



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
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

DIRECTORS OR TRUSTEES

Michael Charles Brody #	Carlos Ferrera	Kenneth Mark Sheldon	Colleen Hastings Van Ham
Thomas Patrick Wiffler			

State of _____
County of _____ ss

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
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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).....	79,756		79,756	.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
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$0 encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$0 encumbrances) .....			.0	.0
5. Cash (\$179,136 , Schedule E-Part 1), cash equivalents (\$76,000 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	255,136		255,136	319,286
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0	.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)	334,892	.0	334,892	319,286
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued .....	.802		.802	.255
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,977		2,977	1,169
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	3,910		3,910	1,161
18.2 Net deferred tax asset.....	195		195	169
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 .....			.0	1,164
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).....	342,776	.0	342,776	323,204
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	342,776	0	342,776	323,204
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)	5,348		5,348	2,466
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	151		151	89
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	4,248		4,248	3,856
9. General expenses due or accrued	2,443		2,443	1,185
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	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	10,289		10,289	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).....	22,479	0	22,479	7,596
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	324,999
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	(4,703)	(9,392)
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	320,297	315,608
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	342,776	323,204
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	11,309	9,623
2. Net premium income (including \$0 non-health premium income).....	XXX	106,850	91,614
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	106,850	91,614
Hospital and Medical:			
9. Hospital/medical benefits		56,206	45,550
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	56,206	45,550
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	56,206	45,550
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$5,178 cost containment expenses.....		12,006	8,840
21. General administrative expenses.....		40,820	39,075
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	109,032	93,465
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,182)	(1,851)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		8,118	1,165
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	8,118	1,165
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	5,936	(686)
31. Federal and foreign income taxes incurred	XXX	1,273	22
32. Net income (loss) (Lines 30 minus 31)	XXX	4,663	(708)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 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	315,608	316,150
34. Net income or (loss) from Line 32	4,663	(708)
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	26	166
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	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
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)	4,689	(542)
49. Capital and surplus end of reporting year (Line 33 plus 48)	320,297	315,608
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		105,434	94,316
2. Net investment income		7,565	910
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		112,999	95,226
5. Benefit and loss related payments		53,324	44,097
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		51,506	46,938
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		4,022	1,837
10. Total (Lines 5 through 9)		108,852	92,872
11. Net cash from operations (Line 4 minus Line 10)		4,147	2,354
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		0	0
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)		0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds		79,750	0
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)		79,750	0
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)		(79,750)	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		11,453	2,792
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		11,453	2,792
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)		(64,150)	5,146
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		319,286	314,140
19.2 End of year (Line 18 plus Line 19.1)		255,136	319,286

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only								
1. Net premium income	106,850	.0	.0	.0	.0	106,850	.0	.0	.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	.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	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	106,850	.0	.0	.0	.0	106,850	.0	.0	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits	56,206					56,206								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	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	.0													XXX
15. Subtotal (Lines 8 to 14)	56,206	.0	.0	.0	.0	56,206	.0	.0	.0	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries .....	.0													XXX
17. Total hospital and medical (Lines 15 minus 16)	56,206	.0	.0	.0	.0	56,206	.0	.0	.0	.0	.0	.0	.0	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$5,178 cost containment expenses	12,006					12,006								
20. General administrative expenses	40,820					40,820								
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	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	109,032	.0	.0	.0	.0	109,032	.0	.0	.0	.0	.0	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(2,182)	0	0	0	0	(2,182)	0	0	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	.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	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	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	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	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	.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	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Vision only .....				.0
5. Dental only	106,850			106,850
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....				.0
8. Title XIX – Medicaid .....				.0
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12)	106,850	.0	.0	106,850
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	106,850	0	0	106,850

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	53,324					53,324								
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	53,324	0	0	0	0	53,324	0	0	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	5,348	0	0	0	0	5,348	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	5,348	0	0	0	0	5,348	0	0	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	0	0	0	0	0
4.4 Net	0	0	0	0	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	2,466	0	0	0	0	2,466	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,466	0	0	0	0	2,466	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	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	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	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	56,206	0	0	0	0	56,206	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	56,206	0	0	0	0	56,206	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	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	Comprehensive (Hospital and Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	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	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	5,348					5,348								
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net	5,348	.0	.0	.0	.0	5,348	.0	.0	.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	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct	5,348	.0	.0	.0	.0	5,348	.0	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	5,348	0	0	0	0	5,348	0	0	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) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision Only					0	0
5. Dental Only	3,057	50,267		5,348	3,057	2,466
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-Term Care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	3,057	50,267	0	5,348	3,057	2,466
14. Healthcare receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13-14+15+16)	3,057	50,267	0	5,348	3,057	2,466

(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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior0	.0	.0	.0	
2. 20190	.0	.0	.0	
3. 2020	XXX	.0	.0	.0	
4. 2021	XXX	XXX	.0	.0	
5. 2022	XXX	XXX	XXX	.44	.47
6. 2023	XXX	XXX	XXX	XXX	51

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior0	.0	.0	.0	
2. 20190	.0	.0	.0	
3. 2020	XXX	.0	.0	.0	
4. 2021	XXX	XXX	.1	.0	
5. 2022	XXX	XXX	XXX	.47	.47
6. 2023	XXX	XXX	XXX	XXX	56

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. 2019.....	.0	.0		.0	.0	.0			.0	.0
2. 2020.....	.0	.0		.0	.0	.0			.0	.0
3. 2021.....	.2	.0		.0	.0	.0			.0	.0
4. 2022.....	.92	.47	.9	19.1	.56	.61.1			.56	.61.1
5. 2023	107	51	12	23.5	63	58.9	5		68	63.6

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior0	.0	.0	.0	.0
2. 2019.....	.0	.0	.0	.0	.0
3. 2020.....	XXX	.0	.0	.0	.0
4. 2021.....	XXX	XXX	.0	.0	.0
5. 2022.....	XXX	XXX	XXX	.44	.47
6. 2023.....	XXX	XXX	XXX	XXX	51

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior0	.0	.0	.0	.0
2. 2019.....	.0	.0	.0	.0	.0
3. 2020.....	XXX	.0	.0	.0	.0
4. 2021.....	XXX	XXX	.1	.0	.0
5. 2022.....	XXX	XXX	XXX	.47	.47
6. 2023.....	XXX	XXX	XXX	XXX	56

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. 2019.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
2. 2020.....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
3. 2021.....	.2	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
4. 2022.....	.92	.47	.9	.19 .1	.56	.61 .1	.0	.0	.56	.61 .1
5. 2023.....	107	51	12	23 .5	63	58 .9	5	0	68	63 .6

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	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	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	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.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	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	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	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	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	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	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)		96	1,226		1,322
2. Salaries, wages and other benefits	5,046	5,575	15,576		26,197
3. Commissions (less \$ceded plus \$assumed)			236		236
4. Legal fees and expenses					0
5. Certifications and accreditation fees			258		258
6. Auditing, actuarial and other consulting services		170	2,009		2,179
7. Traveling expenses	100		288		388
8. Marketing and advertising	13		1,049		1,062
9. Postage, express and telephone	1	2	2,844		2,847
10. Printing and office supplies	1		676		677
11. Occupancy, depreciation and amortization		7	133		140
12. Equipment			64		64
13. Cost or depreciation of EDP equipment and software	17	27	6,574		6,618
14. Outsourced services including EDP, claims, and other services		949	515		1,464
15. Boards, bureaus and association fees			19		19
16. Insurance, except on real estate			190		190
17. Collection and bank service charges			1,947		1,947
18. Group service and administration fees					0
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			1,076		1,076
23.2 State premium taxes			1,133		1,133
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes		2	3,179		3,181
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				4,140	4,140
25. Aggregate write-ins for expenses	0	0	1,828	0	1,828
26. Total expenses incurred (Lines 1 to 25)	5,178	6,828	40,820	4,140	(a) 56,966
27. Less expenses unpaid December 31, current year		151	2,443		2,594
28. Add expenses unpaid December 31, prior year	0	89	1,185	0	1,274
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)	5,178	6,766	39,562	4,140	55,646
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses			1,828		1,828
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	1,828	0	1,828

(a) Includes management fees of \$42,745 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....(280)	.....185
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).....12,073	.....12,073
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	11,793	12,258
11.	Investment expenses		(g).....4,140
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) .....		.....4,140
17.	Net investment income (Line 10 minus Line 16)		8,118
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 \$6 accrual of discount less \$ amortization of premium and less \$287 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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.....	826	1,025	1,004	1,017	936	11,309
7. Total	826	1,025	1,004	1,017	936	11,309
DETAILS OF WRITE-INS						
0601. HIC.....	826	1,025	1,004	1,017	936	11,309
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)	826	1,025	1,004	1,017	936	11,309

STATEMENT AS OF DECEMBER 31, 2023 OF SOLSTICE HEALTHPLANS OF OHIO, INC.

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 #	2023	2022
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 4,663	\$ (708)
(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	\$ 4,663	\$ (708)
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 320,297	\$ 315,608
(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	\$ 320,297	\$ 315,608

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 December 31, 2023 or December 31, 2022.

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 December 31, 2023 or December 31, 2022.

B. Statutory Merger

The Company did not participate in business combinations taking the form of a statutory merger in December 31, 2023 or December 31, 2022.

C. Assumption Reinsurance

The Company did not have any assumption reinsurance in December 31, 2023 or December 31, 2022.

D. Impairment Loss

The Company did not recognize an impairment loss on the transactions described above in December 31, 2023 or December 31, 2022.

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 December 31, 2023 or December 31, 2022.

4. Discontinued Operations

The Company did not have discontinued operations in December 31, 2023 or December 31, 2022.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not invest in Mortgage Loans in December 31, 2023 or December 31, 2022.

B. Debt Restructuring

The Company did not have loan restructurings in December 31, 2023 or December 31, 2022.

C. Reverse Mortgages

The Company did not enter into reverse mortgages in December 31, 2023 or December 31, 2022.

D. Loan-Backed Securities

The Company did not invest in Loan-Backed Securities in December 31, 2023 or December 31, 2022.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into dollar repurchase agreements or securities lending transactions in December 31, 2023 or December 31, 2022.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreements transactions in December 31, 2023 or December 31, 2022

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreements transactions in December 31, 2023 or December 31, 2022

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements transactions in December 31, 2023 or December 31, 2022

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements transactions in December 31, 2023 or December 31, 2022

J. Real Estate

The Company did not own Real Estate in December 31, 2023 or December 31, 2022.

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

The Company did not own LIHTC Property Investments in December 31, 2023 or December 31, 2022.

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 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	79,756	76,000	3,756		79,756	23.3	23.3
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 (Sum of a through n)	\$ 79,756	\$ 76,000	\$ 3,756	\$ 0	\$ 79,756	23.3 %	23.3 %

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, 2023 and December 31, 2022.

3. Description of Other Restricted Assets

The Company did not have assets pledged as collateral not captured in other categories as of December 31, 2023 and December 31, 2022.

M. Working Capital Finance Investments

The Company did not have working capital finance investments as of December 31, 2023 and December 31, 2022.

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, 2023 and December 31, 2022.

O. 5GI Securities

The Company did not have 5GI Securities as of December 31, 2023 and December 31, 2022.

P. Short Sales

The Company did not have short sale securities as of December 31, 2023 and December 31, 2022

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalties or acceleration fees as of December 31, 2023 and December 31, 2022.

R. Share of Cash Pool by Asset Type

The Company did not have a share of a cash pool in December 31, 2023 or December 31, 2022.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have investments in joint ventures, partnerships or limited liability companies during December 31, 2023 or December 31, 2022.

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, 2023 and December 31, 2022.

8. Derivative Instruments

A. Derivatives under SSAP No. 86–Derivatives

The Company did not enter into derivative contracts in December 31, 2023 or December 31, 2022.

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, 2023			December 31, 2022			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
195	-	195	169	-	169	26	-	26
-	-	-	-	-	-	-	-	-
195	-	195	169	-	169	26	-	26
-	-	-	-	-	-	-	-	-
195	-	195	169	-	169	26	-	26
-	-	-	-	-	-	-	-	-
195	-	195	169	-	169	26	-	26

2.

December 31, 2023			December 31, 2022			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
195	-	195	22	-	22	173	-	173
-	-	-	147	-	147	(147)	-	(147)

Admission Calculation Components

(a)

Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks

195

-

195

22

-

22

173

-

173

(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)

-

-

-

147

-

147

(147)

-

(147)

1.

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

\$

195

\$

-

\$

195

\$

169

\$

-

\$

169

\$

26

\$

-

\$

26

2.

Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold

XXX

XXX

\$

47,649

XXX

XXX

\$

47,316

XXX

XXX

\$

333

(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))

\$

195

\$

-

\$

195

\$

169

\$

-

\$

169

\$

26

\$

-

\$

26

3.

2023	2022
1212%	45322%
\$ 317,657	315,439

4.

December 31, 2023		December 31, 2022		Change	
(1)	(2)	(3)	(4)	(5)	(6)
Ordinary	Capital	Ordinary	Capital	(Col 1 - 3)	(Col 2 - 4)
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)	195	-	169	-
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	195	-	169	-
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?					
		Yes _____		No <u> X </u> _____	

B. Unrecognized DTLs

The Company did not incur unrecognized Deferred Tax Liabilities during December 31, 2023 or December 31, 2022.

C. Components of Income Tax Incurred.

		12/31/23	12/31/22	Change
1.	Current income tax			
(a)	Federal	1,273	22	1,251
(b)	Foreign	-	-	-
(c)	Subtotal	1,273	22	1,251
(d)	Federal income tax on net capital gains	-	-	-
(e)	Utilization of capital loss carry-forwards	-	-	-
(f)	Other	-	-	-
(g)	Federal and foreign income taxes incurred	1,273	22	1,251
2.	Deferred Tax Assets:			
(a)	Ordinary:			
(1)	Discounting of unpaid losses	17	7	10
(2)	Unearned premium reserve	178	162	16
(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	195	169	26
(b)	Statutory valuation allowance adjustment	-	-	-
(c)	Nonadmitted	-	-	-
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	195	169	26
(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)	195	169	26
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)	195	169	26

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	5,937	1,247	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	5,937	1,247	21.00%
Federal income taxed incurred [expense/(benefit)]		1,273	21.44%
Tax on capital gains		-	0.00%
Change in net deferred income tax [charge/(benefit)]		(26)	-0.44%
Total statutory income taxes		1,247	21.00%

E. Operating Losses and Tax Credit Carryforwards

(1) At December 31, 2023 the Company had \$0 of net operating loss carryforwards.

(2) The following is income tax expense for 2023 and 2022 that is available for recoupment in the event of future net losses:

Year	Amount
2023	1,273
2022	22

(3) The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0 as of December 31, 2023.

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. The Company does not expect to be liable for the Corporate Alternative Minimum Tax in 2023. The Company does not expect to be liable for the Corporate Alternative Minimum Tax in 2023.

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, 2023 and December 31, 2022, the Company reported \$0 and \$1,164, respectively as receivables from parent, subsidiaries and affiliates and \$10,289 and \$0, respectively, due to 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 non-admitted assets.

E. The Company entered into a Management Services Agreement with United HealthCare Services, Inc. (UHS) an affiliate.

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, 2023 and December 31, 2022.

- 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, 2023 and December 31, 2022.

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, 2023 and December 31, 2022.
- 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, 2023 and December 31, 2022.
- I.** The Company did not have special surplus funds balances at December 31, 2023 and December 31, 2022.

J. The Company did not have cumulative unrealized gains and losses at December 31, 2023 and December 31, 2022.

K. The Company did not have surplus notes or similar obligations outstanding at December 31, 2023 and December 31, 2022.

L. The Company did not have restatements due to quasi-reorganizations in December 31, 2023 or December 31, 2022.

M. The Company was not quasi-reorganized in December 31, 2023 or December 31, 2022.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company did not have any Contingent Commitments in December 31, 2023 or December 31, 2022.

B. Assessments

The Company did not have assessments in December 31, 2023 or December 31, 2022.

C. Gain Contingencies

The Company did not have gain contingencies in December 31, 2023 or December 31, 2022.

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 December 31, 2023 or December 31, 2022.

E. Joint and Several Liabilities

The Company did not have joint and several liabilities in December 31, 2023 or December 31, 2022.

F. All Other Contingencies

The Company did not have other contingencies in December 31, 2023 or December 31, 2022.

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, 2023 and December 31, 2022.

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, 2023 and December 31, 2022.

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 by Managing General Agents/Third Party Administrators during the periods ending December 31, 2023.

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, 2023 and December 31, 2022.

B. Troubled Debt Restructuring: Debtors

The Company did not have troubled debt restructurings at December 31, 2023 and December 31, 2022.

C. Other Disclosures

The Company did not have other disclosures items at December 31, 2023 and December 31, 2022.

D. Business Interruption Insurance Recoveries

The Company did not have business interruption insurance recoveries at December 31, 2023 and December 31, 2022.

E. State Transferable and Non-transferable Tax Credits

The Company did not have state transferable or non-transferable tax credits at December 31, 2023 and December 31, 2022.

F. Subprime-Mortgage-Related Risk Exposure

The Company did not have subprime-mortgage-related risk exposure at December 31, 2023 and December 31, 2022.

G. Retained Assets

The Company did not have retained assets at December 31, 2023 and December 31, 2022.

H. Insurance Linked Securities

The Company did not have insurance linked securities at December 31, 2023 or December 31, 2022.

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, 2023 or December 31, 2022.

22. Events Subsequent

There were no events subsequent to December 31, 2023 and December 31, 2022 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, 2023 and December 31, 2022.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2022 were \$2,466. As of December 31, 2023, \$3,057 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims expenses on dental line of insurance. Therefore, there has been a \$591 unfavorable prior-year development since December 31, 2022 to December 31, 2023. The Company’s original estimates of incurred claims are increased or decreased as a result of ongoing analysis or recent loss development trends and additional information becomes known regarding individual claims.

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, 2023 and December 31, 2022.

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>December 31, 2023</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.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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

Yes [] No [X]
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?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]
- 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 control0.0 %
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
.....
.....
.....

- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 depository institution holding company?

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?
N/A - Exempt.....
- 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

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?
- 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?
N/A - Exempt.....
- 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 involved0
- 12.13 Total book/adjusted carrying value \$.....
- 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?
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).
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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 [] No [X]
- 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	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2
Name of Third-Party	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 ☒ No ☐
- 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. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 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 ☒
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ NA ☒
- 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 ☒
- 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 ☒ 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 \$.....79,756

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	2	3
Nature of Restriction	Description	Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☒
If no, attach a description with this statement.
- 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 ☒
- 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 ☒
- 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 ☒

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

1	2
Name of Custodian(s)	Custodian's Address
US Bank NA.....	St Lous Plaza, 7th & Washington, St Louis, MO 63101.

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	2	3
Name(s)	Location(s)	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 ☒
- 29.04 If yes, give full and complete information relating thereto:

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL		0

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

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

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.....	79,756	80,279	523
31.2 Preferred Stocks.....	0		0
31.3 Totals	79,756	80,279	523

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]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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]
Yes [] No [X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

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

\$0

40.2 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
	\$
	\$
	\$

41.1 Amount of payments for legal expenses, if any?

\$0

41.2 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
	\$
	\$
	\$

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

\$0

42.2 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 8,903
8.2 Number of providers at end of reporting year 7,567
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 2023	2 2022	3 2021	4 2020	5 2019
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	342,776	323,204	318,114	271,225	0
2. Total liabilities (Page 3, Line 24)	22,479	7,596	1,964	0	0
3. Statutory minimum capital and surplus requirement	250,000	250,000	250,000	250,000	0
4. Total capital and surplus (Page 3, Line 33)	320,297	315,608	316,150	271,225	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	106,850	91,614	1,845	0	0
6. Total medical and hospital expenses (Line 18)	56,206	45,550	1,211	0	0
7. Claims adjustment expenses (Line 20)	12,006	8,840	195	0	0
8. Total administrative expenses (Line 21)	40,820	39,075	6,918	4,666	0
9. Net underwriting gain (loss) (Line 24)	(2,182)	(1,851)	(6,479)	(4,666)	0
10. Net investment gain (loss) (Line 27)	8,118	1,165	55	(112)	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	4,663	(708)	(5,078)	(3,775)	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	4,147	2,354	(565)	(4,292)	0
Risk-Based Capital Analysis					
14. Total adjusted capital.....	320,297	315,608	316,150	271,225	0
15. Authorized control level risk-based capital.....	26,229	26,202	29,292	696	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	936	826	36	0	0
17. Total members months (Column 6, Line 7)	11,309	9,623	119	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	52.6	49.7	65.6	0.0	0.0
20. Cost containment expenses	4.8	4.4	4.0	0.0	0.0
21. Other claims adjustment expenses	6.4	5.3	6.6	0.0	0.0
22. Total underwriting deductions (Line 23)	102.0	102.0	451.2	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(2.0)	(2.0)	(351.2)	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	3,057	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	2,466	1,013	0	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in 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	106,850							106,850	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	106,850	0	0	0	0	0	0	106,850	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	106,850	0	0	0	0	0	0	106,850	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

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

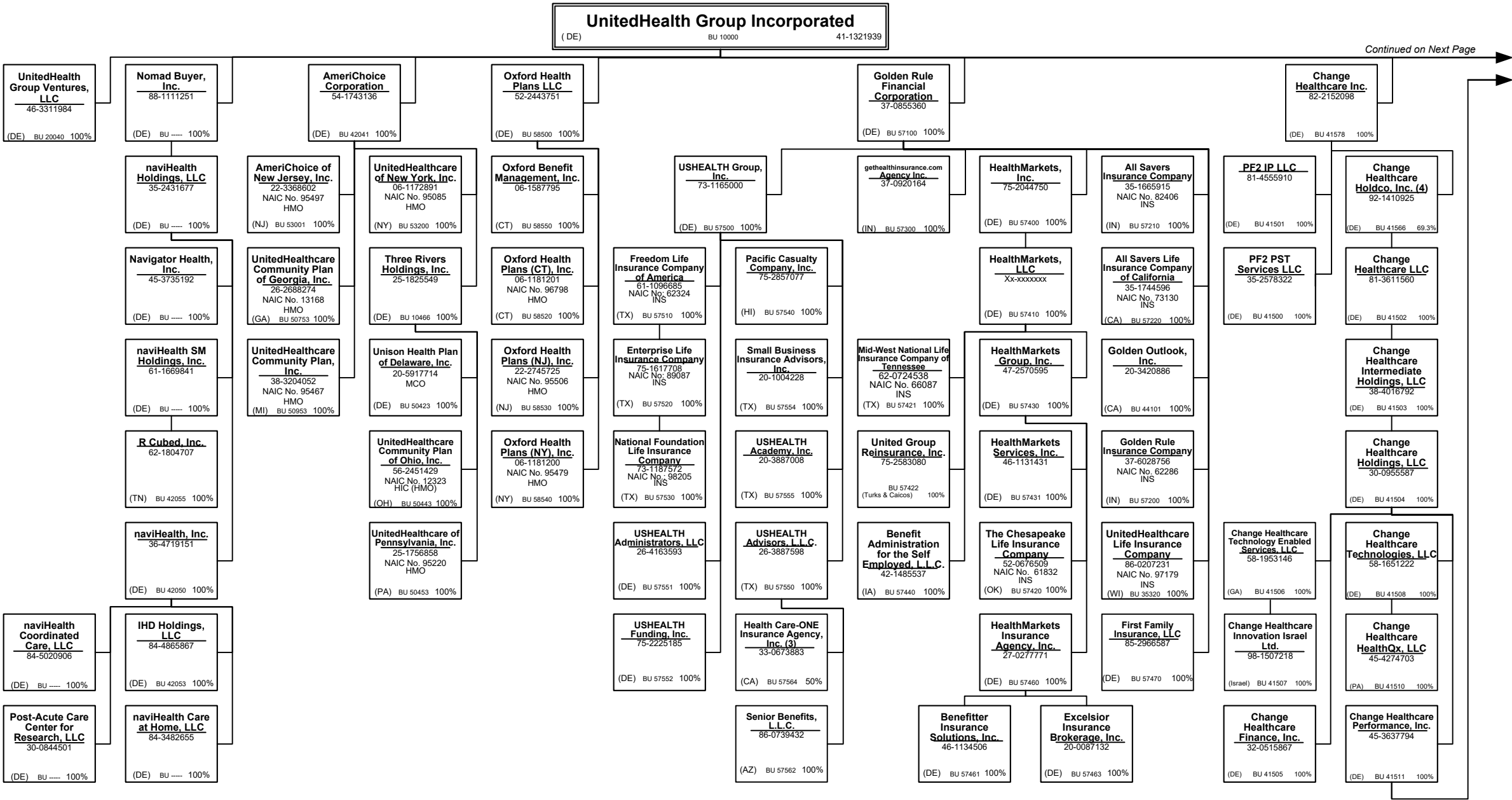
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

