



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, 00707 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, Dublin, OH, US 43016

Main Administrative Office 7901 SW 6th Ct, Suite 400

Plantation, FL, US 33324 954-370-1700

Mail Address PO BOX 19199, Plantation, FL, US 33319

Primary Location of Books and Records 7901 SW 6th Ct, Suite 400

Plantation, FL, US 33324 954-370-1700

Internet Web Site Address WWW.SOLSTICEBENEFITS.COM

Statutory Statement Contact Nachman Weiszner, 954-370-1700

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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

Name Title Name Title
Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary
Nyle Brent Cottingham, Vice President Tamara Jean Eveslage, Compliance Officer

DIRECTORS OR TRUSTEES

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

State of ss
County of

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

Kenneth Mark Sheldon
President

Peter Marshall Gill
Treasurer

Mitchell Robert Davis
Chief Financial Officer

Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	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	0
28. Gross paid in and contributed surplus	XXX	XXX	324,999	324,999
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(4,703)	(9,392)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	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

	1 Current Year	2 Prior Year
Cash from Operations		
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	0
7. Commissions, expenses paid and aggregate write-ins for deductions	51,506	46,938
8. Dividends paid to policyholders	0	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	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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	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 Individual	3 Group											
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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) 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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits 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 Individual	3 Group											
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.

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

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

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits 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 Individual	3 Group											
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

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

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. Prior .....	.0	.0	.0	.0	
2. 2019 .....	.0	.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. Prior .....	.0	.0	.0	.0	
2. 2019 .....	.0	.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

12-DO

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

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 - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.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. Prior .....	.0	.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
2. 2020 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2021 .....	.2	.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

12-GT

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

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

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
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 Collected During Year	2 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	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

NONE

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 earned and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to re-termination.....	.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

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.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.

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2023</u>	<u>2022</u>
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	<u>\$ 4,663</u>	<u>\$ (708)</u>
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	<u>\$ 320,297</u>	<u>\$ 315,608</u>

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	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	\$ 0	\$	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale -- excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states	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).

	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
(a) Gross Deferred Tax Assets	195	-	195	169	-	169	26	-	26
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	195	-	195	169	-	169	26	-	26
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	195	-	195	169	-	169	26	-	26
(f) Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
(g) Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	195	-	195	169	-	169	26	-	26

	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

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

	2023	2022
(a) Ratio percentage used to determine Recovery Period and Threshold Limitation Amount	1212%	45322%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period And Threshold Limitation in 2(b)2 above	\$ 317,657	315,439

	December 31, 2023		December 31, 2022		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
Impact of Tax-Planning Strategies						
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	195	-	169	-	26	-
2. Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
3. Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	195	-	169	-	26	-
4. Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____		No <input checked="" type="checkbox"/>			

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.
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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 <input checked="" type="checkbox"/> |

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? Yes No
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes 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 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
- 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes No
 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes No
 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes, 7.21 State the percentage of foreign 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
- 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 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
- 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 the Federal Reserve Board's capital rule? Yes No N/A
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
- 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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] 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 Name of Third-Party	2 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 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
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INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [X] No []
- 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 [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....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 Nature of Restriction	2 Description	3 Amount

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

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

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No [X]
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No [X]

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

1 Name of Custodian(s)	2 Custodian's Address
US Bank NA.....	St Louis 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]
- 29.04 If yes, give full and complete information relating thereto:

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
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29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [] No [X]

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

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

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

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

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

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 Statement (Admitted) Value	2 Fair Value	3 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 []

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No []

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 []

- 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. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$106,850	\$	.....91,614
2.2	Premium Denominator	\$106,850	\$	.....91,614
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$5,348	\$	.....2,466
2.5	Reserve Denominator	\$5,348	\$	.....2,466
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] 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 year8,903
- 8.2 Number of providers at end of reporting year7,567
- 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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

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

- | | |
|------------------------------|---------|
| 15.1 Direct Premium Written | \$..... |
| 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	0	0	0	0	0

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	.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	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

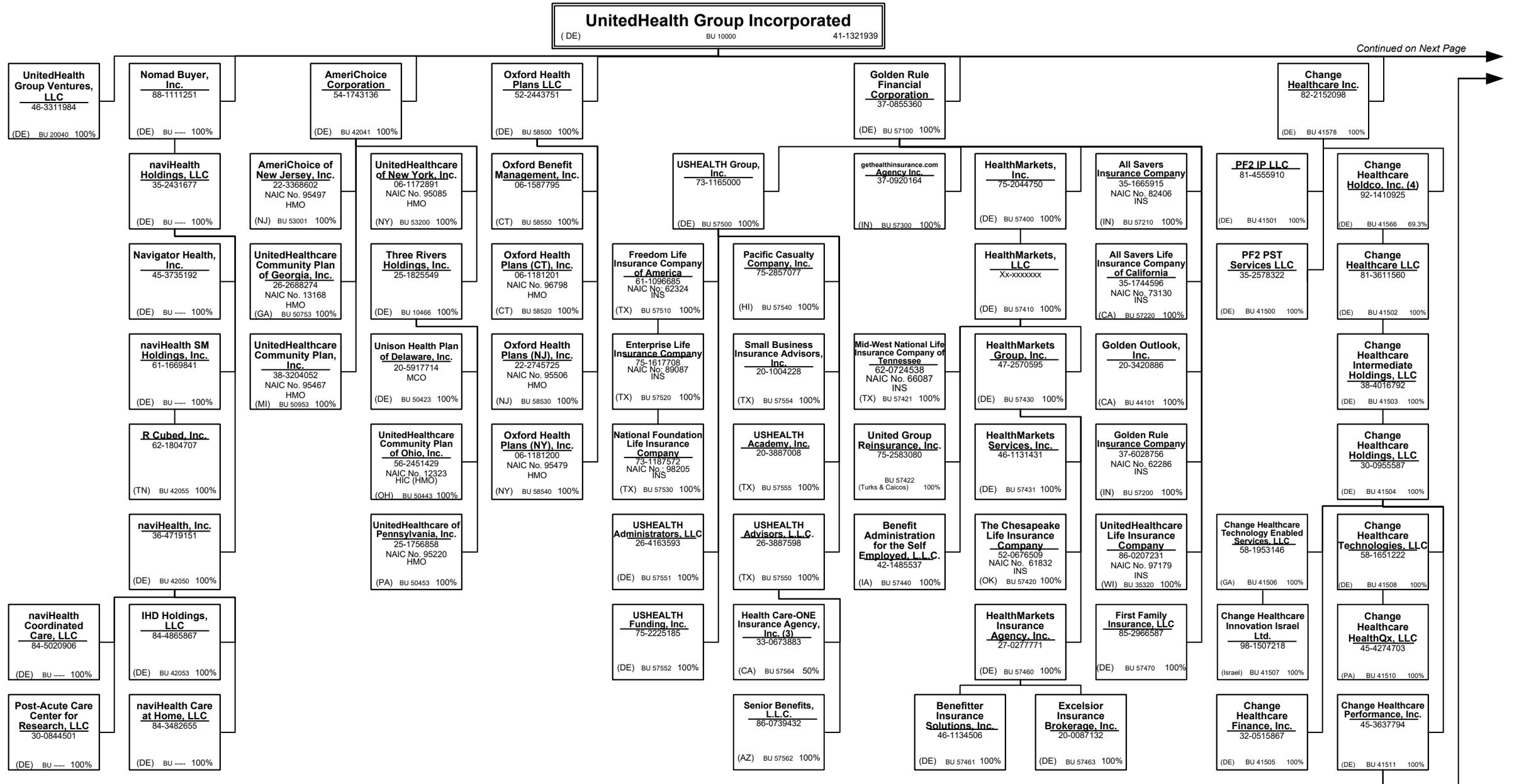
(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(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



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%

Change Healthcare Intermediate Holdings, Inc.
45-3637667
(DE) BU 41512 100%

Change Healthcare Holdings, Inc.
20-5799664
(DE) BU 41513 100%

Change Healthcare Operations, LLC
20-5731067
(DE) BU 41518 100%

Change Healthcare Practice Management Group, Inc.
51-0370121
(DE) BU 41514 100%

Change Healthcare Practice Management Solutions, Inc.
23-2939847
(DE) BU 41515 100%

Change Healthcare Practice Management Solutions Investments, Inc.
23-2939843
(DE) BU 41516 100%

MED3000 Health Solutions of the Virginias, L.L.C. (3)
31-1513127
(VA) BU 41555 51%

MED3000 Health Solutions Southeast (4)
52-2039280
(FL) BU 41517 50%

Change Encircle, LLC
81-2173507
(DE) BU 41524 100%

Change Healthcare Communications, LLC
20-5716738
(DE) BU 41534 100%

Change Healthcare Engagement Solutions, Inc.
26-1147719
(DE) BU 41536 100%

Change Healthcare eRx Canada, Inc.
85532 5494
(Canada) BU 41532 100%

Change Healthcare Payer Payment Integrity, LLC
26-3014624
(DE) BU 41533 100%

Change Healthcare Pharmacy Solutions, Inc.
01-0475134
(ME) BU 41523 100%

HCI Aquisiton Corp.
13-4143595
(NY) BU 41551 100%

Change Healthcare Imaging Australia Pty Limited
BU 41531
(Australia) 100%

National Decision Support Company, LLC
45-4473815
(DE) BU 41550 100%

Vieosoft, Inc
27-1693889
(WA) BU 41535 100%

Change Healthcare Puerto Rico, LLC
27-1463418
(DE) BU 41542 100%

Change Healthcare Business Fulfillment, LLC
20-2058917
(DE) BU 41521 100%

Change Healthcare Resources Holdings, Inc.
27-4334265
(DE) BU 41537 100%

Change healthcare Philippines, Inc.
008-417-196-000
BU 41538
(Philippines) 100%

Change Healthcare Resources LLC
27-2872345
(DE) BU 41540 100%

Change Healthcare Resources IPA, LLC
38-4120853
(WA) BU 41543 100%

Change Healthcare Solutions, LLC
20-5716594
(DE) BU 41522 100%

TTCP-SR Holdings, Inc.
81-3354819
(DE) BU 41552 100%

Vision NewCo, LLC
85-2408007
(DE) BU 41553 100%

Change Healthcare Advocates, LLC
46-0809500
(DE) BU 41541 100%

Change Healthcare Correspondence Services, Inc.
16-1744317
(TX) BU 41520 100%

Change Healthcare Ireland Limited
XX-xxxxxx
(Ireland) BU 41525 100%

Change Healthcare Canada Company
12-1618664
BU 41528
(Canada) 100%

Change Healthcare Ireland Solutions Limited
X-xxxxxx
(Ireland) BU 41527 100%

Change Healthcare Israel Ltd.
98-0498566
(Israel) BU 41526 100%

Change Healthcare UK Holdings Limited
98-1141129
BU 41530
(United Kingdom) 100%

Freedom Data Systems, Inc.
02-0348012
(NH) BU 41546 100%

National Health Information Network, Inc.
75-2441699
(TX) BU 41548 100%

eRx Network Holdings Inc.
81-4973066
(DE) BU 41544 100%

eRx Network, LLC
37-1838630
(DE) BU 41545 100%

PDX, Inc.
75-2103975
(TX) BU 41547 100%

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

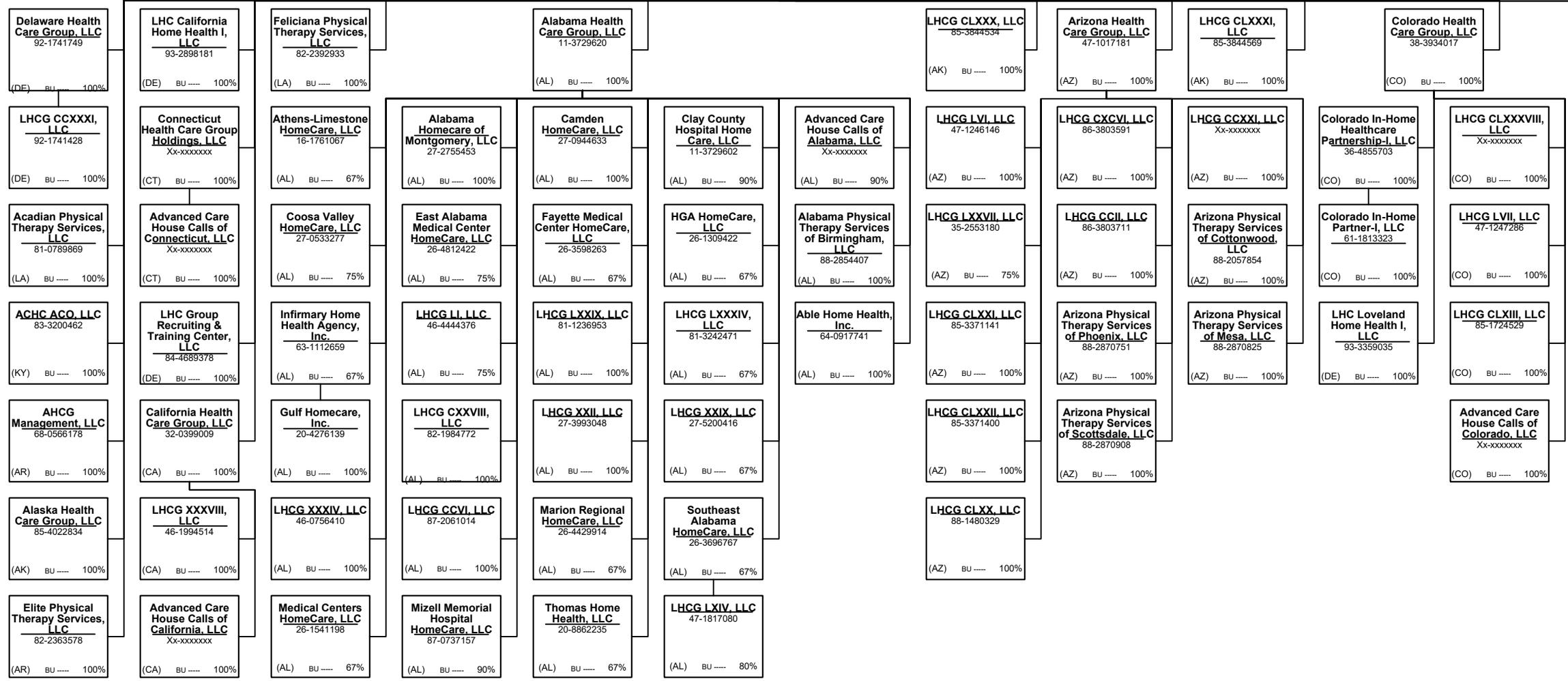
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Continued from Previous Page

Continued on Next Page



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%

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 Physical Therapy Services of Lexington, LLC
 93-4383947
 (KY) 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 CXXXI, 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%

