



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
Optum Insurance of Ohio, Inc.

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	69647	Employer's ID Number	31-0628424
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident and Health [ X ] Fraternal Benefit Societies [ ]					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	11020 Optum Circle, MS.MN102-0600 (Street and Number)		Eden Prairie, MN, US 55344 (City or Town, State, Country and Zip Code)			
			952-251-9723 (Area Code) (Telephone Number)			
Mail Address	11020 Optum Circle, MS.MN102-0600 (Street and Number or P.O. Box)		Eden Prairie, MN, US 55344 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	11020 Optum Circle, MS.MN102-0600 (Street and Number)		Eden Prairie, MN, US 55344 (City or Town, State, Country and Zip Code)			
			952-251-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.optumrx.com					
Statutory Statement Contact	Micah Forrest Wenck (Name)		952-251-9723 (Area Code) (Telephone Number)			
	oioh.mailbox@optum.com (E-mail Address)		(FAX Number)			

OFFICERS

Chief Executive Officer and President	Lisa Marie Smith #	Treasurer	Peter Marshall Gill
Secretary	Karen Elizabeth Bohmer	Chief Financial Officer	Kathryn Eve Carey

OTHER

Heather Anastasia Lang, Assistant Secretary	Matthew Paul Trok, Vice President	Steven Martin Violette, Vice President
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DIRECTORS OR TRUSTEES

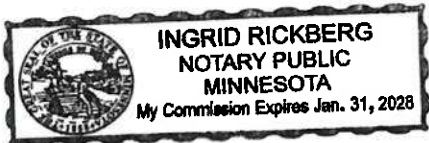
Kimberly Law Altman #	Kathryn Eve Carey	Allison McConomy Davenport
Lisa Marie Smith #	Vacancy	

State of Minnesota	State of	State of
County of Hennepin	County of	County of

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

 Peter Marshall Gill Treasurer	 Karen Elizabeth Bohmer Secretary	 Kathryn Eve Carey Chief Financial Officer
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Subscribed and sworn to before me this 26th day of January 2024	Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
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- 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.....



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State of	State of ILLINOIS	State of
County of	County of COOK	County of

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Peter Marshall Gill Treasurer	Karen Elizabeth Bohmer Secretary	Kathryn Eve Carey Chief Financial Officer
----------------------------------	-------------------------------------	--

Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 27 day of JANUARY, 2024 Kelly L. Mace Levin	Subscribed and sworn to before me this day of
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Treasurer

Karen Elizabeth Bohmer  
Secretary

Kathryn Eve Carey  
Chief Financial Officer

Subscribed and sworn to before me this  
day of

Subscribed and sworn to before me this  
day of

Subscribed and sworn to before me this  
23 day of Feb  
2024

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance 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) .....	2,932,201	0	2,932,201	2,221,455
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....8,536,582 , Schedule E - Part 1), cash equivalents (\$ .....156,134,794 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	164,671,376	0	164,671,376	108,353,461
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	73	0	73	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	167,603,650	0	167,603,650	110,574,916
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	728,881	0	728,881	472,134
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	183,752,870	37,659	183,715,211	162,281,109
18.1 Current federal and foreign income tax recoverable and interest thereon ....	8,880	0	8,880	0
18.2 Net deferred tax asset .....	227,573	11,561	216,012	211,140
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	32,751,323
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	11,125	0	11,125	58,326
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	352,332,979	49,220	352,283,759	306,348,948
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	352,332,979	49,220	352,283,759	306,348,948
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. State Income Tax Recoverable .....	11,125	0	11,125	58,326
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	11,125	0	11,125	58,326