5. N – None of the above – Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by states, etc.

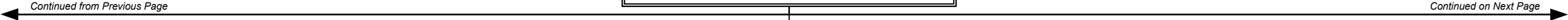
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



40.1



40.2



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Arkansas Health
Care Group, LLC
54-2078932

(AR) BU ---- 100%

Indiana Health
Care Group, LLC
27-5130167

(IN) BU ---- 100%

Kentucky Health
Care Group, LLC
51-0588603

(KY) BU ---- 100%

LHC Home Health
Care Group of
Michigan, LLC
Xx-xxxxxxx

(MI) BU ---- 100%

Arkansas
HomeCare of
Forrest City, LLC
06-1778265

(AR) BU ---- 100%

Arkansas
HomeCare of
Fulton, LLC
33-1154428

(AR) BU ---- 100%

Arkansas
HomeCare of Hot
Springs, LLC
20-3552602

(AR) BU ---- 100%

Arkansas Physical
Therapy Services
of Conway, LLC
84-4642424

(AR) BU ---- 100%

CMC Home Health
and Hospice, LLC
26-2688869

(AR) BU ---- 100%

Dallas County
Medical Center
HomeCare, LLC
34-2013785

(AR) BU ---- 100%

LHCG LXXXIII,
LLC
81-2227463

(AR) BU ---- 100%

LHCG CXC VII, LLC
86-3859120

(IN) BU ---- 100%

Kentucky Home
Health Care, LLC
46-4950585

(KY) BU ---- 100%

Kentucky
HomeCare of
Henderson, LLC
26-4812417

(KY) BU ---- 100%

LHCG XLVI, LLC
46-2509580

(KY) BU ---- 100%

Advanced Care
House Calls of
Michigan, LLC
Xx-xxxxxxx

(MI) BU ---- 100%

Arkansas Physical
Therapy Services
of Rogers, LLC
88-2072782

(AR) BU ---- 100%

LHCG XLII, LLC
30-0760667

(AR) BU ---- 100%

LHCG CIV, LLC
82-1639945

(AR) BU ---- 100%

Hospice of Central
Arkansas, LLC (3)
26-4310419

(AR) BU ---- 67%

Jefferson
Regional
HomeCare, LLC
(3)
26-1806757

(AR) BU ---- 67%

LHCG CLXVII, LLC
85-4059504

(AR) BU ---- 100%

Eureka Springs
Hospital
HomeCare, LLC
72-1587844

(AR) BU ---- 100%

Illinois Health
Care Group, LLC
46-1708167

(IL) BU ---- 100%

Kentucky LV, LLC
46-4923653

(KY) BU ---- 100%

LHCG LXX, LLC
47-5067719

(KY) BU ---- 100%

LHCG XXIII, LLC
27-4100261

(KY) BU ---- 75%

LHC HomeCare -
Lifeline, LLC
51-0588604

(KY) BU ---- 100%

Arkansas
Healthcare
Partners, LLC
81-3695165

(AR) BU ---- 100%

East Arkansas
Health Holdings,
LLC
47-2142765

(AR) BU ---- 100%

LHCG CV, LLC
82-1661632

(AR) BU ---- 100%

LHCG CII, LLC
82-1487800

(AR) BU ---- 100%

LHCG CLXVII, LLC
85-3678555

(AR) BU ---- 100%

Eureka Springs
Hospital Hospice,
LLC
72-1587845

(AR) BU ---- 100%

LHCG XXXVII, LLC
30-0760684

(IL) BU ---- 100%

Lifeline HomeCare
of Salem, LLC
27-3468680

(KY) BU ---- 100%

LHCG LXXI, LLC
47-5393382

(KY) BU ---- 100%

Kentucky Physical
Therapy Services
at Richmond
Place, LLC
93-4405730

(KY) BU ---- 100%

Lifeline Home
Health Care of
Bowling Green,
LLC
51-0588592

(KY) BU ---- 100%

LHCG LXXXV, LLC
36-4847404

(AZ) BU ---- 100%

Arkansas Home
Health Providers-
III, LLC
47-1716449

(AR) BU ---- 100%

Arkansas Home
Hospice, LLC
47-1783912

(AR) BU ---- 100%

Mena Medical
Center Home
Health, LLC
47-0944781

(AR) BU ---- 100%

Mena Medical
Center Hospice,
LLC
72-1586356

(AR) BU ---- 100%

LHCG CXXXX, LLC
83-2298550

(AR) BU ---- 100%

Patient's Choice
Hospice, LLC
06-1778268

(AR) BU ---- 100%

Advanced Care
House Calls of
Illinois, LLC
Xx-xxxxxxx

(IL) BU ---- 100%

Lifeline Home
Health Care of
Fulton, LLC
20-8826388

(KY) BU ---- 100%

Lifeline Home
Health Care of
Hopkinsville, LLC
51-0588601

(KY) BU ---- 100%

Kentucky Physical
Therapy Services
of Lexington, LLC
93-4383947

(KY) BU ---- 100%

Lifeline Home
Health Care of
Lexington, LLC
51-0588599

(KY) BU ---- 100%

OHHP, LLC
81-3653042

(OK) BU ---- 100%

Arkansas Home
Health Providers-
III, LLC
47-1783912

(AR) BU ---- 100%

Arkansas
Extended Care,
LLC
47-1770024

(AR) BU ---- 100%

Southwest
Arkansas
HomeCare, LLC
26-0274543

(AR) BU ---- 67%

LHCG LXVIII, LLC
47-4518424

(AR) BU ---- 100%

Northeast
Arkansas
Partnership, LLC
35-2647028

(AR) BU ---- 60%

LHCG CXXXII, LLC
32-0565293

(AR) BU ---- 100%

Illinois Home
Health Care, LLC
46-4924177

(IL) BU ---- 100%

Lifeline
Rockcastle Home
Health, LLC
27-3468870

(KY) BU ---- 75%

Gamma
Acquisition Inc.
20-0146314

(DE) BU ---- 100%

Lifeline Private
Duty Services of
Kentucky, LLC
51-0588602

(KY) BU ---- 100%

Summit Properties
- Muskogee, LLC
32-0469351

(OK) BU ---- 100%

Arkansas Nursing
Providers, LLC
47-1808550

(AR) BU ---- 67%

LHCG CXXV, LLC
82-2441720

(AR) BU ---- 100%

LHCG LXXXVI,
LLC
36-4847423

(AR) BU ---- 100%

LHCG CXXXII, LLC
32-0565293

(AR) BU ---- 100%

LHCG CXXXII, LLC
83-2810275

(AR) BU ---- 100%

Illinois LIV, LLC
38-3925282

(IL) BU ---- 00%

Kentucky In-Home
Partner-II, LLC
82-3982951

(KY) BU ---- 100%

Twin Lakes Home
Health Agency,
LLC
27-1000828

(KY) BU ---- 75%

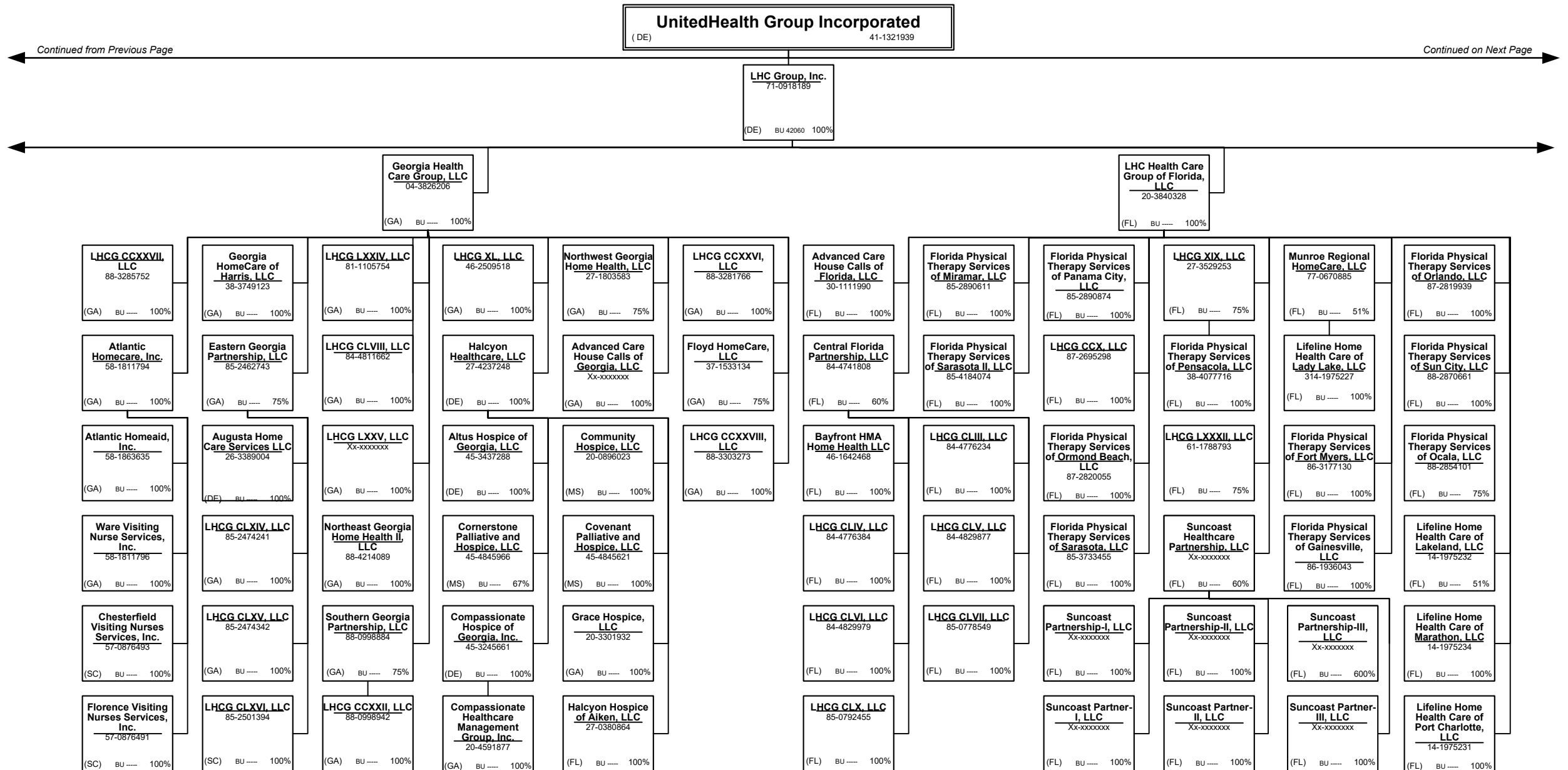
Lifeline Home
Health Care of
Somerset, LLC
51-0588594

(KY) BU ---- 100%

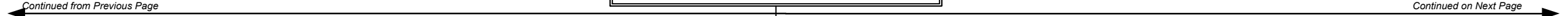
Lifeline Home
Health Care of
Russellville, LLC
51-0588600

(KY) BU ---- 100%

40.4

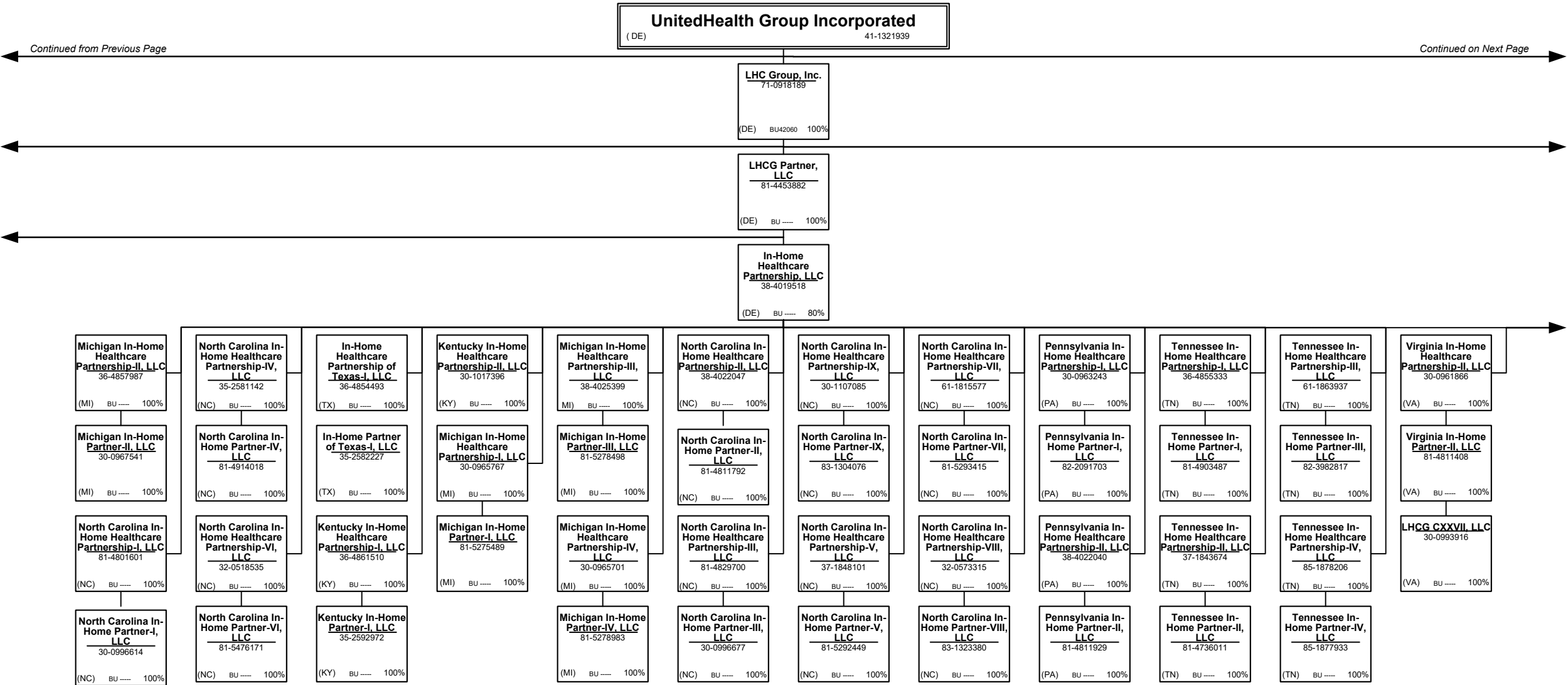


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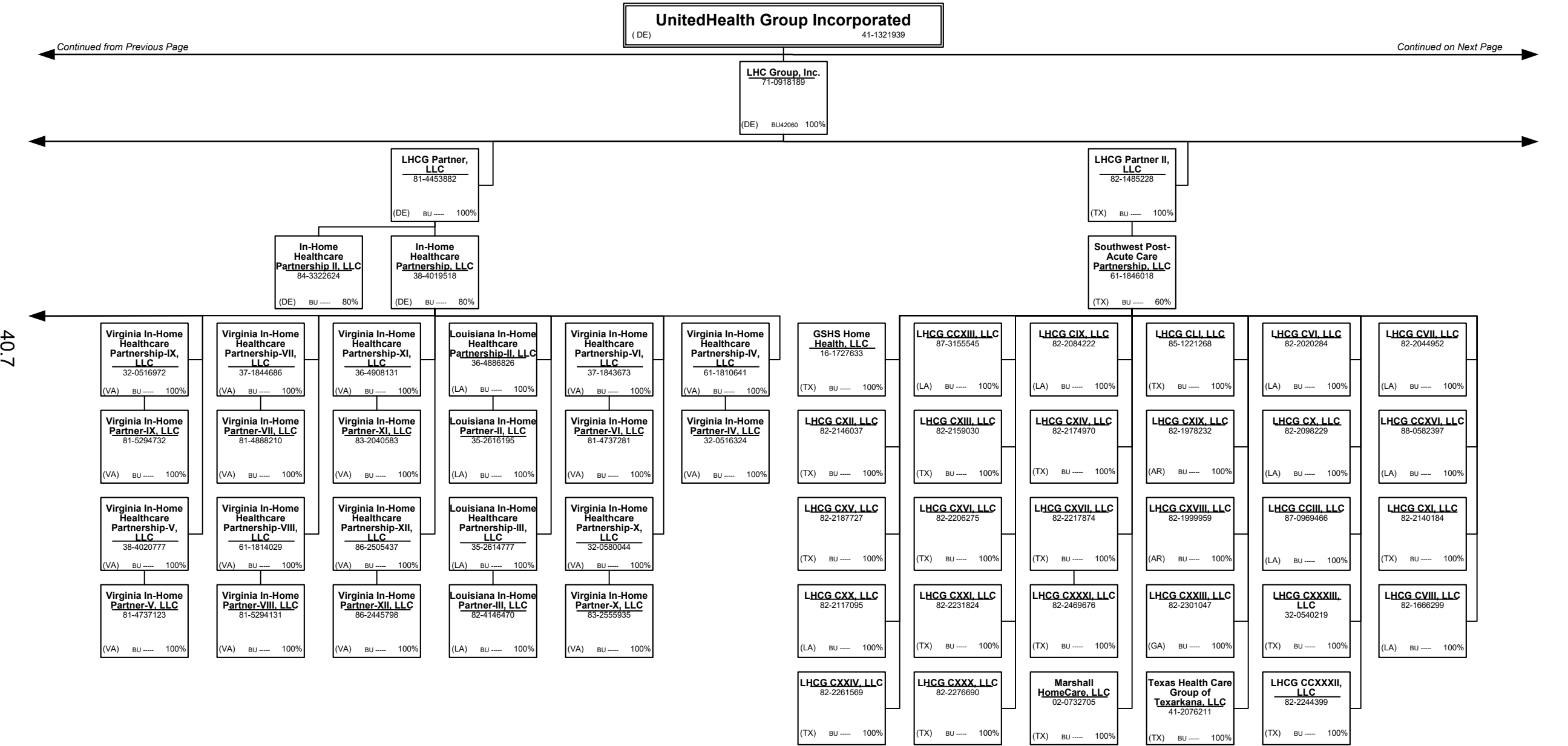


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.6



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

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Louisiana Health
Care Group, LLC
71-0917926

(LA) BU ---- 100%

AAA Home Health,
Inc.
72-1187363
(LA) BU ---- 100%

Acadian Home
Health Care
Services, LLC
71-0917929
(LA) BU ---- 100%

Acadian
HomeCare of New
Iberia, LLC
46-1076268
(LA) BU ---- 75%

Acadian
HomeCare, LLC
(3)
71-0917930
(LA) BU ---- 67%

Baton Rouge
HomeCare, LLC
72-1506691
(LA) BU ---- 100%

Beauregard
Memorial Hospital
HomeCare, LLC
26-3410883
(LA) BU ---- 67%

Heart of Hospice,
LLC
47-1410565
(SC) BU ---- 100%

Hood Home Health
Service, LLC
34-1994325
(LA) BU ---- 67%

Vital Hospice, Inc.
20-5232641
(LA) BU ---- 100%

Louisiana
HomeCare of
Plaquemine, LLC
26-2367190
(LA) BU ---- 100%

Southeast
Louisiana
HomeCare, LLC
26-4020490
(LA) BU ---- 75%

LHC Group Health
Clinic, LLC
86-2405954
(LA) BU ---- 100%

LHCG CCV, LLC
87-1462016
(LA) BU ---- 100%

LHCG CLXIX, LLC
85-2788913
(LA) BU ---- 100%

LHCG LXXVII, LLC
47-4283509
(LA) BU ---- 67%

LHCG LXXII, LLC
47-5634097
(LA) BU ---- 100%

LHCG LXXVI, LLC
81-1091347
(LA) BU ---- 85%

LHCG LXXVIII,
LLC
81-3720770
(LA) BU ---- 90%

LHCG V, LLC
68-0538825
(LA) BU ---- 67%

Louisiana
Physical Therapy
Services of
Harahan, LLC
85-1606845
(LA) BU ---- 100%

River West Home
Care, LLC
26-0802303
(DE) BU ---- 100%

Egan Health Care
Corporation
72-1133426
(LA) BU ---- 100%

Egan Healthcare
of Northshore, Inc.
72-1437928
(LA) BU ---- 100%

LHCG VI, LLC
72-1568177
(LA) BU ---- 100%

LHCG VIII, LLC
87-0713147
(LA) BU ---- 67%

LHCG X, LLC
20-3122072
(LA) BU ---- 100%

LHCG XII, LLC
20-3373056
(LA) BU ---- 84.083%

LHCG XIII, LLC
20-8068308
(LA) BU ---- 67%

LHCG XIV, LLC
20-8072593
(LA) BU ---- 85%

LHCG XLIII, LLC
46-2588378
(LA) BU ---- 100%

LHCG XV, LLC
27-0818309
(LA) BU ---- 67%

Palliative Care at
Heart, LLC
38-4089979
(SC) BU ---- 100%

Richardson
Medical Center
HomeCare, LLC
57-1204158
(LA) BU ---- 67%

Egan Healthcare
of Plaquemines,
Inc.
72-1430044
(LA) BU ---- 100%

Egan Hospice
Services of the
Northshore, LLC
26-1101454
(LA) BU ---- 100%

LHCG XVI, LLC
27-1032201
(LA) BU ---- 100%

LLC-I, LLC
20-3171304
(LA) BU ---- 51%

LLC-II, LLC
20-3171358
(LA) BU ---- 100%

Louisiana
Extended Care
Hospital of
Kenner, LLC
26-4691864
(LA) BU ---- 75%

Louisiana
HomeCare of
Delhi, LLC
72-1510211
(LA) BU ---- 67%

Louisiana
HomeCare of
Minden, LLC
72-1518559
(LA) BU ---- 67%

LHCG CXXVI, LLC
32-0533814
(LA) BU ---- 100%

Louisiana
HomeCare of
Monroe, LLC
72-1508052
(LA) BU ---- 67%

St. James
HomeCare, L.L.C.
71-0918190
(LA) BU ---- 100%

LHCG XLIV, LLC
Xx-xxxxxxx
(LA) BU ---- 100%

Louisiana Home
Health of
Feliciana, LLC
37-1863351
(LA) BU ---- 100%

Louisiana Home
Health of
Hammond, LLC
26-4021300
(LA) BU ---- 100%

Louisiana
HomeCare of
North Louisiana,
LLC
04-3684185
(LA) BU ---- 100%

Louisiana
HomeCare of
Northwest
Louisiana, LLC
72-1510431
(LA) BU ---- 67%

Palmetto Express,
LLC
72-1504648
(LA) BU ---- 100%

Louisiana
HomeCare of
Slidell, LLC
41-2071626
(LA) BU ---- 67%

Louisiana Hospice
Group, LLC
45-2744395
(LA) BU ---- 60%

Louisiana In-Home
Healthcare
Partnership-I, LLC
30-0962065
(LA) BU ---- 100%

Louisiana
HomeCare of
Miss-Lou, LLC
47-0902218
(LA) BU ---- 100%

Tri-Parish
Community
HomeCare, LLC
71-0917928
(LA) BU ---- 100%

St. Landry Family
Healthcare, LLC
47-4955642
(LA) BU ---- 100%

Louisiana
HomeCare of
Kenner, LLC
26-4020996
(LA) BU ---- 100%

Louisiana
HomeCare of
Raceland, LLC
26-4020922
(LA) BU ---- 100%

Louisiana
Physical Therapy
Services of
Lafayette, LLC
86-3380313
(LA) BU ---- 100%

Louisiana
Physical Therapy,
LLC
71-0917927
(LA) BU ---- 100%

Patient's Choice
Hospice and
Palliative Care of
Louisiana, LLC
72-1513421
(LA) BU ---- 67%

