**

The Company did not have joint and several liabilities in 2021 or 2020.

##### **F. All Other Contingencies**

The Company did not have other contingencies in 2021 or 2020.

#### **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**

The Company has not utilized Financial Instruments during the periods ending December 31, 2021 and December 31, 2020.

#### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

The Company has not transferred Financial Assets and Extinguished Liabilities during the periods ending December 31, 2021 and December 31, 2020.

#### **18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

##### **A. ASO Plans**

The Company did not act as a third party administrator for ASO plans.

##### **B. ASC Plans**

The Company did not act as a third party administrator for ASC plans.

##### **C. Medicare or similarly structured cost based reimbursement contracts.**

The Company did not act as a third party administrator for Medicare or similarly structured cost based reimbursement contracts.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company did not have any premiums written during the periods ending December 31, 2021 and December 31, 2020.

**20. Fair Value Measurements**

**A. Items Measured and Reported at Fair Value**

The Company does not use Fair Value Measurements to value its Assets or Liabilities.

**B. Other Fair Value Disclosures**

The Company does not have any other fair value disclosures.

**C. Fair Values for all Financial Instruments**

The Company does not have Financial Instruments and therefore does not use Fair Value Measurements to value its Financial Instruments.

**D. Financial Instruments for which it is Not Practicable to Determine Fair Values for Note 20 C**

The Company does not have any financial instruments for which it is not practicable to determine fair value.

**21. Other Items**

**A. Unusual or Infrequent**

The Company did not have unusual or infrequent items at December 31, 2021 and December 31, 2020.

**B. Troubled Debt Restructuring: Debtors**

The Company did not have troubled debt restructurings at December 31, 2021 and December 31, 2020.

**C. Other Disclosures**

The Company did not have other disclosures items at December 31, 2021 and December 31, 2020.

**D. Business Interruption Insurance Recoveries**

The Company did not have business interruption insurance recoveries at December 31, 2021 and December 31, 2020.

**E. State Transferable and Non-transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2021 and December 31, 2020.

**F. Subprime-Mortgage-Related Risk Exposure**

The Company did not have subprime-mortgage-related risk exposure at December 31, 2021 and December 31, 2020.

**G. Retained Assets**

The Company did not have retained assets at December 31, 2021 and December 31, 2020.

**H. Insurance Linked Securities**

The Company did not have insurance linked securities at December 31, 2021 or December 31, 2020.

**I. Amount That Could Be Realized on Life Insurance**

The Company did not have any amounts that could be realized on life insurance at December 31, 2021 or December 31, 2020.

**22. Events Subsequent**

There were no events subsequent to December 31, 2021 and December 31, 2020 that require disclosure.

**23. Reinsurance**

The Company does not utilize reinsurance.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

The Company does not underwrite premiums that are subject to retrospective rating or are contingent premiums (based on actual claims incurred) for the periods ended December 31, 2021 and December 31, 2020.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

The Company was granted Health Insuring Corporation license on December 31, 2020 and the Company’s group plans were approved January 29, 2021 by Department.

**26. Intercompany Pooling Arrangements**

The Company utilizes no intercompany pooling arrangements.

**27. Structured Settlements**

As documented in the NAIC Annual Statement filing instructions for 2021, this footnote is not applicable to health insurance companies.

**28. Health Care Receivables**

The Company does not have any pharmaceutical rebate receivables or risk sharing receivables as of December 31, 2021 and December 31, 2020.

**29. Participating Policies**

The Company does not underwrite any business that would result in group accident or health participating policies. Accordingly, policy dividends are not applicable to the Company’s operations.

**30. Premium Deficiency Reserves**

- |  |                                   |
|--|-----------------------------------|
| 1. Liability carried for premium deficiency reserves               | \$0                               |
| 2. Date of the most recent evaluation of the liability             | <u>12/31/2021</u>                 |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input type="checkbox"/> No X |

**31. Anticipated Salvage and Subrogation**

The Company’s liability for unpaid claims is actuarially determined on analysis of historical claims experience modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

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, 2 and 3.
- 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.
- 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.
- 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).
- 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, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Optum Bank, Inc.....	Salt Lake City, Utah.....	NO.....	NO.....	YES.....	NO.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to theFederal Reserve Board's capital rule? Yes [ ] No [ ] N/A [ X ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Novogradac & Company LLP, 261 N. University Drive, Suite 500, Plantation, FL 33324.....

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?  
Stephen Olmsted, Director of Actuarial Services of United HealthCare Services, Inc, an affiliate of Solstice Healthplans of Ohio, Inc, 9700 Health Care Ln, 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

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 [ X ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ X ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]

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 or is likely to 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 \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
- Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 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 25.03)
- Yes [ X ] No [ ]

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

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

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

25.08 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 [ ] NA [ X ]

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 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 24.1 and 25.03). Yes [ X ] No [ ]

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

26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....76,000

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

27.2 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 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]

27.42 Permitted accounting practice Yes [ ] No [ ]

27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 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.

28.1 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 ]

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

29. 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 [ ] No [ X ]

29.01 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
US Bank NA.....	St Lous Plaza, 7th & Washington, St Louis, MO 63101.

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]

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

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

29.05 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

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 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

30.1 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 ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 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

31. 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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	0		0
31.2 Preferred Stocks.....	0		0
31.3 Totals	0	0	0

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

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]

32.2 If the answer to 32.1 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 [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. 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 ]

35. 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 an 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 ]

36. 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 ]

37. 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 nonaffiliated 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 37.a -37.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 [ ] NA [ X ]

GENERAL INTERROGATORIES

OTHER

- 38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....0
- 38.2 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
.....	\$.....
.....	\$.....
.....	\$.....

- 39.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....0
- 40.2 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? \$
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 \$
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$
1.62 Total incurred claims \$
1.63 Number of covered lives
All years prior to most current three years:
1.64 Total premium earned \$
1.65 Total incurred claims \$
1.66 Number of covered lives
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$
1.72 Total incurred claims \$
1.73 Number of covered lives
All years prior to most current three years:
1.74 Total premium earned \$
1.75 Total incurred claims \$
1.76 Number of covered lives

2. Health Test:

Table with 3 columns: Item, 1 Current Year, 2 Prior Year. Rows include Premium Numerator, Premium Denominator, Premium Ratio, Reserve Numerator, Reserve Denominator, and Reserve Ratio.

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 [ ] No [ X ]
5.2 If no, explain:
The Company only provides dental insurance therefore stop-loss reinsurance is not applicable.
5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$
5.32 Medical Only \$
5.33 Medicare Supplement \$
5.34 Dental and Vision \$
5.35 Other Limited Benefit Plan \$
5.36 Other \$
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:
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 0
8.2 Number of providers at end of reporting year 9,579
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
9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....
- 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 [ ] No [ X ]
- 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.

\$.....250,000
- 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
12. List service areas in which reporting entity is licensed to operate:

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

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

\$.....

15.2 Total Incurred Claims

\$.....

15.3 Number of Covered Lives

.....

*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 guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

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 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	318,114	271,225	0	0	0
2. Total liabilities (Page 3, Line 24) .....	1,964	0	0	0	0
3. Statutory minimum capital and surplus requirement .....	250,000	250,000	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	316,150	271,225	0	0	0
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	1,845	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	1,211	0	0	0	0
7. Claims adjustment expenses (Line 20) .....	195	0	0	0	0
8. Total administrative expenses (Line 21) .....	6,918	4,666	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(6,479)	(4,666)	0	0	0
10. Net investment gain (loss) (Line 27) .....	55	(112)	0	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(5,078)	(3,775)	0	0	0
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	(565)	(4,292)	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	316,150	271,225	0	0	0
15. Authorized control level risk-based capital.....	29,292	696	0	0	0
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	36	0	0	0	0
17. Total members months (Column 6, Line 7) .....	119	0	0	0	0
<b>Operating Percentage</b> (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) .....	65.6	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	4.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	6.6	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	451.2	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	(351.2)	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	0	0	0	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. 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 .....					