40.3

Continued from Previous Page

Continued on Next Page

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%

Georgia Health Care Group, LLC
 04-3826206

(GA) BU ---- 100%

LHC Health Care Group of Florida, LLC
 20-3840328

(FL) BU ---- 100%

LHCG CCXXVII, LLC
 88-3285752

(GA) BU ---- 100%

Georgia HomeCare of Harris, LLC
 38-3749123

(GA) BU ---- 100%

LHCG LXXIV, LLC
 81-1105754

(GA) BU ---- 100%

LHCG XI, LLC
 46-2509518

(GA) BU ---- 100%

Northwest Georgia Home Health, LLC
 27-1803583

(GA) BU ---- 75%

LHCG CCXXVI, LLC
 88-3281766

(GA) BU ---- 100%

Advanced Care House Calls of Florida, LLC
 30-1111990

(FL) BU ---- 100%

Florida Physical Therapy Services of Miramar, LLC
 85-2890611

(FL) BU ---- 100%

Florida Physical Therapy Services of Panama City, LLC
 85-2890874

(FL) BU ---- 100%

LHCG XIX, LLC
 27-3529253

(FL) BU ---- 75%

Munroe Regional HomeCare, LLC
 77-0670885

(FL) BU ---- 51%

Florida Physical Therapy Services of Orlando, LLC
 87-2819939

(FL) BU ---- 100%

Atlantic Homecare, Inc.
 58-1811794

(GA) BU ---- 100%

Eastern Georgia Partnership, LLC
 85-2462743

(GA) BU ---- 75%

LHCG CLVIII, LLC
 84-4811662

(GA) BU ---- 100%

Halcyon Healthcare, LLC
 27-4237248

(DE) BU ---- 100%

Advanced Care House Calls of Georgia, LLC
 Xx-xxxxxx

(GA) BU ---- 100%

Floyd HomeCare, LLC
 37-1533134

(GA) BU ---- 75%

Central Florida Partnership, LLC
 84-4741808

(FL) BU ---- 60%

Florida Physical Therapy Services of Sarasota II, LLC
 85-4184074

(FL) BU ---- 100%

LHCG CCX, LLC
 87-2695298

(FL) BU ---- 100%

Florida Physical Therapy Services of Pensacola, LLC
 38-4077716

(FL) BU ---- 100%

Lifeline Home Health Care of Lady Lake, LLC
 314-1975227

(FL) BU ---- 100%

Florida Physical Therapy Services of Sun City, LLC
 88-2870661

(FL) BU ---- 100%

Atlantic Homeaid, Inc.
 58-1863635

(GA) BU ---- 100%

Augusta Home Care Services LLC
 26-3389004

(DE) BU ---- 100%

LHCG LXXV, LLC
 Xx-xxxxxx

(GA) BU ---- 100%

Altus Hospice of Georgia, LLC
 45-3437288

(DE) BU ---- 100%

Community Hospice, LLC
 20-0896023

(MS) BU ---- 100%

LHCG CCXXVIII, LLC
 88-3303273

(GA) BU ---- 100%

Bayfront HMA Home Health LLC
 46-1642468

(FL) BU ---- 100%

LHCG CLIII, LLC
 84-4776234

(FL) BU ---- 100%

Florida Physical Therapy Services of Ormond Beach, LLC
 87-2820055

(FL) BU ---- 100%

LHCG LXXXII, LLC
 61-1788793

(FL) BU ---- 75%

Florida Physical Therapy Services of Fort Myers, LLC
 86-3177130

(FL) BU ---- 100%

Florida Physical Therapy Services of Ocala, LLC
 88-2854101

(FL) BU ---- 75%

Ware Visiting Nurse Services, Inc.
 58-1811796

(GA) BU ---- 100%

LHCG CLXIV, LLC
 85-2474241

(GA) BU ---- 100%

Northeast Georgia Home Health II, LLC
 88-4214089

(GA) BU ---- 100%

Cornerstone Palliative and Hospice, LLC
 45-4845966

(MS) BU ---- 67%

Covenant Palliative and Hospice, LLC
 45-4845621

(MS) BU ---- 100%

LHCG CLIV, LLC
 84-4776384

(FL) BU ---- 100%

LHCG CLV, LLC
 84-4829877

(FL) BU ---- 100%

Florida Physical Therapy Services of Sarasota, LLC
 85-3733455

(FL) BU ---- 100%

Suncoast Healthcare Partnership, LLC
 Xx-xxxxxx

(FL) BU ---- 60%

Florida Physical Therapy Services of Gainesville, LLC
 86-1936043

(FL) BU ---- 100%

Lifeline Home Health Care of Lakeland, LLC
 14-1975232

(FL) BU ---- 51%

Chesterfield Visiting Nurses Services, Inc.
 57-0876493

(SC) BU ---- 100%

LHCG CLXV, LLC
 85-2474342

(GA) BU ---- 100%

Southern Georgia Partnership, LLC
 88-0998884

(GA) BU ---- 75%

Compassionate Hospice of Georgia, Inc.
 45-3245661

(DE) BU ---- 100%

Grace Hospice, LLC
 20-3301932

(GA) BU ---- 100%

LHCG CLVI, LLC
 84-4829979

(FL) BU ---- 100%

LHCG CLVII, LLC
 85-0778549

(FL) BU ---- 100%

Suncoast Partnership-I, LLC
 Xx-xxxxxx

(FL) BU ---- 100%

Suncoast Partnership-II, LLC
 Xx-xxxxxx

(FL) BU ---- 100%

Suncoast Partnership-III, LLC
 Xx-xxxxxx

(FL) BU ---- 600%

Lifeline Home Health Care of Marathon, LLC
 14-1975234

(FL) BU ---- 100%

Florence Visiting Nurses Services, Inc.
 57-0876491

(SC) BU ---- 100%

LHCG CLXVI, LLC
 85-2501394

(SC) BU ---- 100%

LHCG CCXXII, LLC
 88-0998942

(GA) BU ---- 100%

Compassionate Healthcare Management Group, Inc.
 20-4591877

(GA) BU ---- 100%

Halcyon Hospice of Aiken, LLC
 27-0380864

(FL) BU ---- 100%

LHCG CLX, LLC
 85-0792455

(FL) BU ---- 100%

Suncoast Partner-I, LLC
 Xx-xxxxxx

(FL) BU ---- 100%

Suncoast Partner-II, LLC
 Xx-xxxxxx

(FL) BU ---- 100%

Suncoast Partner-III, LLC
 Xx-xxxxxx

(FL) BU ---- 100%

Lifeline Home Health Care of Port Charlotte, LLC
 14-1975231

(FL) BU ---- 100%

40.4

Continued from Previous Page

Continued on Next Page

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Maryland Health Care Group, LLC
 26-3598092
 (MD) BU 100%

Mississippi Health Care Group, LLC
 68-0490418
 (MS) BU 100%

LHC Group Pharmaceutical Services, LLC
 83-0375302
 (LA) BU 100%

LHC Physician Services, LLC
 47-5289323
 (LA) BU 100%

Minnesota Health Care Group, LLC
 46-2511957
 (MN) BU 100%

Nebraska Health Care Group, LLC
 46-5008635
 (NE) BU 100%

LHCG Partner, LLC
 81-4453882
 (DE) BU 100%

HomeCall, LLC
 52-0998217
 (MD) BU 100%

Maryland Healthcare Partnership, LLC (3)
 88-3736162
 (MD) BU 80%

Able Home Health, Inc.
 64-0917990
 (MS) BU 100%

Advanced Care House Calls of Mississippi, LLC
 84-4014730
 (MS) BU 100%

LHC Group Pharmaceutical Services II, LLC
 81-2871053
 (LA) BU 100%

LHC Physician Services of West Virginia, LLC
 47-5307153
 (WV) BU 100%

LHCG XLVIII, LLC
 61-1710815
 (MN) BU 100%

In-Home Healthcare Partnership, LLC
 38-4019518
 (DE) BU 80%

FirstCall Health Services, Inc.
 52-1456623
 (MD) BU 100%

Maryland Intermediary-I, LLC
 88-4115077
 (MD) BU 100%

Maryland Intermediary-III, LLC
 88-4115305
 (MD) BU 100%

Leaf River Home Health Care, LLC
 20-1257620
 (MS) BU 100%

LHCG CXCXV, LLC
 86-3319565
 (MS) BU 100%

LHC Group Pharmaceutical Services III, LLC
 81-5023883
 (LA) BU 100%

LHC Real Estate I, LLC
 20-8308248
 (LA) BU 100%

Integrity Clinical Partners, LLC
 Xx-xxxxxxx
 (MN) BU 100%

Arkansas In-Home Healthcare Partnership-I, LLC
 84-2216080
 (AR) BU 100%

Arizona In-Home Healthcare Partnership-III, LLC
 84-2209152
 (AZ) BU 100%

Ohio In-Home Healthcare Partnership-I, LLC
 84-2230289
 (OH) BU 100%

Pennsylvania In-Home Healthcare Partnership-III, LLC
 32-0515193
 (PA) BU 100%

LHCG CL, LLC
 84-2121644
 (MD) BU 100%

LHCG CCXXIV, LLC
 88-3537696
 (MD) BU 100%

LHCG CCXXV, LLC
 88-3537979
 (MD) BU 100%

Mississippi HomeCare of Jackson II, LLC
 26-0784038
 (MS) BU 100%

Mississippi HomeCare, LLC
 01-0689757
 (MS) BU 100%

Primary Care at Home of Louisiana, LLC
 81-3720899
 (LA) BU 100%

LHC Real Estate II, LLC
 47-4185991
 (LA) BU 100%

Arkansas In-Home Healthcare Partnership-II, LLC
 84-2301559
 (AR) BU 100%

Arizona In-Home Healthcare Partner-III, LLC
 84-2275631
 (AZ) BU 100%

Idaho In-Home Healthcare Partnership-I, LLC
 84-2230243
 (ID) BU 100%

Pennsylvania In-Home Healthcare Partner-III, LLC
 82-3662886
 (PA) BU 100%

Maryland Physical Therapy Services of Frederick, LLC
 85-2244241
 (MD) BU 100%

Maryland Intermediary-II, LLC
 88-4115213
 (MD) BU 100%

Maryland Intermediary-IV, LLC
 88-4115420
 (MD) BU 100%

Mississippi Physical Therapy Services of Biloxi, LLC
 85-1606644
 (MS) BU 100%

Picayune HomeCare, LLC
 64-0938601
 (MS) BU 100%

Primary Care at Home of Louisiana II, LLC
 82-1032626
 (LA) BU 100%

LHCG New York Holdings, LLC
 84-3090589
 (DE) BU 100%

Arizona In-Home Healthcare Partnership-I, LLC
 81-40603540
 (AZ) BU 100%

Arkansas In-Home Healthcare Partnership-II, LLC
 84-2221004
 (AR) BU 100%

Virginia In-Home Healthcare Partnership-III, LLC
 32-0513440
 (VA) BU 100%

Arizona In-Home Healthcare Partnership-II, LLC
 35-2581228
 (AZ) BU 100%

Virginia In-Home Healthcare Partnership-I, LLC
 38-4021697
 (VA) BU 100%

Advanced Care House Calls of Maryland, LLC
 Xx-xxxxxxx
 (MD) BU 100%

LHCG CXLIX, LLC
 84-2108475
 (MD) BU 100%

Chester River Home Care & Hospice, LLC
 52-2008916
 (MD) BU 100%

South Mississippi Home Health, Inc.
 64-0736426
 (MS) BU 100%

LHCG XXVI, LLC
 Xx-xxxxxxx
 (MS) BU 100%

Primary Care at Home of Louisiana III, LLC
 82-2405320
 (LA) BU 100%

Willcare Consumer Directed, Inc.
 Xx-xxxxxxx
 (NY) BU 100%

Arizona In-Home Healthcare Partner-I, LLC
 38-4023101
 (AZ) BU 100%

Arkansas In-Home Healthcare Partner-II, LLC
 84-2311081
 (AR) BU 100%

Virginia In-Home Healthcare Partner-III, LLC
 81-4888094
 (VA) BU 100%

Arizona In-Home Healthcare Partner-II, LLC
 81-5027397
 (AZ) BU 100%

Virginia In-Home Healthcare Partner-I, LLC
 81-4811317
 (VA) BU 100%

LHCG LXXXI, LLC
 Xx-xxxxxxx
 (MD) BU 100%

South Mississippi Home Health, Inc. - Region II
 64-0736424
 (MS) BU 100%

South Mississippi Home Health, Inc. - Region I
 64-0736425
 (MS) BU 100%

South Mississippi Home Health, Inc. - Region III
 64-0935599
 (MS) BU 100%

Primary Care at Home of Louisiana IV, LLC
 82-3253877
 (LA) BU 100%

40.5

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

LHCG Partner, LLC
 81-4453882
 (DE) BU ---- 100%

In-Home Healthcare Partnership, LLC
 38-4019518
 (DE) BU ---- 80%

Michigan In-Home Healthcare Partnership-II, LLC
 36-4857987
 (MI) BU ---- 100%

North Carolina In-Home Healthcare Partnership-IV, LLC
 35-2581142
 (NC) BU ---- 100%

In-Home Healthcare Partnership of Texas-I, LLC
 36-4854493
 (TX) BU ---- 100%

Kentucky In-Home Healthcare Partnership-II, LLC
 30-1017396
 (KY) BU ---- 100%

Michigan In-Home Healthcare Partnership-III, LLC
 38-4025399
 (MI) BU ---- 100%

North Carolina In-Home Healthcare Partnership-II, LLC
 38-4022047
 (NC) BU ---- 100%

North Carolina In-Home Healthcare Partnership-IX, LLC
 30-1107085
 (NC) BU ---- 100%

North Carolina In-Home Healthcare Partnership-VII, LLC
 61-1815577
 (NC) BU ---- 100%

Pennsylvania In-Home Healthcare Partnership-I, LLC
 30-0963243
 (PA) BU ---- 100%

Tennessee In-Home Healthcare Partnership-I, LLC
 36-4855333
 (TN) BU ---- 100%

Tennessee In-Home Healthcare Partnership-III, LLC
 61-1863937
 (TN) BU ---- 100%

Virginia In-Home Healthcare Partnership-II, LLC
 30-0961866
 (VA) BU ---- 100%

Michigan In-Home Partner-II, LLC
 30-0967541
 (MI) BU ---- 100%

North Carolina In-Home Partner-IV, LLC
 81-4914018
 (NC) BU ---- 100%

In-Home Partner of Texas-I, LLC
 35-2582227
 (TX) BU ---- 100%

Michigan In-Home Partner-I, LLC
 30-0965767
 (MI) BU ---- 100%

Michigan In-Home Partner-III, LLC
 81-5278498
 (MI) BU ---- 100%

North Carolina In-Home Partner-II, LLC
 81-4811792
 (NC) BU ---- 100%

North Carolina In-Home Partner-IX, LLC
 83-1304076
 (NC) BU ---- 100%

North Carolina In-Home Partner-VII, LLC
 81-5293415
 (NC) BU ---- 100%

Pennsylvania In-Home Partner-I, LLC
 82-2091703
 (PA) BU ---- 100%

Tennessee In-Home Partner-I, LLC
 81-4903487
 (TN) BU ---- 100%

Tennessee In-Home Partner-III, LLC
 82-3982817
 (TN) BU ---- 100%

Virginia In-Home Partner-II, LLC
 81-4811408
 (VA) BU ---- 100%

North Carolina In-Home Healthcare Partnership-I, LLC
 81-4801601
 (NC) BU ---- 100%

North Carolina In-Home Healthcare Partnership-VI, LLC
 32-0518535
 (NC) BU ---- 100%

Kentucky In-Home Healthcare Partnership-I, LLC
 36-4861510
 (KY) BU ---- 100%

Michigan In-Home Partner-I, LLC
 81-5275489
 (MI) BU ---- 100%

Michigan In-Home Healthcare Partnership-IV, LLC
 30-0965701
 (MI) BU ---- 100%

North Carolina In-Home Healthcare Partnership-III, LLC
 81-4829700
 (NC) BU ---- 100%

North Carolina In-Home Healthcare Partnership-V, LLC
 37-1848101
 (NC) BU ---- 100%

North Carolina In-Home Healthcare Partnership-VIII, LLC
 32-0573315
 (NC) BU ---- 100%

Pennsylvania In-Home Healthcare Partnership-II, LLC
 38-4022040
 (PA) BU ---- 100%