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Aggregate reserve for life contracts \$ .....0 (Exh. 5, Line 9999999) less \$ .....0 included in Line 6.3 (including \$ .....0 Modco Reserve) .....	0	0
2. Aggregate reserve for accident and health contracts (including \$ .....0 Modco Reserve) .....	0	0
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ .....0 Modco Reserve) .....	0	0
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6) .....	0	0
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6) .....	0	0
5. Policyholders' dividends/refunds to members \$ .....0 and coupons \$ .....0 due and unpaid (Exhibit 4, Line 10) .....	0	0
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ .....0 Modco) .....	0	0
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ .....0 Modco) .....	0	0
6.3 Coupons and similar benefits (including \$ .....0 Modco) .....	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ .....0 discount; including \$ .....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14) .....	0	0
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts .....	0	0
9.2 Provision for experience rating refunds, including the liability of \$ .....0 accident and health experience rating refunds of which \$ .....0 is for medical loss ratio rebate per the Public Health Service Act .....	0	0
9.3 Other amounts payable on reinsurance, including \$ .....0 assumed and \$ .....0 ceded .....	0	0
9.4 Interest maintenance reserve (IMR, Line 6) .....	20,668	26,979
10. Commissions to agents due or accrued-life and annuity contracts \$ .....0 accident and health \$ .....0 and deposit-type contract funds \$ .....0 .....	0	0
11. Commissions and expense allowances payable on reinsurance assumed .....	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7) .....	2,906,809	5,664,714
13. Transfers to Separate Accounts due or accrued (net) (including \$ .....0 accrued for expense allowances recognized in reserves, net of reinsured allowances) .....	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....	0	0
15.1 Current federal and foreign income taxes, including \$ .....0 on realized capital gains (losses) .....	0	33,494
15.2 Net deferred tax liability .....	0	0
16. Unearned investment income .....	0	0
17. Amounts withheld or retained by reporting entity as agent or trustee .....	0	0
18. Amounts held for agents' account, including \$ .....0 agents' credit balances .....	0	0
19. Remittances and items not allocated .....	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0
21. Liability for benefits for employees and agents if not included above .....	0	0
22. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	0	0
23. Dividends to stockholders declared and unpaid .....	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....	0	0
24.02 Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ .....0 ) reinsurers .....	0	0
24.04 Payable to parent, subsidiaries and affiliates .....	1,770,564	0
24.05 Drafts outstanding .....	0	0
24.06 Liability for amounts held under uninsured plans .....	298,582,576	259,683,732
24.07 Funds held under coinsurance .....	0	0
24.08 Derivatives .....	0	0
24.09 Payable for securities .....	0	0
24.10 Payable for securities lending .....	0	0
24.11 Capital notes \$ .....0 and interest thereon \$ .....0 .....	0	0
25. Aggregate write-ins for liabilities .....	62,262	37,229
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	303,342,879	265,446,148
27. From Separate Accounts Statement .....	0	0
28. Total liabilities (Lines 26 and 27) .....	303,342,879	265,446,148
29. Common capital stock .....	2,727,274	2,727,274
30. Preferred capital stock .....	0	0
31. Aggregate write-ins for other than special surplus funds .....	0	0
32. Surplus notes .....	0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....	4,990,293	4,990,293
34. Aggregate write-ins for special surplus funds .....	0	0
35. Unassigned funds (surplus) .....	41,223,313	33,185,233
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 29 \$ .....0 ) .....	0	0
36.2 .....0 shares preferred (value included in Line 30 \$ .....0 ) .....	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ .....0 in Separate Accounts Statement) .....	46,213,606	38,175,526
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....	48,940,880	40,902,800
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....	352,283,759	306,348,948
DETAILS OF WRITE-INS		
2501. Unclaimed Property .....	62,262	37,229
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	62,262	37,229
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page .....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above) .....	0	0
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1 less Col. 8) .....	0	0
2. Considerations for supplementary contracts with life contingencies .....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17) .....	7,634,786	937,147
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....	6,311	8,182