Northshore
Extended Care
Hospital, LLC
83-2429969
(LA) BU ---- 52%

Louisiana Hospice
and Palliative
Care, LLC
71-0918184
(LA) BU ---- 100%

Louisiana In-Home
Partner-I, LLC
81-4832564
(LA) BU ---- 100%

Louisiana
Physical Therapy
Services of
Bossier City, LLC
82-4272020
(LA) BU ---- 100%

Oak Shadows of
Jennings, LLC
48-1300301
(LA) BU ---- 91%

Specialty
Extended Care
Hospital of
Monroe, LLC
27-0237126
(LA) BU ---- 100%

Louisiana Home
Health of Houma,
L.L.C.
26-4021213
(LA) BU ---- 100%

Louisiana
HomeCare of
Lutcher, LLC
26-4021094
(LA) BU ---- 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Palmetto Express
Company, LLC
85-1062549
(DE) BU 100%

Primary Care at
Home of
Tennessee, LLC
81-2883076
(TN) BU 100%

Texas Health Care
Group Holdings,
LLC
02-0732711
(LA) BU 100%

Wyoming Health
Care Group, LLC
85-3596917
(WY) BU 100%

Ohio Health Care
Group, LLC
26-2948051
(OH) BU 100%

Washington D.C.
Health Care
Group, LLC
81-2110483
(DC) BU 100%

Primary Care at
Home of Maryland,
LLC
81-2855404
(MD) BU 100%

Pennsylvania
Health Care Group
Holdings, LLC
27-5162879
(PA) BU 100%

South Carolina
Health Care
Group, LLC
20-3841393
(SC) BU 100%

Primary Care at
Home of West
Virginia, LLC
82-2421087
(WV) BU 100%

Oklahoma Health
Care Group, LLC
20-4138550
(OK) BU 100%

Oregon Health
Care Group, LLC
27-0435404
(OR) BU 100%

LHCG CLXXIII,
LLC
85-3597496
(WY) BU 100%

Assisted Care by
Black Stone of
Toledo, LLC
84-2342747
(OH) BU 100%

Cambridge
Personal Care,
LLC
84-2342721
(OH) BU 100%

LHCG CXXXV,
LLC
83-3292266
(DC) BU 100%

Utah Health Care
Group, LLC
38-3933009
(UT) BU 100%

LHCG XXVII, LLC
Xx-xxxxxxx
(PA) BU 100%

Patient Care
Pennsylvania II,
LLC
84-3060310
(PA) BU 100%

South Carolina In-
Home Healthcare
Partnership-II, LLC
84-2265813
(SC) BU 100%

LHCG XLI, LLC
32-0398996
(SC) BU 100%

North Carolina
Health Care
Group, LLC
20-3841313
(NC) BU 100%

LHCG CLXX, LLC
85-3439557
(OK) BU 100%

Salem Home Care,
LLC
27-1976968
(OR) BU 100%

LHCG CLXXIV,
LLC
85-3597612
(WY) BU 100%

LHCG CCVII, LLC
87-1639987
(OH) BU 67%

LHCG CCVIII, LLC
87-1640079
(OH) BU 67%

Wisconsin Health
Care Group, LLC
46-2578657
(WI) BU 100%

LHCG LX, LLC
47-1146759
(UT) BU 100%

Keystone
Healthcare
Partnership, LLC
83-3134941
(PA) BU 75%

Advanced Care
House Calls of
Pennsylvania, LLC
Xx-xxxxxxx
(PA) BU 100%

South Carolina In-
Home Partner-II, LLC
Xx-xxxxxxx
(SC) BU 100%

Advanced Care
House Calls of
South Carolina,
LLC
Xx-xxxxxxx
(SC) BU 100%

Cape Fear Valley
HomeCare and
Hospice, LLC
26-3385545
(NC) BU 67%

New Hampshire
Health Care
Group, LLC
83-4359503
(NH) BU 100%

Three Rivers
HomeCare, LLC
27-0705907
(OR) BU 75%

LHCG CLXXV, LLC
85-3597859
(WY) BU 100%

Ohio HomeCare,
LLC
26-3086449
(OH) BU 100%

Ohio Physical
Therapy Services
of Mayfield
Heights, LLC
87-1767658
(OH) BU 100%

Almost Family
Personal Care,
LLC
84-4879227
(WI) BU 100%

Rhode Island
Health Care
Group, LLC
35-2508990
(RI) BU 100%

LHCG CXLI, LLC
83-3187481
(PA) BU 100%

LHCG CXLI, LLC
83-3565916
(PA) BU 100%

South Carolina In-
Home Healthcare
Partnership-III, LLC
84-2265894
(SC) BU 100%

South Carolina In-
Home Healthcare
Partnership-I, LLC
32-0552614
(SC) BU 100%

LHCG L, LLC
35-2503790
(NC) BU 100%

Advanced Care
House Calls of
New Hampshire,
LLC
83-4514991
(NH) BU 100%

Advanced Care
House Calls of
Oregon, LLC
Xx-xxxxxxx
(OR) BU 100%

LHCG CLXXVI,
LLC
85-3598017
(WY) BU 100%

Ohio Physical
Therapy Services
of Xenia, LLC
85-0538001
(OH) BU 100%

Ohio Physical
Therapy Services
of Richmond
Heights, LLC
87-4673219
(OH) BU 100%

Advance Care
House Calls of
Wisconsin, LLC
Xx-xxxxxxx
(WI) BU 100%

LHCG CLXXXIX,
LLC
86-1418678
(RI) BU 100%

LHCG CXLII, LLC
83-3233710
(PA) BU 100%

LHCG CXLIV, LLC
83-3472384
(NJ) BU 100%

South Carolina In-
Home Partner-III, LLC
Xx-xxxxxxx
(SC) BU 100%

South Carolina In-
Home Partner-I, LLC
82-4146393
(SC) BU 100%

LHCG CLXXIX,
LLC
85-3788593
(NC) BU 100%

New Hampshire
Physical Therapy
Services of
Hanover, LLC
84-3293183
(NH) BU 100%

LHCG LXXIII, LLC
86-2320979
(OR) BU 100%

LHCG CLXXVII,
LLC
85-3620785
(WY) BU 100%

Ohio In-Home
Partner-I, LLC
84-2479780
(OH) BU 100%

LHCG XLVII, LLC
32-0408265
(WI) BU 100%

LHCG LIX, LLC
47-1144980
(RI) BU 100%

LHCG CXLV, LLC
83-3452180
(NJ) BU 100%

LHCG CXI, LLC
83-3146056
(PA) BU 100%

South Carolina In-
Home Partner-III, LLC
Xx-xxxxxxx
(SC) BU 100%

South Carolina In-
Home Partner-I, LLC
82-4146393
(SC) BU 100%

LHCG CXXXVI,
LLC
Xx-xxxxxxx
(NC) BU 100%

LHCG CLXXVIII,
LLC
85-3621349
(WY) BU 100%

Advanced Care
House Calls of
Rhode Island, LLC
Xx-xxxxxxx
(RI) BU 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU ----- 100%

Texas Health Care Group, LLC
62-1850044

(TX) BU ----- 100%

Virginia Health Care Group, LLC
06-1762010

(VA) BU ----- 100%

Washington Health Care Group, LLC
26-3811771

(WA) BU ----- 100%

West Virginia Health Care Group, LLC
87-0748651

(WV) BU ----- 100%

Idaho Health Care Group, LLC
27-2498964

(ID) BU ----- 100%

Massachusetts Health Care Group, LLC
38-3932998

(MA) BU ----- 100%

LHC CXCI, LLC
86-2900948

(TX) BU ----- 100%

Red River HomeCare, LLC
81-0627339

(TX) BU ----- 100%

LHCG CCI, LLC
87-1012762

(VA) BU ----- 100%

Virginia HomeCare, LLC
06-1762015

(VA) BU ----- 100%

Assured Capital Partners, Inc.
88-0369557

(NV) BU ----- 100%

Washington HomeCare and Hospice of Central Basin, LLC
26-4568497

(WA) BU ----- 100%

Preston Memorial HomeCare, LLC
27-1446056

(WV) BU ----- 100%

LHCG LXXXVII, LLC
37-1847660

(WV) BU ----- 90%

Grant Memorial HomeCare and Hospice, LLC
26-2578433

(WV) BU ----- 67%

Boone Memorial HomeCare, LLC
20-8826558

(WV) BU ----- 100%

LHCG XVII, LLC
27-2544802

(ID) BU ----- 100%

Advanced Care House Calls of Massachusetts, LLC
83-2914026

(MA) BU ----- 100%

LHC CXCV, LLC
86-2947633

(TX) BU ----- 100%

Texas Health Care Group of The Golden Triangle, LLC
27-0075424

(TX) BU ----- 81.25%

LHCG CCIV, LLC
87-2102125

(VA) BU ----- 100%

Advanced Care House Calls of Virginia, LLC
Xx-xxxxxxx

(VA) BU ----- 100%

Northwest Healthcare Alliance, Inc.
91-1738970

(WA) BU ----- 100%

Advanced Care House Calls of Washington, LLC
Xx-xxxxxxx

(WA) BU ----- 100%

St. Mary's Medical Center Home Health Services, LLC
26-0730248

(WV) BU ----- 67%

LHCG LXXXIX, LLC
81-5300843

(WV) BU ----- 100%

Housecalls Home Health and Hospice, LLC
37-1533130

(WV) BU ----- 100%

Home Care Plus, Inc.
55-0668235

(WV) BU ----- 100%

LHCG XXI, LLC
27-3529180

(ID) BU ----- 100%

LHCG CXCI, LLC
86-2320979

(MA) BU ----- 100%

Rivercrest Home Health Care, Inc.
46-0504059

(TX) BU ----- 100%

LHCG CLIX, LLC
Xx-xxxxxxx

(TX) BU ----- 100%

LHCG CXCV, LLC
87-0821919

(VA) BU ----- 100%

LHCG LXXX, LLC
Xx-xxxxxxx

(VA) BU ----- 100%

LHCG LXIII, LLC
61-1739528

(WA) BU ----- 100%

LHCG CLXXXV, LLC
85-3845250

(WA) BU ----- 100%

Wetzel County HomeCare, LLC
26-0274385

(WV) BU ----- 100%

LHCG XCI, LLC
81-5322329

(OH) BU ----- 100%

West Virginia HomeCare, LLC
26-3043290

(WV) BU ----- 83.3%

LHCG LII, LLC
46-4704340

(WV) BU ----- 100%

Advanced Care House Calls of Idaho, LLC
Xx-xxxxxxx

(ID) BU ----- 100%

Massachusetts Physical Therapy Services of Framingham, LLC
88-2854292

(MA) BU ----- 100%

Texas Physical Therapy Services of Burleson, LLC
88-2072971

(TX) BU ----- 100%

Home Care Connections, Inc.
33-1025322

(TX) BU ----- 100%

LHCG CXCVIII, LLC
87-0821493

(VA) BU ----- 100%

Northwest Washington Home Health, Inc.
27-0555075

(WA) BU ----- 100%

LHCG CLXXXVI, LLC
85-3864696

(WA) BU ----- 100%

LHC HomeCare of West Virginia LLC
26-3042468

(WV) BU ----- 100%

LHCG XC, LLC
81-5306967

(WV) BU ----- 100%

West Virginia Physical Therapy Services of Charleston, LLC
83-3393205

(WV) BU ----- 100%

Princeton Community HomeCare, LLC
83-0474005

(WV) BU ----- 67%

Idaho In-Home Partner-I, LLC
84-2311184

(ID) BU ----- 100%

Massachusetts Physical Therapy Services of Quincy Bay, LLC
88-2058110

(MA) BU ----- 100%

Texas Physical Therapy Services of Baytown, LLC
86-3380429

(TX) BU ----- 100%

LHCG CCXXXIV, LLC
92-3832140

(TX) BU ----- 100%

LHCG XXXIII, LLC
45-4894023

(TX) BU ----- 70%

LHCG CXCVIII, LLC
87-0821493

(VA) BU ----- 100%

Northwest Washington Home Health, Inc.
27-0555075

(WA) BU ----- 100%

LHCG CLXXXVI, LLC
85-3864696

(WA) BU ----- 100%

Jackson County Home Health, LLC
26-3042590

(WV) BU ----- 100%

LHCG XCII, LLC
81-5344998

(OH) BU ----- 100%

West Virginia Physical Therapy Services of Charleston, LLC
83-3393205

(WV) BU ----- 100%

Roane HomeCare, LLC
41-2219637

(WV) BU ----- 100%

Kambros, LLC
84-4763920

(ID) BU ----- 100%

LHCG LVIII, LLC
47-1271229

(MA) BU ----- 100%

Advanced Care House Calls of Texas, LLC
Xx-xxxxxxx

(TX) BU ----- 100%

LHCG CCXXXV, LLC
92-3828235

(TX) BU ----- 100%

LHCG CXXXVII, LLC
38-4052246

(TX) BU ----- 100%

Mountaineer HomeCare, LLC
26-3042733

(WV) BU ----- 100%

HNH Birdie One, LLC
85-2016675

(ID) BU ----- 100%

Heart 'n Home Hospice and Palliative Care, LLC
52-2440817

(ID) BU ----- 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU ----- 100%

Tennessee Health
Care Group, LLC
20-3427231

(TN) BU ----- 100%

LHC HomeCare of
Tennessee, LLC
26-2678253

(TN) BU ----- 100%

LHCG LXII, LLC
32-0442009

(TN) BU ----- 100%

LHCG LXXXVIII,
LLC
30-0965267

(TN) BU ----- 67%

Tennessee
Physical Therapy
Services of
Kingsport, LLC
83-2129924

(TN) BU ----- 100%

Advanced Care
House Calls of
Tennessee, LLC
Xx-xxxxxxx

(TN) BU ----- 100%

Tennessee
Physical Therapy
Services of
Knoxville, LLC
83-2743288

(TN) BU ----- 100%

Innovative Senior
Care Home Health
of Rhode Island,
LLC
45-2502463

(DE) BU ----- 100%

Health at Home
Holdings, LLC
87-0934507

(DE) BU ----- 100%

Elk Valley
Professional
Affiliates, Inc.
62-1193858

(TN) BU ----- 100%

Lifeline Home
Health Care of
Springfield, LLC
20-8826801

(TN) BU ----- 100%

Arkansas Home
Health Providers-
IV, LLC
47-1754828

(AR) BU ----- 100%

LHCG C, LLC
82-1229536

(MS) BU ----- 100%

Tennessee
Physical Therapy
Services of Mt.
Juliet, LLC
86-2321464

(TN) BU ----- 100%

Tennessee
Physical Therapy
Services of
Memphis, LLC
87-2087086

(TN) BU ----- 100%

West Tennessee
HomeCare, LLC
26-2947894

(TN) BU ----- 67%

Health at Home
Holdings -
Charlotte, LLC
87-1136405

(DE) BU ----- 100%

Health at Home
Holdings -
Alabama, LLC
87-1045915

(DE) BU ----- 100%

Health at Home
Holdings -
Albuquerque, LLC
87-1045845

(DE) BU ----- 100%

Health at Home
Holdings -
Arizona, LLC
87-1284003

(DE) BU ----- 100%

Health at Home
Holdings - Boston,
LLC
87-1166127

(DE) BU ----- 100%

Cedar Creek Home
Health Care
Agency, LLC
62-1358032

(TN) BU ----- 100%

LHCG CXXXIV,
LLC
35-2605467

(TN) BU ----- 75%

LHCG CLXII, LLC
85-2210023

(TN) BU ----- 100%

LHCG XCIII, LLC
81-5266120

(TN) BU ----- 100%

University of TN
Medical Center
HomeCare
Services, LLC
20-8912707

(TN) BU ----- 67%

Woods Home
Health, LLC
27-1260681

(TN) BU ----- 100%

Lifeline Home
Health Care of
Union City, LLC
06-1793261

(TN) BU ----- 100%

Innovative Senior
Care Home Health
of Charlotte, LLC
27-4318872

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of Alabama, LLC
30-0781533

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of Albuquerque,
LLC
27-2065054

(DE) BU ----- 100%

Nurse on Call of
Arizona, LLC
38-3904633

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of Boston, LLC
26-3445981

(DE) BU ----- 100%

Elk Valley Health
Services, LLC
62-1204869

(TN) BU ----- 100%

LHCG CXXXV,
LLC
38-4049207

(TN) BU ----- 100%

LHCG XCIV, LLC
81-5274714

(TN) BU ----- 100%

LHCG XCIX, LLC
81-5377954

(MS) BU ----- 100%

LHCG CXXXII, LLC
37-1866838

(TN) BU ----- 100%

HMC Home Health,
LLC
27-1362827

(TN) BU ----- 75%

Lifeline of West
Tennessee, LLC
26-0609961

(TN) BU ----- 100%

Health at Home
Holdings - Detroit,
LLC
87-1107918

(DE) BU ----- 100%

Health at Home
Holdings -
Durham, LLC
87-1166046

(DE) BU ----- 100%

Health at Home
Holdings -
Edmond, LLC
87-1136266

(DE) BU ----- 100%

Health at Home
Holdings - High
Point, LLC
87-1165951

(DE) BU ----- 100%

Gericare, LLC
62-1160679

(TN) BU ----- 100%

LHCG CXXXVI,
LLC
38-4049205

(TN) BU ----- 100%

LHCG XCV, LLC
81-5297025

(TN) BU ----- 100%

LHCG XCVI, LLC
81-5306890

(TN) BU ----- 100%

LHCG CXXXIII,
LLC
32-0540219

(TN) BU ----- 100%

Innovative Senior
Care Home Health
of Hartford, LLC
45-2502527

(DE) BU ----- 100%

Medical Center
Home Health, LLC
26-2947990

(TN) BU ----- 100%

Innovative Senior
Care Home Health
of Detroit, LLC
26-2611755

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of Durham, LLC
27-2620181

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of Edmond, LLC
27-2619513

(DE) BU ----- 100%

Innovative Senior
Care Home Health
of High Point, LLC
45-2952600

(DE) BU ----- 100%

Elk Valley Home
Health Care
Agency, LLC
62-1193854

(TN) BU ----- 100%

LHCG CXC, LLC
86-1394064

(TN) BU ----- 100%

LHCG XCVII, LLC
81-5322529

(TN) BU ----- 100%

LHCG XCVIII, LLC
81-5345526

(MS) BU ----- 100%

Morristown-
Hamblen
HomeCare and
Hospice, LLC
26-2792774

(TN) BU ----- 100%

LHCG CCXIV, LLC
87-3076026

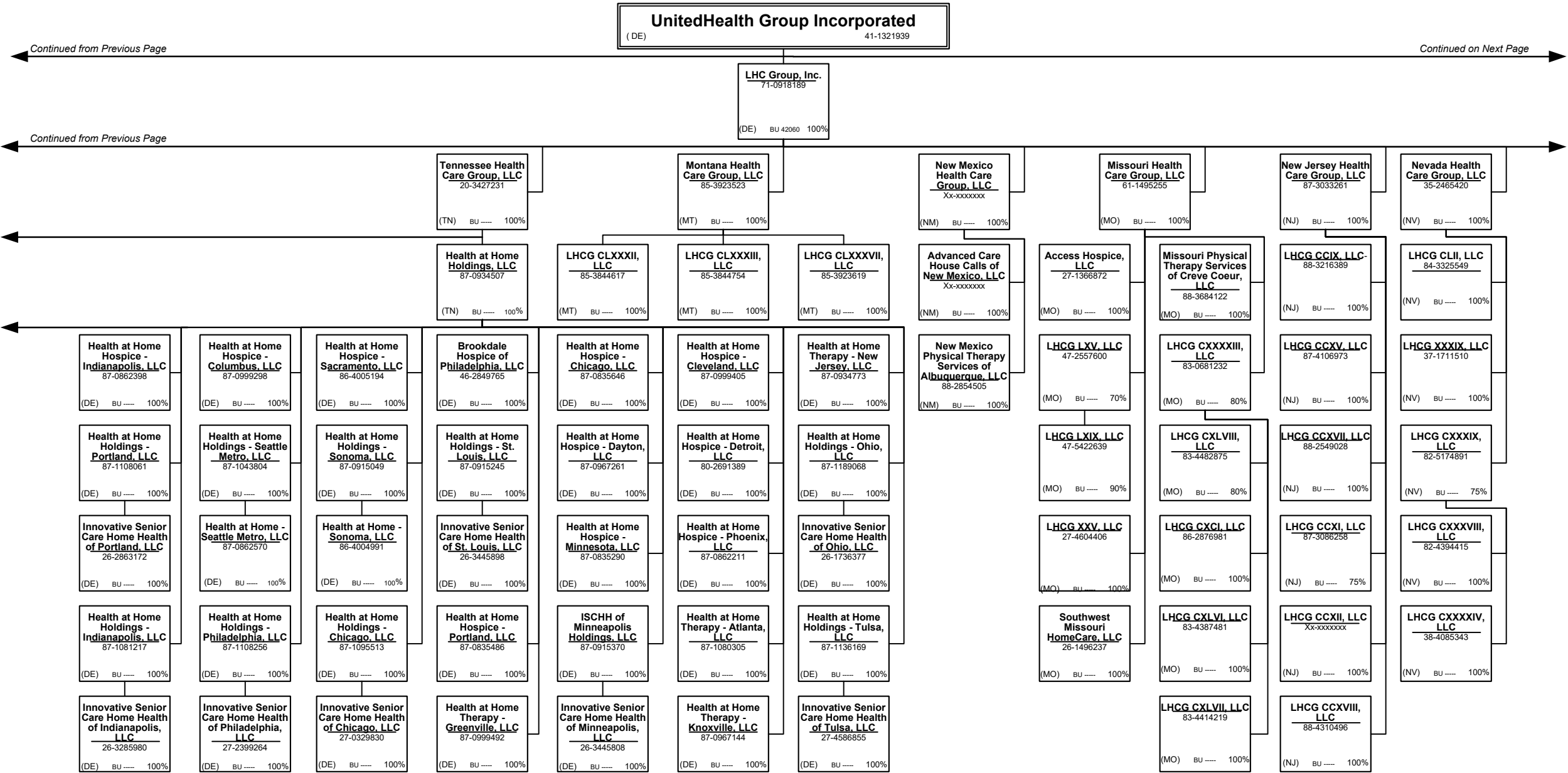
(RI) BU ----- 100%

LHCG CCXXX,
LLC
92-0578697

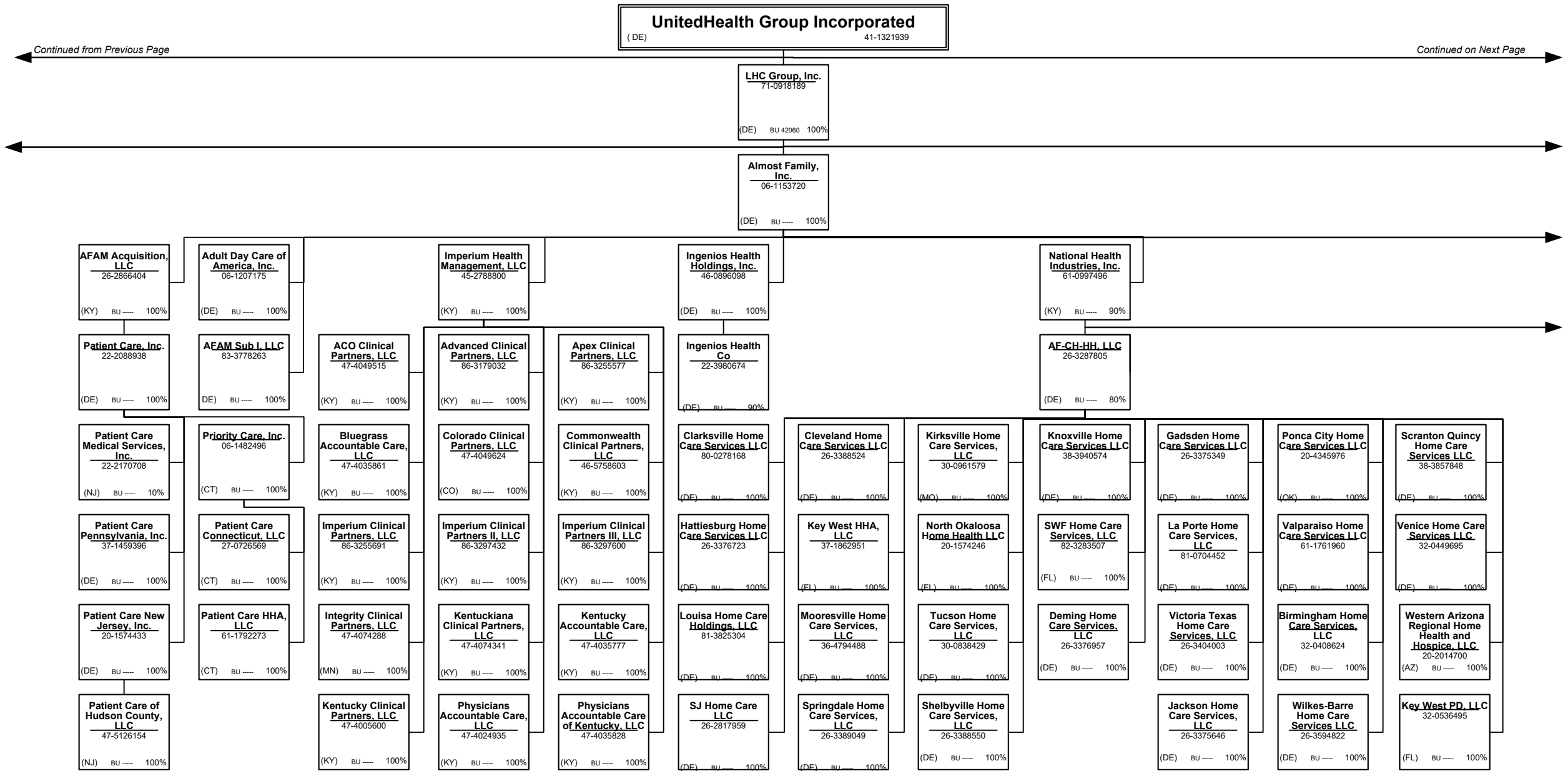
(TN) BU ----- 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