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

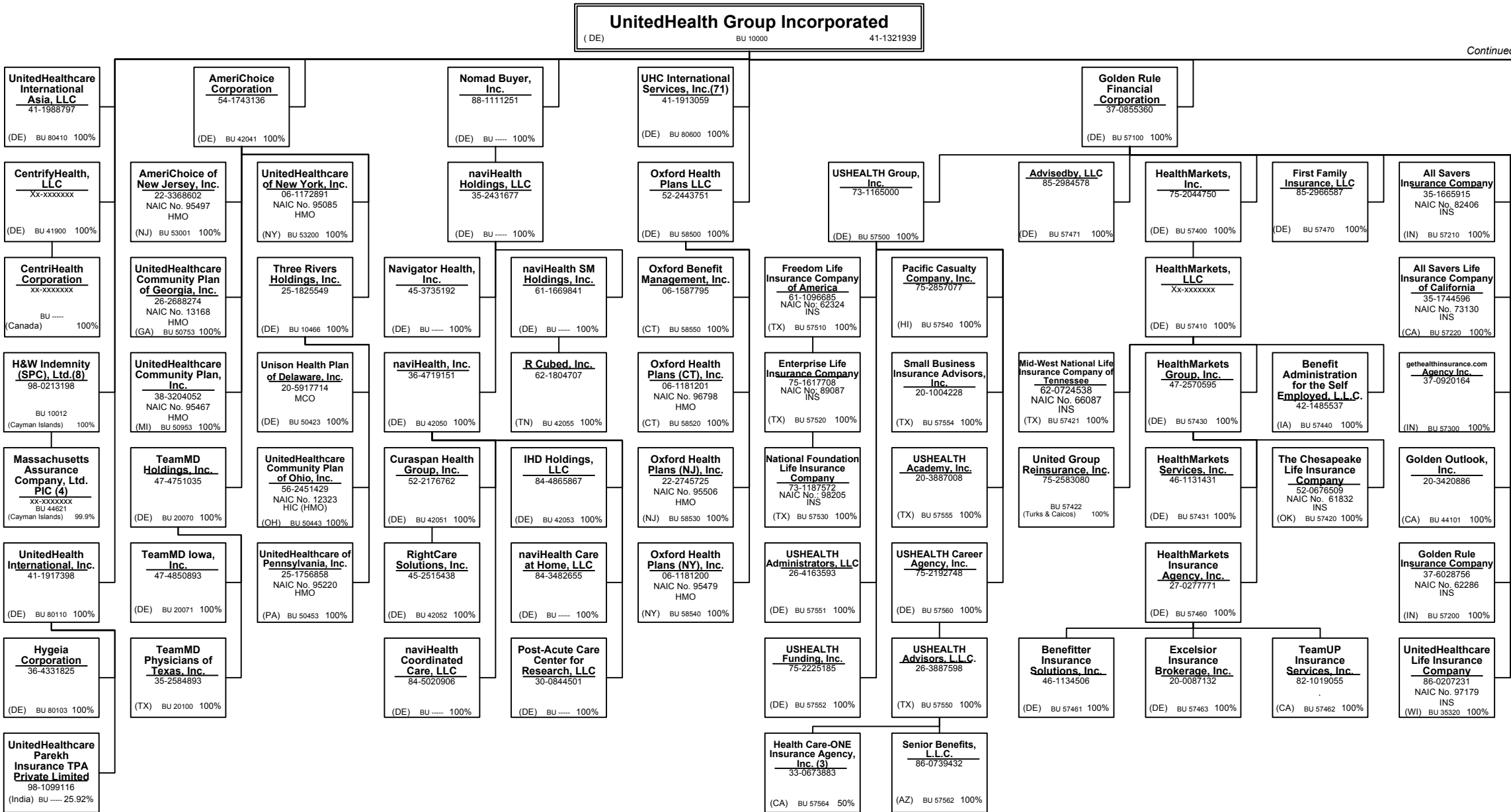
			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								0	0
2.	Alaska	AK	N								0	0
3.	Arizona	AZ	N								0	0
4.	Arkansas	AR	N								0	0
5.	California	CA	N								0	0
6.	Colorado	CO	N								0	0
7.	Connecticut	CT	N								0	0
8.	Delaware	DE	N								0	0
9.	District of Columbia	DC	N								0	0
10.	Florida	FL	N								0	0
11.	Georgia	GA	N								0	0
12.	Hawaii	HI	N								0	0
13.	Idaho	ID	N								0	0
14.	Illinois	IL	N								0	0
15.	Indiana	IN	N								0	0
16.	Iowa	IA	N								0	0
17.	Kansas	KS	N								0	0
18.	Kentucky	KY	N								0	0
19.	Louisiana	LA	N								0	0
20.	Maine	ME	N								0	0
21.	Maryland	MD	N								0	0
22.	Massachusetts	MA	N								0	0
23.	Michigan	MI	N								0	0
24.	Minnesota	MN	N								0	0
25.	Mississippi	MS	N								0	0
26.	Missouri	MO	N								0	0
27.	Montana	MT	N								0	0
28.	Nebraska	NE	N								0	0
29.	Nevada	NV	N								0	0
30.	New Hampshire	NH	N								0	0
31.	New Jersey	NJ	N								0	0
32.	New Mexico	NM	N								0	0
33.	New York	NY	N								0	0
34.	North Carolina	NC	N								0	0
35.	North Dakota	ND	N								0	0
36.	Ohio	OH	L	1,845							1,845	0
37.	Oklahoma	OK	N								0	0
38.	Oregon	OR	N								0	0
39.	Pennsylvania	PA	N								0	0
40.	Rhode Island	RI	N								0	0
41.	South Carolina	SC	N								0	0
42.	South Dakota	SD	N								0	0
43.	Tennessee	TN	N								0	0
44.	Texas	TX	N								0	0
45.	Utah	UT	N								0	0
46.	Vermont	VT	N								0	0
47.	Virginia	VA	N								0	0
48.	Washington	WA	N								0	0
49.	West Virginia	WV	N								0	0
50.	Wisconsin	WI	N								0	0
51.	Wyoming	WY	N								0	0
52.	American Samoa	AS	N								0	0
53.	Guam	GU	N								0	0
54.	Puerto Rico	PR	N								0	0
55.	U.S. Virgin Islands	VI	N								0	0
56.	Northern Mariana Islands	MP	N								0	0
57.	Canada	CAN	N								0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	1,845	0	0	0	0	0	0	1,845	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	1,845	0	0	0	0	0	0	1,845	0
DETAILS OF WRITE-INS												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	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 lines in the state .....56

(b) Explanation of basis of allocation of premiums by states, etc.  
The company is licensed only in the State of Ohio