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....	20,916	21,961
7. Reserve adjustments on reinsurance ceded .....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0
8.3 Aggregate write-ins for miscellaneous income .....	58,292,956	54,635,845
9. Total (Lines 1 to 8.3) .....	65,954,969	55,603,135
10. Death benefits .....	0	0
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1) .....	0	0
13. Disability benefits and benefits under accident and health contracts .....	0	0
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0
16. Group conversions .....	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	0	0
20. Totals (Lines 10 to 19) .....	0	0
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....	20,916	21,961
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....	0	0
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6) .....	19,830,992	19,238,526
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5) .....	548,603	520,452
25. Increase in loading on deferred and uncollected premiums .....	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0
27. Aggregate write-ins for deductions .....	2,933	386
28. Totals (Lines 20 to 27) .....	20,403,444	19,781,325
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	45,551,525	35,821,810
30. Dividends to policyholders and refunds to members .....	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	45,551,525	35,821,810
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	9,495,120	7,451,494
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	36,056,405	28,370,316
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ .....0 (excluding taxes of \$ .....0 transferred to the IMR) .....	0	0
35. Net income (Line 33 plus Line 34) .....	36,056,405	28,370,316
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....	40,902,800	39,509,390
37. Net income (Line 35) .....	36,056,405	28,370,316
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0
39. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
40. Change in net deferred income tax .....	(64,496)	(75,507)
41. Change in nonadmitted assets .....	46,171	98,601
42. Change in liability for reinsurance in unauthorized and certified companies .....	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....	0	0
44. Change in asset valuation reserve .....	0	0
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....	0	0
47. Other changes in surplus in Separate Accounts Statement .....	0	0
48. Change in surplus notes .....	0	0
49. Cumulative effect of changes in accounting principles .....	0	0
50. Capital changes:		
50.1 Paid in .....	0	0
50.2 Transferred from surplus (Stock Dividend) .....	0	0
50.3 Transferred to surplus .....	0	0
51. Surplus adjustment:		
51.1 Paid in .....	0	0
51.2 Transferred to capital (Stock Dividend) .....	0	0
51.3 Transferred from capital .....	0	0
51.4 Change in surplus as a result of reinsurance .....	0	0
52. Dividends to stockholders .....	(28,000,000)	(27,000,000)
53. Aggregate write-ins for gains and losses in surplus .....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	8,038,080	1,393,410
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....	48,940,880	40,902,800
DETAILS OF WRITE-INS		
08.301. Service Fee Revenue .....	58,292,956	54,635,845
08.302. ....		
08.303. ....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above) .....	58,292,956	54,635,845
2701. Fines and Penalties .....	2,933	386
2702. ....		
2703. ....		
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above) .....	2,933	386
5301. ....		
5302. ....		
5303. ....		
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above) .....	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	7,422,951	502,150
3. Miscellaneous income .....	58,313,872	54,657,806
4. Total (Lines 1 through 3) .....	65,736,823	55,159,956
5. Benefit and loss related payments .....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	5,647,680	(4,721,916)
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	9,537,494	7,451,018
10. Total (Lines 5 through 9) .....	15,185,174	2,729,102
11. Net cash from operations (Line 4 minus Line 10) .....	50,551,649	52,430,854
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	310,000	205,000
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) .....	310,000	205,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	1,065,548	209,036
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 .....	73	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,065,621	209,036
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) .....	(755,621)	(4,036)
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 .....	28,000,000	27,000,000
16.6 Other cash provided (applied) .....	34,521,887	(6,101,633)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	6,521,887	(33,101,633)
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) .....	56,317,915	19,325,185
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	108,353,461	89,028,276
19.2 End of year (Line 18 plus Line 19.1) .....	164,671,376	108,353,461