40.12



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

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189
(DE) BU ----- 100%

Almost Family, Inc.
06-1153720
(DE) BU ----- 100%

National Health Industries, Inc.
61-0997496
(KY) BU ----- 90%

AFAM Holding Co II, LLC (4)
85-3047540
(DE) BU ----- 80%

BRACOR, Inc.
16-1270177
(NY) BU ----- 100%

AFAM Holding Co, LLC (4)
83-3778238
(DE) BU ----- 80%

Emporia Home Care Services, LLC
26-3388740
(DE) BU ----- 100%

Patient's Choice Homecare, LLC
55-0832250
(CT) BU ----- 100%

Connecticut Home Health Care, Incorporated
06-1254084
(CT) BU ----- 100%

Fulton Home Care Services LLC
26-3385091
(DE) BU ----- 99%

Blue Island Home Care Services LLC
38-3859193
(DE) BU ----- 99%

Brevard HMA Home Health LLC
27-3142265
(FL) BU ----- 100%

Brevard HMA Hospice LLC
27-3142339
(FL) BU ----- 100%

Centre Home Care LLC
20-4408565
(AL) BU ----- 100%

Crossroads Home Care Services, LLC
26-3376835
(DE) BU ----- 99%

Tomball Texas Home Care Services, LLC
45-2856177
(DE) BU ----- 99%

Youngstown Home Care Services LLC
27-5284765
(DE) BU ----- 100%

Franklin Home Care Services, LLC
26-3388787
(DE) BU ----- 100%

Western Region Health Corporation
16-1365147
(NY) BU ----- 100%

Willcare, Inc.
16-1202250
(NY) BU ----- 100%

Weatherford Home Care Services, LLC
26-3375892
(DE) BU ----- 100%

Florence Home Care Services, LLC
26-3376655
(DE) BU ----- 100%

Fort Payne Home Care LLC
20-4408510
(AL) BU ----- 100%

Fort Smith HMA Home Health, LLC
27-1014059
(AR) BU ----- 100%

Galesburg Home Care LLC
20-4828017
(DE) BU ----- 99%

Granite City Home Care Services LLC
26-3376889
(DE) BU ----- 99%

Waukegan Hospice LLC
20-4885028
(DE) BU ----- 99%

York Home Care Services LLC
30-0708462
(DE) BU ----- 100%

Lakeland Home Care Services LLC
27-3073250
(DE) BU ----- 100%

Litson Certified Care, Inc.
13-3792263
(NY) BU ----- 100%

Litson Health Care, Inc.
14-1630316
(NY) BU ----- 100%

Mayes County HMA Home Health LLC
45-4406785
(OK) BU ----- 100%

Helena Home Care Services LLC
26-3384769
(DE) BU ----- 100%

Jourdanton Home Care Services, LLC
26-3388719
(DE) BU ----- 100%

Lancaster Home Care Services, LLC
26-3376587
(DE) BU ----- 100%

Louisa Home Care Services LLC
26-3385143
(DE) BU ----- 100%

Northampton Home Care LLC
26-1266166
(DE) BU ----- 100%

West Grove Home Care, LLC
26-1266308
(DE) BU ----- 100%

Petersburg Home Care Services, LLC
26-3388826
(DE) BU ----- 100%

Wichita Falls Texas Home Care, LLC
20-5280925
(TX) BU ----- 100%

Oklahoma City Home Care Services LLC
26-3388890
(DE) BU ----- 100%

Pottstown Home Care Services, LLC
26-3385581
(DE) BU ----- 100%

Red Bud Home Care Services, LLC
26-3385035
(DE) BU ----- 99%

Sharon Home Care Services LLC
37-1745728
(DE) BU ----- 100%

Spokane Home Care Services LLC
27-3788721
(DE) BU ----- 100%

40.14

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Almost Family, Inc.
06-1153720

(DE) BU 100%

National Health Industries, Inc.
61-0997496

(KY) BU 90%

AFAM Holding Co IV, LLC (4)
92-2908587

(OK) BU 80%

Clinton Home Health & Hospice LLC
45-4406745

(OK) BU 100%

Woodward Home Care Services LLC
26-3375945

(DE) BU 100%

AFAM Holding Co III, LLC (4)
86-3137505

(DE) BU 80%

AFAM Holding Co V, LLC (4)
93-2670946

(DE) BU 80%

El Dorado Home Care Services, LLC
26-4626302

(DE) BU 100%

Berwick Home Care Services LLC
26-3376776

(DE) BU 100%

Almost Family ACO Services of Kentucky, LLC
61-1166649

(KY) BU 100%

Almost Family PC of SW Florida, LLC
26-1261522

(FL) BU 100%

Almost Family PC of West Palm, LLC
26-1263982

(FL) BU 100%

BHC Services, Inc.
06-1137222

(NY) BU 80%

Caretenders of Cleveland, Inc.
61-1306845

(KY) BU 100%

Caretenders of Columbus, Inc.
61-1302995

(KY) BU 100%

Caretenders Visiting Services of District 6, LLC
30-0425709

(KY) BU 100%

Caretenders Visiting Services of District 7, LLC
30-0425714

(KY) BU 100%

Caretenders Visiting Services of Gainesville, LLC
30-0425715

(FL) BU 100%

Caretenders Visiting Services of Hernando County, LLC
20-5826497

(FL) BU 100%

Caretenders Visiting Services of Kentuckiana, LLC
20-3021812

(KY) BU 100%

Caretenders Visiting Services of Orlando, LLC
30-0425717

(KY) BU 100%

Caretenders Visiting Services of Pinellas County, LLC
20-5826531

(FL) BU 100%

Caretenders Visiting Services of Southern Illinois, LLC
20-5826553

(IL) BU 100%

Almost Family PC of Ft. Lauderdale, LLC
26-1260724

(FL) BU 100%

Almost Family ACO Services of South Florida, LLC
46-5765971

(FL) BU 100%

Almost Family PC of Kentucky, LLC
26-1259925

(KY) BU 100%

Caretenders of Jacksonville, LLC
20-5890994

(FL) BU 100%

Caretenders Visiting Services of St. Augustine, LLC
20-2910357

(FL) BU 100%

Caretenders Visiting Services of St. Louis, LLC
20-5826598

(MO) BU 100%

Caretenders Visiting Services Employment Company, Inc.
61-1326749

(KY) BU 100%

Caretenders VS of Ohio, LLC
26-3706241

(OH) BU 100%

IN Homecare Network North, LLC
46-3020499

(IN) BU 100%

NP Services of IN, LLC
82-3009527

(IN) BU 100%

Caretenders VS of SE Ohio, LLC
45-1139239

(OH) BU 100%

Caretenders Visiting Services of Ocala, LLC
20-4522444

(FL) BU 100%

Caretenders VNA of Ohio, LLC
27-3756374

(OH) BU 100%

Caretenders VS of Boston, LLC
26-1258759

(MA) BU 100%

Caretenders VS of Central KY, LLC
26-1259391

(KY) BU 100%

Caretenders VS of Lincoln Trail, LLC
26-3632764

(KY) BU 100%

Caretenders VS of Louisville, LLC
26-1264112

(KY) BU 100%

Caretenders VS of Western KY, LLC
26-1258938

(KY) BU 100%

HHA of Wisconsin, LLC
37-1826396

(WI) BU 100%

Home Health of Jefferson Co, LLC
38-4003190

(KY) BU 60%

Illinois Home Care Holdings, LLC
32-0505528

(DE) BU 80%

IN HomeCare Network Central, LLC
46-3029953

(IN) BU 100%

Mederi Caretenders VS of Broward, LLC
26-1264504

(FL) BU 100%

Mederi Caretenders VS of SE FL, LLC
26-1264234

(FL) BU 100%

Mederi Caretenders VS of SW FL, LLC
26-1264384

(FL) BU 100%

Mederi Caretenders VS of Tampa, LLC
26-1248096

(FL) BU 100%

Mederi Private Care, LLC
83-4371904

(FL) BU 100%

NP Services of KY, LLC
82-2998879

(KY) BU 100%

NP Services of NC, LLC
82-3026260

(NC) BU 100%

NP Services of OH, LLC
82-4255048

(OH) BU 100%

Princeton Home Health, LLC
20-5081107

(AL) BU 100%

Midwest Hospice, LLC
Xx-xxxxxxx

(AR) BU 100%

Long Term Solutions, Inc.
04-3485196

(MA) BU 100%

LTS At Home, LLC
85-1275334

(DE) BU 100%

Cambridge Home Health Care Holdings, Inc.
20-0591577

(DE) BU 100%

Cambridge Home Health Care, Inc.
34-1772291

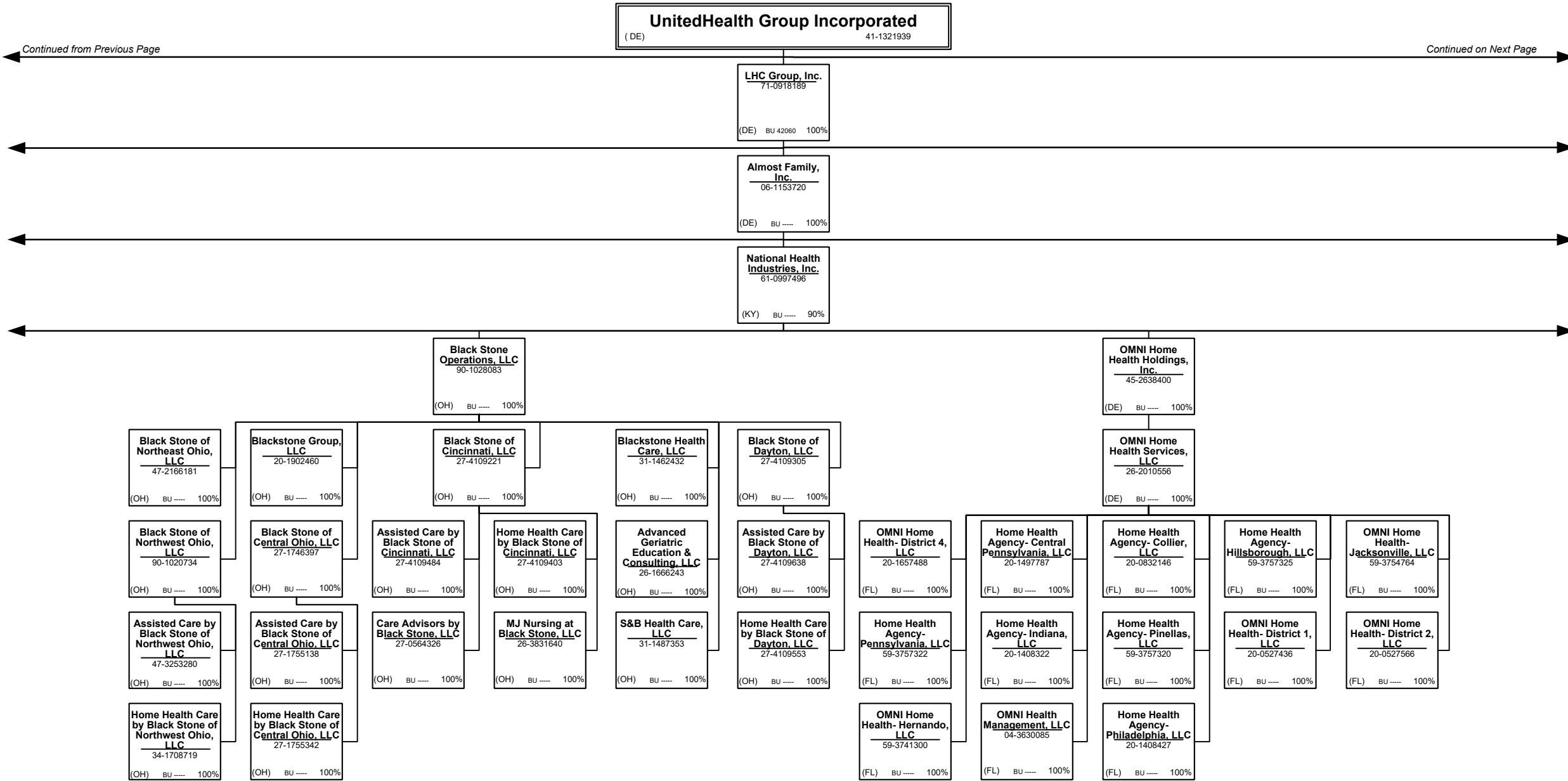
(OH) BU 100%

Cambridge Home Health Care, Inc./ Private
34-1772292

(OH) BU 100%

40.15

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

UnitedHealth Group Incorporated
(DE) 41-1321939

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Almost Family, Inc.
06-1153720

(DE) BU 100%

National Health Industries, Inc.
61-0997496

(KY) BU 90%

OMNI Home Health Holdings, Inc.
45-2638400

(DE) BU 100%

SunCrest Healthcare, Inc.
20-3701127

(GA) BU 100%

Substantively Controlled LHC Group Entities

HH Health System-Jackson, LLC
87-2027148

(AL) BU

SunCrest Home Health - Southside, LLC
45-2283548

(GA) BU 60%

SunCrest Healthcare of West Tennessee, LLC
37-1550880

(TN) BU 100%

SunCrest Companion Services, LLC
26-3549012

(TN) BU 100%

Almost Family ACO Services of Tennessee, LLC
47-0979130

(TN) BU 100%

BGR Acquisition, LLC
51-0606314

(FL) BU 100%

SunCrest Healthcare of East Tennessee, LLC
26-3548962

(TN) BU 100%

SunCrest Home Health of MO, Inc.
27-0678903

(MO) BU 100%

SunCrest Healthcare of Middle TN, LLC
71-1017674

(TN) BU 100%

SunCrest Outpatient Rehab Services, LLC
26-1910553

(TN) BU 100%

SunCrest Home Health of AL, Inc.
27-0678962

(AL) BU 100%

SunCrest Home Health of Manchester, Inc.
27-3742641

(TN) BU 100%

SunCrest LBL Holdings, Inc.
27-3742739

(TN) BU 100%

SunCrest Home Health of Claiborne County, Inc.
45-1448026

(TN) BU 100%

SunCrest Home Health of Georgia, Inc.
26-1911187

(GA) BU 100%

SunCrest Home Health of South GA, Inc.
27-0678757

(GA) BU 100%

SunCrest Home Health of Nashville, Inc.
27-2258905

(TN) BU 100%

SunCrest Telehealth Services, Inc.
27-4199760

(TN) BU 100%

Trigg County Home Health, Inc.
26-3539405

(KY) BU 100%

Tennessee Nursing Services of Morristown, Inc.
62-1049414

(TN) BU 100%

LHCG CLXI, LLC
85-0788038

(GA) BU 67%

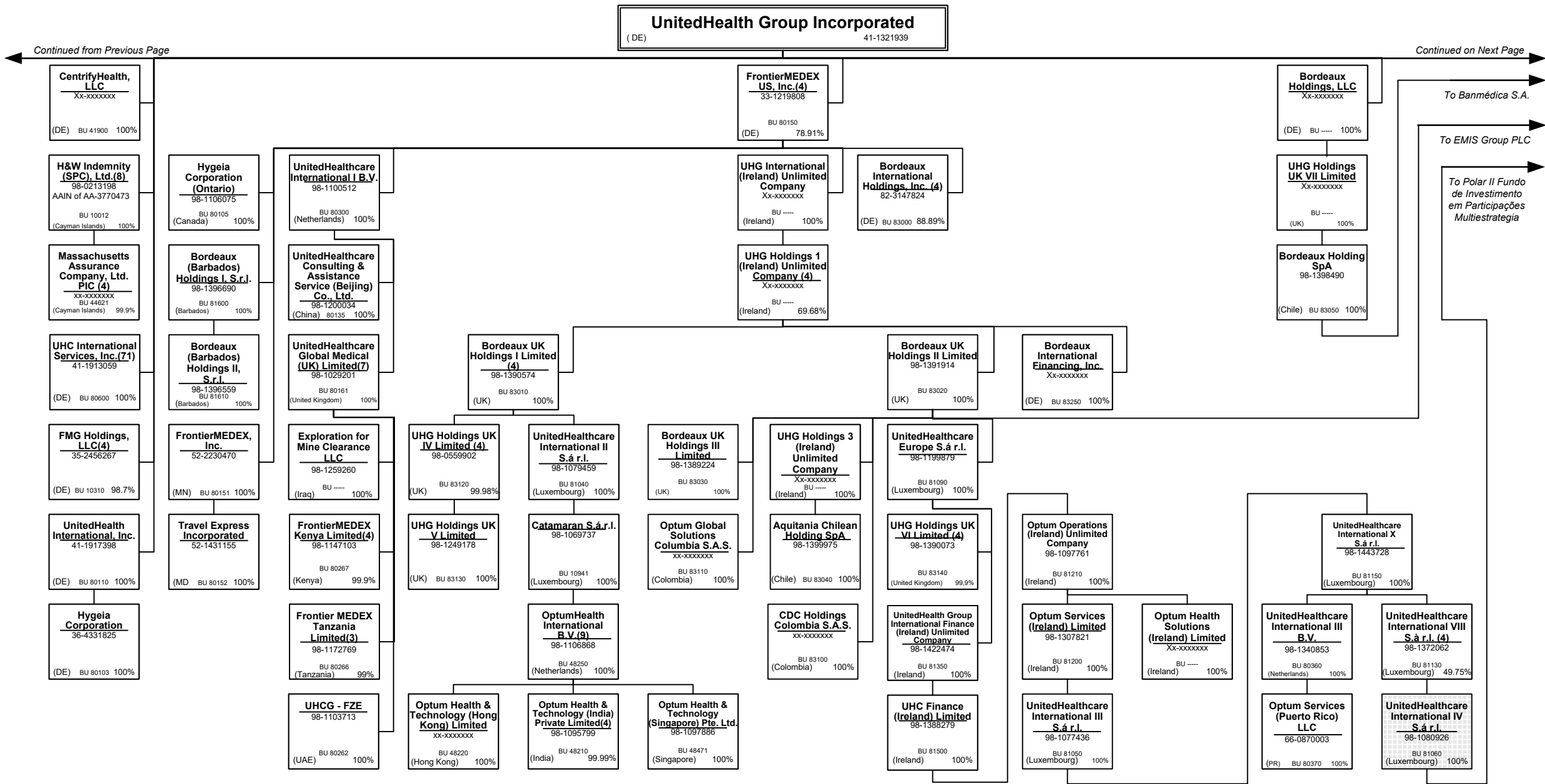
SunCrest Outpatient Rehab Services of TN, LLC
27-0311512

(TN) BU 100%

SunCrest Home Health of Tampa, LLC
27-3742788

(FL) BU 100%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



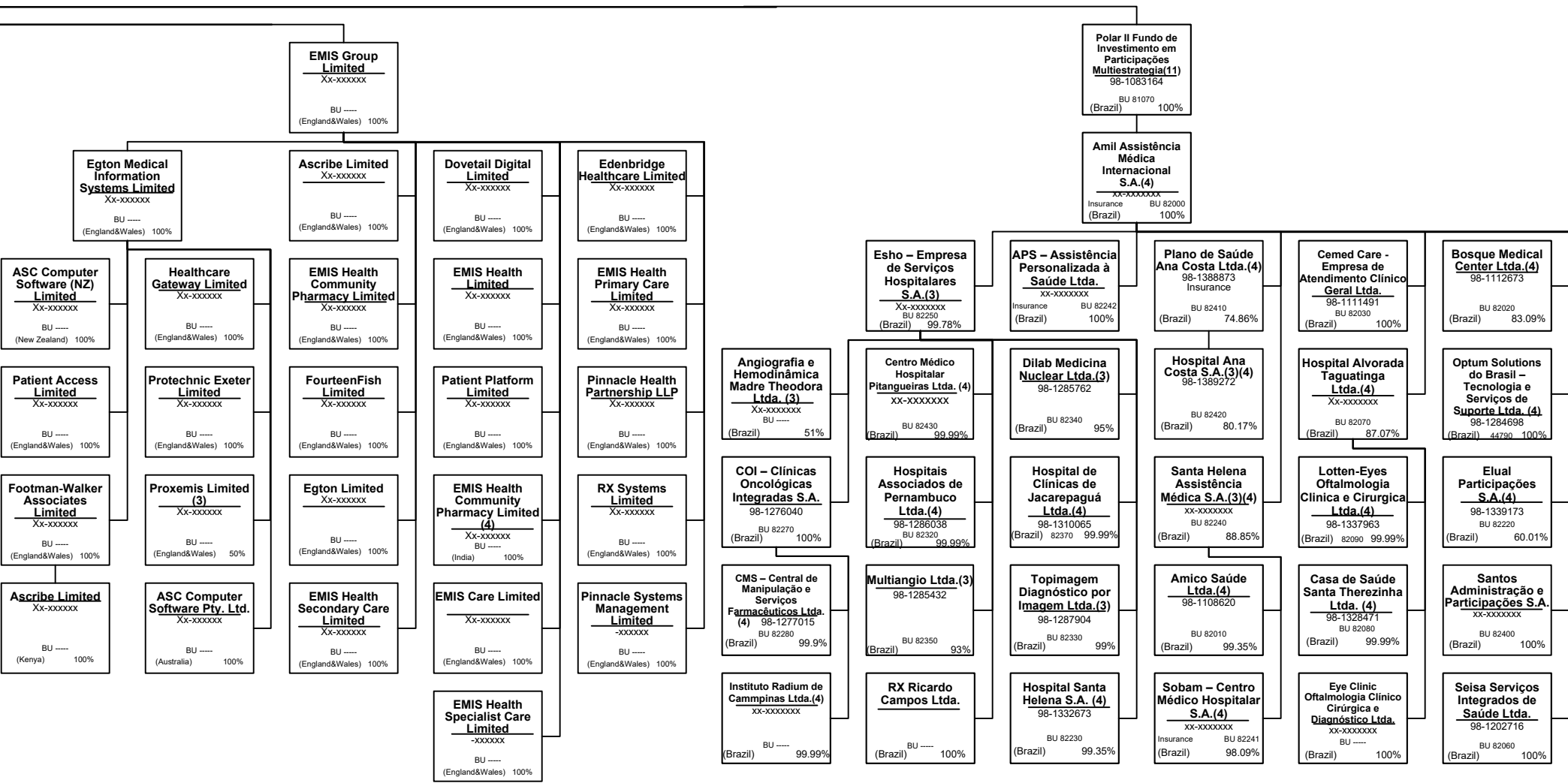
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated