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

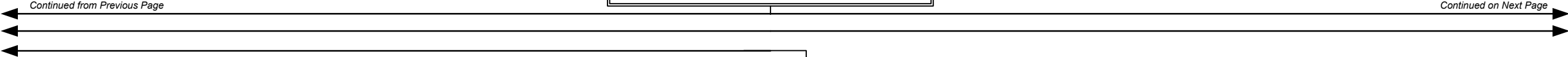
PART 1 – ORGANIZATIONAL CHART



## 40.1

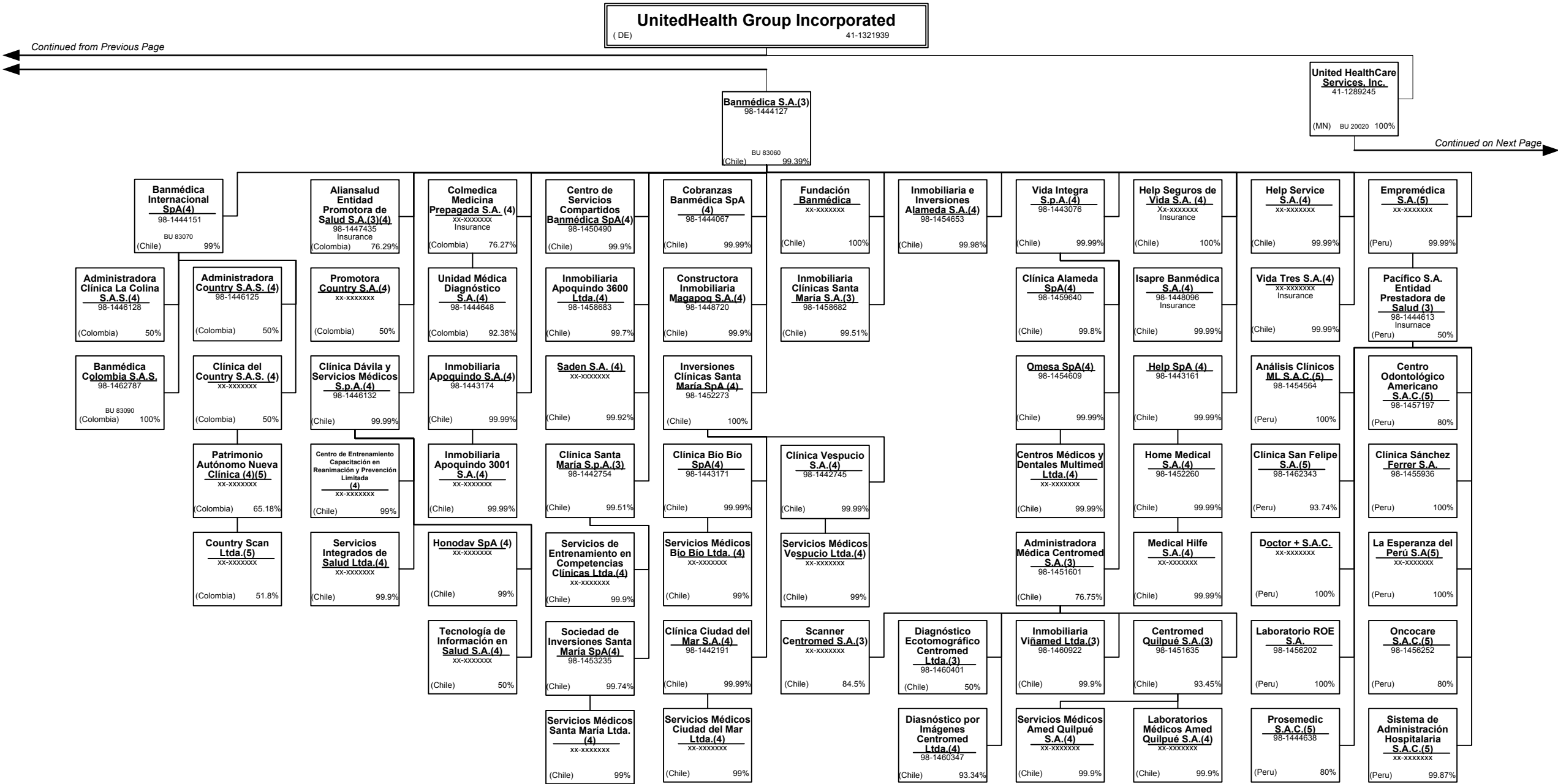


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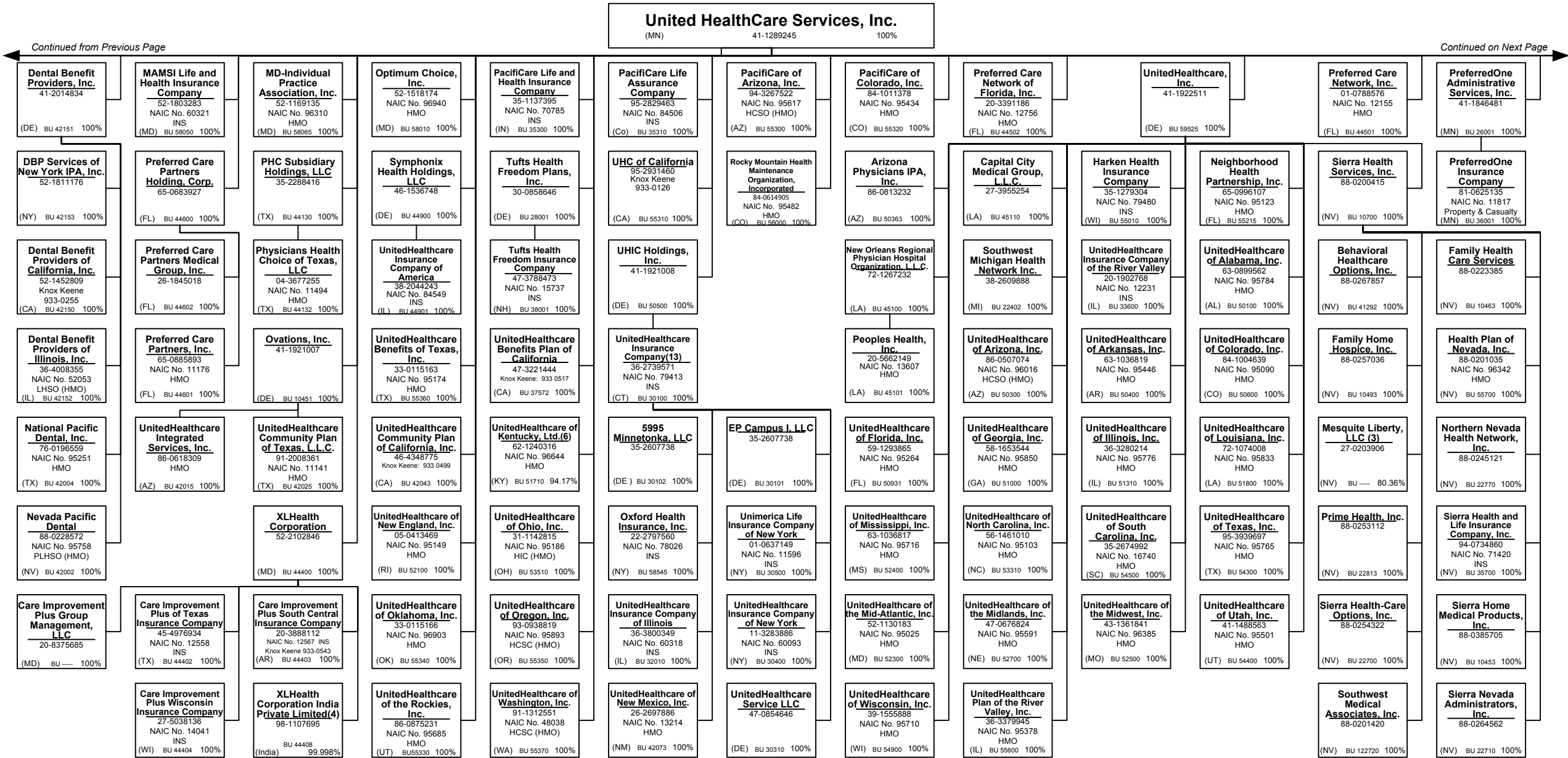
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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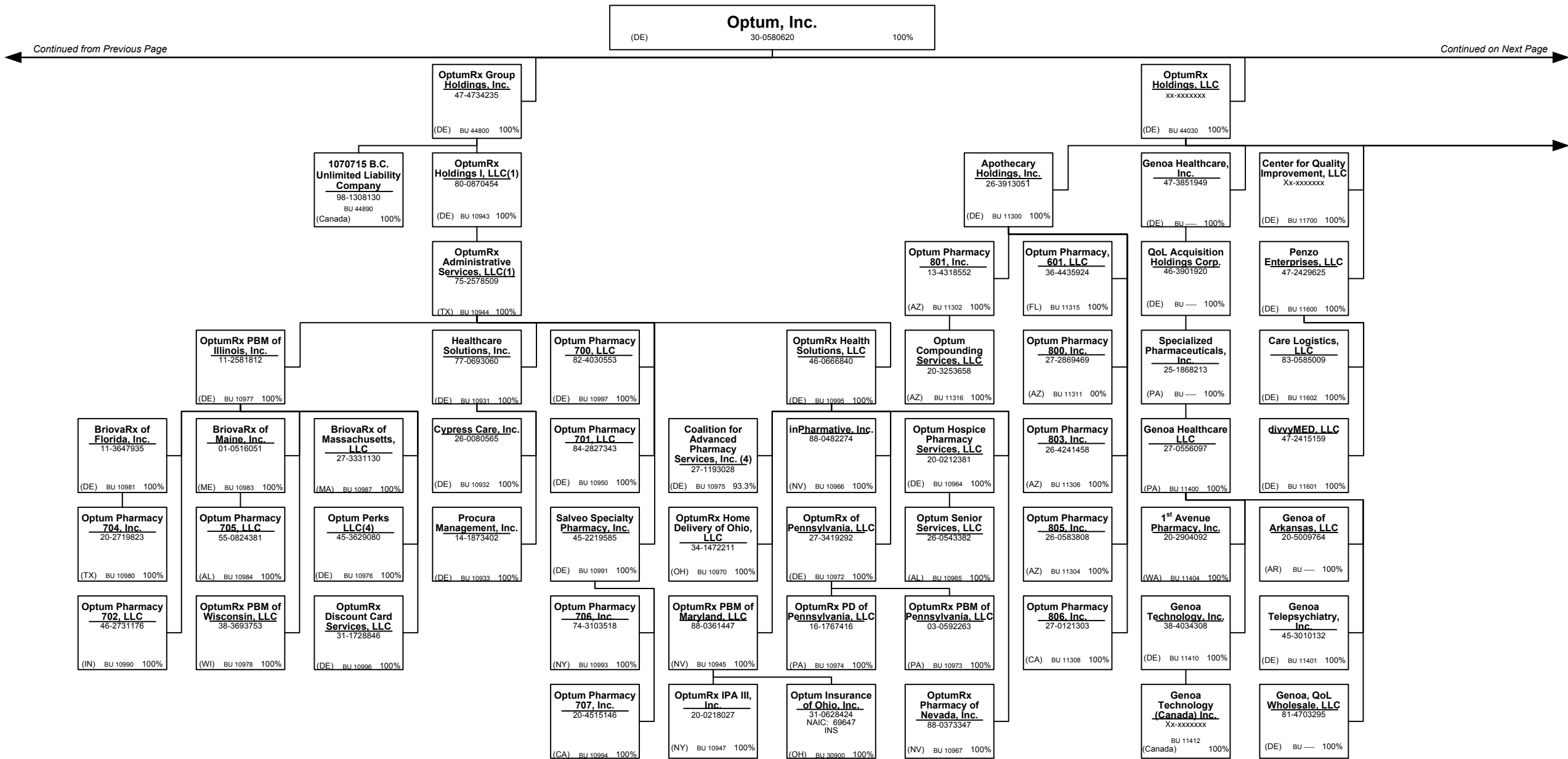
PART 1 – ORGANIZATIONAL CHART