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts .....	0	0	0	0	0	0	0	0	0
2. Considerations for supplementary contracts with life contingencies .....	0	XXX	XXX	0	0	XXX	XXX	0	XXX
3. Net investment income .....	7,634,786	0	0	0	0	0	0	7,634,786	0
4. Amortization of Interest Maintenance Reserve (IMR) .....	6,311	0	0	0	0	0	0	6,311	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0	0	0	0	0	XXX	0	0
6. Commissions and expense allowances on reinsurance ceded .....	20,916	20,916	0	0	0	0	XXX	0	0
7. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0	0	XXX	0	0
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0	0	0	0	0	XXX	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0	0	0	0	XXX	XXX	0	0
8.3 Aggregate write-ins for miscellaneous income .....	58,292,956	0	0	0	0	0	0	58,292,956	0
9. Totals (Lines 1 to 8.3) .....	65,954,969	20,916	0	0	0	0	0	65,934,053	0
10. Death benefits .....	0	0	0	0	0	XXX	XXX	0	0
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0	0	0	0	XXX	XXX	0	0
12. Annuity benefits .....	0	XXX	XXX	0	0	XXX	XXX	0	XXX
13. Disability benefits and benefits under accident and health contracts .....	0	0	0	0	0	0	XXX	0	0
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0	0	0	0	0	0	XXX	0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0	0	0	0	XXX	XXX	0	0
16. Group conversions .....	0	0	0	0	0	0	XXX	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0	0	0	0	0	XXX	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0	0	0	0	XXX	XXX	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	0	0	0	0	0	0	XXX	0	0
20. Totals (Lines 10 to 19) .....	0	0	0	0	0	0	XXX	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....	20,916	20,916	0	0	0	0	0	0	XXX
22. Commissions and expense allowances on reinsurance assumed .....	0	0	0	0	0	0	XXX	0	0
23. General insurance expenses and fraternal expenses .....	19,830,992	0	0	0	0	0	0	19,830,992	0
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	548,603	0	0	0	0	0	0	548,603	0
25. Increase in loading on deferred and uncollected premiums .....	0	0	0	0	0	0	XXX	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0	0	0	0	0	XXX	0	0
27. Aggregate write-ins for deductions .....	2,933	0	0	0	0	0	0	2,933	0
28. Totals (Lines 20 to 27) .....	20,403,444	20,916	0	0	0	0	0	20,382,528	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	45,551,525	0	0	0	0	0	0	45,551,525	0
30. Dividends to policyholders and refunds to members .....	0	0	0	0	0	0	XXX	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	45,551,525	0	0	0	0	0	0	45,551,525	0
32. Federal income taxes incurred (excluding tax on capital gains) .....	9,495,120	0	0	0	0	0	0	9,495,120	0
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	36,056,405	0	0	0	0	0	0	36,056,405	0
34. Policies/certificates in force end of year .....	1,094	1,094	0	0	0	0	XXX	0	0
DETAILS OF WRITE-INS									
08.301. Service Fee Revenue .....	58,292,956	0	0	0	0	0	0	58,292,956	0
08.302. ....									
08.303. ....									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....	58,292,956	0	0	0	0	0	0	58,292,956	0
2701. Fines & Penalties .....	2,933	0	0	0	0	0	0	2,933	0
2702. ....									
2703. ....									
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....	2,933	0	0	0	0	0	0	2,933	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a) .....	0	0	0	0	0	0	0	0	0	0	0	0
2. Considerations for supplementary contracts with life contingencies .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Amortization of Interest Maintenance Reserve (IMR) .....	0	0	0	0	0	0	0	0	0	0	0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0	0	0	0	0	0	0	0	0	0	0
6. Commissions and expense allowances on reinsurance ceded .....	20,916	0	0	20,916	0	0	0	0	0	0	0	0
7. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0	0	0	0	0	0	0	0	0	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Aggregate write-ins for miscellaneous income .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3) .....	20,916	0	0	20,916	0	0	0	0	0	0	0	0
10. Death benefits .....	0	0	0	0	0	0	0	0	0	0	0	0
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0	0	0	0	0	0	0	0	0	0	0
12. Annuity benefits .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0	0	0	0	0	0	0	0	0	0	0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Group conversions .....	0	0	0	0	0	0	0	0	0	0	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0	0	0	0	0	0	0	0	0	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0	0	0	0	0	0	0	0	0	0	0
19. Increase in aggregate reserves for life and accident and health contracts ...	0	0	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19) .....	0	0	0	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....	20,916	0	0	20,916	0	0	0	0	0	0	0	XXX
22. Commissions and expense allowances on reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0
23. General insurance expenses .....	0	0	0	0	0	0	0	0	0	0	0	0
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	0	0	0	0	0	0	0	0	0	0	0	0
25. Increase in loading on deferred and uncollected premiums .....	0	0	0	0	0	0	0	0	0	0	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0	0	0	0	0	0	0	0	0	0	0
27. Aggregate write-ins for deductions .....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27) .....	20,916	0	0	20,916	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	0	0	0	0	0	0	0	0	0	0	0	0
30. Dividends to policyholders and refunds to members .....	0	0	0	0	0	0	0	0	0	0	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	0	0	0	0	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains) .....	0	0	0	0	0	0	0	0	0	0	0	0
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	0	0	0	0	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year .....	1,094	0	0	1,094	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
08.301. ....												
08.302. ....												
08.303. ....												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....	0	0	0	0	0	0	0	0	0	0	0	0
2701. ....												
2702. ....												
2703. ....												
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Include premium amounts for preneed plans included in Line 1 .....0