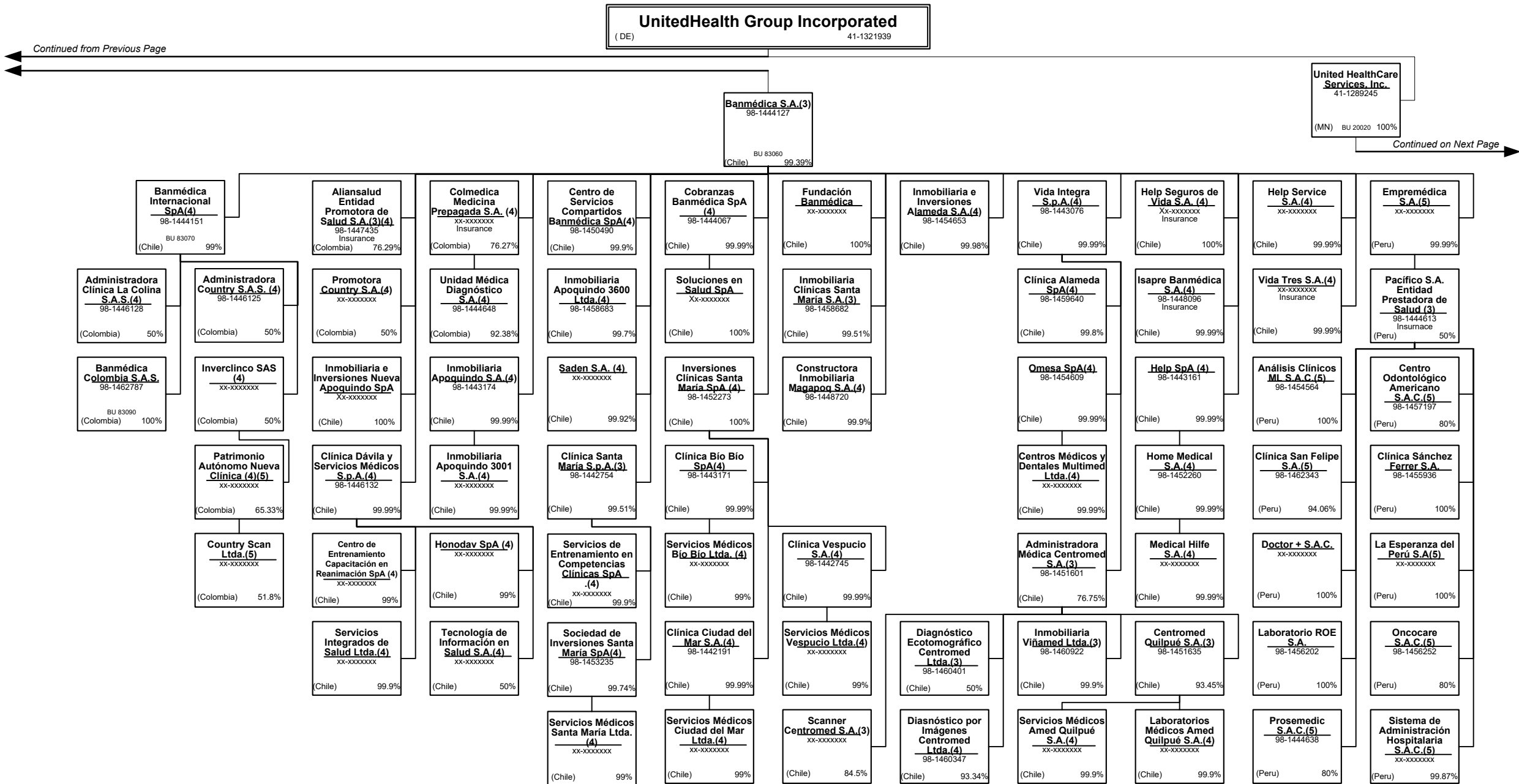
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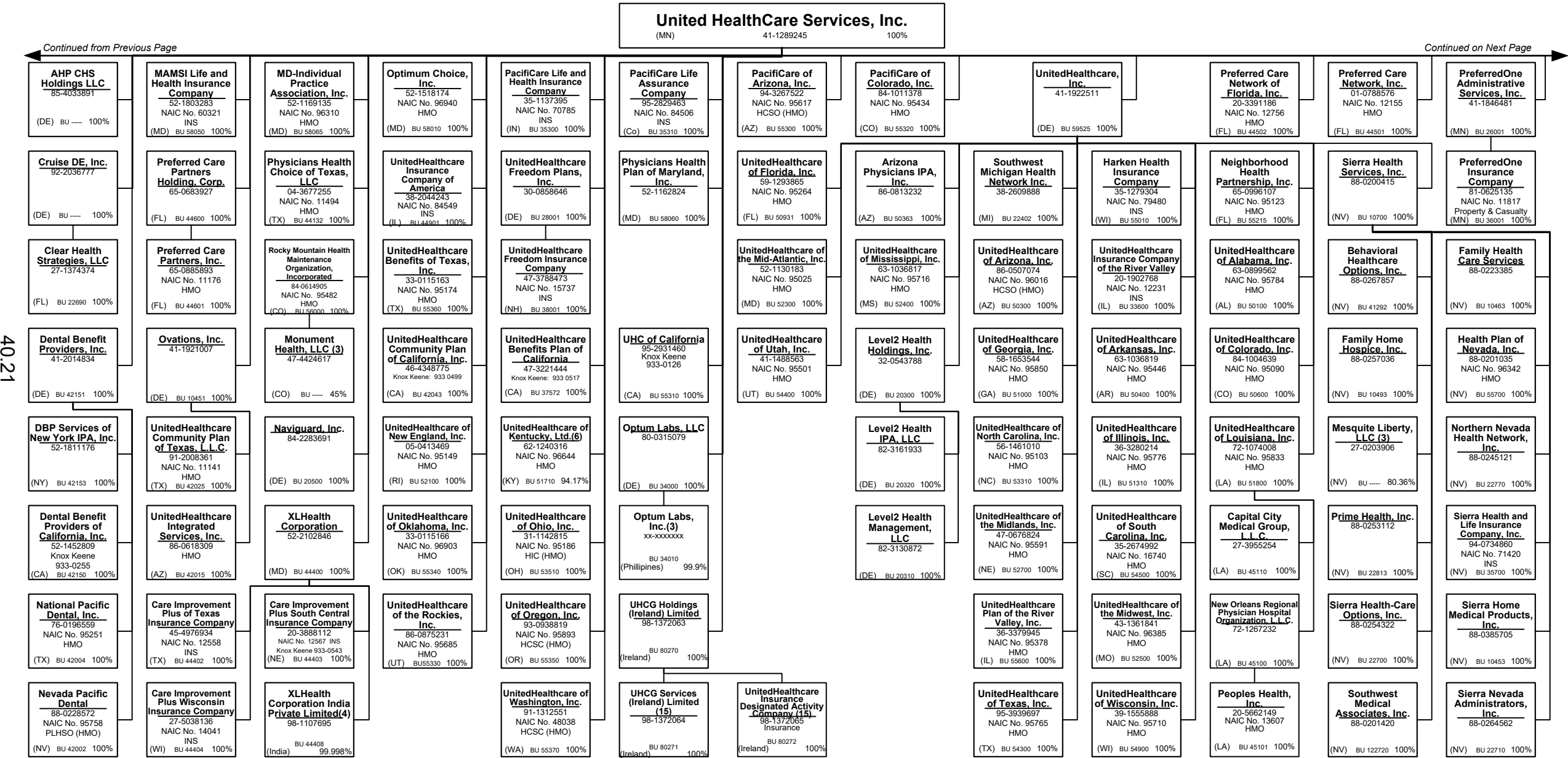
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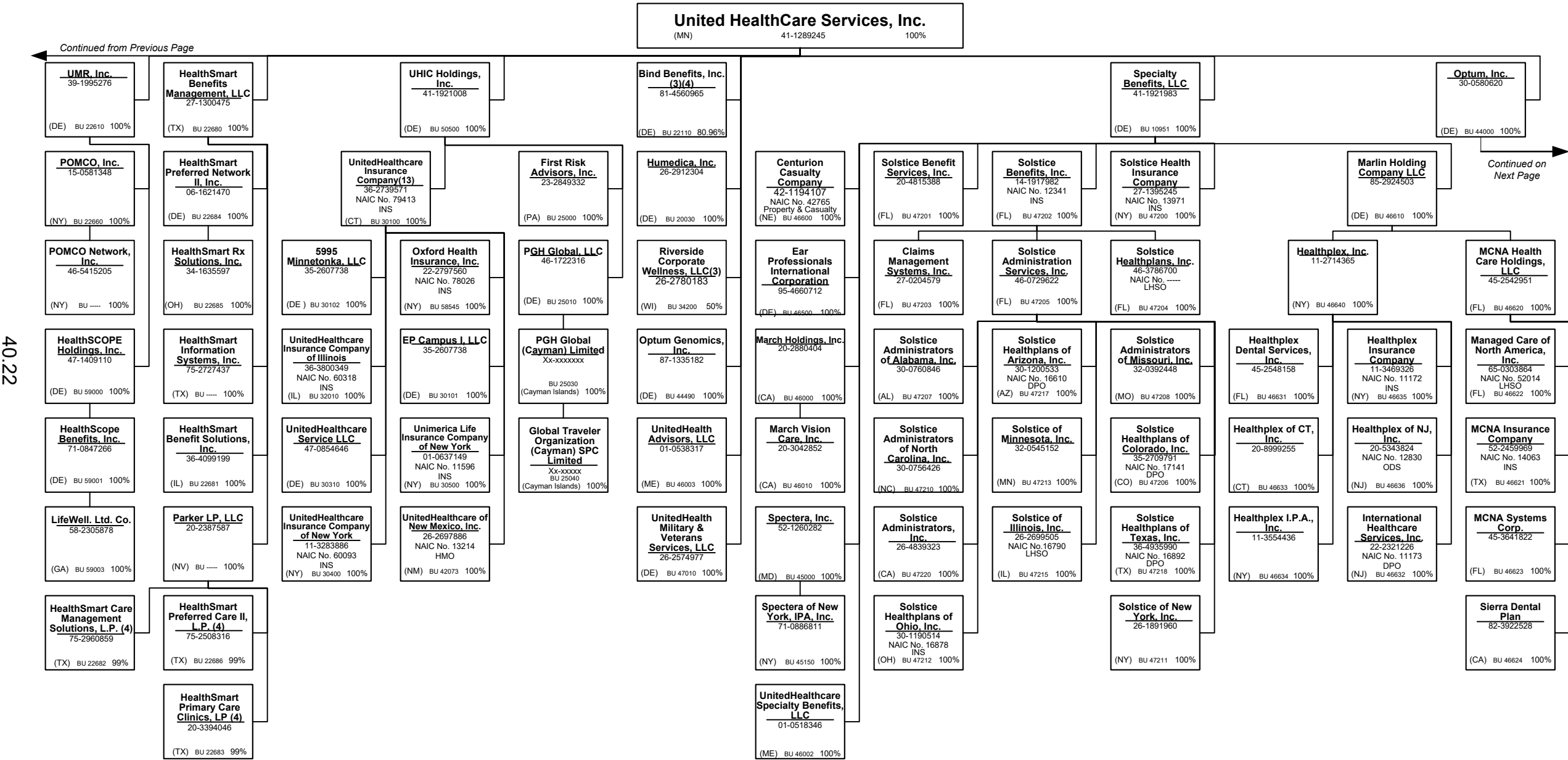
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PART 1 – ORGANIZATIONAL CHART



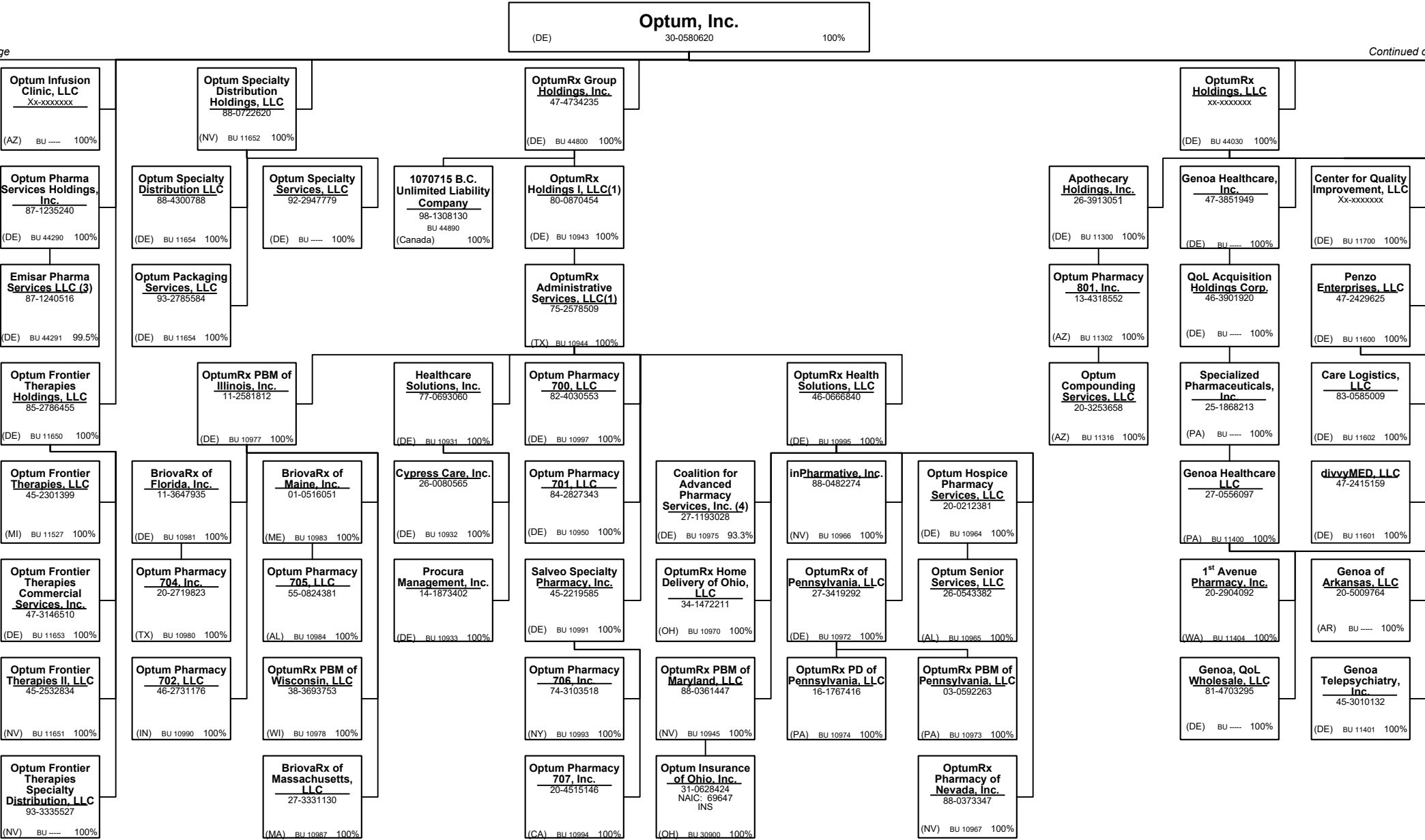
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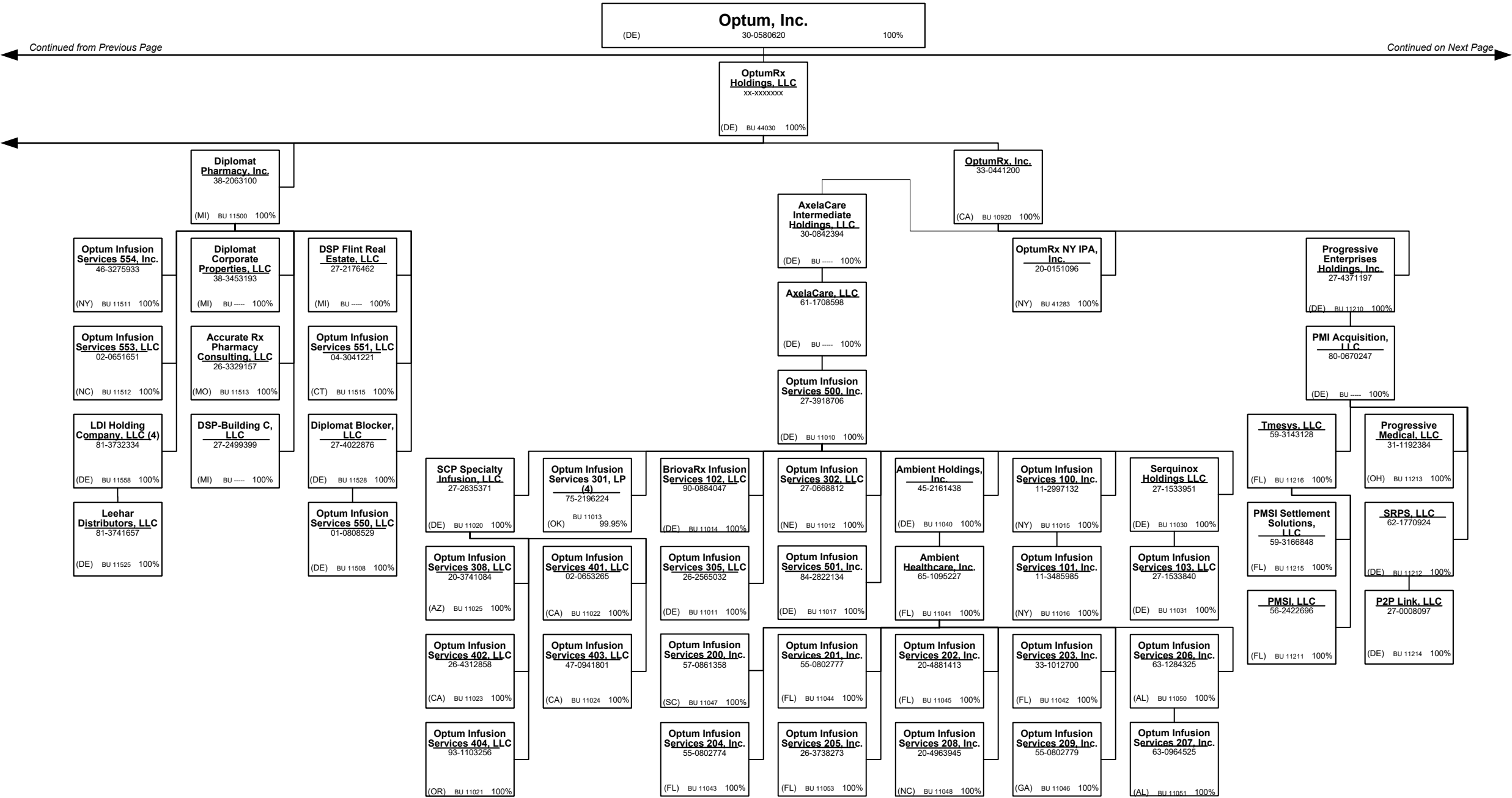
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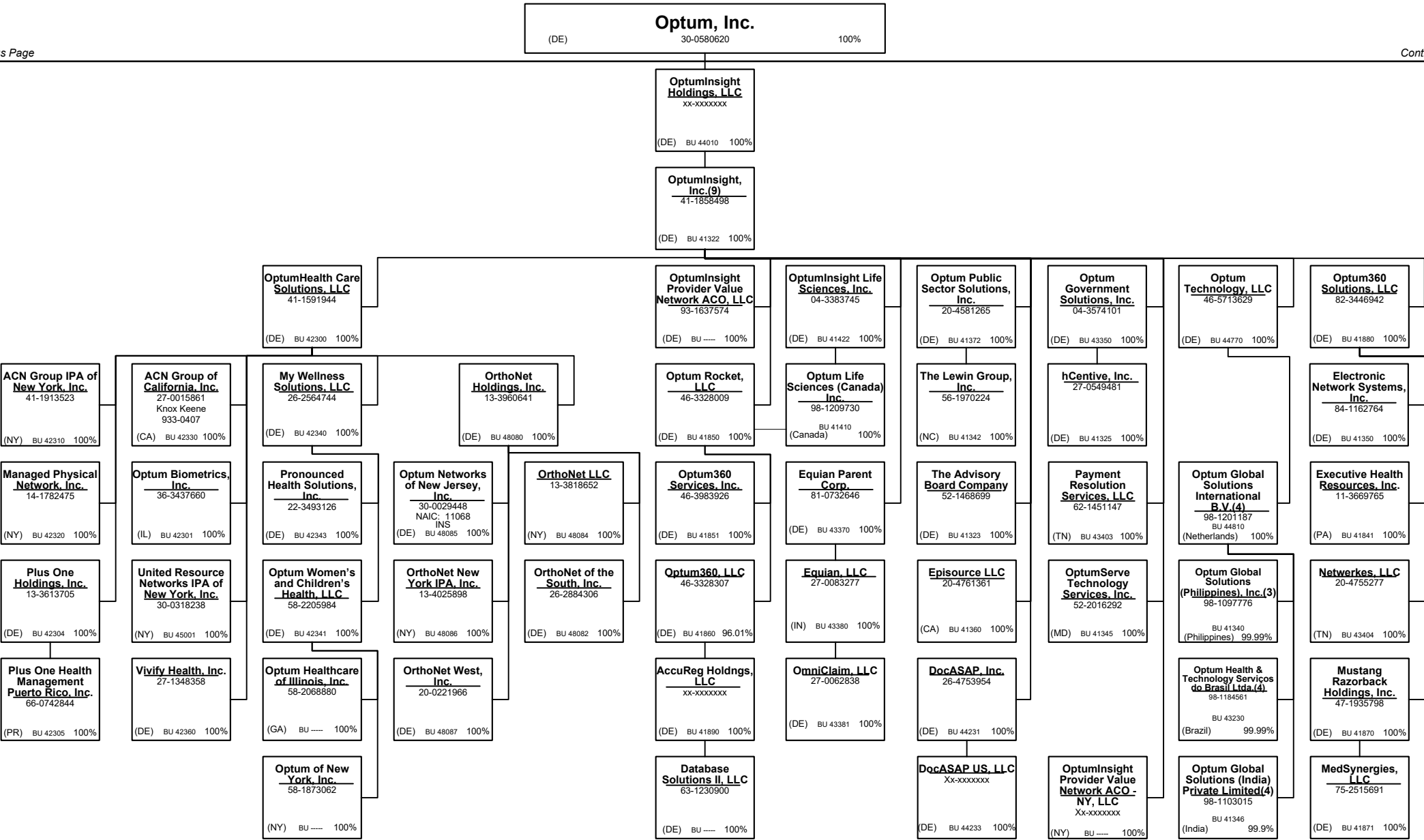
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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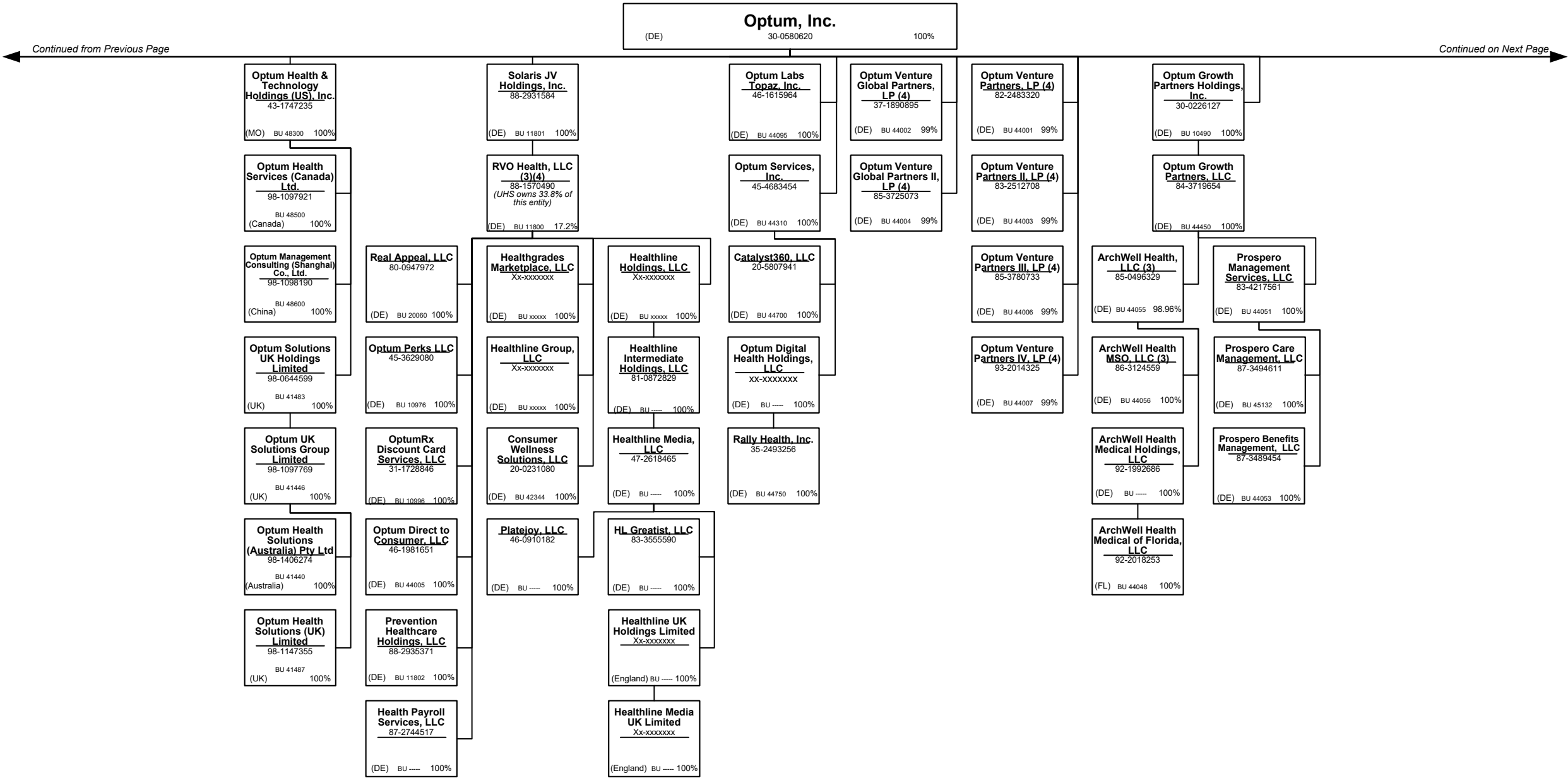