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

PART 1 – ORGANIZATIONAL CHART

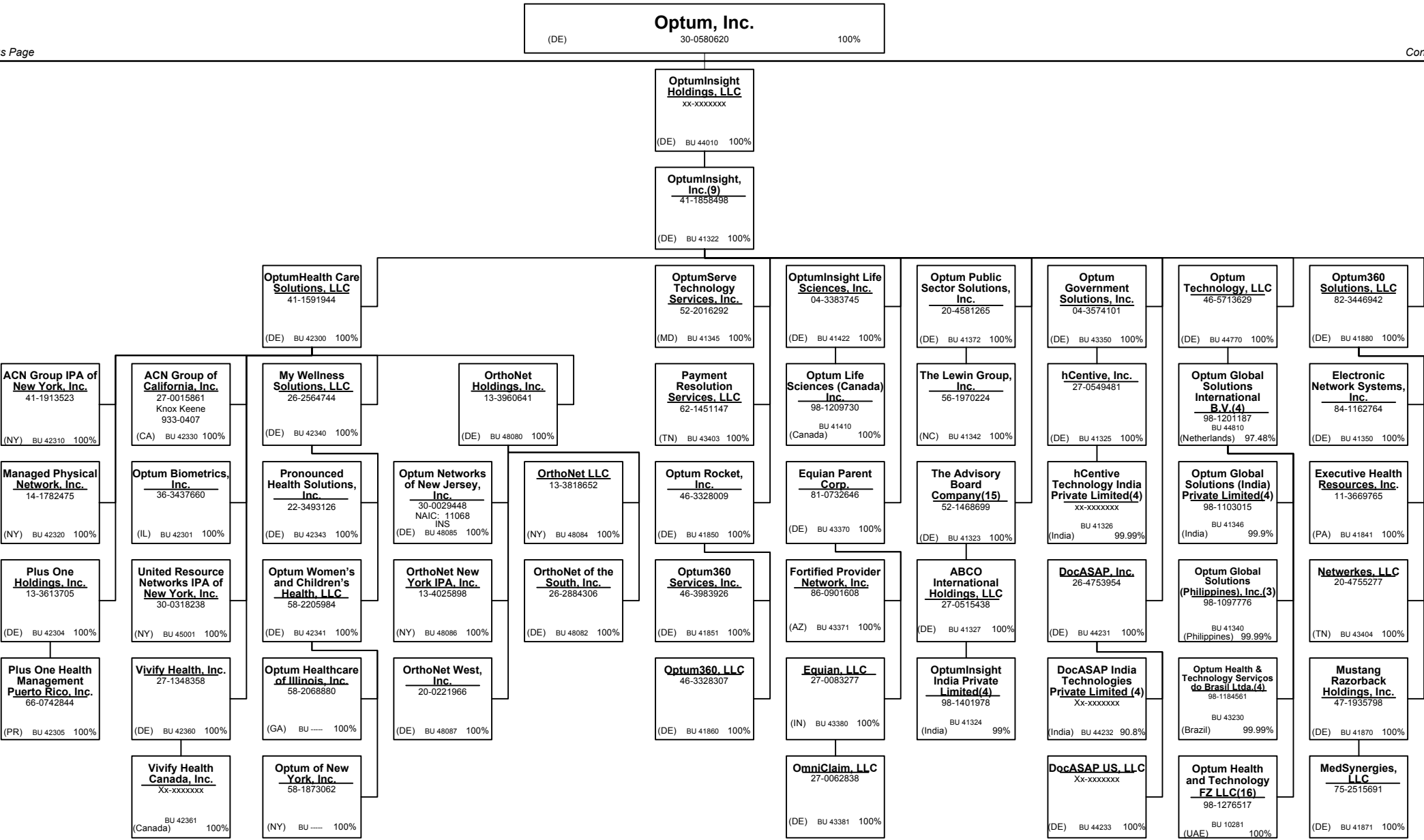


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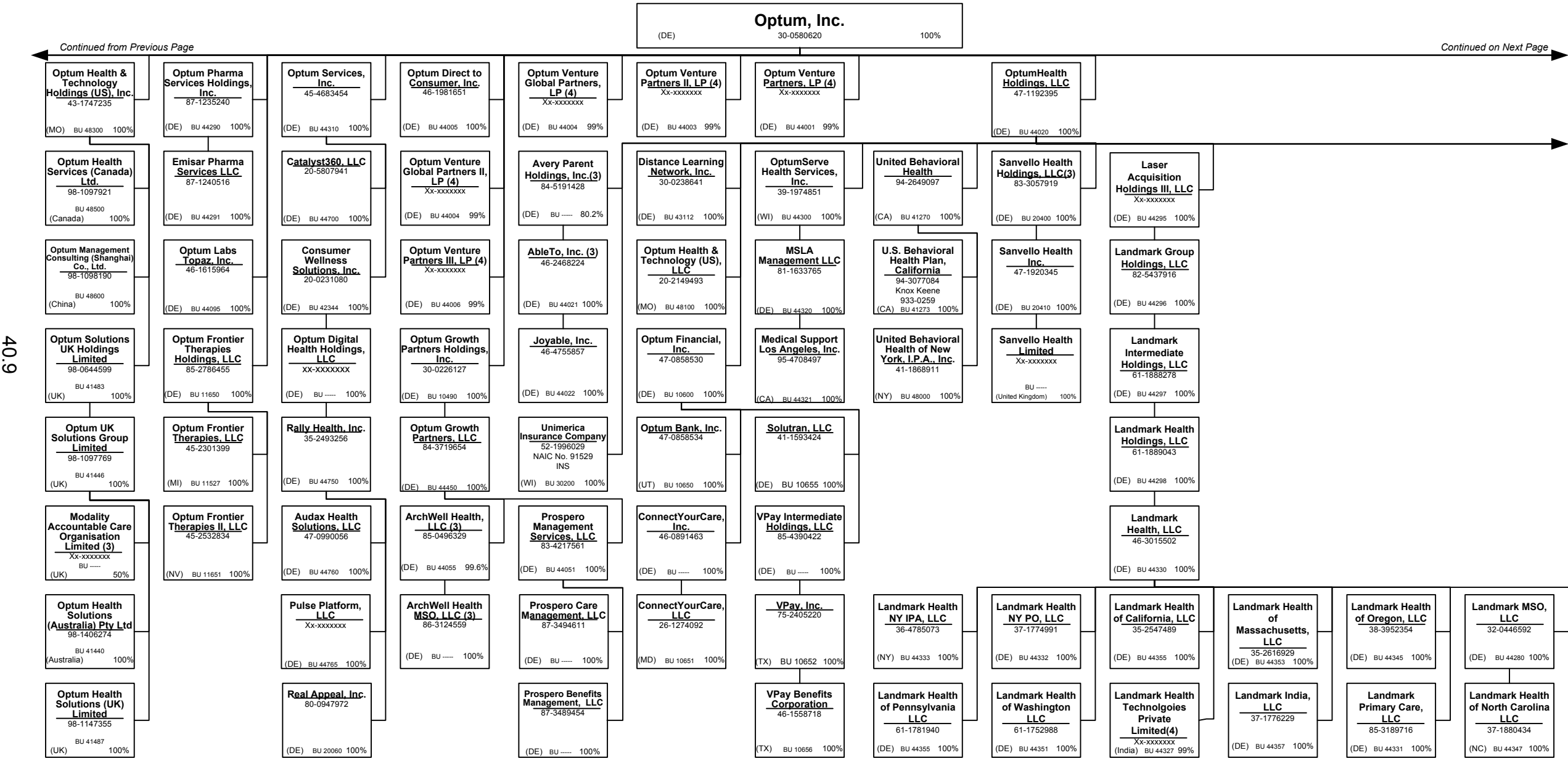
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PART 1 – ORGANIZATIONAL CHART



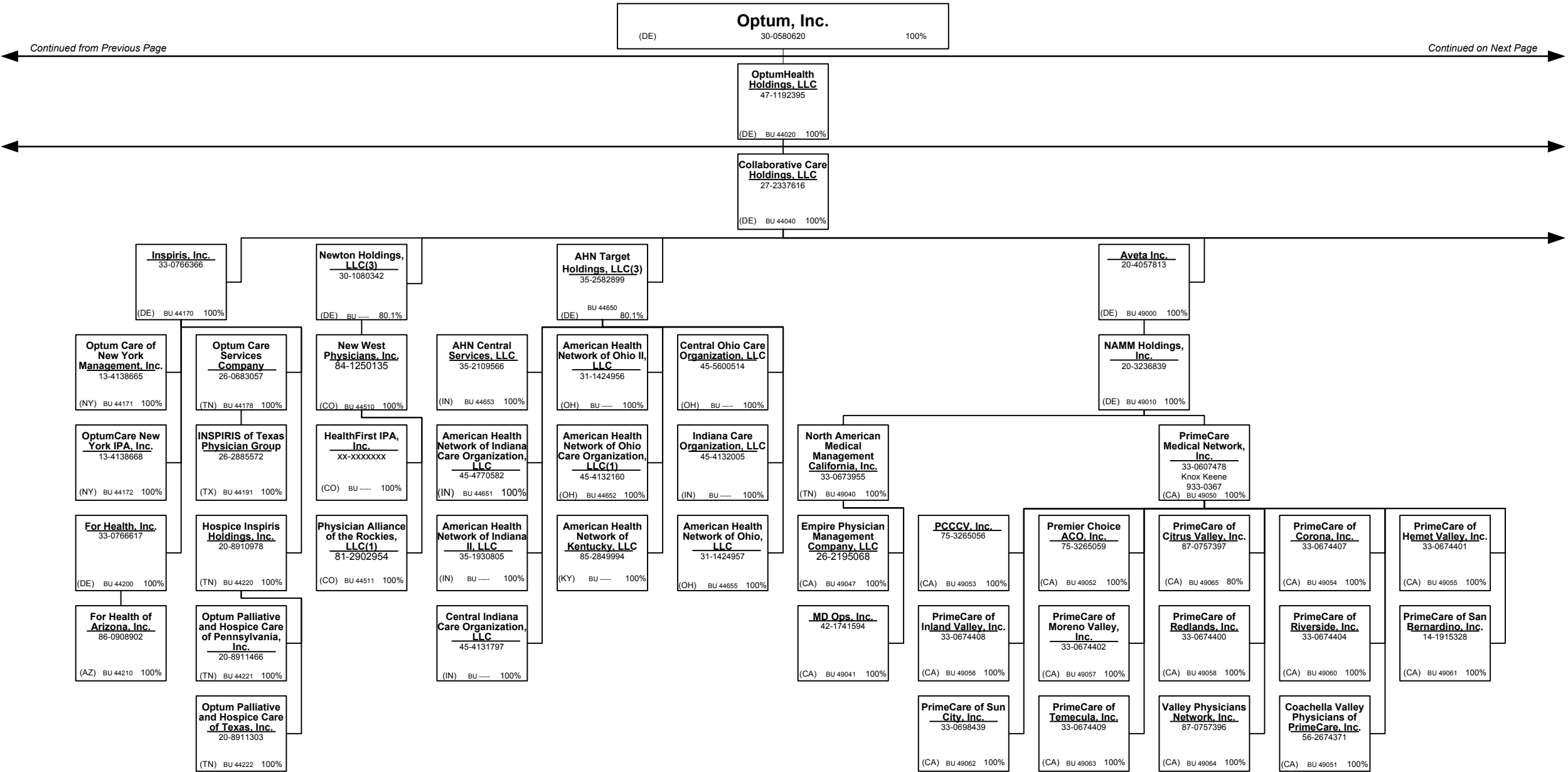
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PART 1 – ORGANIZATIONAL CHART

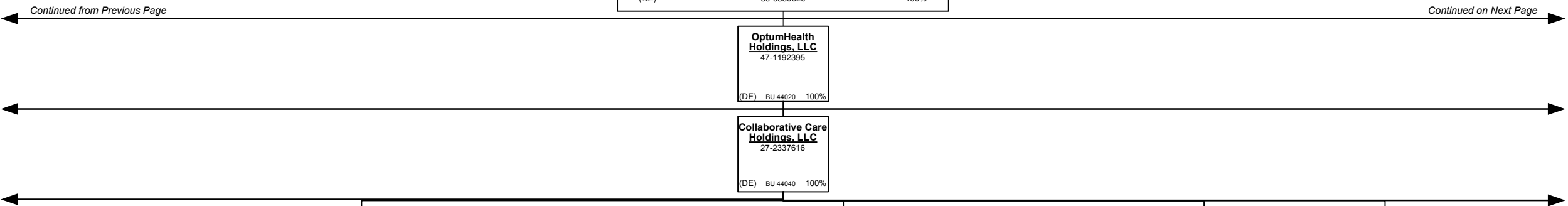


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PART 1 – ORGANIZATIONAL CHART