Tennessee In-Home Healthcare Partnership-II, LLC
 37-1843674
 (TN) BU ---- 100%

Tennessee In-Home Healthcare Partnership-IV, LLC
 85-1878206
 (TN) BU ---- 100%

LHCG CXXVII, LLC
 30-0993916
 (VA) BU ---- 100%

North Carolina In-Home Partner-I, LLC
 30-0996614
 (NC) BU ---- 100%

North Carolina In-Home Partner-VI, LLC
 81-5476171
 (NC) BU ---- 100%

Kentucky In-Home Partner-I, LLC
 35-2592972
 (KY) BU ---- 100%

Michigan In-Home Partner-I, LLC
 81-5278983
 (MI) BU ---- 100%

Michigan In-Home Partner-IV, LLC
 81-5278983
 (MI) BU ---- 100%

North Carolina In-Home Partner-III, LLC
 30-0996677
 (NC) BU ---- 100%

North Carolina In-Home Partner-V, LLC
 81-5292449
 (NC) BU ---- 100%

North Carolina In-Home Partner-VIII, LLC
 83-1323380
 (NC) BU ---- 100%

Pennsylvania In-Home Partner-II, LLC
 81-4811929
 (PA) BU ---- 100%

Tennessee In-Home Partner-II, LLC
 81-4736011
 (TN) BU ---- 100%

Tennessee In-Home Partner-IV, LLC
 85-1877933
 (TN) BU ---- 100%

40.6

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

LHCG Partner, LLC
 81-4453882
 (DE) BU ---- 100%

LHCG Partner II, LLC
 82-1485228
 (TX) BU ---- 100%

In-Home Healthcare Partnership II, LLC
 84-3322624
 (DE) BU ---- 80%

In-Home Healthcare Partnership, LLC
 38-4019518
 (DE) BU ---- 80%

Southwest Post-Acute Care Partnership, LLC
 61-1846018
 (TX) BU ---- 60%

Virginia In-Home Healthcare Partnership-IX, LLC
 32-0516972
 (VA) BU ---- 100%

Virginia In-Home Healthcare Partnership-VII, LLC
 37-1844686
 (VA) BU ---- 100%

Virginia In-Home Healthcare Partnership-XI, LLC
 36-4908131
 (VA) BU ---- 100%

Louisiana In-Home Healthcare Partnership-II, LLC
 36-4886826
 (LA) BU ---- 100%

Virginia In-Home Healthcare Partnership-VI, LLC
 37-1843673
 (VA) BU ---- 100%

Virginia In-Home Healthcare Partnership-IV, LLC
 61-1810641
 (VA) BU ---- 100%

GSHS Home Health, LLC
 16-1727633
 (TX) BU ---- 100%

LHCG CXIII, LLC
 87-3155545
 (LA) BU ---- 100%

LHCG CIX, LLC
 82-2084222
 (LA) BU ---- 100%

LHCG CLI, LLC
 85-1221268
 (TX) BU ---- 100%

LHCG CVI, LLC
 82-2020284
 (LA) BU ---- 100%

LHCG CVII, LLC
 82-2044952
 (LA) BU ---- 100%

Virginia In-Home Partner-IX, LLC
 81-5294732
 (VA) BU ---- 100%

Virginia In-Home Partner-VII, LLC
 81-4888210
 (VA) BU ---- 100%

Virginia In-Home Partner-XI, LLC
 83-2040583
 (VA) BU ---- 100%

Louisiana In-Home Partner-II, LLC
 35-2616195
 (LA) BU ---- 100%

Virginia In-Home Partner-VI, LLC
 81-4737281
 (VA) BU ---- 100%

Virginia In-Home Partner-IV, LLC
 32-0516324
 (VA) BU ---- 100%

LHCG CXII, LLC
 82-2146037
 (TX) BU ---- 100%

LHCG CXIII, LLC
 82-2159030
 (TX) BU ---- 100%

LHCG CXIV, LLC
 82-2174970
 (TX) BU ---- 100%

LHCG CXIX, LLC
 82-1978232
 (AR) BU ---- 100%

LHCG CX, LLC
 82-2098229
 (LA) BU ---- 100%

LHCG CCXVI, LLC
 88-0582397
 (LA) BU ---- 100%

Virginia In-Home Healthcare Partnership-V, LLC
 38-4020777
 (VA) BU ---- 100%

Virginia In-Home Healthcare Partnership-VIII, LLC
 61-1814029
 (VA) BU ---- 100%

Virginia In-Home Healthcare Partnership-XII, LLC
 86-2505437
 (VA) BU ---- 100%

Louisiana In-Home Healthcare Partnership-III, LLC
 35-2614777
 (LA) BU ---- 100%

Virginia In-Home Healthcare Partnership-X, LLC
 32-0580044
 (VA) BU ---- 100%

LHCG CXV, LLC
 82-2187727
 (TX) BU ---- 100%

LHCG CXVI, LLC
 82-2206275
 (TX) BU ---- 100%

LHCG CXVII, LLC
 82-2217874
 (TX) BU ---- 100%

LHCG CXVIII, LLC
 82-1999959
 (AR) BU ---- 100%

LHCG CCIII, LLC
 87-0969466
 (LA) BU ---- 100%

LHCG CXI, LLC
 82-2140184
 (TX) BU ---- 100%

Virginia In-Home Partner-V, LLC
 81-4737123
 (VA) BU ---- 100%

Virginia In-Home Partner-VIII, LLC
 81-5294131
 (VA) BU ---- 100%

Virginia In-Home Partner-XII, LLC
 86-2445798
 (VA) BU ---- 100%

Louisiana In-Home Partner-III, LLC
 82-4146470
 (LA) BU ---- 100%

Virginia In-Home Partner-X, LLC
 83-2555935
 (VA) BU ---- 100%

LHCG CXX, LLC
 82-2117095
 (LA) BU ---- 100%

LHCG CXXI, LLC
 82-2231824
 (TX) BU ---- 100%

LHCG CXXII, LLC
 82-2469676
 (TX) BU ---- 100%

LHCG CXXIII, LLC
 82-2301047
 (GA) BU ---- 100%

LHCG CXXIII, LLC
 32-0540219
 (TX) BU ---- 100%

LHCG CVIII, LLC
 82-1666299
 (LA) BU ---- 100%

LHCG CXXIV, LLC
 82-2261569
 (TX) BU ---- 100%

LHCG CXXX, LLC
 82-2276690
 (TX) BU ---- 100%

Marshall HomeCare, LLC
 02-0732705
 (TX) BU ---- 100%

Texas Health Care Group of Texarkana, LLC
 41-2076211
 (TX) BU ---- 100%

LHCG CCXXXII, LLC
 82-2244399
 (TX) BU ---- 100%

40.7

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%

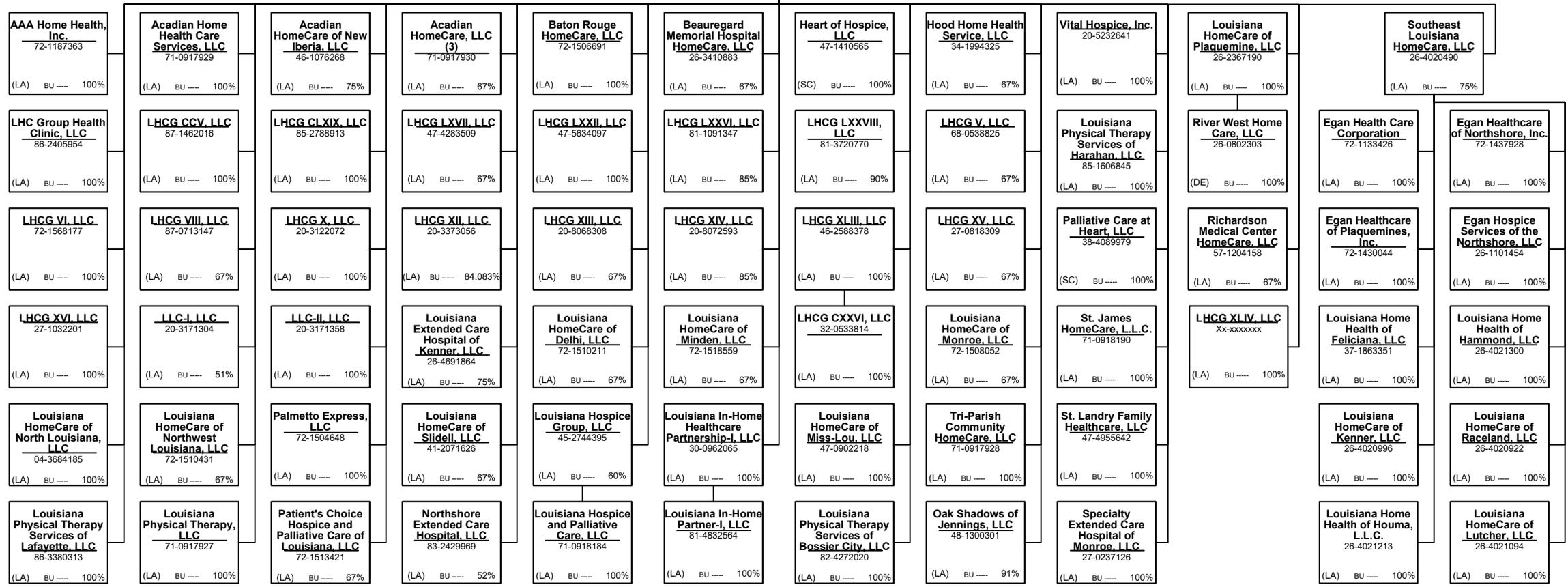
Louisiana Health Care Group, LLC
 71-0917926

(LA) BU ---- 100%

Continued from Previous Page

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40.8



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

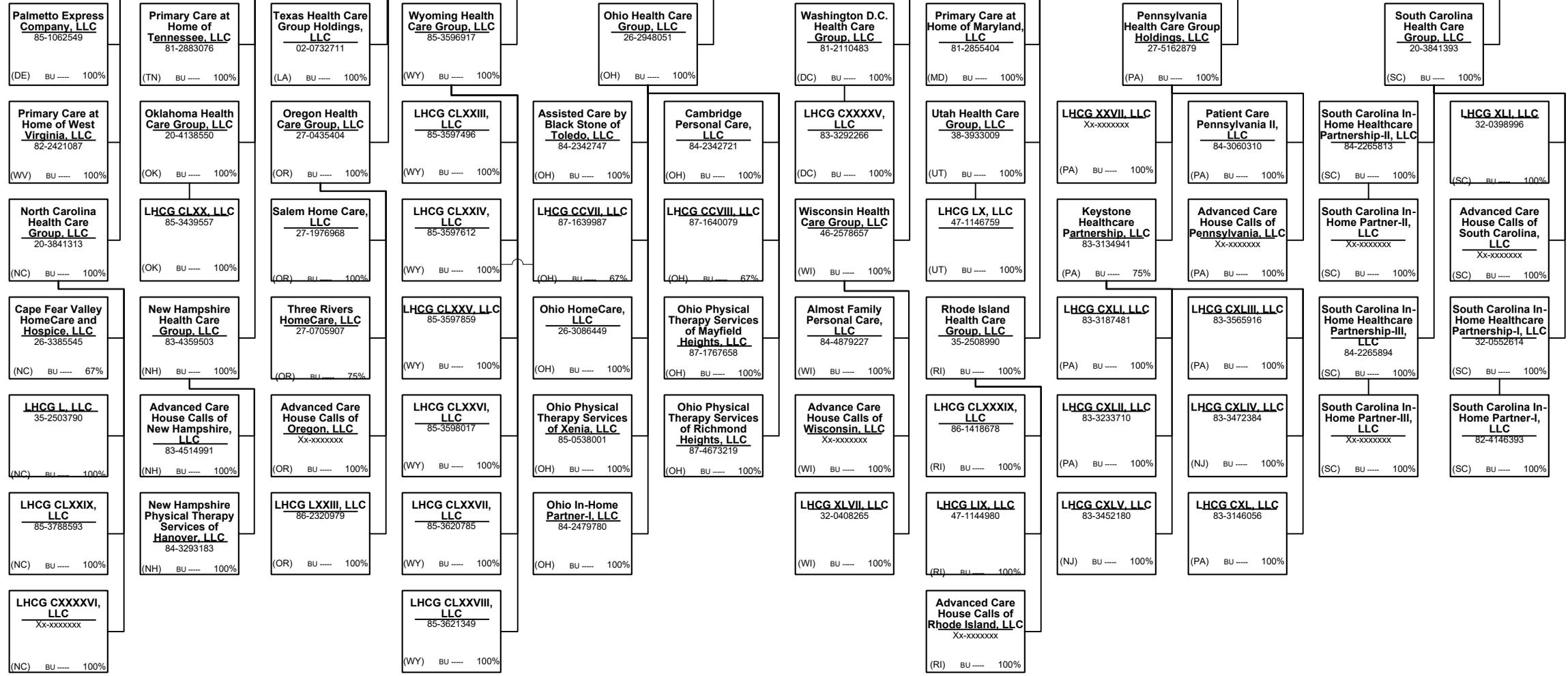
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

LHC Group, Inc.
 71-0918189
 (DE) BU 42060 100%

Continued from Previous Page

Continued on Next Page



40.9

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%

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 CXIII, 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 CXIV, 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-xxxxxx
(VA) BU 100%

Northwest Healthcare Alliance, Inc.
91-1738970
(WA) BU 100%

Advanced Care House Calls of Washington, LLC
Xx-xxxxxx
(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 CXII, LLC
86-2320979
(MA) BU 100%

Rivercrest Home Health Care, Inc.
46-0504059
(TX) BU 100%

LHCG CLIX, LLC
Xx-xxxxxx
(TX) BU 100%

LHCG CXCIX, LLC
87-0821919
(VA) BU 100%

LHCG LXXX, LLC
Xx-xxxxxx
(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-xxxxxx
(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 CXCVII, LLC
87-0821493
(VA) BU 100%

LHCG CLXXXVII, 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-xxxxxx
(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%

LHCG XCIII, 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%

HNH Birdie One, LLC
85-2016675
(ID) BU 100%

Heart 'n Home Hospice and Palliative Care, LLC
52-2440817
(ID) BU 100%

40.10

Continued from Previous Page

Continued on Next Page

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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%

40.11

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%

Tennessee Health Care Group, LLC
 20-3427231
 (TN) BU 100%

Montana Health Care Group, LLC
 85-3923523
 (MT) BU 100%

New Mexico Health Care Group, LLC
 Xx-xxxxxxx
 (NM) BU 100%

Missouri Health Care Group, LLC
 61-1495255
 (MO) BU 100%

New Jersey Health Care Group, LLC
 87-3033261
 (NJ) BU 100%

Nevada Health Care Group, LLC
 35-2465420
 (NV) BU 100%

Health at Home Holdings, LLC
 87-0934507
 (TN) BU 100%

LHCG CLXXXII, LLC
 85-3844617
 (MT) BU 100%

LHCG CLXXXIII, LLC
 85-3844754
 (MT) BU 100%

LHCG CLXXXVII, LLC
 85-3923619
 (MT) BU 100%

Advanced Care House Calls of New Mexico, LLC
 Xx-xxxxxxx
 (NM) BU 100%

Access Hospice, LLC
 27-1366872
 (MO) BU 100%

Missouri Physical Therapy Services of Creve Coeur, LLC
 88-3684122
 (MO) BU 100%

LHCG CCIX, LLC
 88-3216389
 (NJ) BU 100%

LHCG CLII, LLC
 84-3325549
 (NV) BU 100%

Health at Home Hospice - Indianapolis, LLC
 87-0862398
 (DE) BU 100%

Health at Home Hospice - Columbus, LLC
 87-0999298
 (DE) BU 100%

Health at Home Hospice - Sacramento, LLC
 86-4005194
 (DE) BU 100%

Brookdale Hospice of Philadelphia, LLC
 46-2849765
 (DE) BU 100%

Health at Home Hospice - Chicago, LLC
 87-0895646
 (DE) BU 100%

Health at Home Hospice - Cleveland, LLC
 87-0999405
 (DE) BU 100%

Health at Home Therapy - New Jersey, LLC
 87-0934773
 (DE) BU 100%

New Mexico Physical Therapy Services of Albuquerque, LLC
 88-2854505
 (NM) BU 100%

LHCG LXV, LLC
 47-2557600
 (MO) BU 70%

LHCG CXXXIII, LLC
 83-0681232
 (MO) BU 80%

LHCG CCXV, LLC
 87-4106973
 (NJ) BU 100%

LHCG XXXIX, LLC
 37-1711510
 (NV) BU 100%

Health at Home Holdings - Portland, LLC
 87-1108061
 (DE) BU 100%

Health at Home Holdings - Seattle Metro, LLC
 87-1043804
 (DE) BU 100%

Health at Home Holdings - Sonoma, LLC
 87-0915049
 (DE) BU 100%

Health at Home Holdings - St. Louis, LLC
 87-0915245
 (DE) BU 100%

Health at Home Hospice - Dayton, LLC
 87-0967261
 (DE) BU 100%

Health at Home Hospice - Detroit, LLC
 80-2691389
 (DE) BU 100%

Health at Home Holdings - Ohio, LLC
 87-1189068
 (DE) BU 100%

LHCG LXIX, LLC
 47-5422639
 (MO) BU 90%

LHCG CXLVIII, LLC
 83-4482875
 (MO) BU 80%

LHCG CCXVII, LLC
 88-2549028
 (NJ) BU 100%

LHCG CXXXIX, LLC
 82-5174891
 (NV) BU 75%

Innovative Senior Care Home Health of Portland, LLC
 26-2863172
 (DE) BU 100%

Health at Home - Seattle Metro, LLC
 87-0862570
 (DE) BU 100%

Health at Home - Sonoma, LLC
 86-4004991
 (DE) BU 100%

Innovative Senior Care Home Health of St. Louis, LLC
 26-3445898
 (DE) BU 100%

Health at Home Hospice - Minnesota, LLC
 87-0835290
 (DE) BU 100%

Health at Home Hospice - Phoenix, LLC
 87-0862211
 (DE) BU 100%

Innovative Senior Care Home Health of Ohio, LLC
 26-1736377
 (DE) BU 100%

LHCG XXV, LLC
 27-4604406
 (MO) BU 100%

LHCG CXCI, LLC
 86-2876981
 (MO) BU 100%

LHCG CCXI, LLC
 87-3086258
 (NJ) BU 75%

LHCG CXXXVIII, LLC
 82-4394415
 (NV) BU 100%

Health at Home Holdings - Indianapolis, LLC
 87-1081217
 (DE) BU 100%

Health at Home Holdings - Philadelphia, LLC
 87-1108256
 (DE) BU 100%

Health at Home Holdings - Chicago, LLC
 87-1095513
 (DE) BU 100%

Health at Home Hospice - Portland, LLC
 87-0835486
 (DE) BU 100%

ISCHH of Minneapolis Holdings, LLC
 87-0915370
 (DE) BU 100%

Health at Home Therapy - Atlanta, LLC
 87-1080305
 (DE) BU 100%

Health at Home Holdings - Tulsa, LLC
 87-1136169
 (DE) BU 100%

Southwest Missouri HomeCare, LLC
 26-1496237
 (MO) BU 100%

LHCG CXLVI, LLC
 83-4387481
 (MO) BU 100%

LHCG CCXII, LLC
 Xx-xxxxxxx
 (NJ) BU 100%

LHCG CXXXIV, LLC
 38-4085343
 (NV) BU 100%

Innovative Senior Care Home Health of Indianapolis, LLC
 26-3285980
 (DE) BU 100%

Innovative Senior Care Home Health of Philadelphia, LLC
 27-2399264
 (DE) BU 100%

Innovative Senior Care Home Health of Chicago, LLC
 27-0329830
 (DE) BU 100%

Health at Home Therapy - Greenville, LLC
 87-0999492
 (DE) BU 100%

Innovative Senior Care Home Health of Minneapolis, LLC
 26-3445808
 (DE) BU 100%

Health at Home Therapy - Knoxville, LLC
 87-0967144
 (DE) BU 100%

Innovative Senior Care Home Health of Tulsa, LLC
 27-4586855
 (DE) BU 100%

LHCG CXLVII, LLC
 83-4414219
 (MO) BU 100%

LHCG CCXVIII, LLC
 88-4310496
 (NJ) BU 100%

40.12

Continued from Previous Page

Continued on Next Page

Continued from Previous Page

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

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

AFAM Acquisition, LLC
26-2866404
(KY) BU ---- 100%

Adult Day Care of America, Inc.
06-1207175
(DE) BU ---- 100%

Imperium Health Management, LLC
45-2788800
(KY) BU ---- 100%

Ingenios Health Holdings, Inc.
46-0896098
(DE) BU ---- 100%

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

Patient Care, Inc.
22-2088938
(DE) BU ---- 100%

AFAM Sub I, LLC
83-3778263
(DE) BU ---- 100%

ACO Clinical Partners, LLC
47-4049515
(KY) BU ---- 100%

Advanced Clinical Partners, LLC
86-3179032
(KY) BU ---- 100%

Apex Clinical Partners, LLC
86-3255577
(KY) BU ---- 100%

Ingenios Health Co
22-3980674
(DE) BU ---- 90%

AF-CH-HH, LLC
26-3287805
(DE) BU ---- 80%

Patient Care Medical Services, Inc.
22-2170708
(NJ) BU ---- 10%

Priority Care, Inc.
06-1482496
(CT) BU ---- 100%

Bluegrass Accountable Care, LLC
47-4035861
(KY) BU ---- 100%

Colorado Clinical Partners, LLC
47-4049624
(CO) BU ---- 100%

Commonwealth Clinical Partners, LLC
46-5758603
(KY) BU ---- 100%

Clarksville Home Care Services LLC
80-0278168
(DE) BU ---- 100%

Cleveland Home Care Services LLC
26-3388524
(DE) BU ---- 100%

Kirkville Home Care Services, LLC
30-0961579
(MO) BU ---- 100%

Knoxville Home Care Services LLC
38-3940574
(DE) BU ---- 100%

Gadsden Home Care Services LLC
26-3375349
(DE) BU ---- 100%

Ponca City Home Care Services LLC
20-4345976
(OK) BU ---- 100%

Scranton Quincy Home Care Services LLC
38-3857848
(DE) BU ---- 100%

Patient Care Pennsylvania, Inc.
37-1459396
(DE) BU ---- 100%

Patient Care Connecticut, LLC
27-0726569
(CT) BU ---- 100%

Imperium Clinical Partners, LLC
86-3255691
(KY) BU ---- 100%

Imperium Clinical Partners II, LLC
86-3297432
(KY) BU ---- 100%

Imperium Clinical Partners III, LLC
86-3297600
(KY) BU ---- 100%

Hattiesburg Home Care Services LLC
26-3376723
(DE) BU ---- 100%

Key West HHA, LLC
37-1862951
(FL) BU ---- 100%

North Okaloosa Home Health LLC
20-1574246
(FL) BU ---- 100%

SWF Home Care Services, LLC
82-3283507
(FL) BU ---- 100%

La Porte Home Care Services, LLC
81-0704452
(DE) BU ---- 100%

Valparaiso Home Care Services LLC
61-1761960
(DE) BU ---- 100%

Venice Home Care Services LLC
32-0449695
(DE) BU ---- 100%

Patient Care New Jersey, Inc.
20-1574433
(DE) BU ---- 100%

Patient Care HHA, LLC
61-1792273
(CT) BU ---- 100%

Integrity Clinical Partners, LLC
47-4074288
(MN) BU ---- 100%

Kentuckiana Clinical Partners, LLC
47-4074341
(KY) BU ---- 100%

Kentucky Accountable Care, LLC
47-4035777
(KY) BU ---- 100%

Louisa Home Care Holdings, LLC
81-3825304
(DE) BU ---- 100%

Mooresville Home Care Services, LLC
36-4794488
(DE) BU ---- 100%

Tucson Home Care Services, LLC
30-0838429
(DE) BU ---- 100%

Deming Home Care Services, LLC
26-3376957
(DE) BU ---- 100%

Victoria Texas Home Care Services, LLC
26-3404003
(DE) BU ---- 100%

Birmingham Home Care Services, LLC
32-0408624
(DE) BU ---- 100%

Western Arizona Regional Home Health and Hospice, LLC
20-2014700
(AZ) BU ---- 100%