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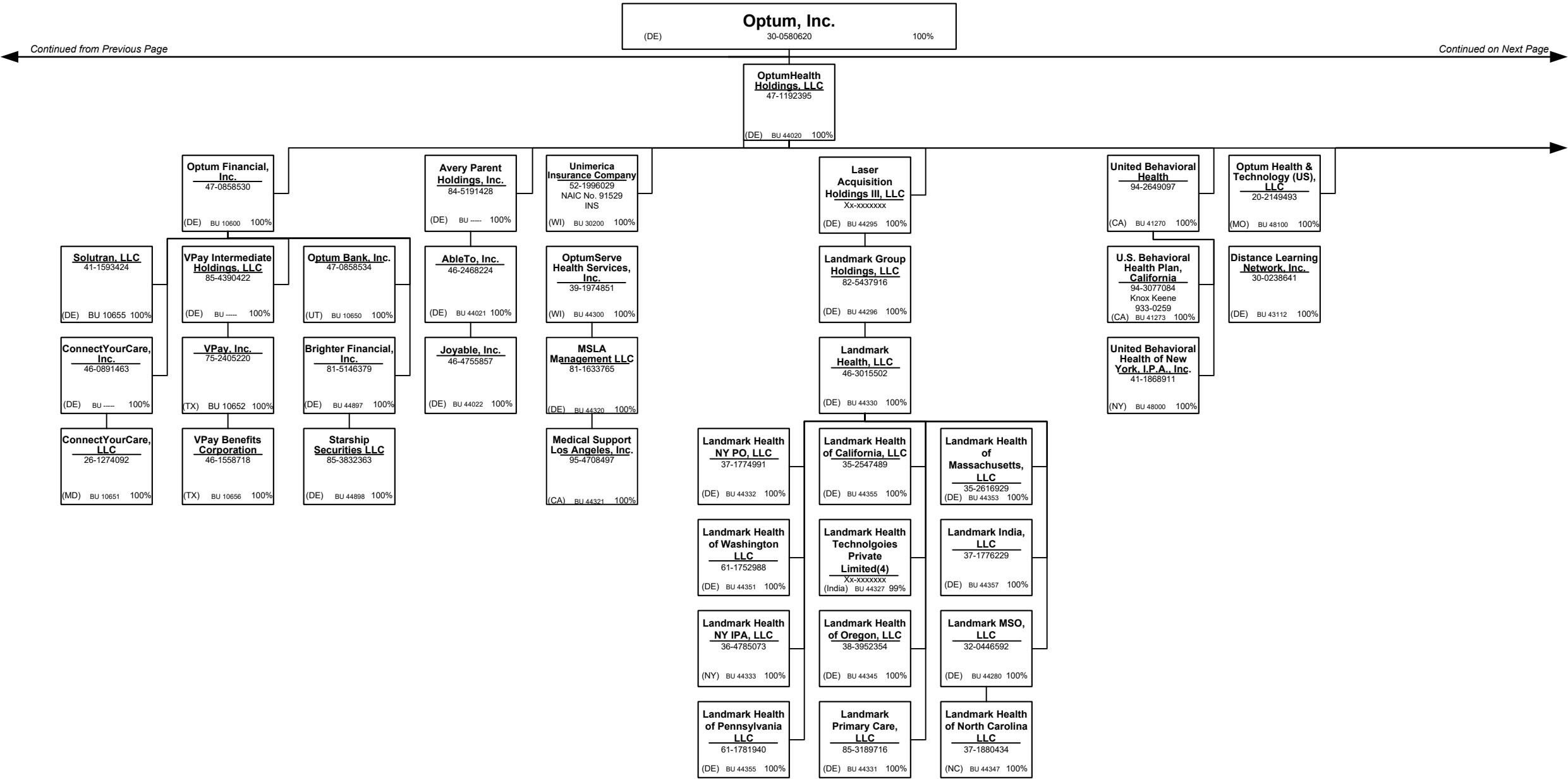


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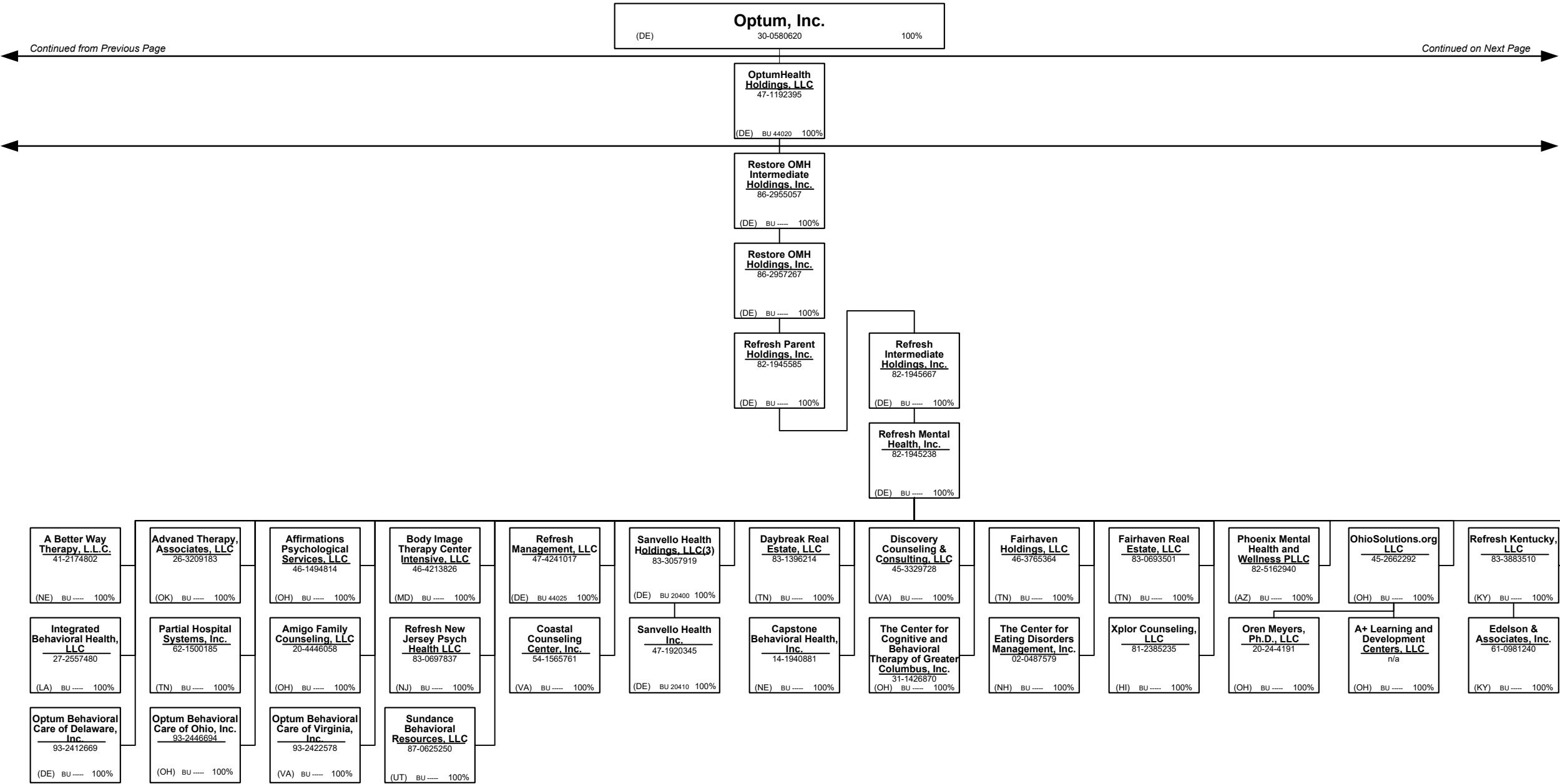
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PART 1 – ORGANIZATIONAL CHART



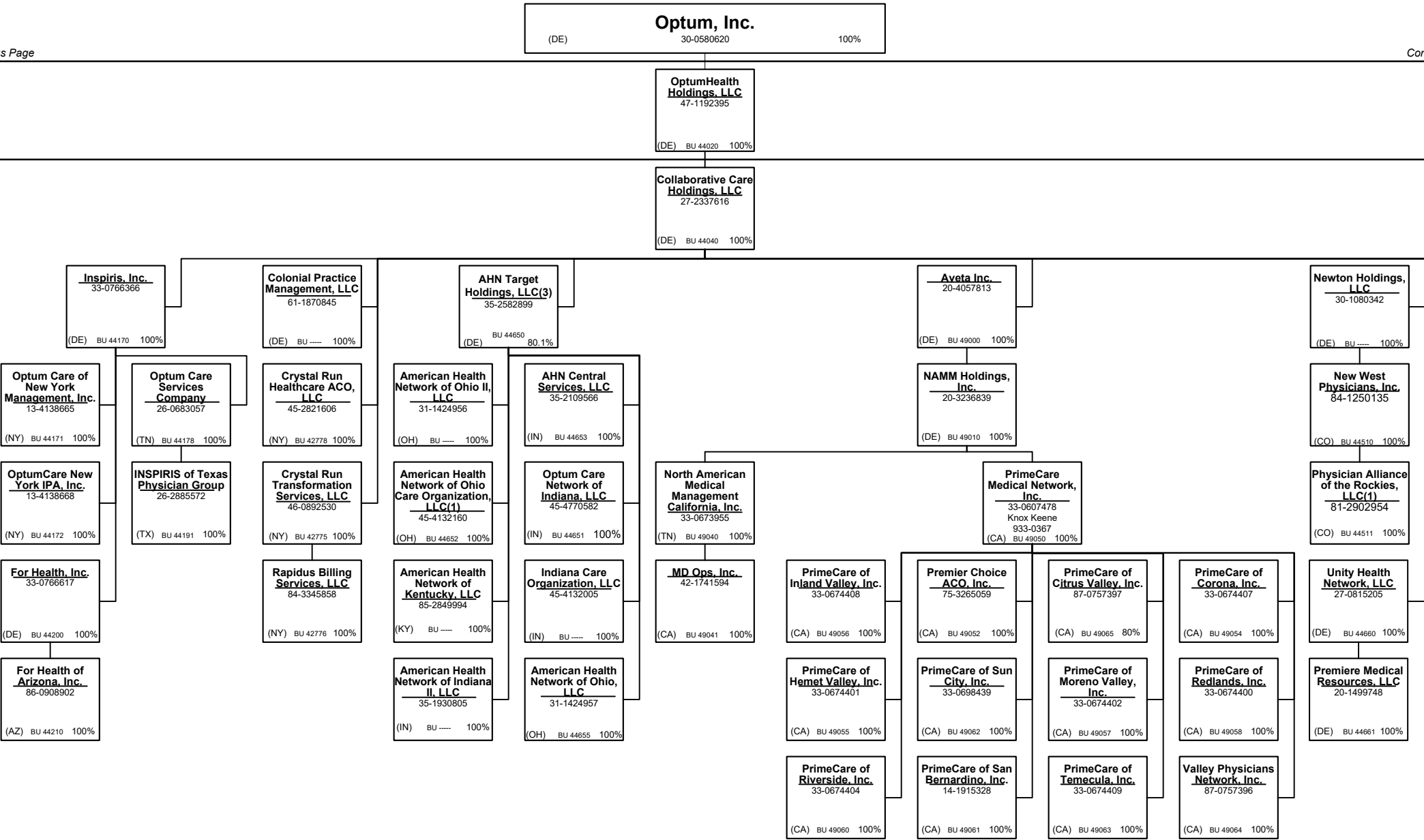
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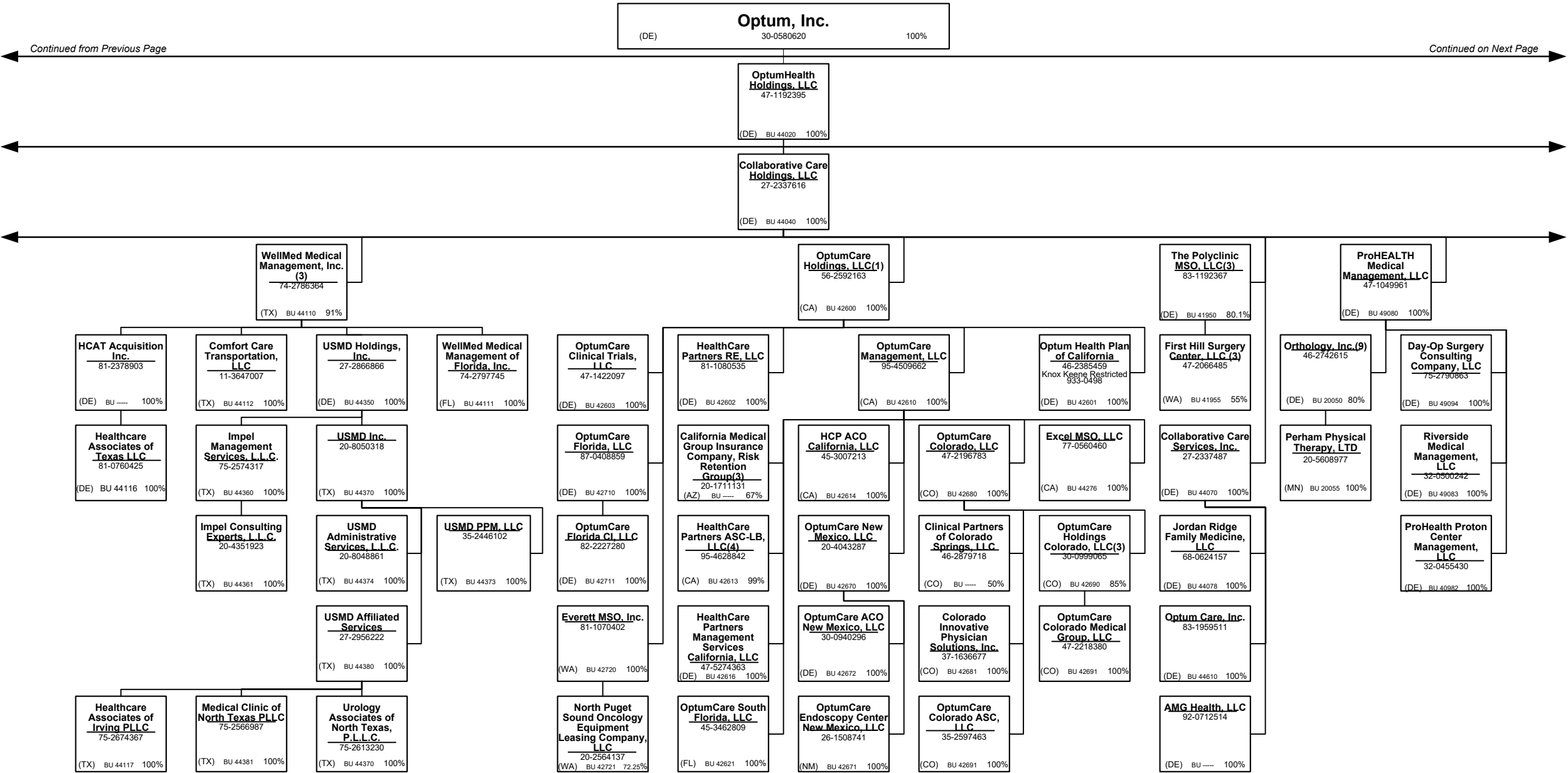
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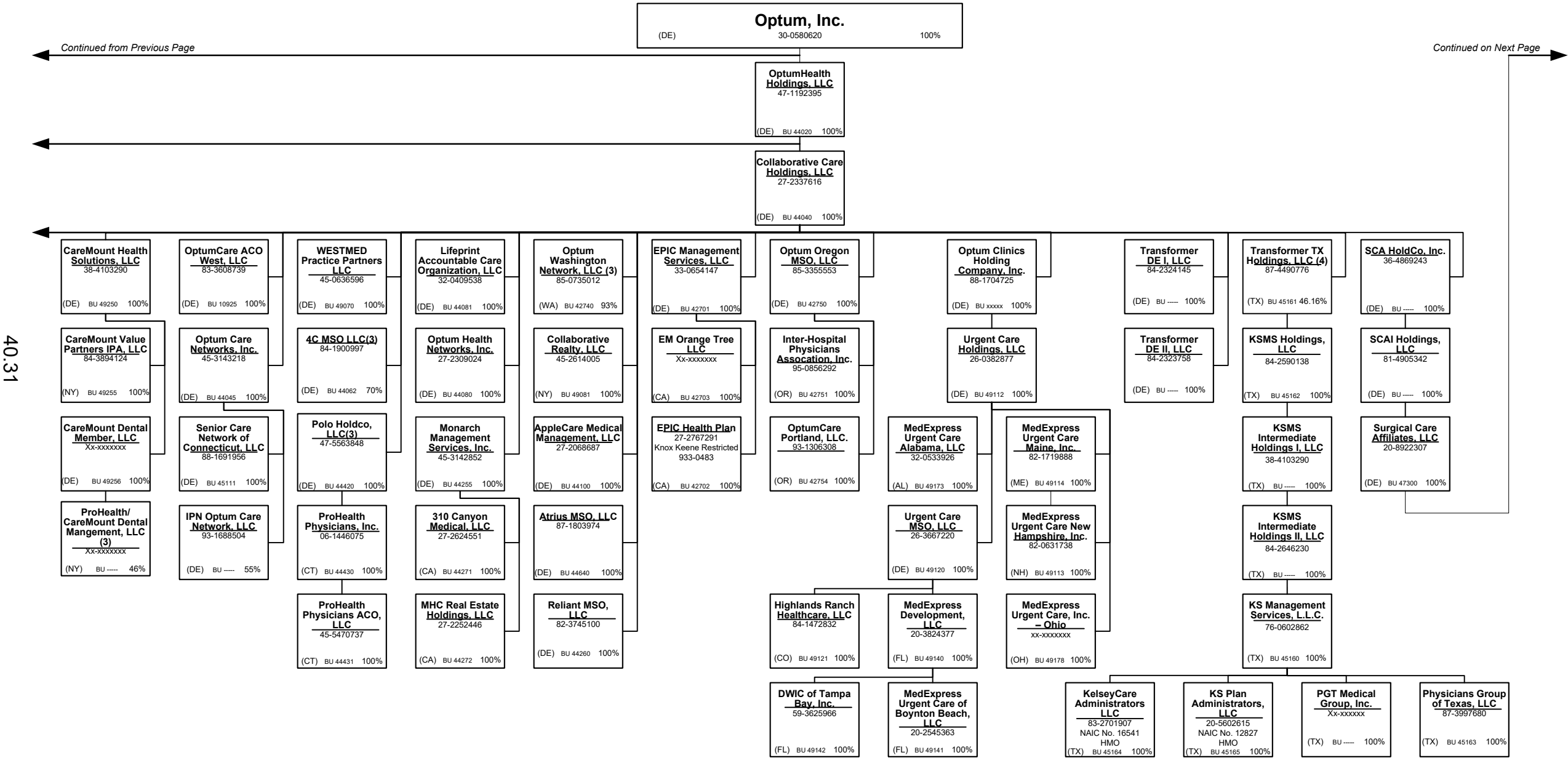
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PART 1 – ORGANIZATIONAL CHART