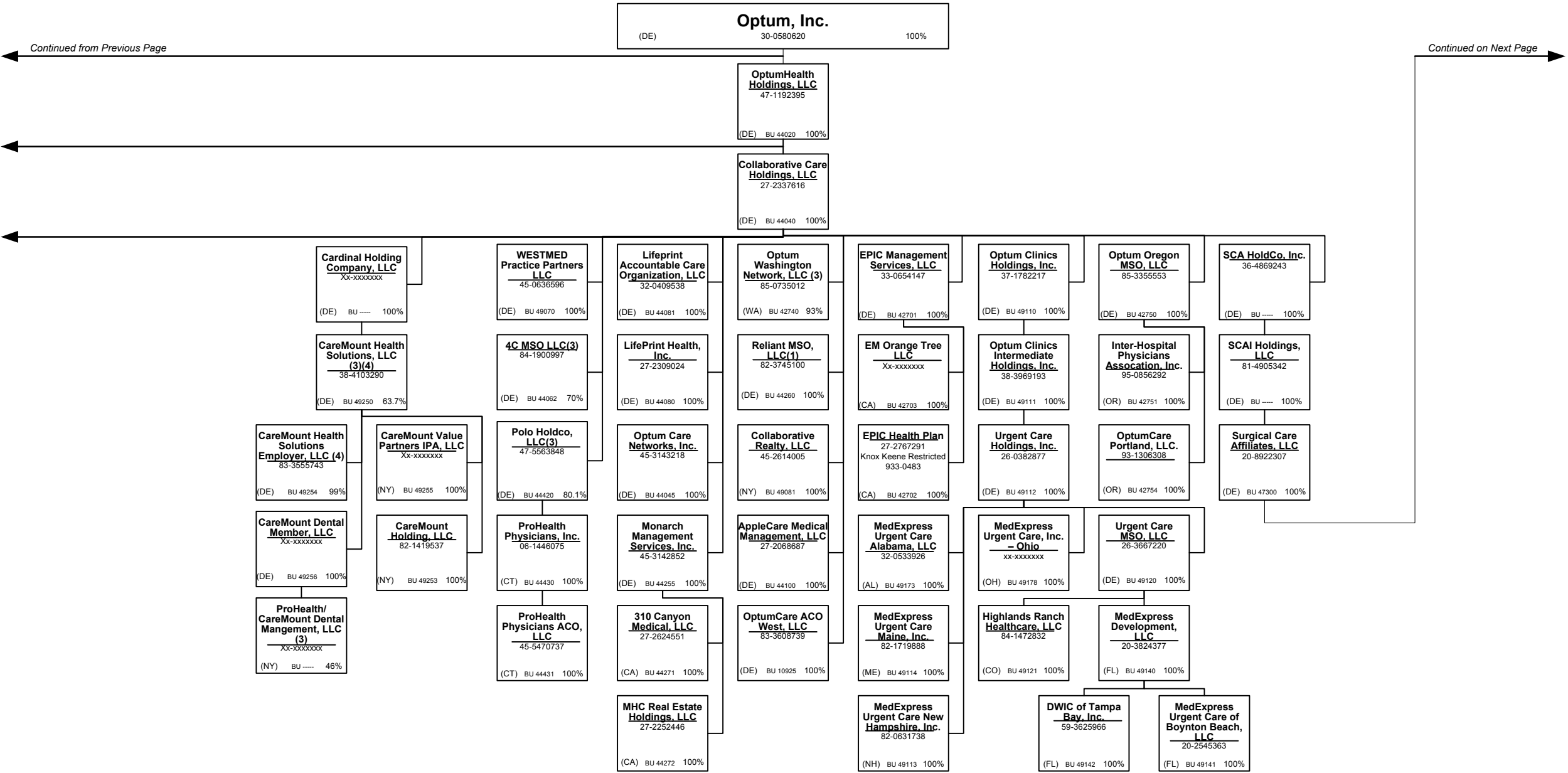
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

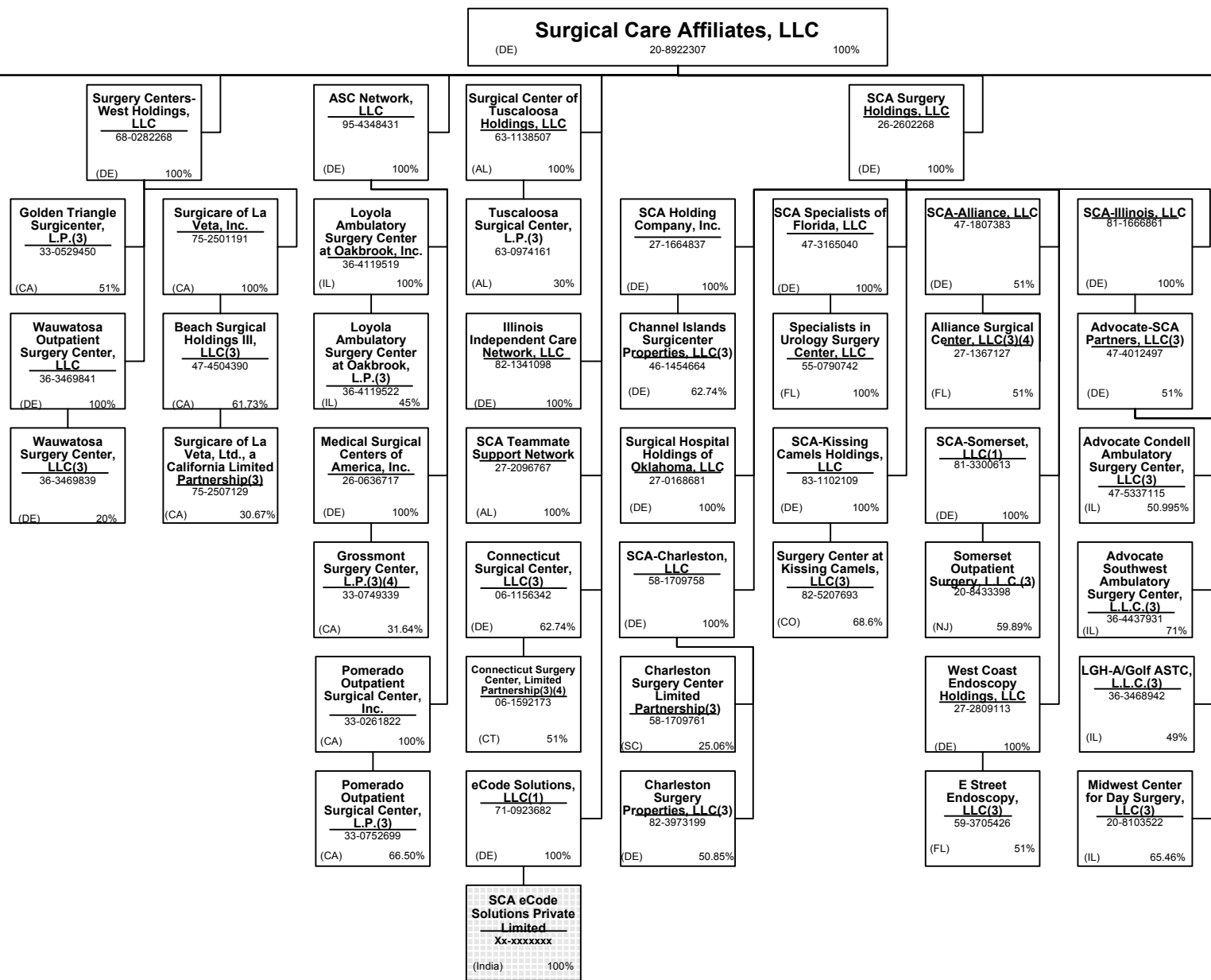
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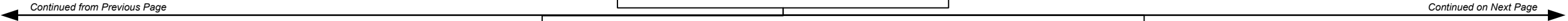


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PART 1 – ORGANIZATIONAL CHART