Patient Care of Hudson County, LLC
47-5126154
(NJ) BU ---- 100%

Kentucky Clinical Partners, LLC
47-4005600
(KY) BU ---- 100%

Physicians Accountable Care, LLC
47-4024935
(KY) BU ---- 100%

Physicians Accountable Care of Kentucky, LLC
47-4035828
(KY) BU ---- 100%

SJ Home Care LLC
26-2817959
(DE) BU ---- 100%

Springdale Home Care Services, LLC
26-3389049
(DE) BU ---- 100%

Shelbyville Home Care Services, LLC
26-3388550
(DE) BU ---- 100%

Jackson Home Care Services, LLC
26-3375646
(DE) BU ---- 100%

Wilkes-Barre Home Care Services, LLC
26-3594822
(DE) BU ---- 100%

Key West PD, LLC
32-0536495
(FL) BU ---- 100%

40.13

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
26-3384655
(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

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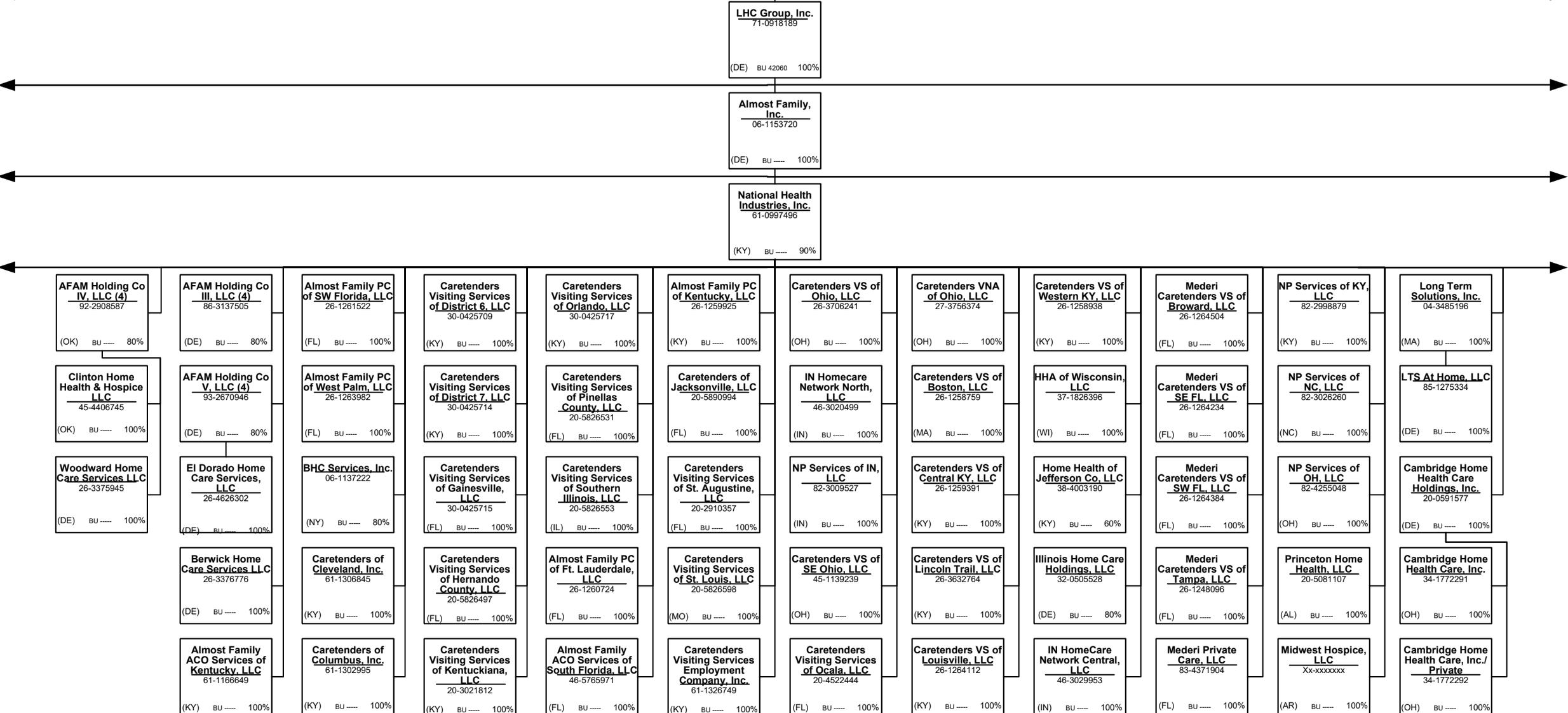
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page



40.15

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

PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
 (DE) 41-1321939

← Continued from Previous Page Continued on Next Page →

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%

Black Stone Operations, LLC
 90-1028083
 (OH) BU ---- 100%

OMNI Home Health Holdings, Inc.
 45-2638400
 (DE) BU ---- 100%

Black Stone of Northeast Ohio, LLC
 47-2166181
 (OH) BU ---- 100%

Blackstone Group, LLC
 20-1902460
 (OH) BU ---- 100%

Black Stone of Cincinnati, LLC
 27-4109221
 (OH) BU ---- 100%

Blackstone Health Care, LLC
 31-1462432
 (OH) BU ---- 100%

Black Stone of Dayton, LLC
 27-4109305
 (OH) BU ---- 100%

OMNI Home Health Services, LLC
 26-2010556
 (DE) BU ---- 100%

Black Stone of Northwest Ohio, LLC
 90-1020734
 (OH) BU ---- 100%

Black Stone of Central Ohio, LLC
 27-1746397
 (OH) BU ---- 100%

Assisted Care by Black Stone of Cincinnati, LLC
 27-4109484
 (OH) BU ---- 100%

Home Health Care by Black Stone of Cincinnati, LLC
 27-4109403
 (OH) BU ---- 100%

Advanced Geriatric Education & Consulting, LLC
 26-1666243
 (OH) BU ---- 100%

Assisted Care by Black Stone of Dayton, LLC
 27-4109638
 (OH) BU ---- 100%

OMNI Home Health- District 4, LLC
 20-1657488
 (FL) BU ---- 100%

Home Health Agency- Central Pennsylvania, LLC
 20-1497787
 (FL) BU ---- 100%

Home Health Agency- Collier, LLC
 20-0832146
 (FL) BU ---- 100%

Home Health Agency- Hillsborough, LLC
 59-3757325
 (FL) BU ---- 100%

OMNI Home Health- Jacksonville, LLC
 59-3754764
 (FL) BU ---- 100%

Assisted Care by Black Stone of Northwest Ohio, LLC
 47-3253280
 (OH) BU ---- 100%

Assisted Care by Black Stone of Central Ohio, LLC
 27-1755138
 (OH) BU ---- 100%

Care Advisors by Black Stone, LLC
 27-0564326
 (OH) BU ---- 100%

MJ Nursing at Black Stone, LLC
 26-3831640
 (OH) BU ---- 100%

S&B Health Care, LLC
 31-1487353
 (OH) BU ---- 100%

Home Health Care by Black Stone of Dayton, LLC
 27-4109553
 (OH) BU ---- 100%

Home Health Agency- Pennsylvania, LLC
 59-3757322
 (FL) BU ---- 100%

Home Health Agency- Indiana, LLC
 20-1408322
 (FL) BU ---- 100%

Home Health Agency- Pinellas, LLC
 59-3757320
 (FL) BU ---- 100%

OMNI Home Health- District 1, LLC
 20-0527436
 (FL) BU ---- 100%

OMNI Home Health- District 2, LLC
 20-0527566
 (FL) BU ---- 100%

Home Health Care by Black Stone of Northwest Ohio, LLC
 34-1708719
 (OH) BU ---- 100%

Home Health Care by Black Stone of Central Ohio, LLC
 27-1755342
 (OH) BU ---- 100%

OMNI Home Health- Hernando, LLC
 59-3741300
 (FL) BU ---- 100%

OMNI Health Management, LLC
 04-3630085
 (FL) BU ---- 100%

Home Health Agency- Philadelphia, LLC
 20-1408427
 (FL) BU ---- 100%

40.16

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

UnitedHealth Group Incorporated
 (DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

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

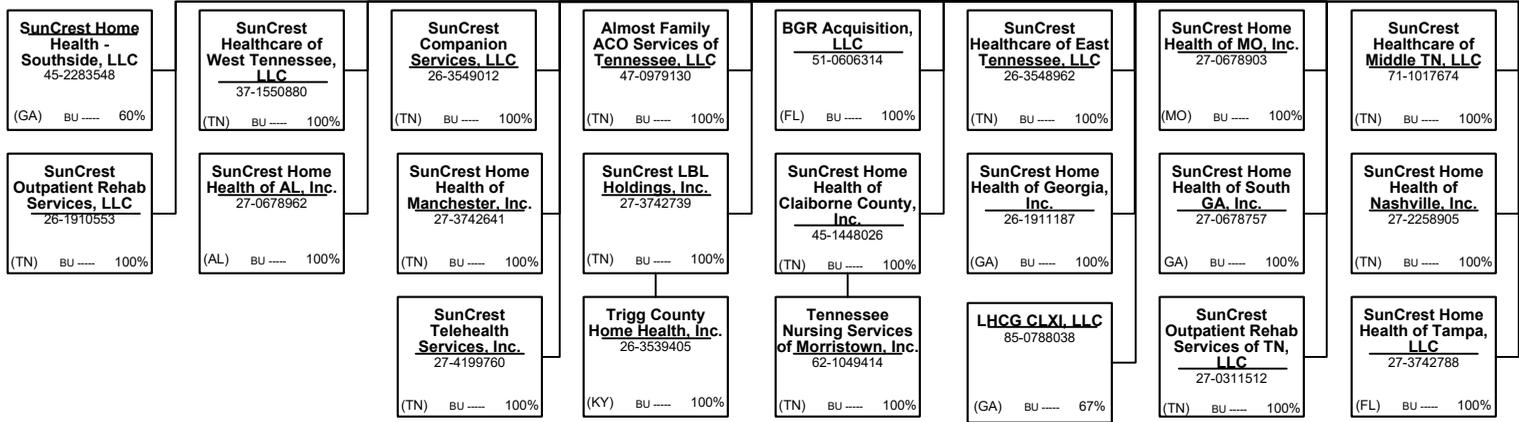
National Health Industries, Inc.
 61-0997496
 (KY) BU ---- 90%

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 ----



40.17

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

PART 1 – ORGANIZATIONAL CHART

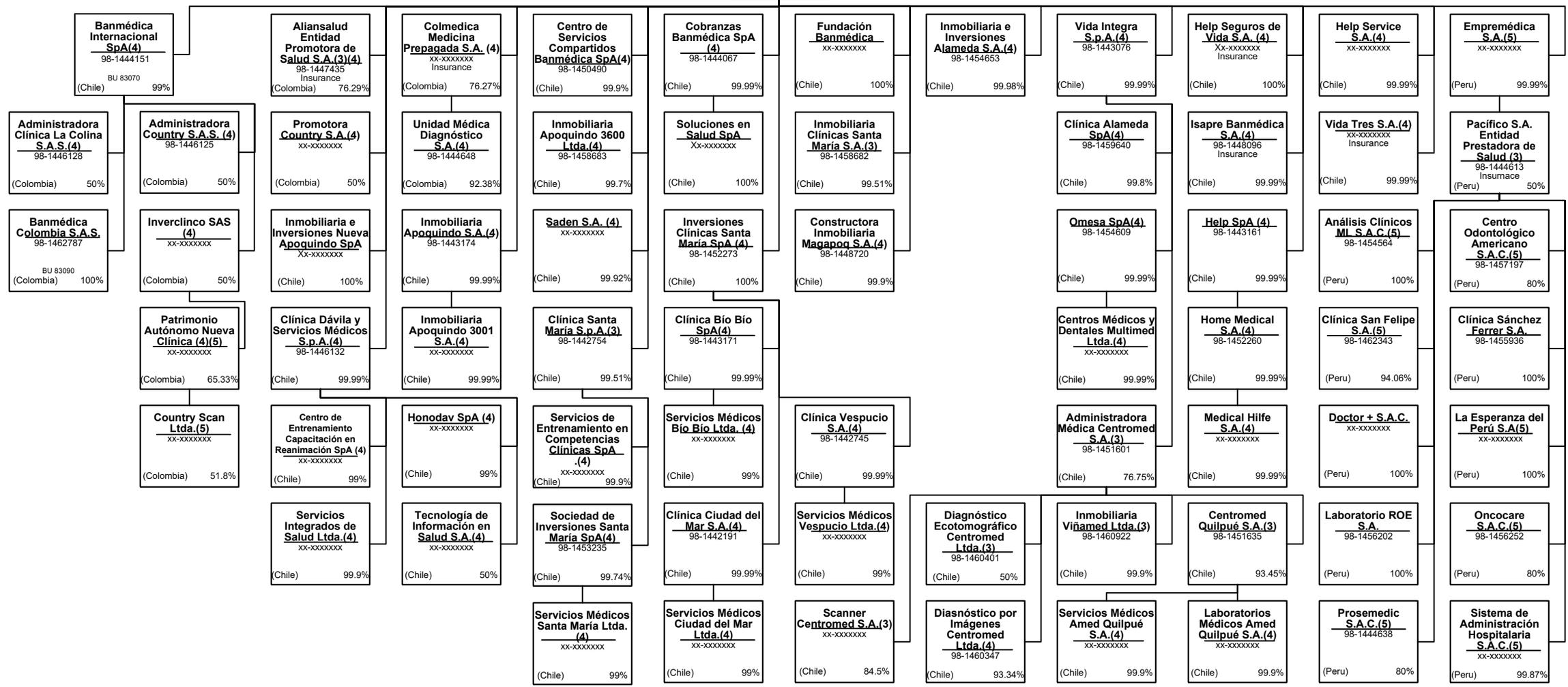
UnitedHealth Group Incorporated
(DE) 41-1321939

United HealthCare Services, Inc.
41-1289245
(MN) BU 20020 100%

Banmédica S.A.(3)
98-1444127
BU 83060
(Chile) 99.39%

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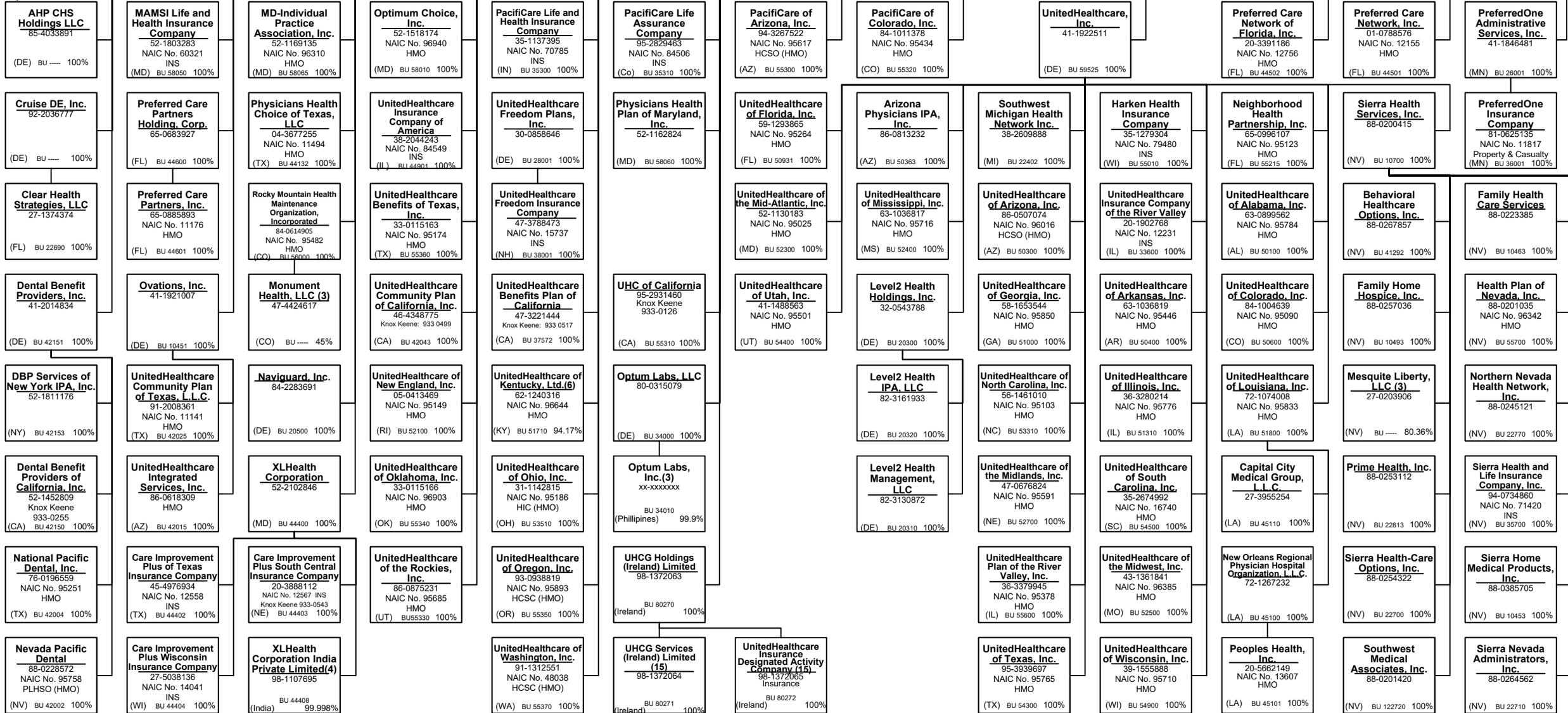
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