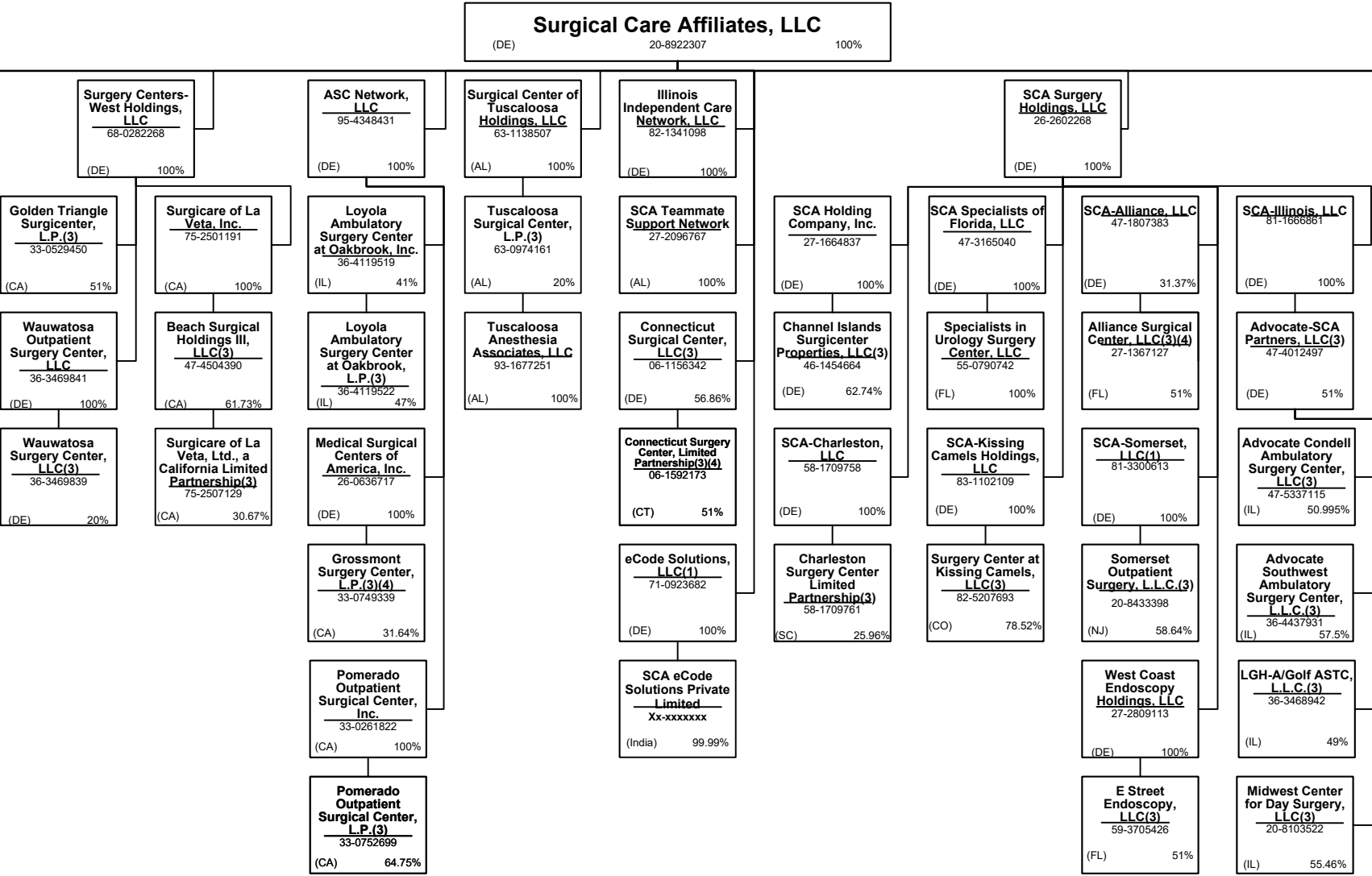
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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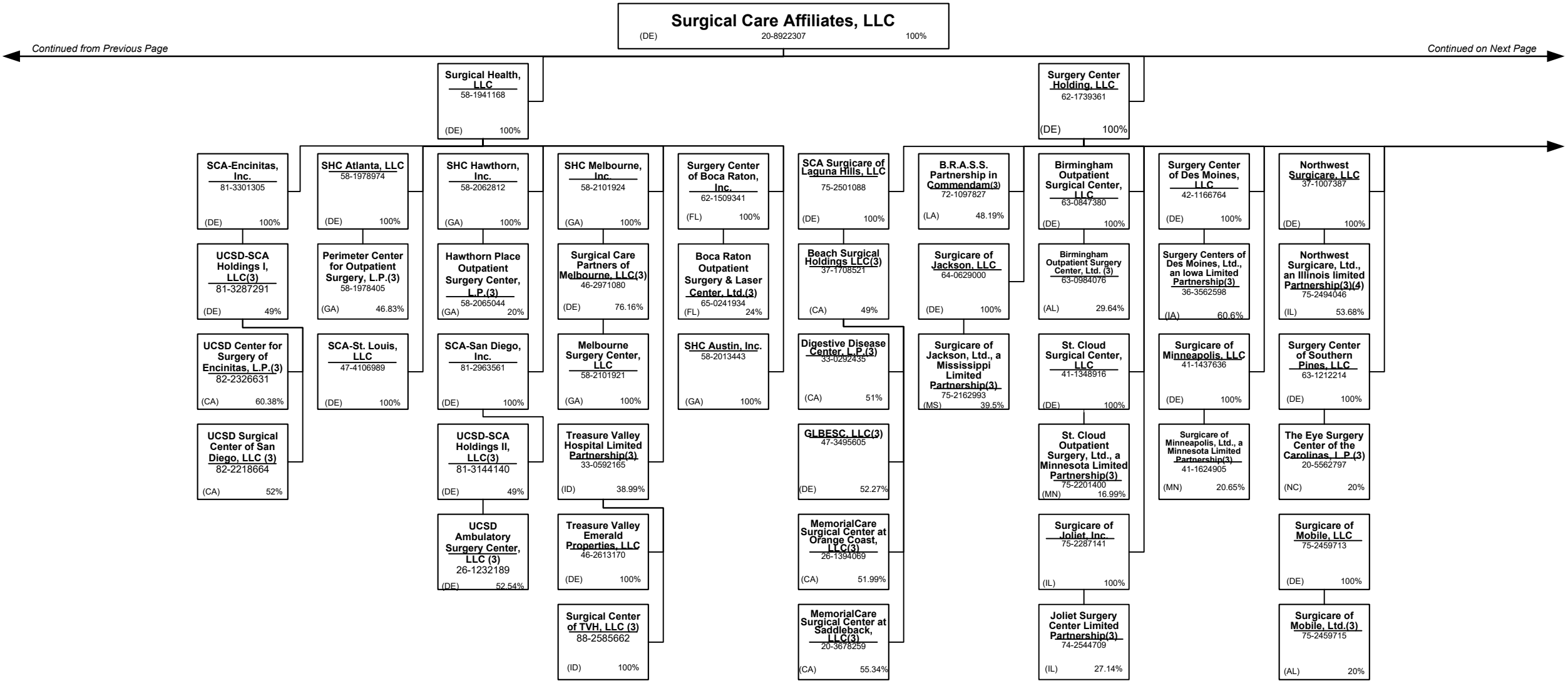


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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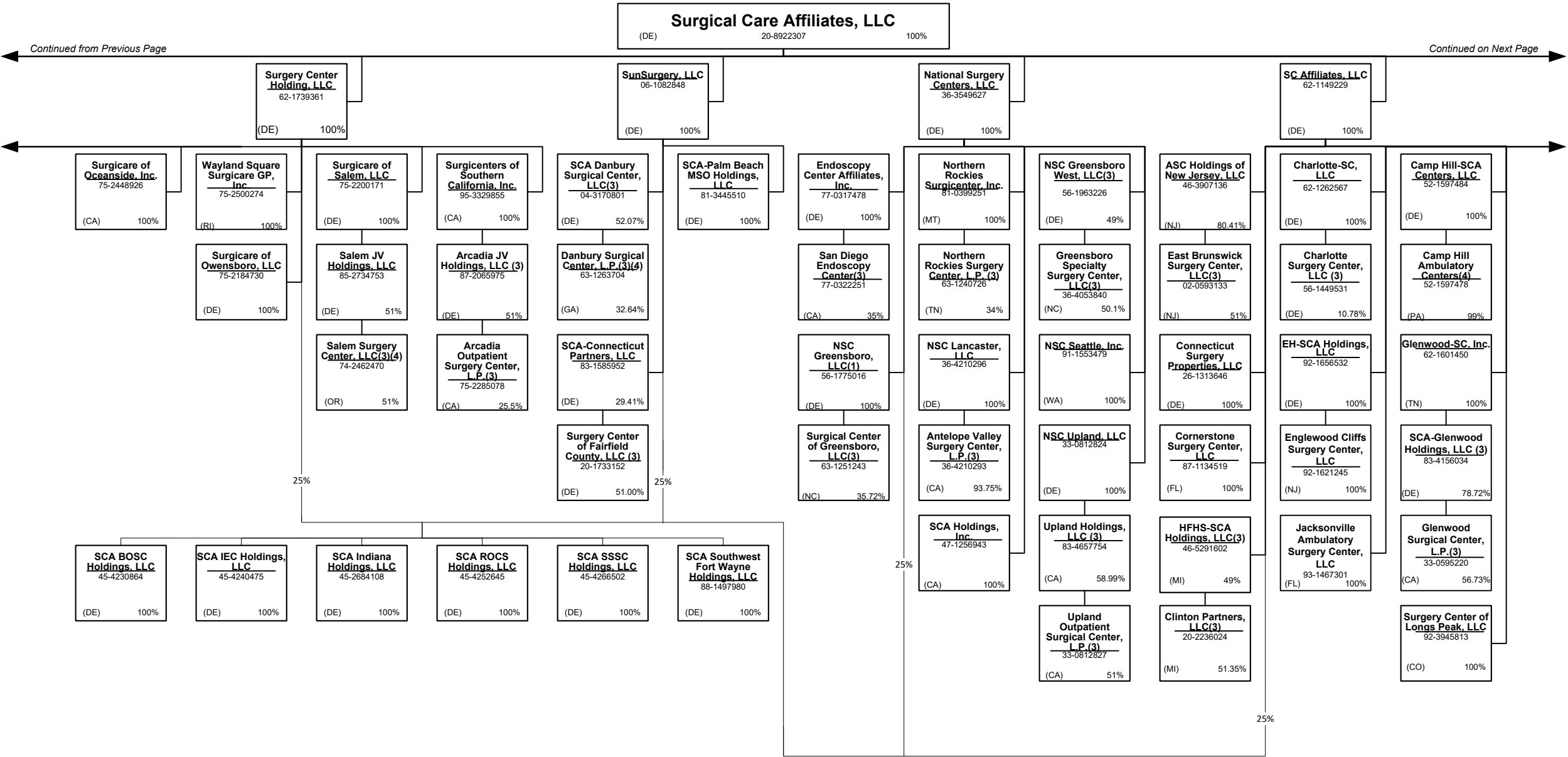


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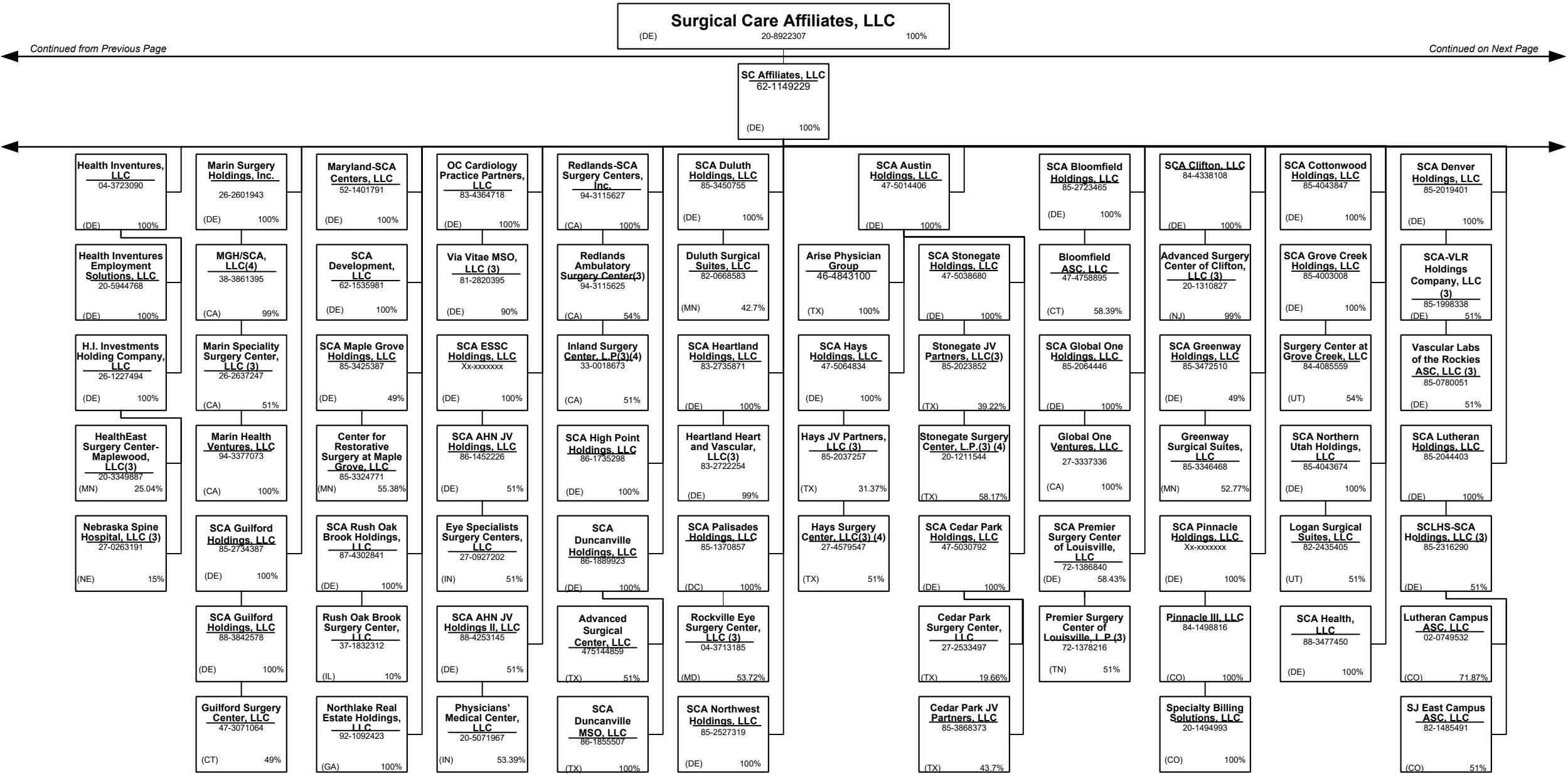
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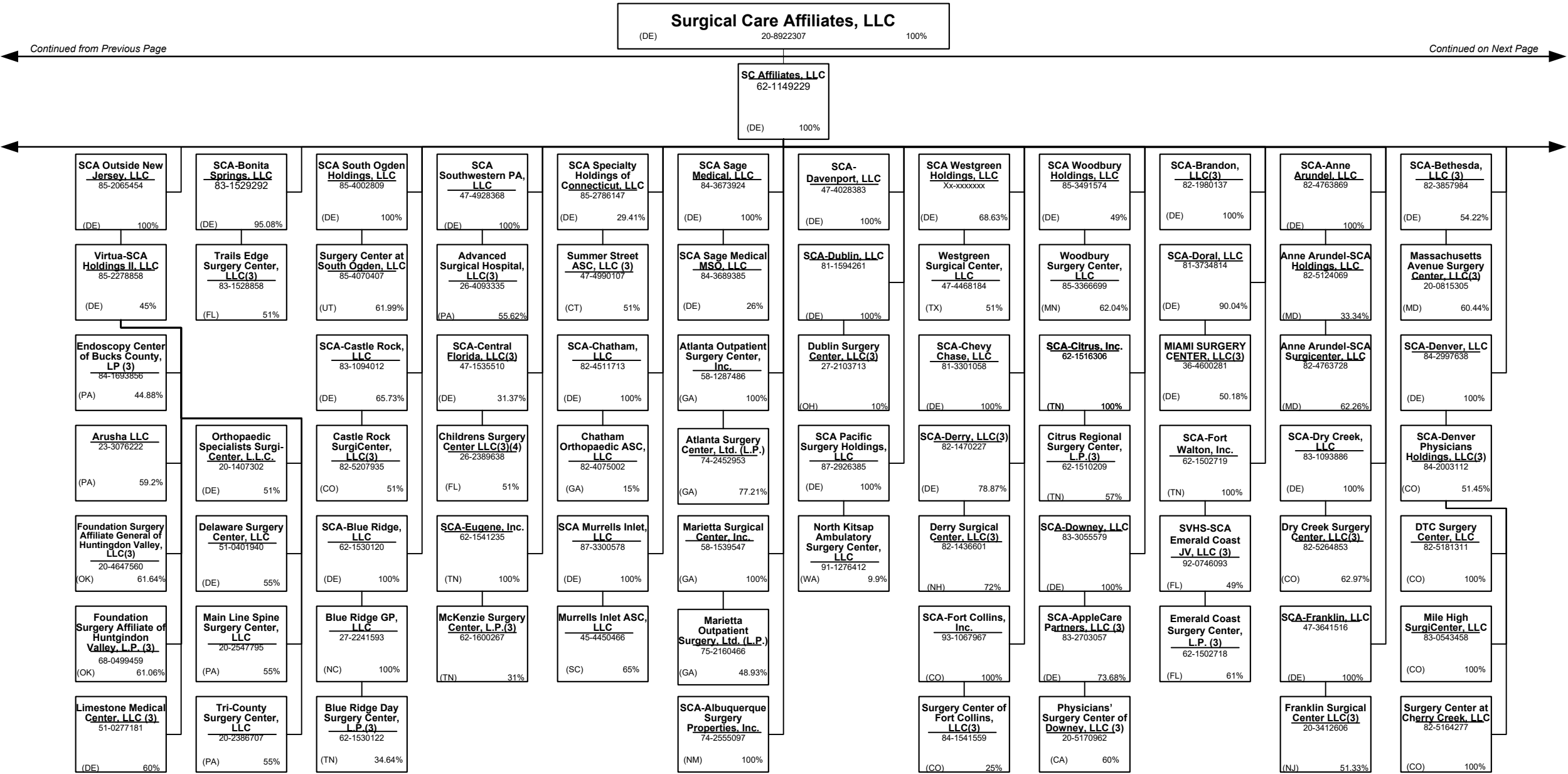
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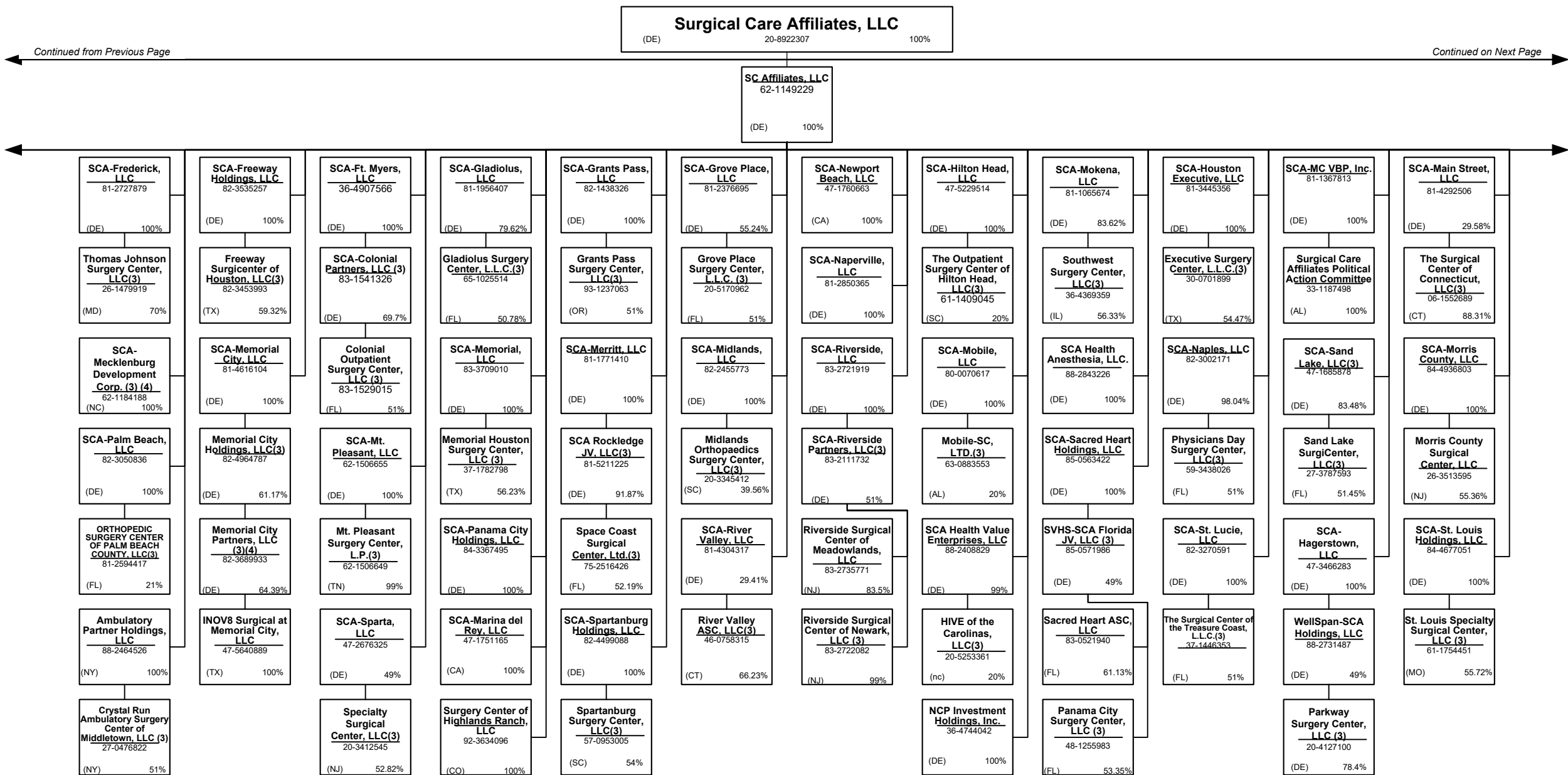
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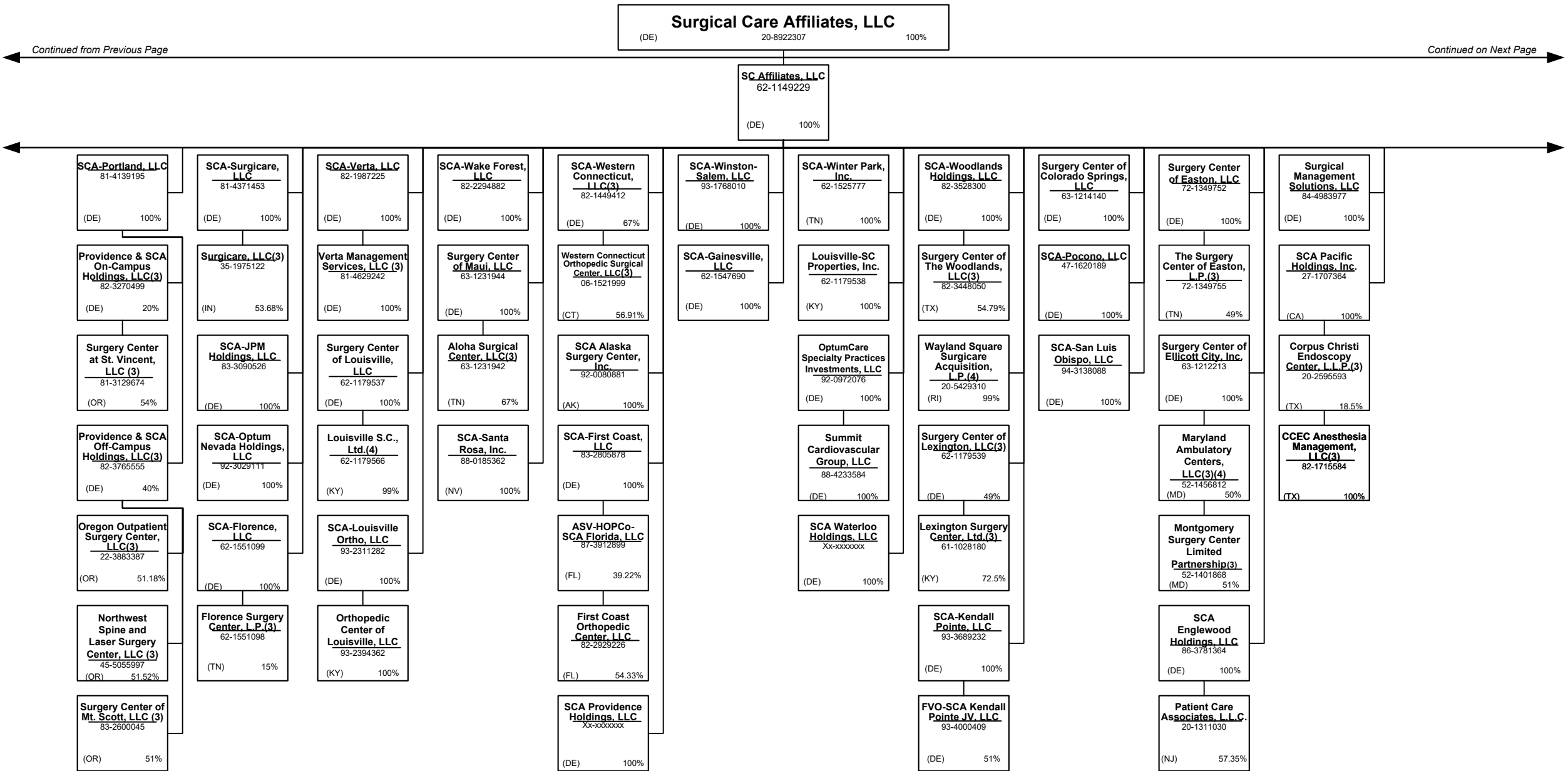
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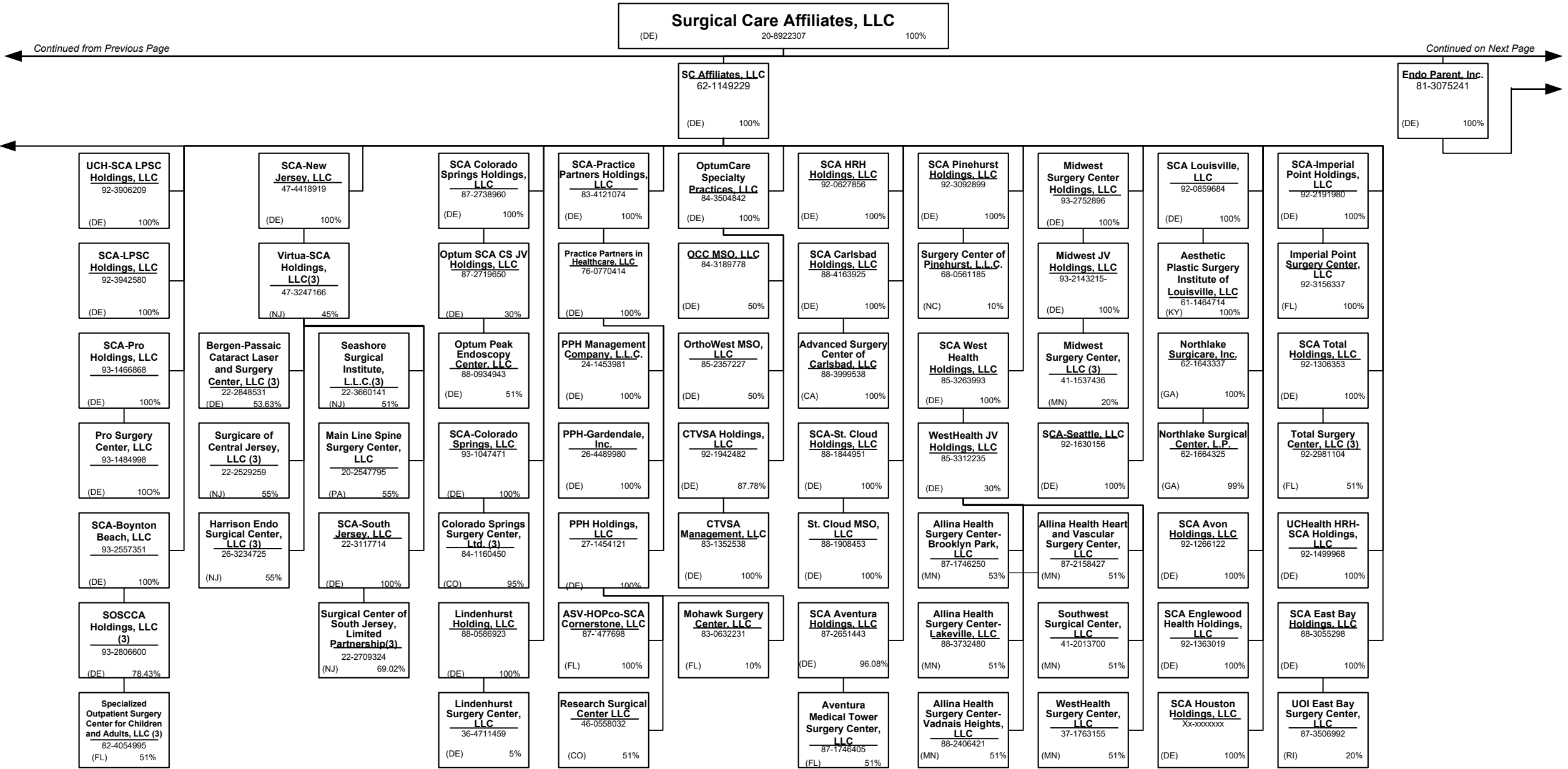
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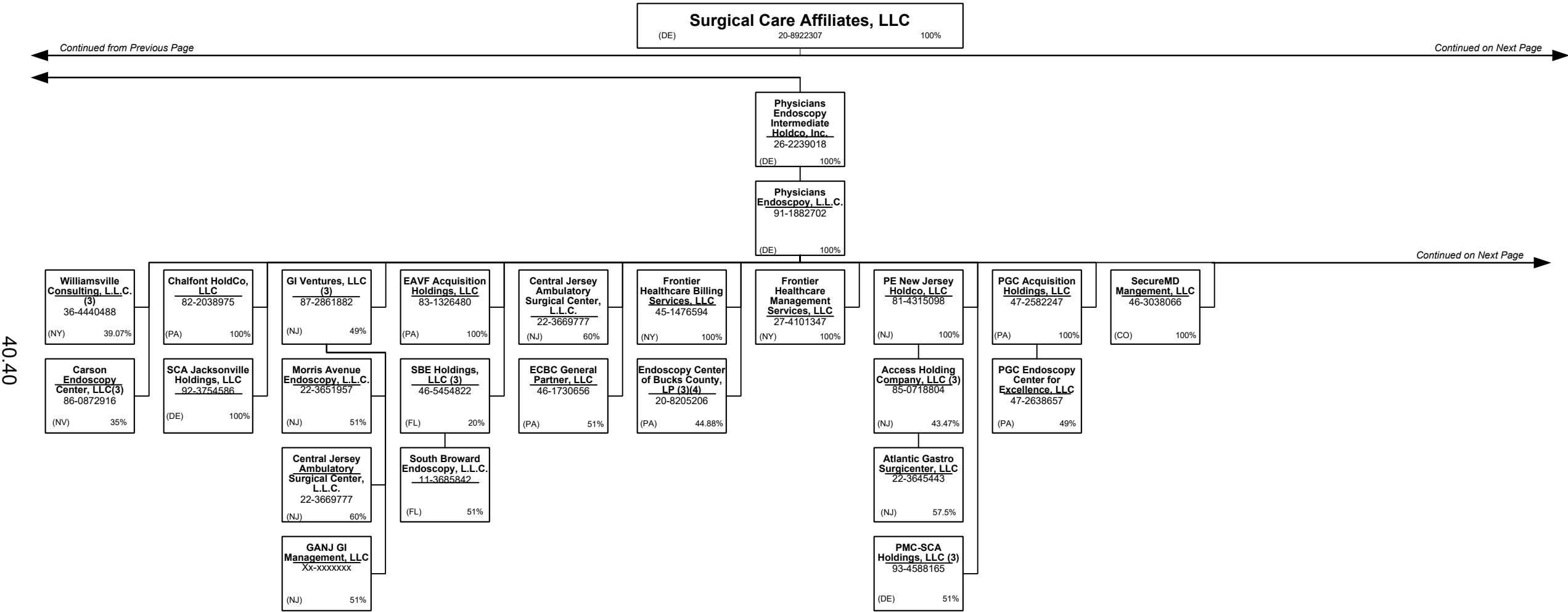
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PART 1 – ORGANIZATIONAL CHART