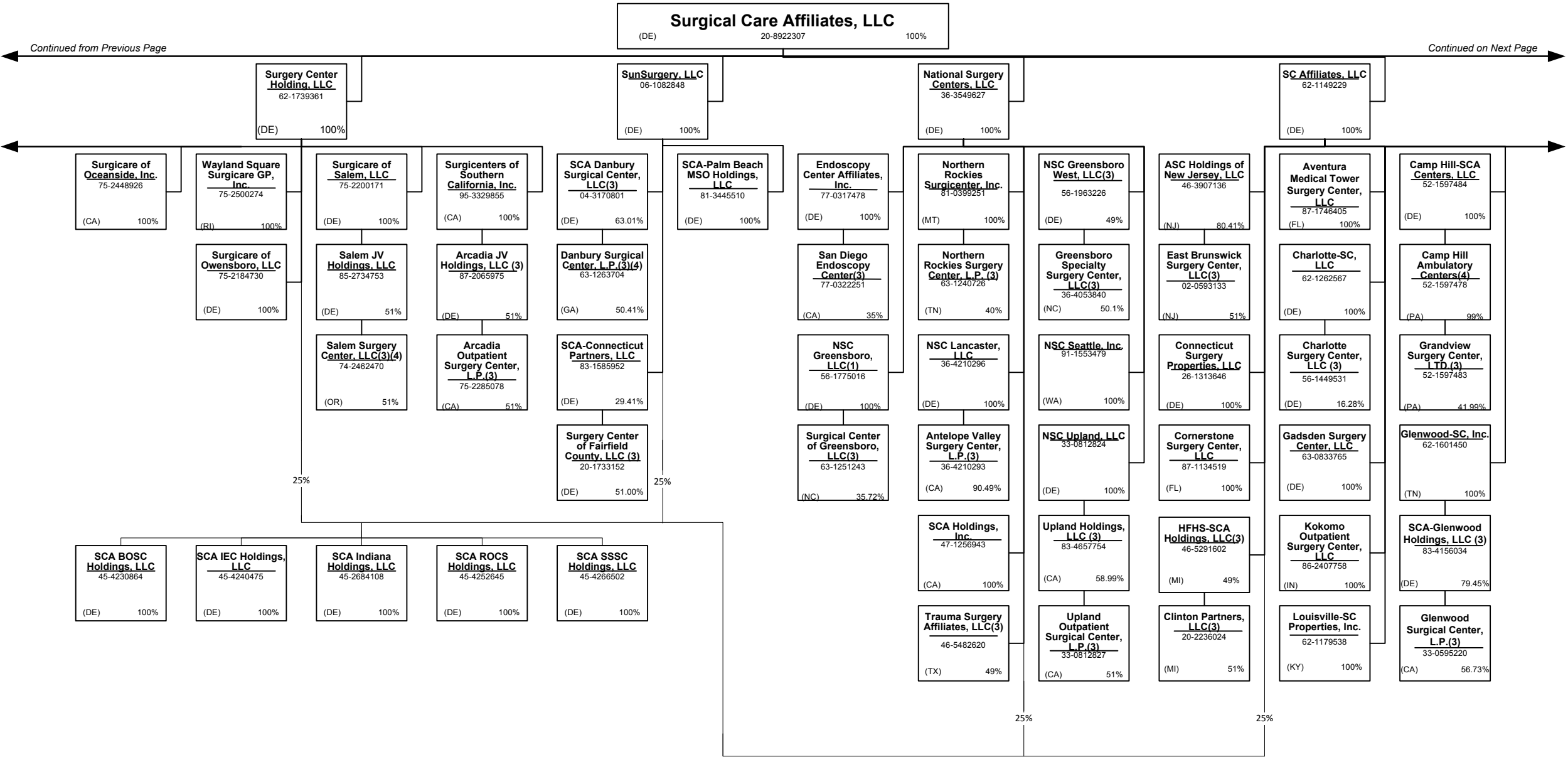


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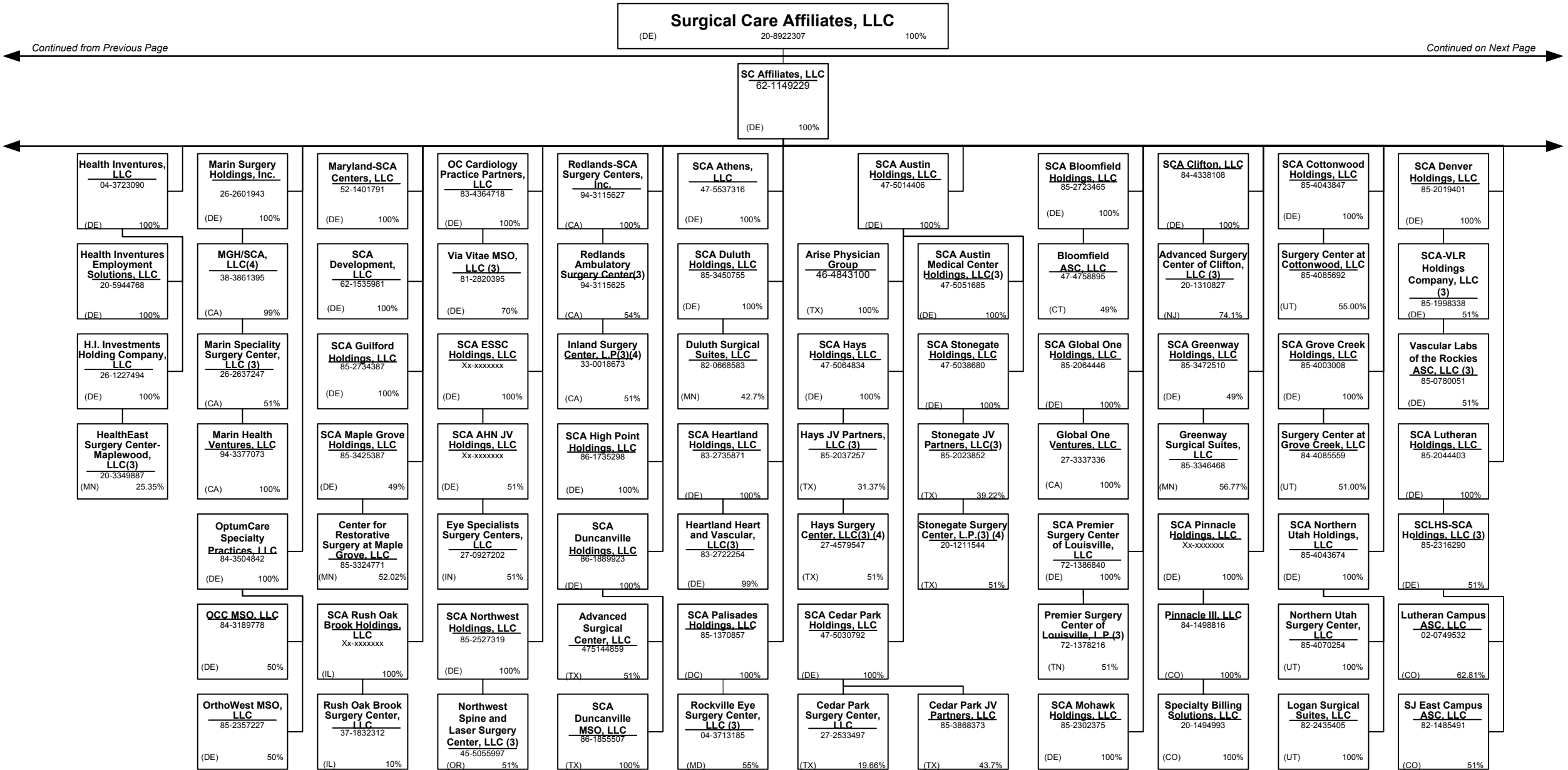
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PART 1 – ORGANIZATIONAL CHART



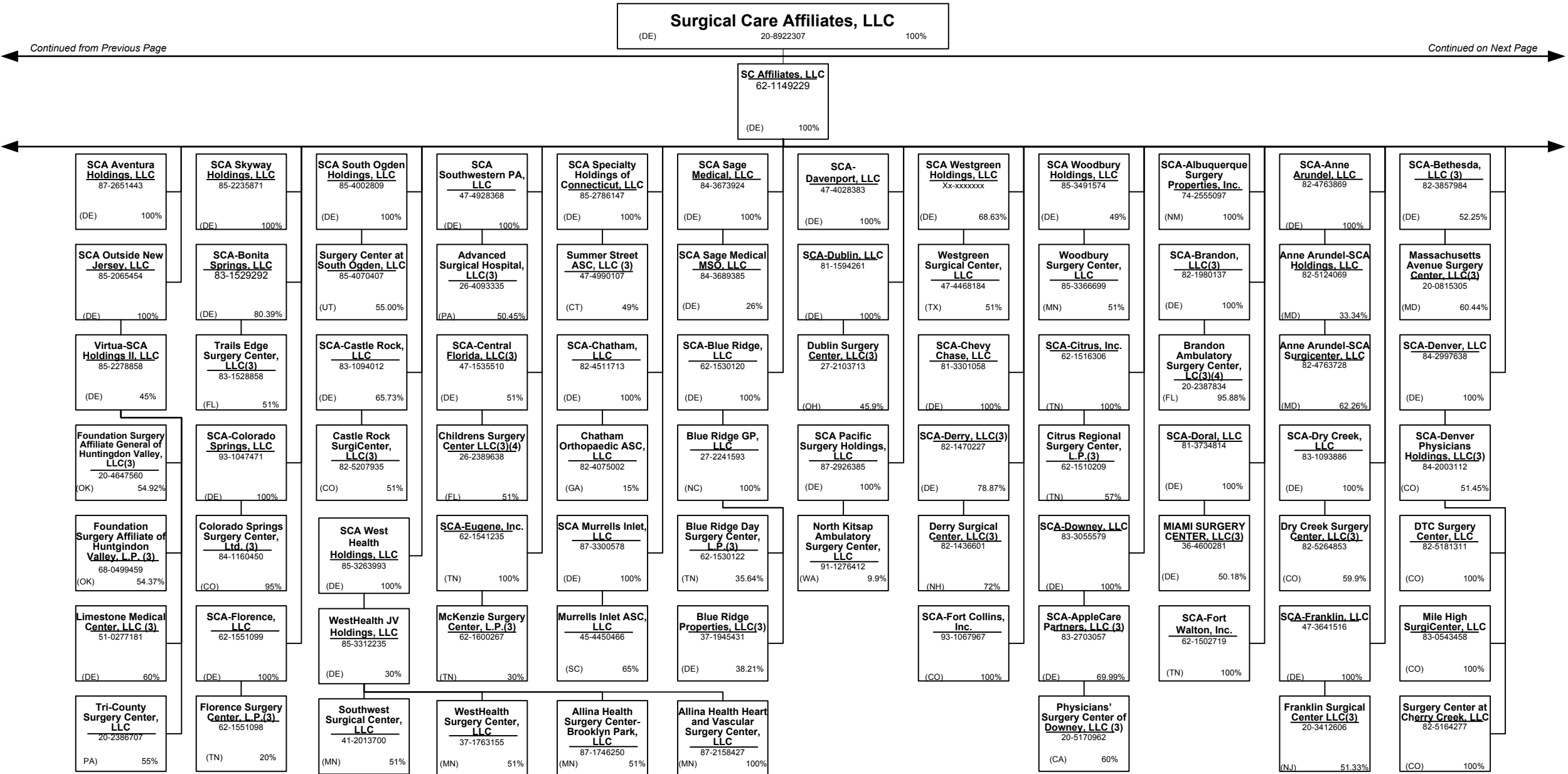
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PART 1 – ORGANIZATIONAL CHART



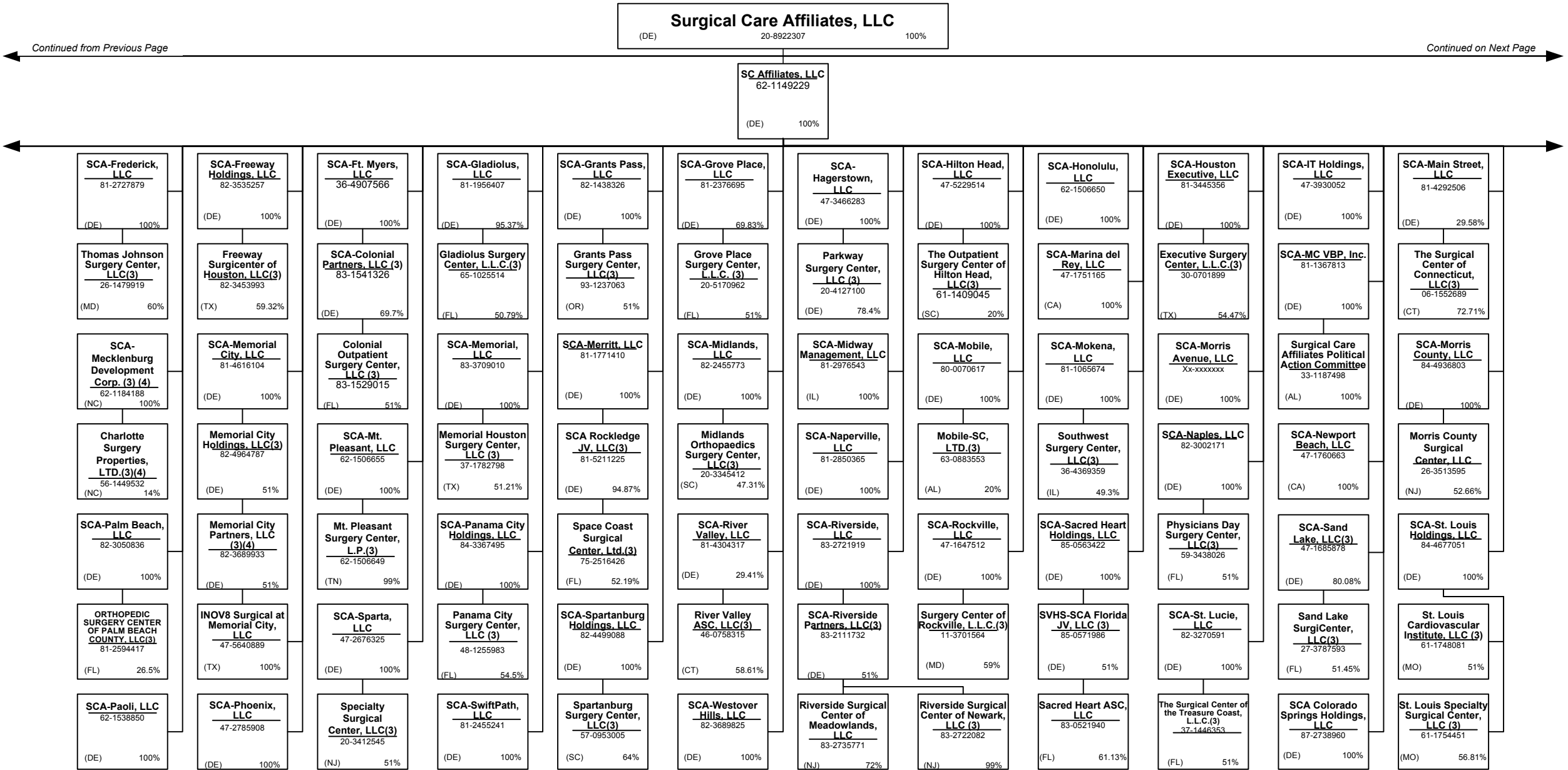
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PART 1 – ORGANIZATIONAL CHART