United HealthCare Services, Inc.
(MN) 41-1289245 100%

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40.21

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

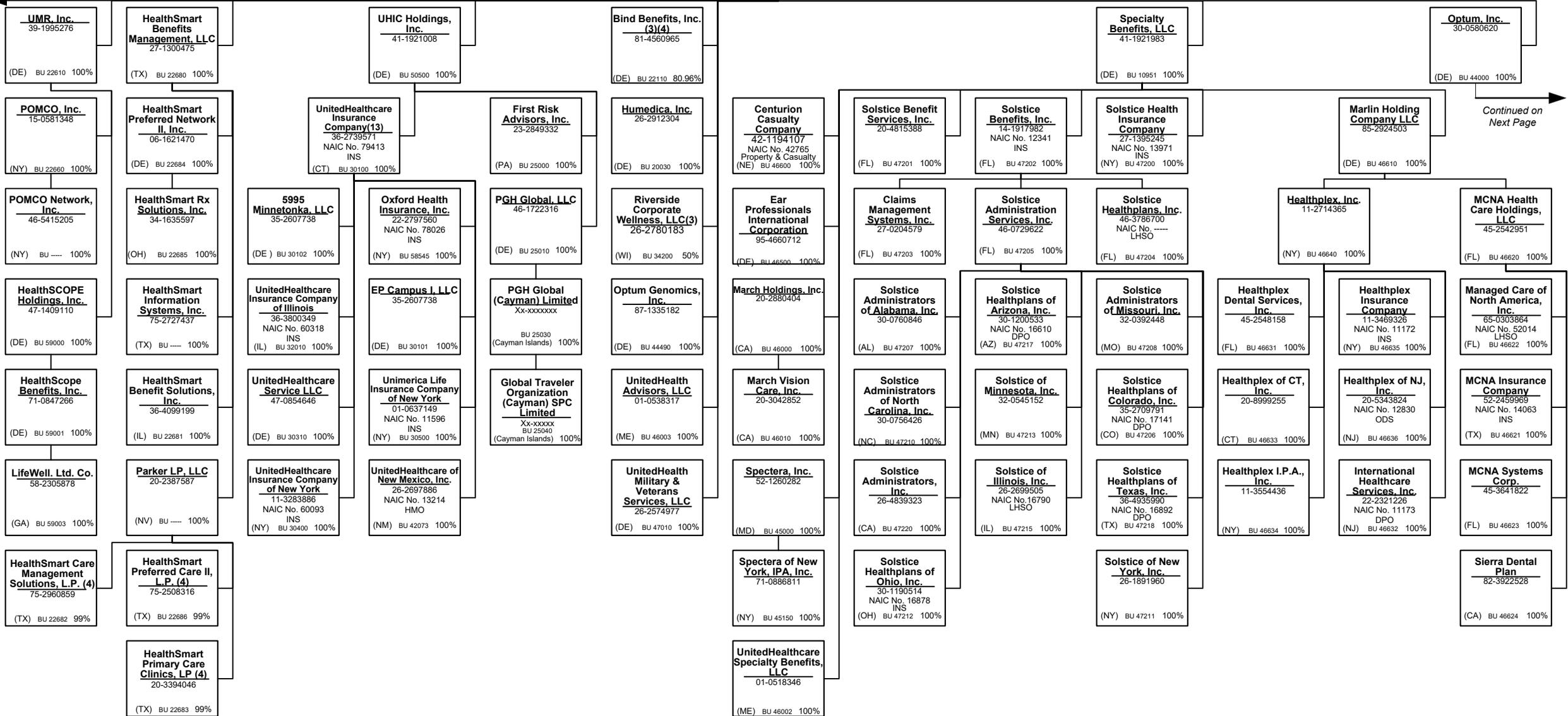
PART 1 – ORGANIZATIONAL CHART

United HealthCare Services, Inc.
(MN) 41-1289245 100%

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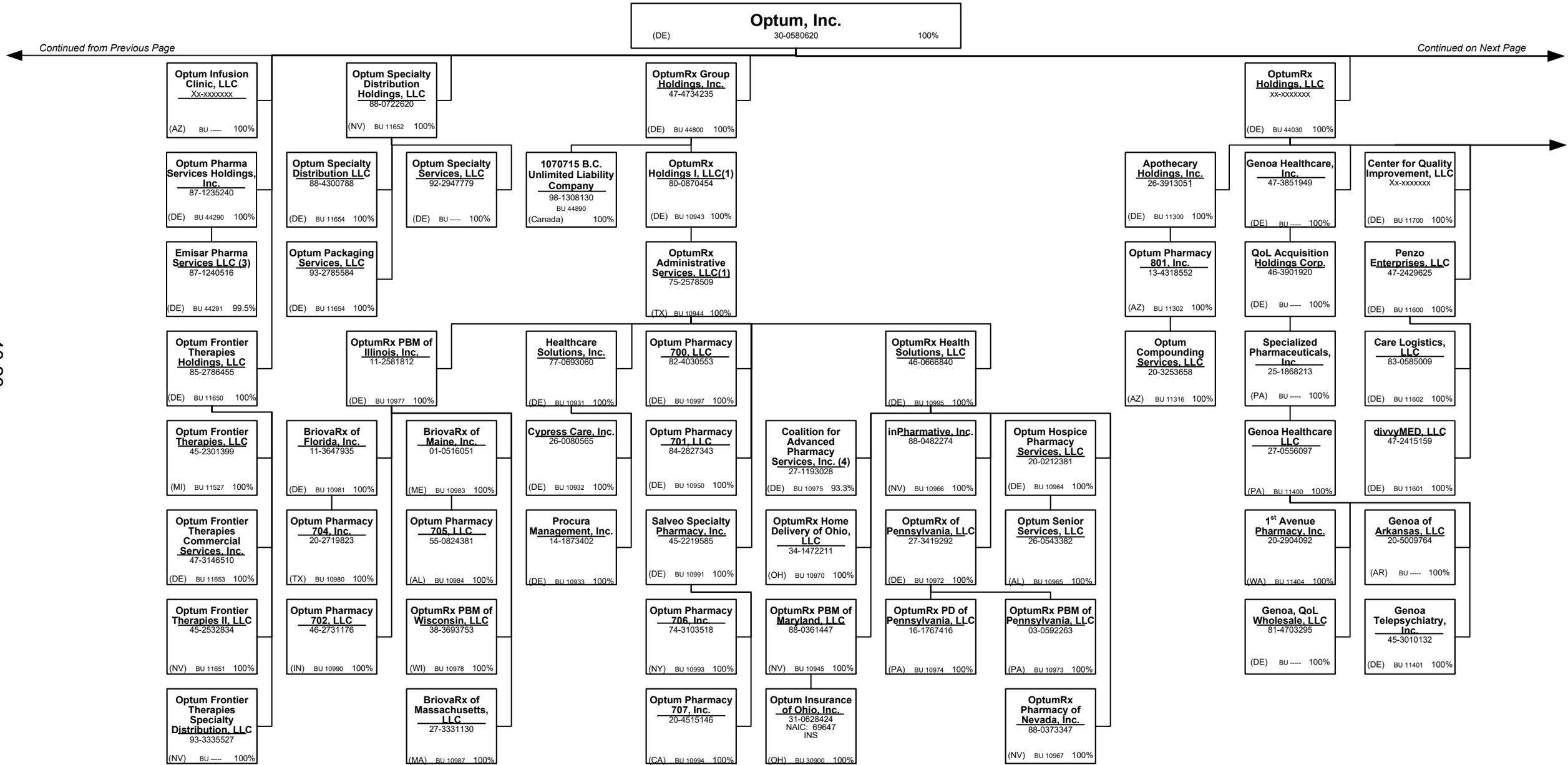
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



40.23

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

PART 1 – ORGANIZATIONAL CHART

(DE) **Optum, Inc.**
30-0580620 100%

OptumRx Holdings, LLC
xx-xxxxxxx
(DE) BU 44030 100%

Diplomat Pharmacy, Inc.
38-2063100
(MI) BU 11500 100%

OptumRx, Inc.
33-0441200
(CA) BU 10920 100%

AxelaCare Intermediate Holdings, LLC
30-0842394
(DE) BU ---- 100%

OptumRx NY IPA, Inc.
20-0151096
(NY) BU 41283 100%

Progressive Enterprises Holdings, Inc.
27-4371197
(DE) BU 11210 100%

Optum Infusion Services 554, Inc.
46-3275933
(NY) BU 11511 100%

Diplomat Corporate Properties, LLC
38-3453193
(MI) BU ---- 100%

DSP Flint Real Estate, LLC
27-2176462
(MI) BU ---- 100%

AxelaCare, LLC
61-1708598
(DE) BU ---- 100%

PMI Acquisition, LLC
80-0670247
(DE) BU ---- 100%

Optum Infusion Services 553, LLC
02-0651651
(NC) BU 11512 100%

Accurate Rx Pharmacy Consulting, LLC
26-3329157
(MO) BU 11513 100%

Optum Infusion Services 551, LLC
04-3041221
(CT) BU 11515 100%

Optum Infusion Services 500, Inc.
27-3918706
(DE) BU 11010 100%

LDI Holding Company, LLC (4)
81-3732334
(DE) BU 11558 100%

DSP-Building C, LLC
27-2499399
(MI) BU ---- 100%

Diplomat Blocker, LLC
27-4022876
(DE) BU 11528 100%

Leehar Distributors, LLC
81-3741657
(DE) BU 11525 100%

Optum Infusion Services 550, LLC
01-0808529
(DE) BU 11508 100%

SCP Specialty Infusion, LLC
27-2635371
(DE) BU 11020 100%

Optum Infusion Services 301, LP (4)
75-2196224
(OK) BU 11013 99.95%

BriovaRx Infusion Services 102, LLC
90-0884047
(DE) BU 11014 100%

Optum Infusion Services 302, LLC
27-0668812
(NE) BU 11012 100%

Ambient Holdings, Inc.
45-2161438
(DE) BU 11040 100%

Optum Infusion Services 100, Inc.
11-2997132
(NY) BU 11015 100%

Serquinox Holdings, LLC
27-1533951
(DE) BU 11030 100%

Tmesys, LLC
59-3143128
(FL) BU 11216 100%

Progressive Medical, LLC
31-1192384
(OH) BU 11213 100%

Optum Infusion Services 308, LLC
20-3741084
(AZ) BU 11025 100%

Optum Infusion Services 401, LLC
02-0653265
(CA) BU 11022 100%

Optum Infusion Services 305, LLC
26-2565032
(DE) BU 11011 100%

Optum Infusion Services 501, Inc.
84-2822134
(DE) BU 11017 100%

Ambient Healthcare, Inc.
65-1095227
(FL) BU 11041 100%

Optum Infusion Services 101, Inc.
11-3485985
(NY) BU 11016 100%

Optum Infusion Services 103, LLC
27-1533840
(DE) BU 11031 100%

PMSI Settlement Solutions, LLC
59-3166848
(FL) BU 11215 100%

SRPS, LLC
62-1770924
(DE) BU 11212 100%

Optum Infusion Services 402, LLC
26-4312858
(CA) BU 11023 100%

Optum Infusion Services 403, LLC
47-0941801
(CA) BU 11024 100%

Optum Infusion Services 200, Inc.
57-0861358
(SC) BU 11047 100%

Optum Infusion Services 201, Inc.
55-0802777
(FL) BU 11044 100%

Optum Infusion Services 202, Inc.
20-4881413
(FL) BU 11045 100%

Optum Infusion Services 203, Inc.
33-1012700
(FL) BU 11042 100%

Optum Infusion Services 206, Inc.
63-1284325
(AL) BU 11050 100%

PMSI, LLC
56-2422696
(FL) BU 11211 100%

P2P Link, LLC
27-0008097
(DE) BU 11214 100%

Optum Infusion Services 404, LLC
93-1103256
(OR) BU 11021 100%

Optum Infusion Services 204, Inc.
55-0802774
(FL) BU 11043 100%

Optum Infusion Services 205, Inc.
26-3738273
(FL) BU 11053 100%

Optum Infusion Services 208, Inc.
20-4963945
(NC) BU 11048 100%

Optum Infusion Services 209, Inc.
55-0802779
(GA) BU 11046 100%

Optum Infusion Services 207, Inc.
63-0964525
(AL) BU 11051 100%

Continued from Previous Page

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40.24

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

PART 1 – ORGANIZATIONAL CHART

(DE) **Optum, Inc.**
30-0580620 100%

OptumInsight Holdings, LLC
xx-xxxxxxx
(DE) BU 44010 100%

OptumInsight, Inc.(9)
41-1858498
(DE) BU 41322 100%

OptumHealth Care Solutions, LLC
41-1591944
(DE) BU 42300 100%

OptumInsight Provider Value Network ACO, LLC
93-1637574
(DE) BU ---- 100%

OptumInsight Life Sciences, Inc.
04-3383745
(DE) BU 41422 100%

Optum Public Sector Solutions, Inc.
20-4581265
(DE) BU 41372 100%

Optum Government Solutions, Inc.
04-3574101
(DE) BU 43350 100%

Optum Technology, LLC
46-5713629
(DE) BU 44770 100%

Optum360 Solutions, LLC
82-3446942
(DE) BU 41880 100%

ACN Group IPA of New York, Inc.
41-1913523
(NY) BU 42310 100%

ACN Group of California, Inc.
27-0015861
Knox Keene
933-0407
(CA) BU 42330 100%

My Wellness Solutions, LLC
26-2564744
(DE) BU 42340 100%

OrthoNet Holdings, Inc.
13-3960641
(DE) BU 48080 100%

Optum Rocket, LLC
46-3328009
(DE) BU 41850 100%

Optum Life Sciences (Canada) Inc.
98-1209730
BU 41410
(Canada) 100%

The Lewin Group, Inc.
56-1970224
(NC) BU 41342 100%

hCentive, Inc.
27-0549481
(DE) BU 41325 100%

Electronic Network Systems, Inc.
84-1162764
(DE) BU 41350 100%

Managed Physical Network, Inc.
14-1782475
(NY) BU 42320 100%

Optum Biometrics, Inc.
36-3437660
(IL) BU 42301 100%

Pronounced Health Solutions, Inc.
22-3493126
(DE) BU 42343 100%

Optum Networks of New Jersey, Inc.
30-0029448
NAIC: 11068
INS
(DE) BU 48085 100%

OrthoNet LLC
13-3818652
(NY) BU 48084 100%

Optum360 Services, Inc.
46-3983926
(DE) BU 41851 100%

Equian Parent Corp.
81-0732646
(DE) BU 43370 100%

The Advisory Board Company
52-1468699
(DE) BU 41323 100%

Payment Resolution Services, LLC
62-1451147
(TN) BU 43403 100%

Optum Global Solutions International B.V.(4)
98-1201187
BU 44810
(Netherlands) 100%

Executive Health Resources, Inc.
11-3669765
(PA) BU 41841 100%

Plus One Holdings, Inc.
13-3613705
(DE) BU 42304 100%

United Resource Networks IPA of New York, Inc.
30-0318238
(NY) BU 45001 100%

Optum Women's and Children's Health, LLC
58-2205984
(DE) BU 42341 100%

OrthoNet New York IPA, Inc.
13-4025898
(NY) BU 48086 100%

OrthoNet of the South, Inc.
26-2884306
(DE) BU 48082 100%

Optum360, LLC
46-3328307
(DE) BU 41880 96.01%

Equian, LLC
27-0083277
(IN) BU 43380 100%

Episource LLC
20-4761361
(CA) BU 41360 100%

OptumServe Technology Services, Inc.
52-2016292
(MD) BU 41345 100%

Optum Global Solutions (Philippines), Inc.(3)
98-1097776
BU 41340
(Philippines) 99.99%

Netwerkes, LLC
20-4755277
(TN) BU 43404 100%

Plus One Health Management Puerto Rico, Inc.
66-0742844
(PR) BU 42305 100%

Vivify Health, Inc.
27-1348358
(DE) BU 42360 100%

Optum Healthcare of Illinois, Inc.
58-2068880
(GA) BU ---- 100%

OrthoNet West, Inc.
20-0221966
(DE) BU 48087 100%

AccuReg Holdngs, LLC
xx-xxxxxxx
(DE) BU 41890 100%

OmniClaim, LLC
27-0062838
(DE) BU 43381 100%

DocASAP, Inc.
26-4753954
(DE) BU 44231 100%

Optum Health & Technology Services do Brasil Ltda.(4)
98-1184561
BU 43230
(Brazil) 99.99%

Mustang Razorback Holdings, Inc.
47-1935798
(DE) BU 41870 100%

Optum of New York, Inc.
58-1873062
(NY) BU ---- 100%

Database Solutions II, LLC
63-1230900
(DE) BU ---- 100%

DocASAP US, LLC
Xx-xxxxxxx
(DE) BU 44233 100%

OptumInsight Provider Value Network ACO - NY, LLC
Xx-xxxxxxx
(NY) BU ---- 100%

Optum Global Solutions (India) Private Limited(4)
98-1103015
BU 41346
(India) 99.9%

MedSynergies, LLC
75-2515691
(DE) BU 41871 100%

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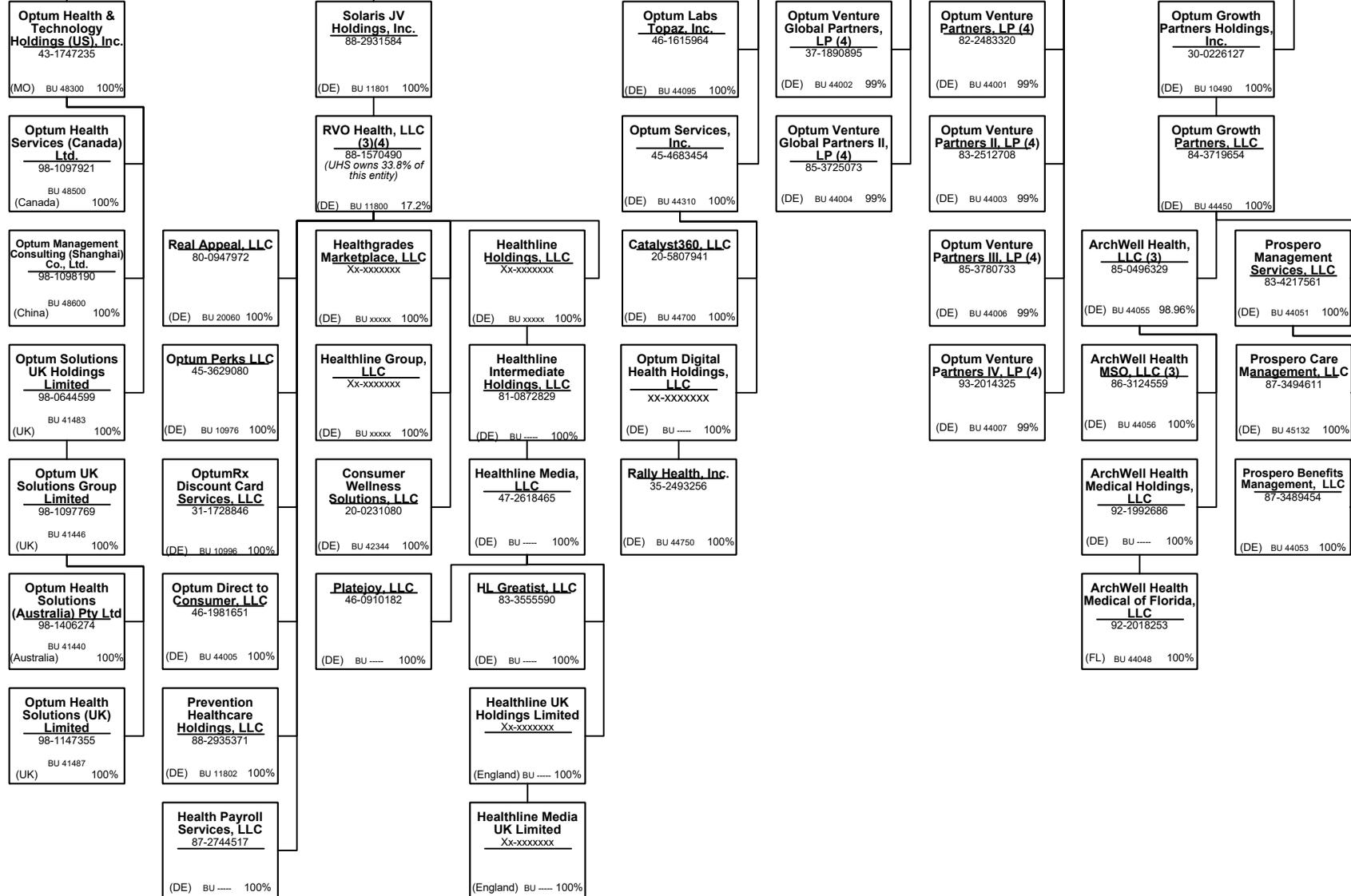
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Optum, Inc.
 (DE) 30-0580620 100%