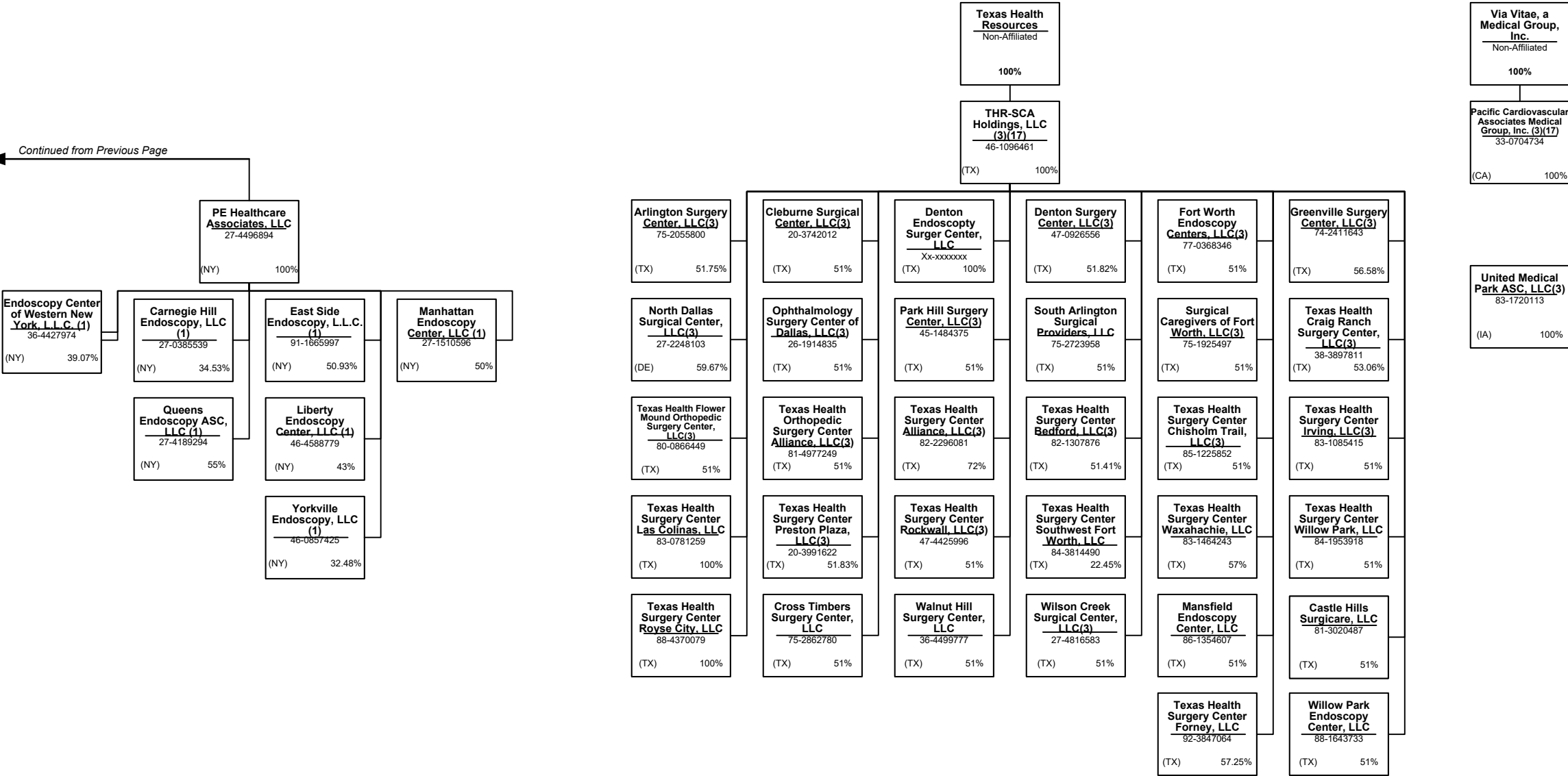
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC

(DE) 20-8922307 100%

Continued from Previous Page

Substantively Controlled Surgical Care Affiliate Entities



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948	Carroll Counseling Center LLC	MD	52-2072546
A.G. Dikengil, Inc.	NJ	22-3149900	Centers for Family Medicine, GP	CA	33-0483510
AbleTo Behavioral Health Services of Michigan, P.C.	MI	85-4328419	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Cielo House, Inc.	CA	27-1655973
AbleTo Behavioral Health Services, PC	CT	47-5519672	Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.	NC	20-3056794
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	Colonial Family Practice, L.L.C.	SC	02-0626080
AbleTo Psychiatry Health Services, P.C.	MA	88-2290313	Columbia Counseling Center P.A.	MD	52-2052733
AHN Accountable Care Organization, LLC	IN	45-4171713	Connect Medical, P.C.	NY	32-0551188
Aleph Psychological Services, Inc.	CA	46-3477124	Crystal Run Healthcare Physicians LLP	NY	13-3843560
American Health Network of Indiana, LLC	IN	35-2108729	David C. Anderholm, M.D., P.A.	MN	41-1879063
Angie Coil FNP, PLLC	AZ	81-2112951	David Moen, M.D. P.C.	NY	81-5101448
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	David R. Ferrell, M.D., P.C.	NV	45-2380022
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	Day-OP Center Of Long Island Inc.	NY	11-2811353
AppleCare Medical Group, Inc.	CA	33-0898174	DBT and EMDR Specialists, P.A.	MN	47-3322541
ArchWell Health Professional Services Holding Co.	DE	86-3278602	Doc Martins, PLLC	AZ	20-0419099
ArchWell Health Professional Services of Alabama, LLC	AL	86-3152173	Durable Medical Equipment, Inc.	MA	04-3106404
ArchWell Health Professional Services of Arizona, LLC	AZ	87-2986923	Elite Focus Clinic, Inc., a Professional Corporation	CA	47-3861802
ArchWell Health Professional Services of Kansas, P.A.	KS	86-3241870	Empire Physicians' Medical Group, Inc.	CA	33-0181426
ArchWell Health Professional Services of Nevada, P.C.	NV	88-1285211	Eugene Center for Anxiety and Stress, LLC	OR	83-2740282
ArchWell Health Professional Services of North Carolina, P.C.	NC	86-3222071	Eugene Therapy, LLC	OR	90-0624377
ArchWell Health Professional Services of Oklahoma, LLC	OK	86-3190019	Everett Physicians, Inc. P.S.	WA	81-1625636
ArchWell Health Professional Services. P.A.	FL	88-3481216	Evolve, LLC	WI	61-1752488
ARTA Western California, Inc.	CA	33-0658815	Family Counseling Associates of Salem Andover LLC	NH	27-0820363
Astra Medical Clinic, PLLC	AZ	86-0882561	Ferrell Physician Services, P.C.	NY	87-4007730
Atrius Health, Inc.	MA	04-3397450	First Hill Surgery Center, LLC	WA	47-2066485
Beaver Medical Group, P.C.	CA	33-0645967	First Step Services, PLLC	NC	51-0484581
Behavioral Solutions, P.C.	MA	04-3316367	Flagstaff Family Physicians, PLLC	AZ	86-0959327
Better Health Value Network, LLC	WA	47-4349079	Good Samaritan Medical Practice Association, Inc., A Medical Group	CA	95-3969271
Bexar Imaging Center, LLC	TX	22-3858211	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
California Spring Holdings, PC	CA	81-0881243	Gunn Behavioral Care of California, P.C.	CA	27-3237563
Carbondale Counseling Associates, PLLC	IL	47-1130641	Gunn Behavioral Holdco, P.C.	CA	92-3292446
CareMount Health Solutions ACO, LLC	NY	n/a	HealthCare Partners Affiliates Medical Group	CA	95-4526112
Carolina Behavioral Care, P.A.	NC	56-1780933	HealthCare Partners ASC-HB, LLC	CA	26-4247365

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Landmark Medical of Oregon, PC	OR	47-2926188
HealthCare Partners Medical Group, P.C.	CA	95-4340584	Landmark Medical of Pennsylvania, PC	PA	81-1605378
Heron Ridge Assoc., P.L.C.	MI	80-0020865	Landmark Medical of Rhode Island, PC	RI	84-2830065
Homecare Dimensions of Florida, Inc.	TX	81-0884465	Landmark Medical of Tennessee, PC	TN	30-1288593
Homecare Dimensions, Inc.	TX	74-2758644	Landmark Medical of Texas, PA	TX	83-2296389
IN Style OPTICAL, LLC	MA	27-3296953	Landmark Medical of Utah, PC	UT	84-2660339
Inland Faculty Medical Group, Inc.	CA	33-0618077	Landmark Medical of Virginia, P.C.	VA	85-0839774
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134	Landmark Medical of Washington, PC	WA	47-3028655
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	Landmark Medical, P.C.	NY	47-1588943
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739	Level2 Medical Services, P.A.	DE	84-5003916
INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670	Level2 Medical Services, P.A. New Jersey	NJ	87-2684015
Jonathan E. Goldberg, Ph.D., Inc.	MA	26-3013277	Level2 Medical Services, P.C. Alaska	AK	87-2600511
Joyce Marter & Associates, P.C.	IL	26-3478896	Level2 Medical Services, P.C. California	CA	92-1153396
K.P. Counseling, Ltd.	IL	30-0089259	Level2 Medical Services, P.C. Utah	UT	87-0989804
Kelsey-Seybold Medical Group, PLLC	TX	76-0386391	Life Strategies Counseling, Inc.	AR	20-0468524
Keys Counseling, Inc.	IN	30-0358493	LifeSolutions Counseling Associates, P.C.	IN	26-3292877
KS Pharm, LLC	TX	84-2355006	March Vision Care Group, Incorporated	CA	95-4874334
KS SC, LLC	TX	84-2241460	March Vision Care IPA, Inc.	NY	27-3115058
Landmark Medical of Arkansas, P.A.	AR	85-0997438	March Vision Care of Texas, Inc.	TX	45-4227915
Landmark Medical of California, PC	CA	47-4553619	MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
Landmark Medical of Connecticut, PC	CT	83-2295301	Mat-Rx Fort Worth GP, L.L.C.	TX	35-2262695
Landmark Medical of Florida, P.A.	FL	85-0838149	ME Urgent Care Nebraska, Inc.	NE	81-0936574
Landmark Medical of Idaho, PC	ID	92-0496439	MedExpress Employed Services, Inc.	DE	81-1265129
Landmark Medical of Kansas, P.A.	KS	82-4633545	MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
Landmark Medical of Kentucky, PSC	KY	82-4881602	MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Landmark Medical of Massachusetts, PLLC	MA	81-5364097	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Landmark Medical of Michigan, P.C.	MI	86-3599871	MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
Landmark Medical of Mississippi, P.C.	MS	82-5084178	MedExpress Primary Care Minnesota P.C.	MIN	81-4396738
Landmark Medical of Missouri, P.C.	MO	82-4857713	MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265
Landmark Medical of New Hampshire, P.C.	NH	85-1174070	MedExpress Primary Care South Carolina, P.C.	SC	83-0764858
Landmark Medical of North Carolina, P.C.	NC	82-4256752	MedExpress Primary Care Texas, P.A.	TX	84-2500750
Landmark Medical of Ohio, Professional Corporation	OH	82-4864947	MedExpress Primary Care Virginia, P.C.	VA	82-3395792

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181	Mental Health Resources, PLLC	TN	62-1396317
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778	MHCH, Inc.	CA	80-0507474
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280	Mindscapes Counseling, PLLC	CT	47-2117693
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120	Mobile Medical Services of New Jersey, PC	NJ	81-2977678
MedExpress Urgent Care California, P.C.	CA	82-0930142	Mobile Medical Services, P.C.	NY	30-0445773
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812	Monarch Health Plan, Inc.	CA	22-3935634
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614	NAMM Medical Group Holdings, Inc.	CA	56-2627070
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472	NC Center For Resiliency, PLLC	NC	47-2693055
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	New Perspectives Center for Counseling & Therapy, L.L.C.	OR	93-1173779
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	New York Licensed Clinical Social Work, P.C.	NY	86-3891057
MedExpress Urgent Care Missouri P.C.	MO	47-3132625	Northern California Physicians Network, Inc., a Professional Corporation	CA	81-1573604
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	Northlight Counseling Associates, Inc.	AZ	86-0646417
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	Northwest Medical Group Alliance, LLC	WA	91-1699944
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	NPN IPA Washington, PLLC	WA	61-1855159
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706	Oakland Psychological Clinic, P.C.	MI	38-2481929
MedExpress Urgent Care Texas, P.A.	TX	47-5147441	OHR Physician Group, P.C.	OR	93-0979031
MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Optum Behavioral Care of California, P.C.	CA	84-4887072
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Optum Behavioral Care of Colorado, P.C.	CO	93-2952612
MedExpress Urgent Care, Inc. – West Virginia	WV	26-4546400	Optum Behavioral Care of Connecticut, P.C.	CT	93-2339326
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667	Optum Behavioral Care of Kansas, P.A.	KS	93-3404672
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572	Optum Behavioral Care of New Jersey, P.C.	NJ	85-0666386
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101	Optum Behavioral Care of North Carolina, P.C.	NC	85-1959641
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908	Optum Behavioral Care of Texas, P.A.	TX	84-3152209
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937	Optum Clinic, P.A.	TX	75-2778455
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365	Optum Everycare, P.C.	#N/A	66-1026448
MedExpress Urgent Care, P.C. – Pennsylvania	PA	26-3750502	Optum Medical Care of New Jersey, P.C.	NJ	22-3624559
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138	Optum Medical Care, P.C.	NY	13-3544120
MedExpress Urgent Care, P.C. – Virginia	VA	45-3123110	Optum Medical Group (Rhodes), P.C.	NV	88-0310956
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124	Optum Medical Group II (Rhodes), P.C.	NV	86-0857176
MedExpress, Inc. – Delaware	DE	45-5436856	Optum Medical Group, P.A.	KS	46-2662506

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Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Optum Medical Services of California, P.C.	CA	30-0826311	Refresh Canopy Cove, Inc.	CA	82-3603285
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Refresh Connecticut, PLLC	FL	84-2663780
Optum Medical Services, P.C.	NC	45-3866363	Refresh Evolve, LLC	CT	83-4507157
Optum Urgent Care, PLLC	NY	46-1883579	Refresh In-Home Counseling LLC	WI	82-5351068
OptumCare Portland, LLC	OR	93-1306308	Refresh Pennsylvania, LLC	IL	84-1756547
Oregon Healthcare Resources, LLC	OR	27-3674492	Reliant Medical Group The Endoscopy Center, LLC	PA	20-5251393
Peninsula Psychological Center, Inc., P.S.	WA	91-1885912	Reliant Medical Group, Inc.	MA	04-2472266
Perspectives of Troy, P.C.	MI	38-2592367	RICBT, Inc.	MA	33-0999953
Physician Partners Medical Group, Inc.	CA	30-0516435	Riverside Community Healthplan Medical Group, Inc.	RI	33-0055097
Physician United PLLC	AZ	84-3476733	Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
Physicians Medical Group of San Jose, Inc.	CA	94-2722082	Saad A. Shakir, M.D., Inc.	CA	77-0398259
Physicians Medical Holdings	CA	86-2631012	Saddleback Medical Group, Inc.	CA	33-0571462
Pilot Holdings, P.C.	CA	87-3931756	San Bernardino Medical Group, Inc.	CA	95-3088615
Pinnacle Medical Group, Inc.	CA	33-0795271	Sanvello Behavioral Health Services, P.A.	CA	84-1754732
Polyclinic Holdings, P.C.	WA	83-3042027	Saris Counseling, LLC	DE	n/a
POLYCLINIC MANAGEMENT SERVICES COMPANY, LLC	WA	46-0508606	Seattle Psychology, P.L.L.C.	WI	46-3238571
Primary Care Associated Medical Group, Inc.	CA	33-0527335	SecureMD Professionals - California, PC	WA	46-3057015
ProHEALTH Ambulatory Surgery Center, Inc.	NY	11-3447394	Serenity Family and Psychological Counseling Center, P.C.	CA	45-3802527
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253	Shark Holdings, P.C.	CA	87-3142148
ProHEALTH Care Associates, L.L.P.	NY	11-3355604	Sherman Counseling Management, S.C.	CA	47-5082677
ProHEALTH Medical NY, P.C.	NY	47-1388406	Silicon Valley TMS of Monterey Bay, GP	WI	81-3200297
ProHealth Physicians, P.C.	CT	06-1469068	Southwest Internal Medicine Group, Roberto Ruiz, M.D., PLLC	CA	86-0516447
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	Spring Behavioral Health of New Jersey, LLC	AZ	82-3087236
Prospero Health Partners Florida, Inc.	FL	85-0775386	Springfield Psychological, P.C.	NJ	23-2833266
Prospero Health Partners New York, P.C.	NY	82-2400620	Surgical Eye Experts, LLC	PA	65-1321064
Prospero Health Partners North Carolina, P.C.	NC	84-4569314	Surprise Health Center, PLLC	MA	86-1047772
Prospero Health Partners, P.C.	MN	84-3234753	Susan Albright P.L.C.	AZ	20-5176158
Prospero Medical Services New Jersey, P.C.	NJ	84-3844362	Talbert Medical Group, P.C.	AZ	93-1172065
Psychiatry Services of New York, P.C.	FL	85-0921665	The Everett Clinic, PLLC	CA	91-0214500
Psychiatry Specialists, S.C.	NY	27-3409538	The Polyclinic, PLLC	WA	91-0369070
Psychological Healthcare, PLLC	IL	16-1484552	The Potter's House Family & Children Treatment Center, LLC	WA	20-8357849
Red Oak Counseling, Ltd.	NY	20-0785644	The Tabor Therapy Group, Inc.	GA	46-5461304
Redlands Family Practice Medical Group, Inc.	WI	56-2627067	Triangle Counseling Agency, Inc.	IL	26-2552129

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Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID
USMD Diagnostic Services, LLC	NC	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
Warner Family Practice, P.C.	AZ	86-0462952
Waypoint Minnesota PC	MN	46-2854394
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC.	TX	84-2193803
WellMed Greater Texas Medicare ACO, LLC	TX	84-2178104
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2219968
WellMed Network Medicare ACO, LLC	TX	84-2204650
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
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), current/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) Open
- (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) Open
- (15) Registered branch in the United Kingdom.
- (16) Open
- (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.