(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

(c) Individual and Group Credit Life are combined and included on ..... page. (Indicate whether included with Individual or Group.)

Analysis of Operations by Lines of Business - Group Life Insurance

**N O N E**

Analysis of Operations by Lines of Business - Individual Annuities

**N O N E**

Analysis of Operations by Lines of Business - Group Annuities

**N O N E**

Analysis of Operations by Lines of Business - Accident and Health

**N O N E**

Analysis of Increase in Reserves During the Year - Individual Life Insurance

**N O N E**

Analysis of Increase in Reserves During the Year - Group Life Insurance

**N O N E**

Analysis of Increase in Reserves During the Year - Individual Annuities

**N O N E**

Analysis of Increase in Reserves During the Year - Group Annuities

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a) .....26,636	.....48,984
1.1	Bonds exempt from U.S. tax .....	(a) .....0	.....0
1.2	Other bonds (unaffiliated) .....	(a) .....0	.....0
1.3	Bonds of affiliates .....	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b) .....0	.....0
2.11	Preferred stocks of affiliates .....	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c) .....0	.....0
4.	Real estate .....	(d) .....0	.....0
5	Contract loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments .....	(e) .....7,589,999	.....7,589,999
7	Derivative instruments .....	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	7,616,635	7,638,983
11.	Investment expenses .....		(g) .....4,197
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....0
14.	Depreciation on real estate and other invested assets .....		(i) .....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....4,197
17.	Net investment income (Line 10 minus Line 16)		7,634,786
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....0 accrual of discount less \$ .....44,802 amortization of premium and less \$ .....14,850 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.
- (e) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.
- (g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1	2	3	4	5	6	7	8
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
FIRST YEAR (other than single)								
1. Uncollected .....	0	0	0	0	0	0	0	0
2. Deferred and accrued .....	0	0	0	0	0	0	0	0
3. Deferred , accrued and uncollected:								
3.1 Direct .....	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
3.4 Net (Line 1 + Line 2) .....	0	0	0	0	0	0	0	0
4. Advance .....	0	0	0	0	0	0	0	0
5. Line 3.4 - Line 4 .....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct .....	0	0	0	0	0	0	0	0
6.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
6.4 Net .....	0	0	0	0	0	0	0	0
7. Line 5 + Line 6.4 .....	0	0	0	0	0	0	0	0
8. Prior year (uncollected + deferred and accrued - advance) .....	0	0	0	0	0	0	0	0
9. First year premiums and considerations:								
9.1 Direct .....	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
9.4 Net (Line 7 - Line 8) .....	0	0	0	0	0	0	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct .....	0	0	0	0	0	0	0	0
10.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
10.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
10.4 Net .....	0	0	0	0	0	0	0	0
RENEWAL								
11. Uncollected .....	0	0	0	0	0	0	0	0
12. Deferred and accrued .....	0	0	0	0	0	0	0	0
13. Deferred, accrued and uncollected:								
13.1 Direct .....	0	0	0	0	0	0	0	0
13.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
13.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
13.4 Net (Line 11 + Line 12) .....	0	0	0	0	0	0	0	0
14. Advance .....	0	0	0	0	0	0	0	0
15. Line 13.4 - Line 14 .....	0	0	0	0	0	0	0	0
16. Collected during year:								
16.1 Direct .....	466,172	463,928	0	1,881	0	363	0	0
16.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
16.3 Reinsurance ceded .....	466,172	463,928	0	1,881	0	363	0	0
16.4 Net .....	0	0	0	0	0	0	0	0
17. Line 15 + Line 16.4 .....	0	0	0	0	0	0	0	0
18. Prior year (uncollected + deferred and accrued - advance) .....	0	0	0	0	0	0	0	0
19. Renewal premiums and considerations:								
19.1 Direct .....	466,172	463,928	0	1,881	0	363	0	0
19.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
19.3 Reinsurance ceded .....	466,172	463,928	0	1,881	0	363	0	0
19.4 Net (Line 17 - Line 18) .....	0	0	0	0	0	0	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct .....	466,172	463,928	0	1,881	0	363	0	0
20.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded .....	466,172	463,928	0	1,881	0	363	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4) .....	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT - 1 PART 2 - POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND  
EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	1	2	3	4	5	6	7	8
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)								
21. To pay renewal premiums .....	0	0	0	0	0	0	0	0
22. All other .....	0	0	0	0	0	0	0	0
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded .....	0	0	0	0	0	0	0	0
23.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
23.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded .....	0	0	0	0	0	0	0	0
24.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
24.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded .....	20,916	20,916	0	0	0	0	0	0
25.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
25.3 Net ceded less assumed .....	20,916	20,916	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6) .....	20,916	20,916	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22) .....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed .....	20,916	20,916	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single) .....	0	0	0	0	0	0	0	0
28. Single .....	0	0	0	0	0	0	0	0
29. Renewal .....	20,916	20,916	0	0	0	0	0	0
30. Deposit-type contract funds .....	0	0	0	0	0	0	0	0
31. Totals (to agree with Page 6, Line 21)	20,916	20,916	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
1.	Rent .....	0	0	0	62,270	0	0	62,270
2.	Salaries and wages .....	0	0	0	1,005,186	0	0	1,005,186
3.11	Contributions for benefit plans for employees .....	0	0	0	225,150	0	0	225,150
3.12	Contributions for benefit plans for agents .....	0	0	0	0	0	0	0
3.21	Payments to employees under non-funded benefit plans .....	0	0	0	3,982	0	0	3,982
3.22	Payments to agents under non-funded benefit plans .....	0	0	0	0	0	0	0
3.31	Other employee welfare .....	0	0	0	3,158	0	0	3,158
3.32	Other agent welfare .....	0	0	0	0	0	0	0
4.1	Legal fees and expenses .....	0	0	0	15,754	0	0	15,754
4.2	Medical examination fees .....	0	0	0	138	0	0	138
4.3	Inspection report fees .....	0	0	0	28	0	0	28
4.4	Fees of public accountants and consulting actuaries .....	0	0	0	2,454	0	0	2,454
4.5	Expense of investigation and settlement of policy claims .....	0	0	0	2,802	0	0	2,802
5.1	Traveling expenses .....	0	0	0	18,929	0	0	18,929
5.2	Advertising .....	0	0	0	62,348	0	0	62,348
5.3	Postage, express, telegraph and telephone .....	0	0	0	52,494	0	0	52,494
5.4	Printing and stationery .....	0	0	0	15,493	0	0	15,493
5.5	Cost or depreciation of furniture and equipment .....	0	0	0	15,105	0	0	15,105
5.6	Rental of equipment .....	0	0	0	3,256	0	0	3,256
5.7	Cost or depreciation of EDP equipment and software .....	0	0	0	121,078	0	0	121,078
6.1	Books and periodicals .....	0	0	0	792	0	0	792
6.2	Bureau and association fees .....	0	0	0	1,864	0	0	1,864
6.3	Insurance, except on real estate .....	0	0	0	23,029	0	0	23,029
6.4	Miscellaneous losses .....	0	0	0	590	0	0	590
6.5	Collection and bank service charges .....	0	0	0	17,774	0	0	17,774
6.6	Sundry general expenses .....	0	0	0	17,906,461	0	0	17,906,461
6.7	Group service and administration fees .....	0	0	0	0	0	0	0
6.8	Reimbursements by uninsured plans .....	0	0	0	0	0	0	0
7.1	Agency expense allowance .....	0	0	0	0	0	0	0
7.2	Agents' balances charged off (less \$ .....0 recovered) .....	0	0	0	0	0	0	0
7.3	Agency conferences other than local meetings .....	0	0	0	0	0	0	0
8.1	Official publication (Fraternal Benefit Societies Only) .....	XXX	XXX	XXX	XXX	XXX	0	0
8.2	Expense of supreme lodge meetings (Fraternal Benefit Societies Only) .....	XXX	XXX	XXX	XXX	XXX	0	0
9.1	Real estate expenses .....	0	0	0	0	0	0	0
9.2	Investment expenses not included elsewhere .....	0	0	0	0	4,197	0	4,197
9.3	Aggregate write-ins for expenses .....	0	0	0	270,857	0	0	270,857
10.	General expenses incurred .....	0	0	0	19,830,992	4,197	(b) 0	(a) ... 19,835,189
11.	General expenses unpaid Dec. 31, prior year .....	0	0	0	5,664,714	0	0	5,664,714
12.	General expenses unpaid Dec. 31, current year .....	0	0	0	2,906,809	0	0	2,906,809
13.	Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0	0	0
14.	Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0	0	0
15.	General expenses paid during year (Lines 10+11-12-13+14) .....	0	0	0	22,588,897	4,197	0	22,593,094
DETAILS OF WRITE-INS								
09.301.	Real estate taxes .....	0	0	0	14,049	0	0	14,049
09.302.	State insurance department licenses and fees .....	0	0	0	0	0	0	0
09.303.	State taxes on premiums .....	0	0	0	8,379	0	0	8,379
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	248,429	0	0	248,429
09.399.	Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above) .....	0	0	0	270,857	0	0	270,857