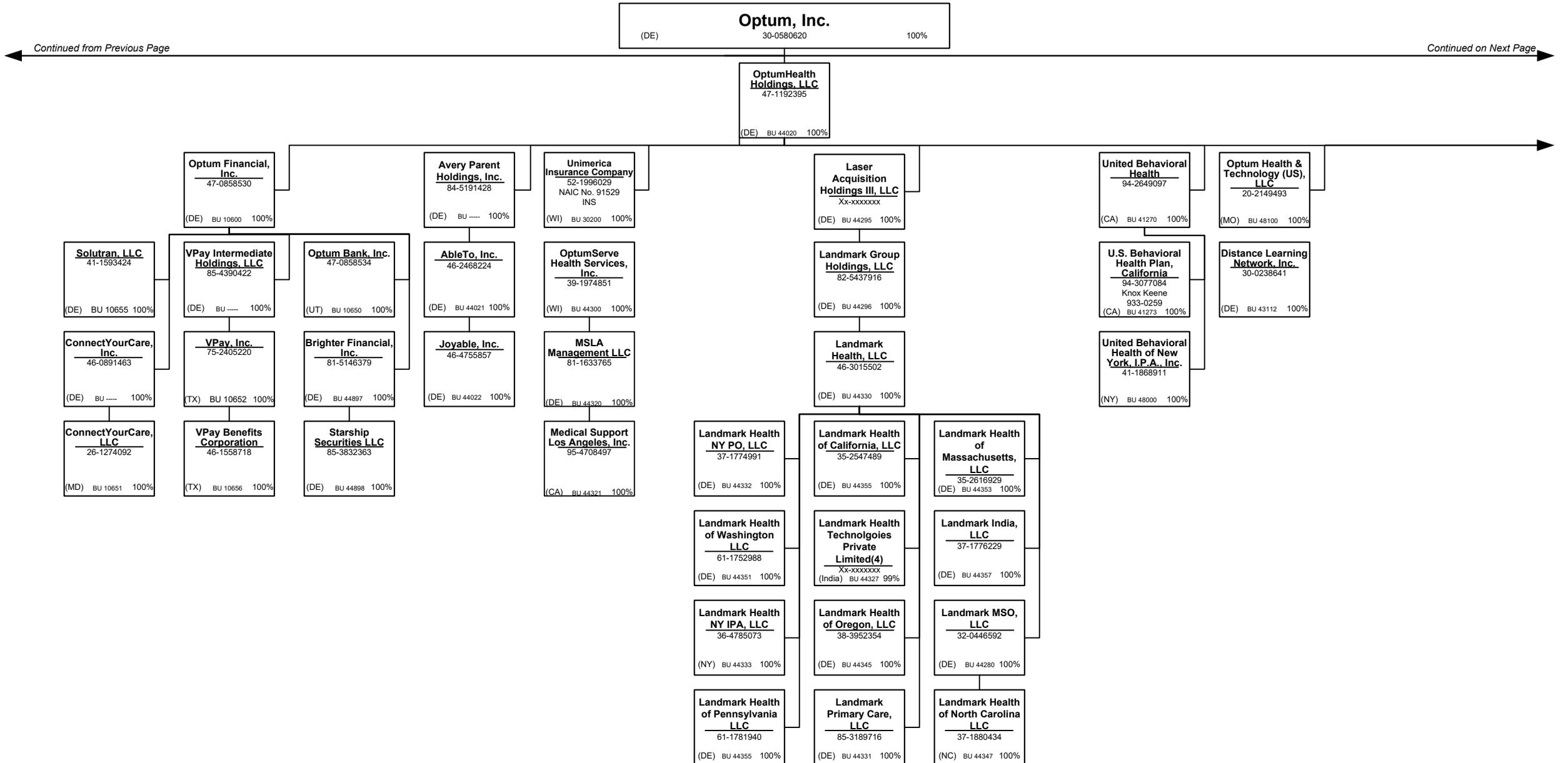
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



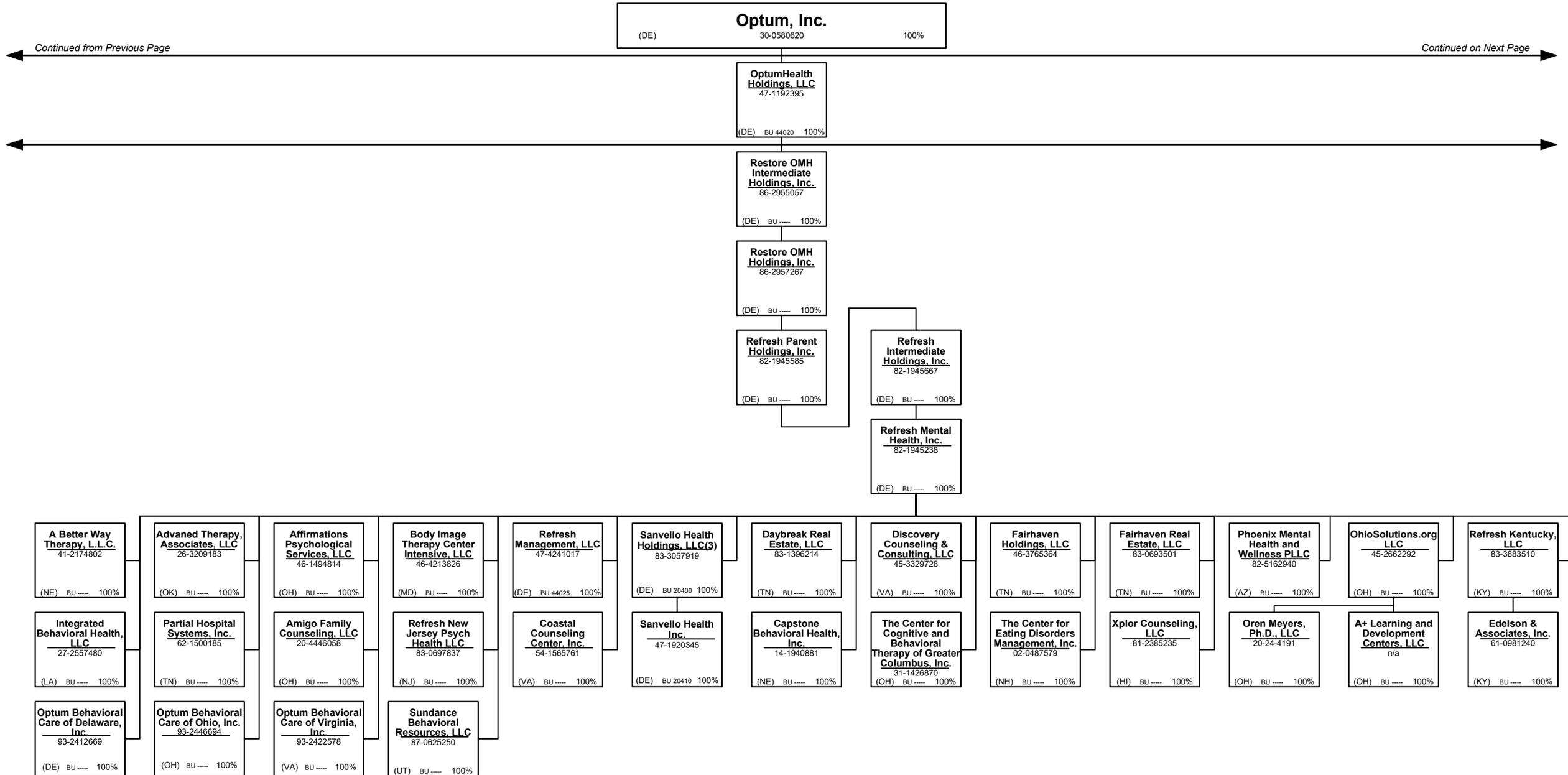
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



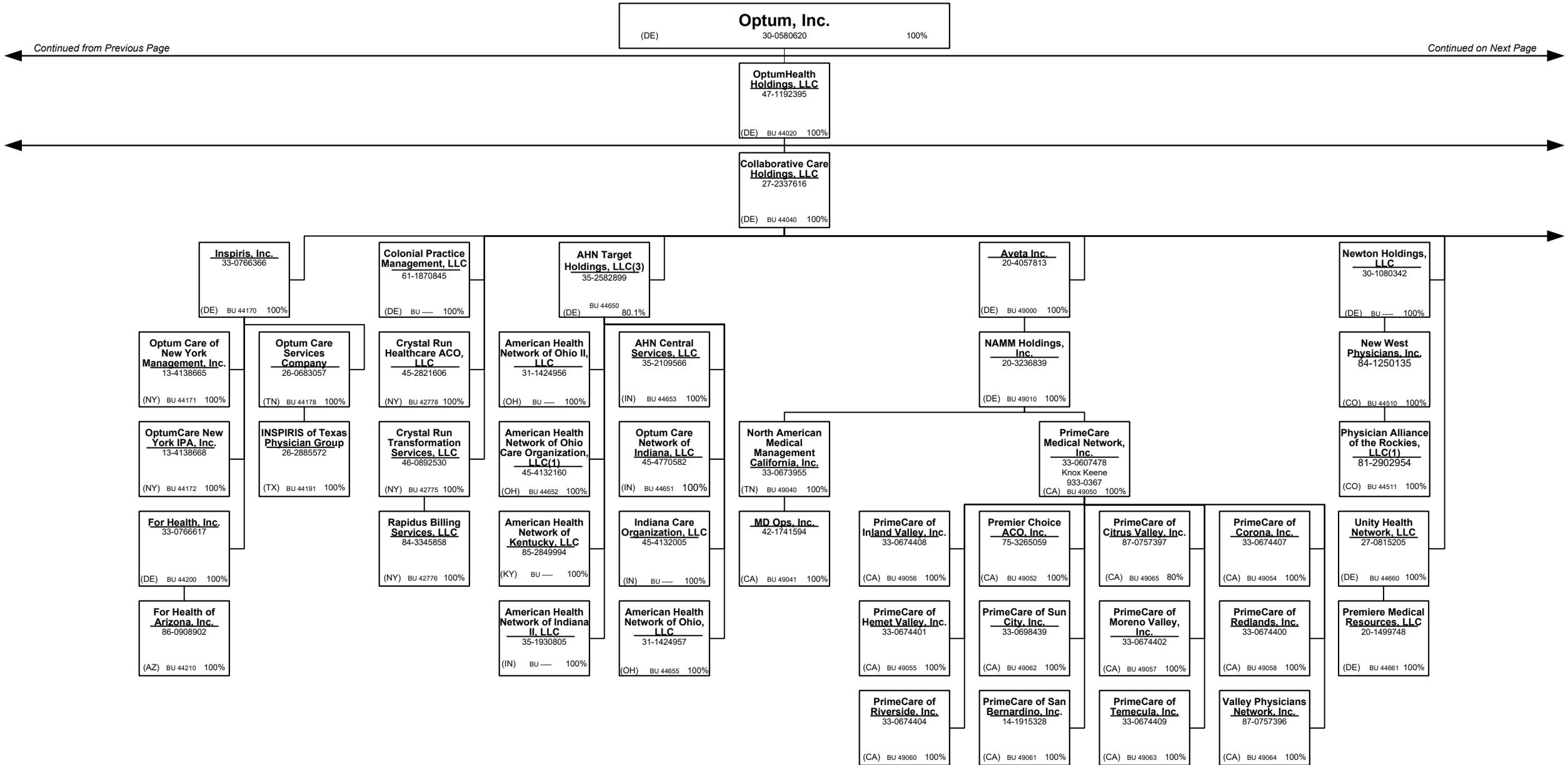
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



40.29

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

PART 1 – ORGANIZATIONAL CHART

(DE) **Optum, Inc.**
30-0580620 100%

OptumHealth Holdings, LLC
47-1192395
(DE) BU 44020 100%

Collaborative Care Holdings, LLC
27-2337616
(DE) BU 44040 100%

WellMed Medical Management, Inc. (3)
74-2786364
(TX) BU 44110 91%

OptumCare Holdings, LLC(1)
56-2592163
(CA) BU 42600 100%

The Polyclinic MSO, LLC(3)
83-1192367
(DE) BU 41950 80.1%

ProHEALTH Medical Management, LLC
47-1049961
(DE) BU 49080 100%

HCAT Acquisition Inc.
81-2378903
(DE) BU ---- 100%

Comfort Care Transportation, LLC
11-3647007
(TX) BU 44112 100%

USMD Holdings, Inc.
27-2866866
(DE) BU 44350 100%

WellMed Medical Management of Florida, Inc.
74-2797745
(FL) BU 44111 100%

OptumCare Clinical Trials, LLC
47-1422097
(DE) BU 42603 100%

HealthCare Partners RE, LLC
81-1080535
(DE) BU 42602 100%

OptumCare Management, LLC
95-4509662
(CA) BU 42610 100%

Optum Health Plan of California
46-2385459
Knox Keene Restricted
933-0498
(DE) BU 42601 100%

First Hill Surgery Center, LLC(3)
47-2066485
(WA) BU 41955 55%

Orthology, Inc.(9)
46-2742615
(DE) BU 20050 80%

Day-Op Surgery Consulting Company, LLC
75-2790863
(DE) BU 49094 100%

Healthcare Associates of Texas LLC
81-0760425
(DE) BU 44116 100%

Impel Management Services, L.L.C.
75-2574317
(TX) BU 44360 100%

USMD Inc.
20-8050318
(TX) BU 44370 100%

USMD PPM, LLC
35-2446102
(TX) BU 44373 100%

OptumCare Florida, LLC
87-0408859
(DE) BU 42710 100%

California Medical Group Insurance Company, Risk Retention Group(3)
20-1711131
(AZ) BU ---- 67%

HCP ACO California, LLC
45-3007213
(CA) BU 42614 100%

OptumCare Colorado, LLC
47-2196783
(CO) BU 42680 100%

Excel MSO, LLC
77-0560460
(CA) BU 44276 100%

Collaborative Care Services, Inc.
27-2337487
(DE) BU 44070 100%

Perham Physical Therapy, LTD
20-5608977
(MN) BU 20055 100%

Riverside Medical Management, LLC
32-0500242
(DE) BU 49083 100%

Impel Consulting Experts, L.L.C.
20-4351923
(TX) BU 44361 100%

USMD Administrative Services, L.L.C.
20-8048861
(TX) BU 44374 100%

USMD PPM, LLC
35-2446102
(TX) BU 44373 100%

OptumCare Florida CI, LLC
82-2227280
(DE) BU 42711 100%

HealthCare Partners ASC-LB, LLC(4)
95-4628842
(CA) BU 42613 99%

OptumCare New Mexico, LLC
20-4043287
(DE) BU 42670 100%

Clinical Partners of Colorado Springs, LLC
46-2879718
(CO) BU ---- 50%

OptumCare Holdings Colorado, LLC(3)
30-0999065
(CO) BU 42690 85%

Jordan Ridge Family Medicine, LLC
68-0624157
(DE) BU 44078 100%

ProHealth Proton Center Management, LLC
32-0455430
(DE) BU 40882 100%

USMD Affiliated Services
27-2956222
(TX) BU 44380 100%

Everett MSO, Inc.
81-1070402
(WA) BU 42720 100%

HealthCare Partners Management Services California, LLC
47-5274363
(DE) BU 42616 100%

OptumCare ACO New Mexico, LLC
30-0940296
(DE) BU 42672 100%

Colorado Innovative Physician Solutions, Inc.
37-1636677
(CO) BU 42681 100%

OptumCare Colorado Medical Group, LLC
47-2218380
(CO) BU 42691 100%

Optum Care, Inc.
83-1959511
(DE) BU 44610 100%

Healthcare Associates of Irving PLLC
75-2674367
(TX) BU 44117 100%

Medical Clinic of North Texas PLLC
75-2566987
(TX) BU 44381 100%

Urology Associates of North Texas, P.L.L.C.
75-2613230
(TX) BU 44370 100%

North Puget Sound Oncology Equipment Leasing Company, LLC
20-2564137
(WA) BU 42721 72.25%