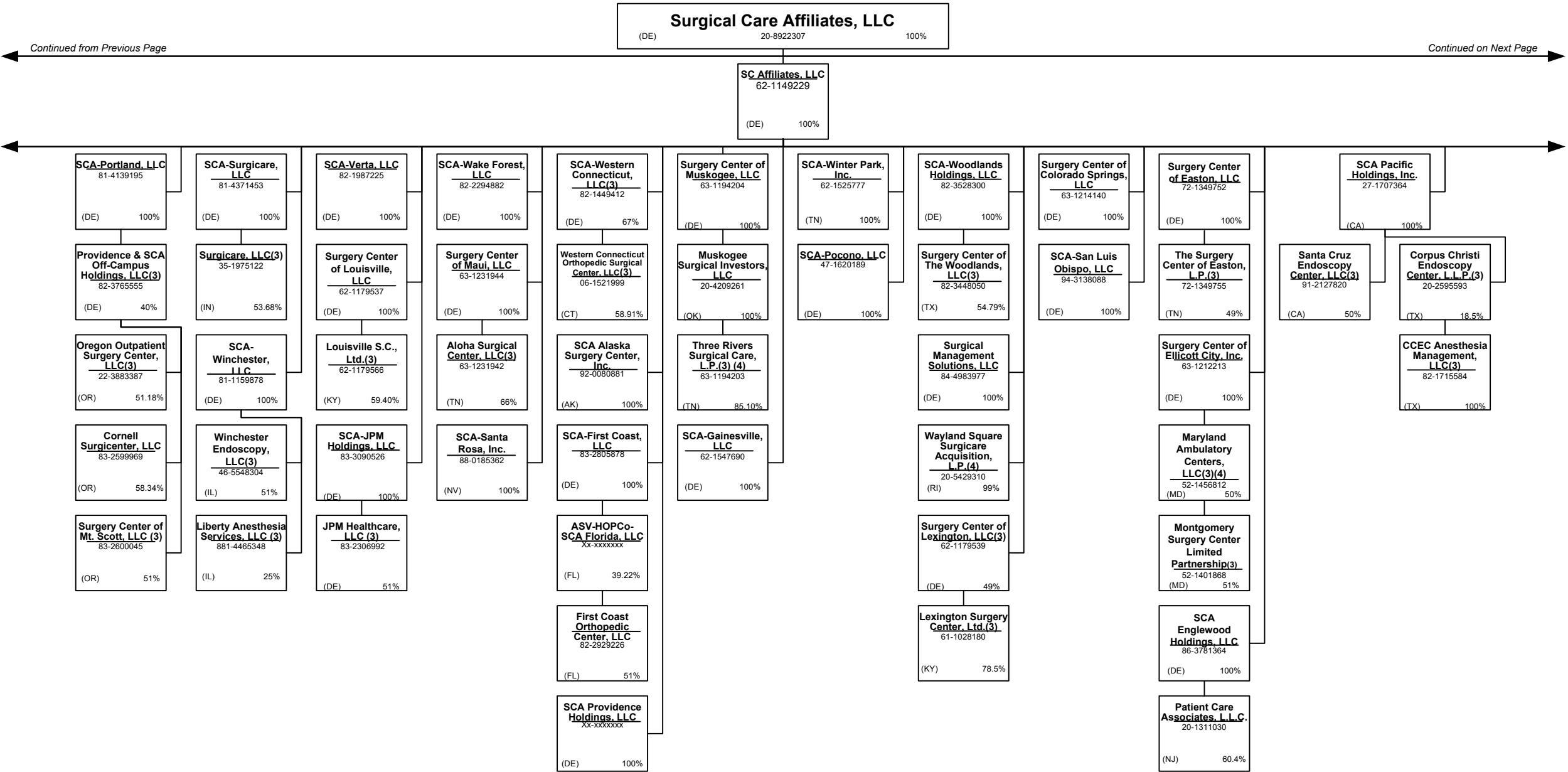
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PART 1 – ORGANIZATIONAL CHART



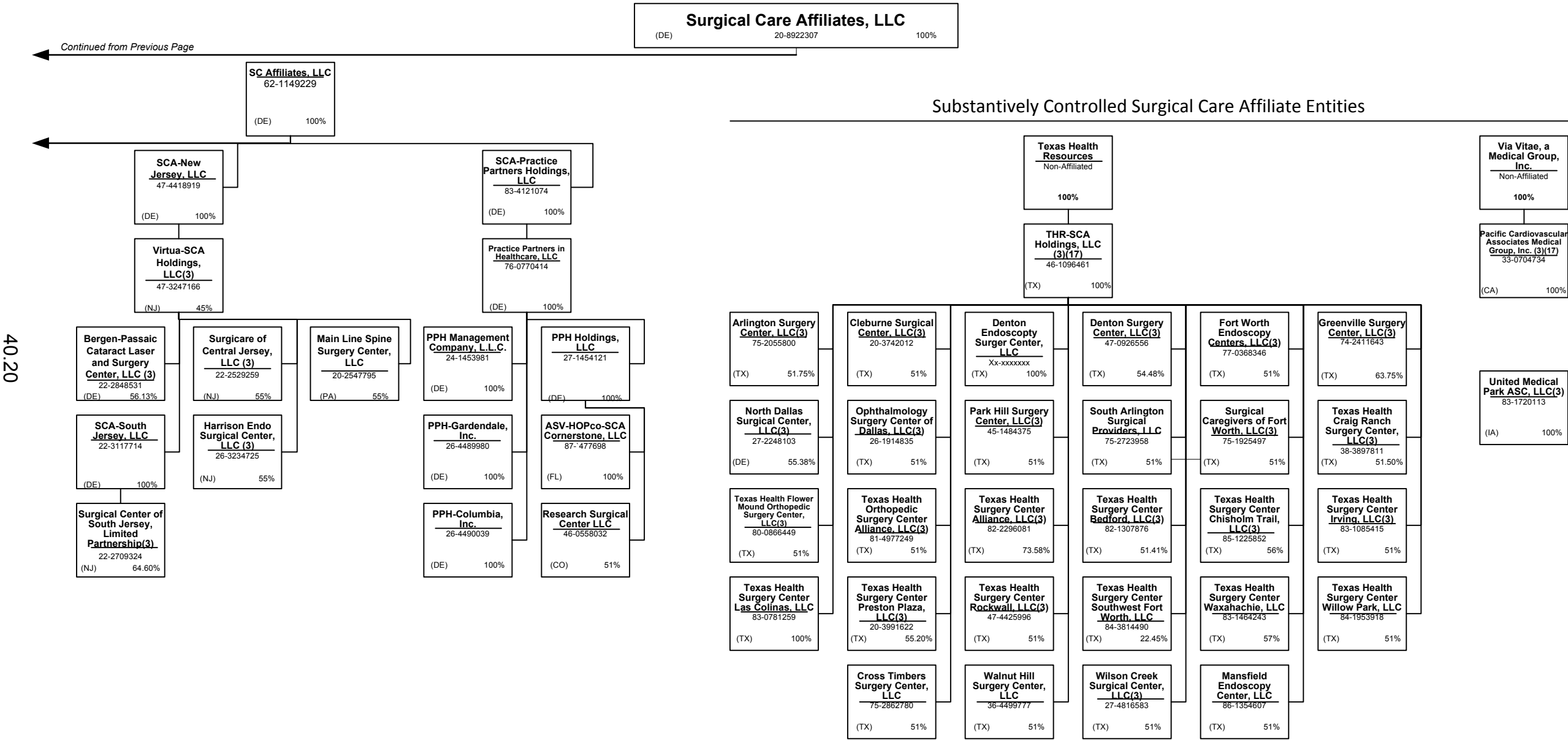
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PART 1 – ORGANIZATIONAL CHART



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

Professionally Owned Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948	Empire Physicians' Medical Group, Inc.	CA	33-0181426
A.G. Dikengil, Inc.	NJ	22-3149900	Everett Physicians, Inc. P.S.	WA	81-1625636
AbleTo Behavioral Health Services of Michigan, P.C.	MI	85-4328419	First Hill Surgery Center, LLC	WA	47-2066485
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
AbleTo Behavioral Health Services, P.C.	CT	47-5519672	HealthCare Partners Affiliates Medical Group	CA	95-4526112
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	HealthCare Partners ASC-HB, LLC	CA	26-4247365
American Health Network of Indiana, LLC	IN	35-2108729	HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760
AHN Accountable Care Orgnization, LLC	IN	45-4171713	HealthCare Partners Medical Group, P.C.	CA	95-4340584
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	Homecare Dimensions of Florida, Inc.	TX	81-0884465
AppleCare Medical ACO, LLC	CA	45-2852872	Homecare Dimensions, Inc.	TX	74-2758644
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	IN Style OPTICAL, LLC	MA	27-3296953
AppleCare Medical Group, Inc.	CA	33-0898174	Inland Faculty Medical Group, Inc.	CA	33-0618077
ArchWell Health Professional Services Holding Co.	DE	86-3278602	Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134
ArchWell Health Professional Services of Alabama, LLC	AL	86-3152173	INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674
Archwell Health Professional Services of Arizona, LLC	AZ	87-2986923	INSPIRIS of New York Medical Services, P.C.	NY	13-4168739
ArchWell Health Professional Services of Kansas, P.A.	KS	86-3241870	INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670
Archwell Health Professional Services of Nebraska, LLC	NB *	87-3065955	Landmark Connect of California, PC	CA	36-4886532
ArchWell Health Professional Services of North Carolina, P.C.	NC	86-3222071	Landmark Connect of Oregon, P.C.	OR	82-4121823
ArchWell Health Professional Services of Oklahoma, LLC	OK	86-3190019	Landmark Connect of Pennsylvania, PC	PA	82-4513634
ARTA Western California, Inc.	CA	33-0658815	Landmark Connect of Washington, P.C.	WA	82-4273042
Aspectus, Inc.	MA	04-3403101	Landmark Medical of Arkansas, P.A.	AR	85-0997438
Beaver Medical Group, P.C.	CA	33-0645967	Landmark Medical of California, PC	CA	47-4553619
Better Health Value Network, LLC	WA	47-4349079	Landmark Medical of Connecticut, PC	CT	83-2295301
Bexar Imaging Center, LLC	TX	22-3858211	Landmark Medical of Florida, P.A.	FL	85-0838149
California Spring Holdings, PC	CA	81-0881243	Landmark Medical of Idaho, PC	ID	--
CareMount Health Solutions ACO, LLC	NY	--	Landmark Medical of Kansas, P.A.	KS	82-4633545
CareMount Medical, P.C.	NY	13-3544120	Landmark Medical of Kentucky, PSC	KY	82-4881602
Centers for Family Medicine, GP	CA	33-0483510	Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732
Connect Medical, P.C.	NY	32-0551188	Landmark Medical of Massachusetts, PLLC	MA	81-5364097
David Moen, M.D. P.C.	NY	81-5101448	Landmark Medical of Michigan, P.C.	MI	86-3599871
David R. Ferrell, M.D., P.C.	NV	45-2380022	Landmark Medical of Mississippi, P.C.	MS	82-5084178
Day-OP Center Of Long Island Inc.	NY	11-2811353	Landmark Medical of Missouri, P.C.	MO	82-4857713
Durable Medical Equipment, Inc.	MA	04-3106404	Landmark Medical of New Hampshire, P.C.	NH	85-1174070

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

PART 1 – ORGANIZATIONAL CHART

Professionally Owned Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Landmark Medical of North Carolina, P.C.	NC	82-4256752	MedExpress Primary Care West Virginia, Inc.	WV	82-4401181
Landmark Medical of Ohio, Professional Corporation	OH	82-4864947	MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448
Landmark Medical of Oregon, PC	OR	47-2926188	MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778
Landmark Medical of Pennsylvania, PC	PA	81-1605378	MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623
Landmark Medical of Rhode Island, PC	RI	84-2830065	MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280
Landmark Medical of Tennessee, PC	TN	30-1288593	MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120
Landmark Medical of Texas, PA	TX	83-2296389	MedExpress Urgent Care California, P.C.	CA	82-0930142
Landmark Medical of Utah, PC	UT	84-2660339	MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812
Landmark Medical of Virginia, P.C.	VA	85-0839774	MedExpress Urgent Care Idaho, P.C.	ID	82-1135336
Landmark Medical of Washington, PC	WA	47-3028655	MedExpress Urgent Care Illinois, P.C.	IL	47-4308614
Landmark Medical, P.C.	NY	47-1588943	MedExpress Urgent Care Iowa, P.C.	IA	81-5353472
Level2 Medical Services, P.A.	DE	84-5003916	MedExpress Urgent Care Kansas, P.A.	KS	47-1919283
Level2 Medical Services, P.A. New Jersey	NJ	87-2684015	MedExpress Urgent Care Minnesota P.C.	MN	81-1125396
Level2 Medical Services, P.C. Alaska	AK	87-2600511	MedExpress Urgent Care Missouri P.C.	MO	47-3132625
Level2 Medical Services, P.C. California	CA	84-5003916	MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747
Level2 Medical Services, P.C. Utah	UT	87-0989804	MedExpress Urgent Care Oregon, P.C.	OR	82-1919436
March Vision Care Group, Incorporated	CA	95-4874334	MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765
March Vision Care IPA, Inc.	NY	27-3115058	MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706
March Vision Care of Texas, Inc.	TX	45-4227915	MedExpress Urgent Care Texas, P.A.	TX	47-5147441
MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820	MedExpress Urgent Care Washington, P.C.	WA	82-2443118
Mat-Rx Fort Worth GP, L.L.C.	TX	35-2262695	MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678
ME Urgent Care Nebraska, Inc.	NB *	81-0936574	MedExpress Urgent Care, Inc. – West Virginia	WV	26-4546400
MedExpress Employed Services, Inc.	DE	81-1265129	MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667
MedExpress Primary Care Arizona, P.C.	AZ	81-4550969	MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572
MedExpress Primary Care Arkansas, P.A.	AR	84-4234388	MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101
MedExpress Primary Care Kansas, P.A.	KS	81-4605885	MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908
MedExpress Primary Care Maryland, P.C.	MD	82-3384324	MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937
MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099	MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365
MedExpress Primary Care Minnesota P.C.	MN	81-4396738	MedExpress Urgent Care, P.C. – Pennsylvania	PA	26-3750502
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265	MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858	MedExpress Urgent Care, P.C. – Virginia	VA	45-3123110
MedExpress Primary Care Texas, P.A.	TX	84-2500750	MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MedExpress, Inc. – Delaware	DE	45-5436856

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

PART 1 – ORGANIZATIONAL CHART

Professionally Owned Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Memorial Healthcare IPA, GP	CA	95-4688463	ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253
MH Physician Three Holdco, a Medical Corporation	CA	27-4691544	ProHEALTH Care Associates, L.L.P.	NY	11-3355604
MHCH, Inc.	CA	80-0507474	ProHEALTH Medical NY, P.C.	NY	47-1388406
MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508	ProHealth Physicians, P.C.	CT	06-1469068
Mobile Medical Services of New Jersey, PC	NJ	81-2977678	ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535
Mobile Medical Services, P.C.	NY	30-0445773	ProHEALTH Urgent Care Medicine, PLLC	NY	46-1883579
Moen, M.D., P.C.	CA	85-3287029	Prospero Health Partners Florida, Inc.	FL	85-0775386
Monarch Health Plan, Inc.	CA	22-3935634	Prospero Health Partners New York, P.C.	NY	82-2400620
Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660	Prospero Health Partners North Carolina, P.C.	NC	84-4569314
Monika Roots, M.D., P.C.	CA	84-4887072	Prospero Health Partners, P.C.	MN	84-3234753
Mosaic Management Services, Inc.	CA	20-5892451	Prospero Medical Services New Jersey, P.C.	NJ	84-3844362
NAMM Medical Group Holdings, Inc.	CA	56-2627070	Prospero Medical Services, P.A.	FL	87-2406404
NAMM MGH, Inc.	CA	61-1627269	Psychiatry Services of New York, P.C.	NY	85-0921665
naviHealth Coordinated Care SC, P.C.	MI	85-0975337	Redlands Family Practice Medical Group, Inc.	CA	56-2627067
naviHealth Michigan HBPC, P.C.	MI	84-3469040	Reliant Medical Group The Endoscopy Center, LLC	MA	20-5251393
New York Licensed Clinical Social Work, P.C.	NY	86-3891057	Reliant Medical Group, Inc.	MA	04-2472266
Nifty After Fifty/Monarch, LLC	CA	26-2995765	Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097
Northwest Medical Group Alliance, LLC	WA	91-1699944	Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
NPN IPA Washington, PLLC	WA	61-1855159	Riverside Pediatric Group, P.C.	NJ	22-3624559
OHR Physician Group, P.C.	OR	93-0979031	Robert B. McBeath, M.D. II, P.C.	NV	86-0857176
Optum Clinic, P.A.	TX	75-2778455	Robert B. McBeath, M.D. III, P.C.	NV	46-2662506
Optum Medical Services of California, P.C.	CA	30-0826311	Robert B. McBeath, M.D., Professional Corporation	NV	88-0310956
Optum Medical Services of Colorado, P.C.	CO	45-5424191	San Bernardino Medical Group, Inc.	CA	--
Optum Medical Services, P.C.	NC	45-3866363	Sanvello Behavioral Health Services of Michigan, P.C.	DE	85-1941832
Oregon Healthcare Resources, LLC	OR	27-3674492	Sanvello Behavioral Health Services of New Jersey, P.C.	NJ	85-0666386
Physician Partners Medical Group, Inc.	CA	30-0516435	Sanvello Behavioral Health Services of North Carolina, P.C.	NC	85-1959641
Physicians Care Network, L.L.C.	WA	91-1822767	Sanvello Behavioral Health Services of Texas, P.A.	TX	84-3152209
Polyclinic Holdings, P.C.	WA	83-3042027	Sanvello Behavioral Health Services, P.A.	DE	84-1754732
Polyclinic Management Services Company, LLC	WA	46-0508606	Southern California Medical Practice Concepts, LLC	CA	30-0743767
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Surgical Eye Experts, LLC	MA	65-1321064
Prime Community Care, Inc.	CA	30-0516440	Talbert Medical Group, P.C.	CA	93-1172065
ProHEALTH Accountable Care Medical Group, PLLC	NY	45-4469117	TeamMD Physicians, P.C.	IA	42-1446216
ProHEALTH Ambulatory Surgery Center, Inc.	NY	11-3447394	The Everett Clinic, PLLC	WA	91-0214500

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

PART 1 – ORGANIZATIONAL CHART

Professionally Owned Entities

Entity Name	Juris.	Federal Tax ID
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
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) N/A
- (13) Entity has a representative office in Beijing, China.
- (14) Registered in the Dubai Silicon Oasis free zone.
- (15) Registered branch in 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.
- (18) Entity has a branch office in the United Kingdom.