OptumCare South Florida, LLC
45-3462809
(FL) BU 42621 100%

OptumCare Endoscopy Center New Mexico, LLC
26-1508741
(NM) BU 42671 100%

OptumCare Colorado ASC, LLC
35-2597463
(CO) BU 42691 100%

AMG Health, LLC
92-0712514
(DE) BU ---- 100%

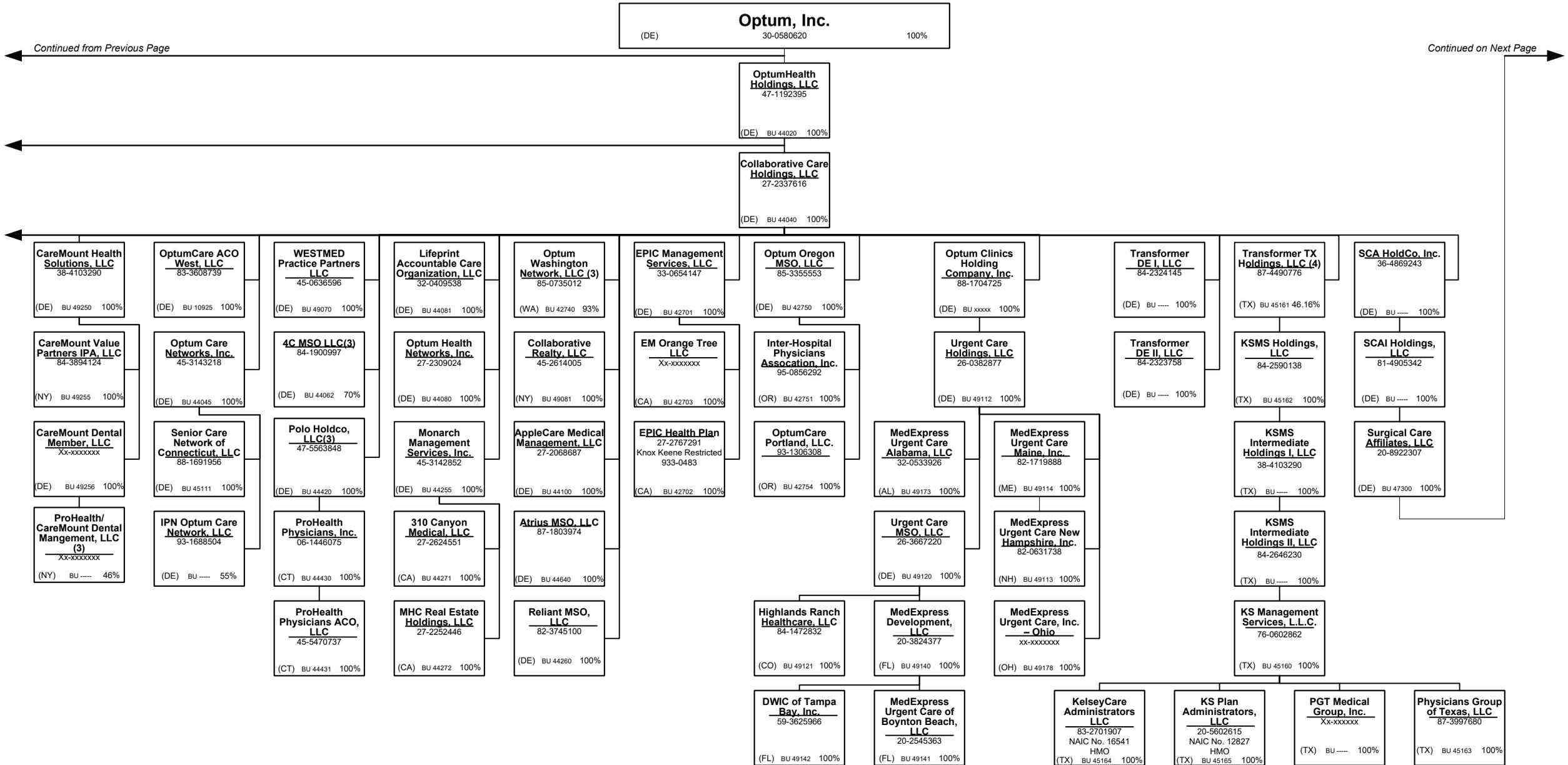
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



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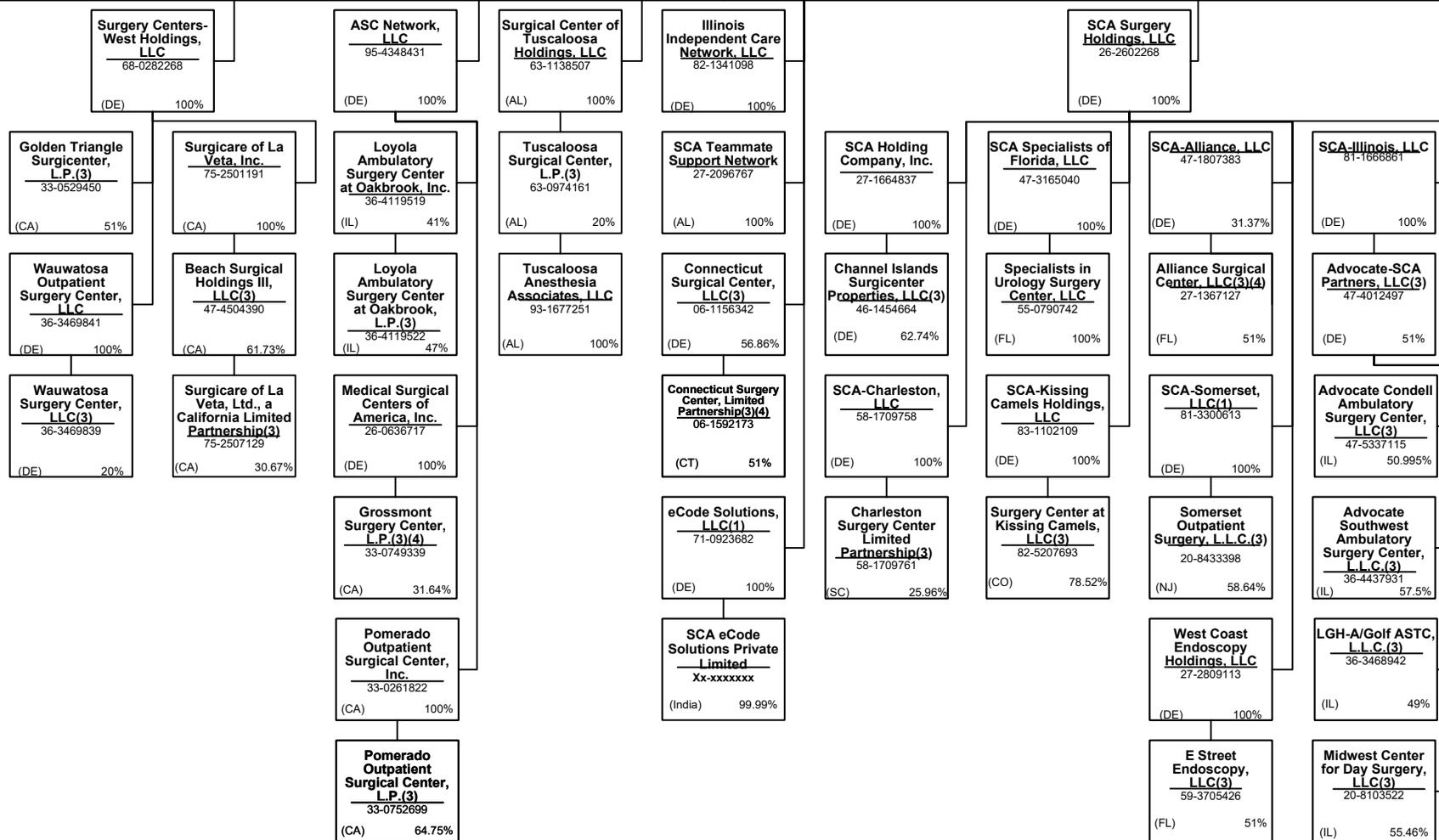
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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

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40.32

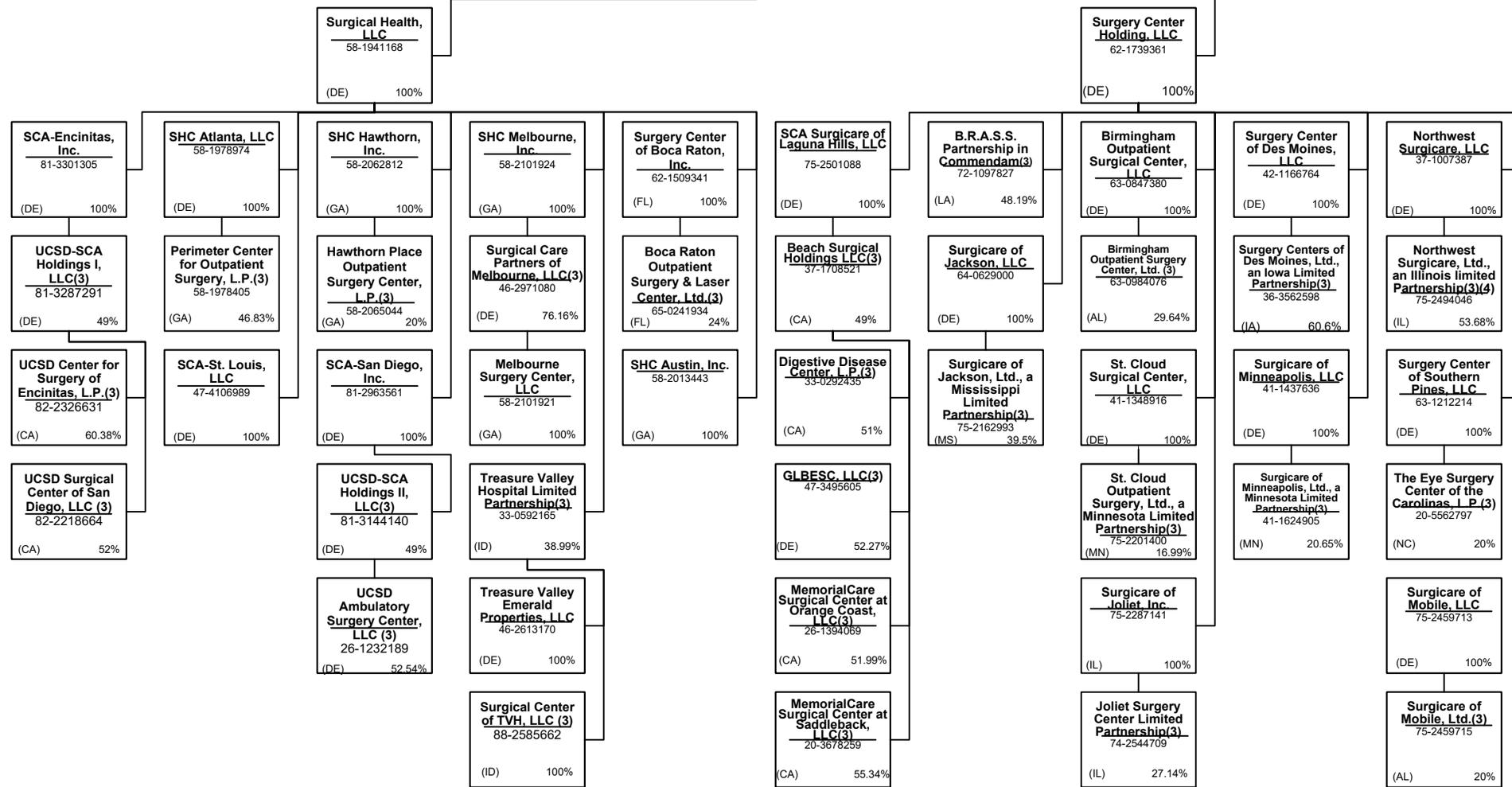
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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

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40.33

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%

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Surgery Center Holding, LLC
62-1739361
(DE) 100%

SunSurgery, LLC
06-1082848
(DE) 100%

National Surgery Centers, LLC
36-3549627
(DE) 100%

SC Affiliates, LLC
62-1149229
(DE) 100%

Surgicare of Oceanside, Inc.
75-2448926
(CA) 100%

Wayland Square Surgicare GP, Inc.
75-2500274
(RI) 100%

Surgicare of Salem, LLC
75-2200171
(DE) 100%

Surgicenters of Southern California, Inc.
95-3329855
(CA) 100%

SCA Danbury Surgical Center, LLC(3)
04-3170801
(DE) 52.07%

SCA-Palm Beach MSO Holdings, LLC
81-3445510
(DE) 100%

Endoscopy Center Affiliates, Inc.
77-0317478
(DE) 100%

Northern Rockies Surgicenter, Inc.
81-0399251
(MT) 100%

NSC Greensboro West, LLC(3)
56-1963226
(DE) 49%

ASC Holdings of New Jersey, LLC
46-3907136
(NJ) 80.41%

Charlotte-SC, LLC
62-1262567
(DE) 100%

Camp Hill-SCA Centers, LLC
52-1597484
(DE) 100%

Surgicare of Owensboro, LLC
75-2184730
(DE) 100%

Salem JV Holdings, LLC
85-2734753
(DE) 51%

Arcadia JV Holdings, LLC (3)
87-2065975
(DE) 51%

Danbury Surgical Center, L.P.(3)(4)
63-1263704
(GA) 32.64%

San Diego Endoscopy Center(3)
77-0322251
(CA) 35%

Northern Rockies Surgery Center, L.P.(3)
63-1240726
(TN) 34%

Greensboro Specialty Surgery Center, LLC(3)
36-4053840
(NC) 50.1%

East Brunswick Surgery Center, LLC(3)
02-0593133
(NJ) 51%

Charlotte Surgery Center, LLC (3)
56-1449531
(DE) 10.78%

Camp Hill Ambulatory Centers(4)
52-1597478
(PA) 99%

Salem Surgery Center, LLC(3)(4)
74-2462470
(OR) 51%

Arcadia Outpatient Surgery Center, L.P.(3)
75-2285078
(CA) 25.5%

SCA-Connecticut Partners, LLC
83-1585952
(DE) 29.41%

NSC Greensboro, LLC(1)
56-1775016
(DE) 100%

NSC Lancaster, LLC
36-4210296
(DE) 100%

NSC Seattle, Inc.
91-1553479
(WA) 100%

Connecticut Surgery Properties, LLC
26-1313646
(DE) 100%

EH-SCA Holdings, LLC
92-1656532
(DE) 100%

Glenwood-SC, Inc.
62-1601450
(TN) 100%

Surgery Center of Fairfield County, LLC (3)
20-1733152
(DE) 51.00%

Surgical Center of Greensboro, LLC(3)
63-1251243
(NC) 35.72%

Surgical Center of Greensboro, LLC(3)
63-1251243
(NC) 35.72%

Antelope Valley Surgery Center, L.P.(3)
36-4210293
(CA) 93.75%

NSC Upland, LLC
33-0812824
(DE) 100%

Cornerstone Surgery Center, LLC
87-1134519
(FL) 100%

Englewood Cliffs Surgery Center, LLC
92-1621245
(NJ) 100%

SCA-Glenwood Holdings, LLC (3)
83-4156034
(DE) 78.72%

SCA BOSC Holdings, LLC
45-4230864
(DE) 100%

SCA IEC Holdings, LLC
45-4240475
(DE) 100%

SCA Indiana Holdings, LLC
45-2684108
(DE) 100%

SCA ROCS Holdings, LLC
45-4252645
(DE) 100%

SCA SSSC Holdings, LLC
45-4266502
(DE) 100%

SCA Southwest Fort Wayne Holdings, LLC
88-1497980
(DE) 100%

SCA Holdings, Inc.
47-1256943
(CA) 100%

Upland Holdings, LLC (3)
83-4657754
(CA) 58.99%

HFHS-SCA Holdings, LLC(3)
46-5291602
(MI) 49%

Jacksonville Ambulatory Surgery Center, LLC
93-1467301
(FL) 100%

Glenwood Surgical Center, L.P.(3)
33-0595220
(CA) 56.73%

Upland Outpatient Surgical Center, L.P.(3)
33-0812827
(CA) 51%

Clinton Partners, LLC(3)
20-2236024
(MI) 51.35%

Surgery Center of Longs Peak, LLC
92-3945813
(CO) 100%

40.34

25%

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

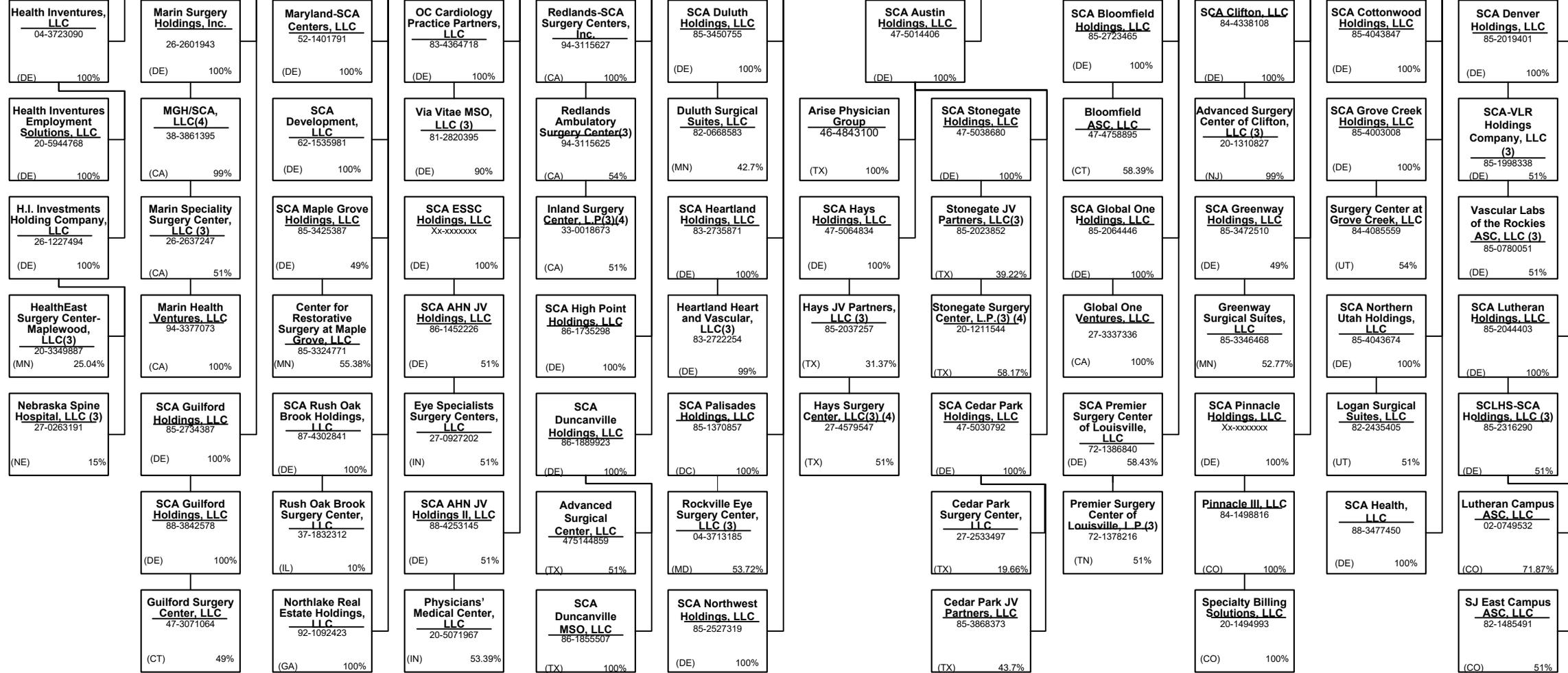
PART 1 – ORGANIZATIONAL CHART

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

SC Affiliates, LLC
62-1149229
(DE) 100%

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Continued on Next Page



40.35

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%

SC Affiliates, LLC
62-1149229
(DE) 100%

SCA Outside New Jersey, LLC
85-2065454
(DE) 100%

SCA-Bonita Springs, LLC
83-1529292
(DE) 95.08%

SCA South Ogden Holdings, LLC
85-4002809
(DE) 100%

SCA Southwestern PA, LLC
47-4928368
(DE) 100%

SCA Specialty Holdings of Connecticut, LLC
85-2786147
(DE) 29.41%

SCA Sage Medical, LLC
84-3673924
(DE) 100%

SCA-Davenport, LLC
47-4028383
(DE) 100%

SCA Westgreen Holdings, LLC
Xx-xxxxxx
(DE) 68.63%

SCA Woodbury Holdings, LLC
85-3491574
(DE) 49%

SCA-Brandon, LLC(3)
82-1980137
(DE) 100%

SCA-Anne Arundel, LLC
82-4763869
(DE) 100%

SCA-Bethesda, LLC(3)
82-3857984
(DE) 54.22%

Virtua-SCA Holdings II, LLC
85-2278858
(DE) 45%

Trails Edge Surgery Center, LLC(3)
83-1528858
(FL) 51%

Surgery Center at South Ogden, LLC
85-4070407
(UT) 61.99%

Advanced Surgical Hospital, LLC(3)
26-4093335
(PA) 55.62%

Summer Street ASC, LLC(3)
47-4990107
(CT) 51%

SCA Sage Medical MSO, LLC
84-3689385
(DE) 26%

SCA-Dublin, LLC
81-1594261
(DE) 100%

Westgreen Surgical Center, LLC
47-4468184
(TX) 51%

Woodbury Surgery Center, LLC
85-3366699
(MN) 62.04%

SCA-Doral, LLC
81-3734814
(DE) 90.04%

Anne Arundel-SCA Holdings, LLC
82-5124069
(MD) 33.34%

Massachusetts Avenue Surgery Center, LLC(3)
20-0815305
(MD) 60.44%

Endoscopy Center of Bucks County, LP(3)
84-1693856
(PA) 44.88%

SCA-Castle Rock, LLC
83-1094012
(DE) 65.73%

SCA-Central Florida, LLC(3)
47-1535510
(DE) 31.37%

SCA-Chatham, LLC
82-4511713
(DE) 100%

Atlanta Outpatient Surgery Center, Inc.
58-1287486
(GA) 100%

Dublin Surgery Center, LLC(3)
27-2103713
(OH) 10%

SCA-Chevy Chase, LLC
81-3301058
(DE) 100%

SCA-Citrus, Inc.
62-1516306
(TN) 100%

MIAMI SURGERY CENTER, LLC(3)
36-4600281
(DE) 50.18%

Anne Arundel-SCA Surgicenter, LLC
82-4763728
(MD) 62.26%

SCA-Denver, LLC
84-2997638
(DE) 100%

Arusha LLC
23-3076222
(PA) 59.2%

Orthopaedic Specialists Surgi-Center, L.L.C.
20-1407302
(DE) 51%

Castle Rock SurgiCenter, LLC(3)
82-5207935
(CO) 51%

Childrens Surgery Center LLC(3)(4)
26-2389638
(FL) 51%

Chatham Orthopaedic ASC, LLC
82-4075002
(GA) 15%

Atlanta Surgery Center, Ltd. (L.P.)
74-2452953
(GA) 77.21%

SCA Pacific Surgery Holdings, LLC
87-2926385
(DE) 100%

SCA-Derry, LLC(3)
82-1470227
(DE) 78.87%

Citrus Regional Surgery Center, L.P.(3)
62-1510209
(TN) 57%

SCA-Fort Walton, Inc.
62-1502719
(TN) 100%

SCA-Dry Creek, LLC
83-1093886
(DE) 100%

SCA-Denver Physicians Holdings, LLC(3)
84-2003112
(CO) 51.45%

Foundation Surgery Affiliate General of Huntingdon Valley, LLC(3)
20-4647560
(OK) 61.64%

Delaware Surgery Center, LLC
51-0401940
(DE) 55%

SCA-Blue Ridge, LLC
62-1530120
(DE) 100%

SCA-Eugene, Inc.
62-1541235
(TN) 100%

SCA Murrells Inlet, LLC
87-3300578
(DE) 100%

Marietta Surgical Center, Inc.
58-1539547
(GA) 100%

North Kitsap Ambulatory Surgery Center, LLC
91-1276412
(WA) 9.9%

Derry Surgical Center, LLC(3)
82-1436601
(NH) 72%

SCA-Downey, LLC
83-3055579
(DE) 100%

SVHS-SCA Emerald Coast JV, LLC(3)
92-0746093
(FL) 49%

Dry Creek Surgery Center, LLC(3)
82-5264853
(CO) 62.97%

DTC Surgery Center, LLC
82-5181311
(CO) 100%

Foundation Surgery Affiliate of Huntgindon Valley, L.P.(3)
68-0499459
(OK) 61.06%

Main Line Spine Surgery Center, LLC
20-2547795
(PA) 55%

Blue Ridge GP, LLC
27-2241593
(NC) 100%

McKenzie Surgery Center, L.P.(3)
62-1600267
(TN) 31%

Murrells Inlet ASC, LLC
45-4450466
(SC) 65%

Marietta Outpatient Surgery, Ltd. (L.P.)
75-2180466
(GA) 48.93%

SCA-Fort Collins, Inc.
93-1067967
(CO) 100%

SCA-AppleCare Partners, LLC(3)
83-2703057
(DE) 73.68%

Emerald Coast Surgery Center, L.P.(3)
62-1502718
(FL) 61%

SCA-Franklin, LLC
47-3641516
(DE) 100%

Mile High SurgiCenter, LLC
83-0543458
(CO) 100%

Limestone Medical Center, LLC(3)
51-0277181
(DE) 60%

Tri-County Surgery Center, LLC
20-2386707
(PA) 55%

Blue Ridge Day Surgery Center, L.P.(3)
62-1530122
(TN) 34.64%

SCA-Albuquerque Surgery Properties, Inc.
74-2555097
(NM) 100%

Surgery Center of Fort Collins, LLC(3)
84-1541559
(CO) 25%

Physicians' Surgery Center of Downey, LLC(3)
20-5170962
(CA) 60%

Franklin Surgical Center, LLC(3)
20-3412606
(NJ) 51.33%

Surgery Center at Cherry Creek, LLC
82-5164277
(CO) 100%

40.36

Continued from Previous Page

Continued on Next Page

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

PART 1 – ORGANIZATIONAL CHART

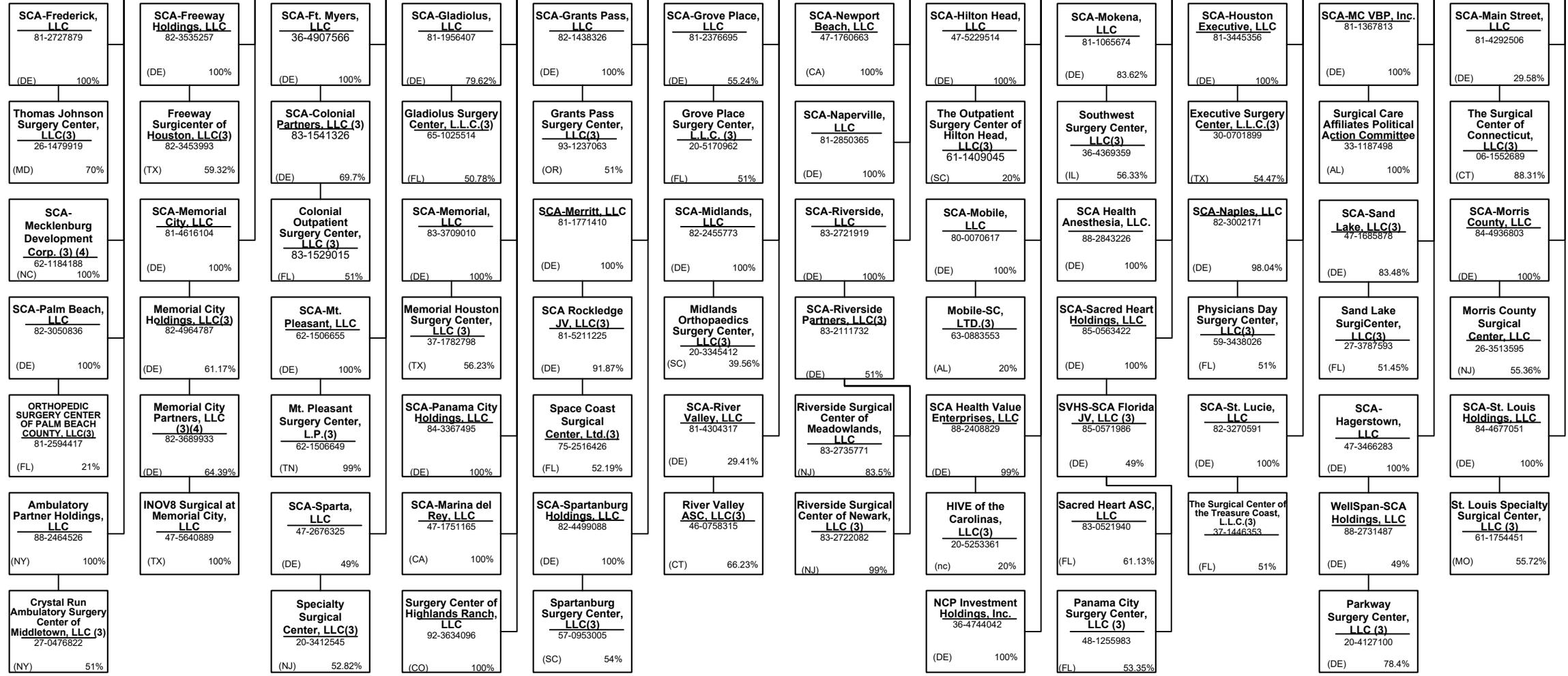
Surgical Care Affiliates, LLC
(DE) 20-8922307 100%

SC Affiliates, LLC
62-1149229
(DE) 100%

Continued from Previous Page

Continued on Next Page

40.37



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%

SC Affiliates, LLC
 62-1149229
 (DE) 100%

Endo Parent, Inc.
 81-3075241
 (DE) 100%

UCH-SCA LPSC Holdings, LLC
 92-3906209
 (DE) 100%

SCA-New Jersey, LLC
 47-4418919
 (DE) 100%

SCA Colorado Springs Holdings, LLC
 87-2738960
 (DE) 100%

SCA-Practice Partners Holdings, LLC
 83-4121074
 (DE) 100%

OptumCare Specialty Practices, LLC
 84-3504842
 (DE) 100%

SCA HRH Holdings, LLC
 92-0627856
 (DE) 100%

SCA Pinehurst Holdings, LLC
 92-3092899
 (DE) 100%

Midwest Surgery Center Holdings, LLC
 93-2752896
 (DE) 100%

SCA Louisville, LLC
 92-0859684
 (DE) 100%

SCA-Imperial Point Holdings, LLC
 92-2191980
 (DE) 100%

SCA-LPSC Holdings, LLC
 92-3942580
 (DE) 100%

Virtua-SCA Holdings, LLC(3)
 47-3247166
 (NJ) 45%

Optum SCA CS JV Holdings, LLC
 87-2719650
 (DE) 30%

Practice Partners in Healthcare, LLC
 76-0770414
 (DE) 100%

OCC MSO, LLC
 84-3189778
 (DE) 50%

SCA Carlsbad Holdings, LLC
 88-4163925
 (DE) 100%

Surgery Center of Pinehurst, L.L.C.
 68-0561185
 (NC) 10%

Midwest JV Holdings, LLC
 93-2143215-
 (DE) 100%

Aesthetic Plastic Surgery Institute of Louisville, LLC
 61-1464714
 (KY) 100%

Imperial Point Surgery Center, LLC
 92-3156337
 (FL) 100%

SCA-Pro Holdings, LLC
 93-1466868
 (DE) 100%

Bergen-Passaic Cataract Laser and Surgery Center, LLC (3)
 22-2848531
 (DE) 53.63%

Seashore Surgical Institute, L.L.C.(3)
 22-3660141
 (NJ) 51%

Optum Peak Endoscopy Center, LLC
 88-0934943
 (DE) 51%

PPH Management Company, L.L.C.
 24-1453981
 (DE) 100%

OrthoWest MSO, LLC
 85-2357227
 (DE) 50%

Advanced Surgery Center of Carlsbad, LLC
 88-3999538
 (CA) 100%

SCA West Health Holdings, LLC
 85-3263993
 (DE) 100%

Midwest Surgery Center, LLC (3)
 41-1537436
 (MN) 20%

Northlake Surgicare, Inc.
 62-1643337
 (GA) 100%

SCA Total Holdings, LLC
 92-1306353
 (DE) 100%

Pro Surgery Center, LLC
 93-1484998
 (DE) 100%

Surgicare of Central Jersey, LLC (3)
 22-2529259
 (NJ) 55%

Main Line Spine Surgery Center, LLC
 20-2547795
 (PA) 55%

SCA-Colorado Springs, LLC
 93-1047471
 (DE) 100%

PPH-Gardendale, Inc.
 26-4489980
 (DE) 100%

CTVSA Holdings, LLC
 92-1942482
 (DE) 87.78%

SCA-St. Cloud Holdings, LLC
 88-1844951
 (DE) 100%

WestHealth JV Holdings, LLC
 85-3312235
 (DE) 30%

SCA-Seattle, LLC
 92-1630156
 (DE) 100%

Northlake Surgical Center, L.P.
 62-1664325
 (GA) 99%

Total Surgery Center, LLC (3)
 92-2981104
 (FL) 51%

SCA-Boynnton Beach, LLC
 93-2557351
 (DE) 100%

Harrison Endo Surgical Center, LLC (3)
 26-3234725
 (NJ) 55%

SCA-South Jersey, LLC
 22-3117714
 (DE) 100%

Colorado Springs Surgery Center, Ltd. (3)
 84-1160450
 (CO) 95%

PPH Holdings, LLC
 27-1454121
 (DE) 100%

CTVSA Management, LLC
 83-1352538
 (DE) 100%

St. Cloud MSO, LLC
 88-1908453
 (DE) 100%

Allina Health Surgery Center-Brooklyn Park, LLC
 87-1746250
 (MN) 53%

Allina Health Heart and Vascular Surgery Center, LLC
 87-2158427
 (MN) 51%

SCA Avon Holdings, LLC
 92-1266122
 (DE) 100%

UCHealth HRH-SCA Holdings, LLC
 92-1499968
 (DE) 100%

SOSCCA Holdings, LLC (3)
 93-2806600
 (DE) 78.43%

Surgical Center of South Jersey, Limited Partnership(3)
 22-2709324
 (NJ) 69.02%

Lindenhurst Holding, LLC
 88-0586923
 (DE) 100%

ASV-HOPco-SCA Cornerstone, LLC
 87-477698
 (FL) 100%

Mohawk Surgery Center, LLC
 83-0632231
 (FL) 10%

SCA Aventura Holdings, LLC
 87-2651443
 (DE) 96.08%

Allina Health Surgery Center-Lakeville, LLC
 88-3732480
 (MN) 51%

Southwest Surgical Center, LLC
 41-2013700
 (MN) 51%

SCA Englewood Health Holdings, LLC
 92-1363019
 (DE) 100%

SCA East Bay Holdings, LLC
 88-3055298
 (DE) 100%

Specialized Outpatient Surgery Center for Children and Adults, LLC (3)
 82-4054995
 (FL) 51%

Lindenhurst Surgery Center, LLC
 36-4711459
 (DE) 5%

Research Surgical Center, LLC
 46-0558032
 (CO) 51%

Aventura Medical Tower Surgery Center, LLC
 87-1746405
 (FL) 51%

Allina Health Surgery Center-Vadnais Heights, LLC
 88-2406421
 (MN) 51%

WestHealth Surgery Center, LLC
 37-1763155
 (MN) 51%

SCA Houston Holdings, LLC
 Xx-xxxxxxx
 (DE) 100%

UOI East Bay Surgery Center, LLC
 87-3506992
 (RI) 20%

40.39

Continued from Previous Page

Continued on Next Page

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

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

Continued from Previous Page

Continued on Next Page

**Physicians
Endoscopy
Intermediate
Holdco, Inc.**
26-2239018
(DE) 100%

**Physicians
Endoscopy, L.L.C.**
91-1882702
(DE) 100%

Continued on Next Page

**Williamsville
Consulting, L.L.C. (3)**
36-4440488
(NY) 39.07%

**Chalfont HoldCo,
LLC**
82-2038975
(PA) 100%

**GI Ventures, LLC
(3)**
87-2861882
(NJ) 49%

**EAVF Acquisition
Holdings, LLC**
83-1326480
(PA) 100%

**Central Jersey
Ambulatory
Surgical Center,
L.L.C.**
22-3669777
(NJ) 60%

**Frontier
Healthcare Billing
Services, LLC**
45-1476594
(NY) 100%

**Frontier
Healthcare
Management
Services, LLC**
27-4101347
(NY) 100%

**PE New Jersey
Holdco, LLC**
81-4315098
(NJ) 100%

**PGC Acquisition
Holdings, LLC**
47-2582247
(PA) 100%

**SecureMD
Mangement, LLC**
46-3038066
(CO) 100%

**Carson
Endoscopy
Center, LLC(3)**
86-0872916
(NV) 35%

**SCA Jacksonville
Holdings, LLC**
92-3754586
(DE) 100%

**Morris Avenue
Endoscopy, L.L.C.**
22-3651957
(NJ) 51%

**SBE Holdings,
LLC (3)**
46-5454822
(FL) 20%

**ECBC General
Partner, LLC**
46-1730656
(PA) 51%

**Endoscopy Center
of Bucks County,
LP (3)(4)**
20-8205206
(PA) 44.88%

**Access Holding
Company, LLC (3)**
85-0718804
(NJ) 43.47%

**PGC Endoscopy
Center for
Excellence, LLC**
47-2638657
(PA) 49%

**Central Jersey
Ambulatory
Surgical Center,
L.L.C.**
22-3669777
(NJ) 60%

**South Broward
Endoscopy, L.L.C.**
11-3685842
(FL) 51%

**Atlantic Gastro
Surgicenter, LLC**
22-3645443
(NJ) 57.5%

**GANJ GI
Management, LLC**
Xx-xxxxxxx
(NJ) 51%

**PMC-SCA
Holdings, LLC (3)**
93-4588165
(DE) 51%

40.40

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

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
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

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
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
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
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

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

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>	<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
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

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

Beneficially Owned Legal Entities

<u>Entity Name</u>	<u>Juris.</u>	<u>Federal Tax ID</u>
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.