(a) Includes management fees of \$ ..... 1,998,533 to affiliates and \$ ..... 0 to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable .....\$ .....0 ; 2. Institutional . \$ .....0 ; 3. Recreational and Health \$ .....0 ; 4. Educational .....\$ .....0

5. Religious .....\$ .....0 ; 6. Membership \$ .....0 ; 7. Other .....\$ .....0 ; 8. Total .....\$ .....0

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes .....	0	0	3,322	0	0	3,322
2.	State insurance department licenses and fees .....	0	0	135,540	0	0	135,540
3.	State taxes on premiums .....	0	0	11,497	0	0	11,497
4.	Other state taxes, including \$ ..... 0 for employee benefits .....	0	0	325,557	0	0	325,557
5.	U.S. Social Security taxes .....	0	0	72,687	0	0	72,687
6.	All other taxes .....	0	0	0	0	0	0
7.	Taxes, licenses and fees incurred .....	0	0	548,603	0	0	548,603
8.	Taxes, licenses and fees unpaid Dec. 31, prior year .....	0	0	0	0	0	0
9.	Taxes, licenses and fees unpaid Dec. 31, current year .....	0	0	0	0	0	0
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) .....	0	0	548,603	0	0	548,603

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1	2
	Life	Accident and Health
1. Applied to pay renewal premiums .....		
2. Applied to shorten the endowment or premium-paying period .....		
3. Applied to provide paid-up additions .....		
4. Applied to provide paid-up annuities .....		
5. Total Lines 1 through 4 .....		
6. Paid in cash .....		
7. Left on deposit .....		
8. Aggregate write-ins for dividend or refund options .....		
9. Total Lines 5 through 8 .....		
10. Amount due and unpaid .....		
11. Provision for dividends or refunds payable in the following calendar year .....		
12. Terminal dividends .....		
13. Provision for deferred dividend contracts .....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13 .....		
15. Total Lines 10 through 14 .....		
16. Total from prior year .....		
17. Total dividends or refunds (Lines 9 + 15 - 16) .....		
DETAILS OF WRITE-INS		
0801. ....		
0802. ....		
0803. ....		
0898. Summary of remaining write-ins for Line 8 from overflow page .....		
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....		

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$ .....0 ; Annuities \$ .....0 ; Supplementary Contracts with Life Contingencies \$ .....0 ; Accidental Death Benefits \$ .....0 ; Disability - Active Lives \$ .....0 ; Disability - Disabled Lives \$ .....0 ; Miscellaneous Reserves \$ .....0 .

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$ .....0 ; Annuities \$ .....0 ; Supplementary Contracts with Life Contingencies \$ .....0 ; Accidental Death Benefits \$ .....0 ; Disability - Active Lives \$ .....0 ; Disability - Disabled Lives \$ .....0 ; Miscellaneous Reserves \$ .....0 .



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?.....

Yes [ ] No [ X ]

1.2

If not, state which kind is issued.

2.1

Does the reporting entity at present issue both participating and non-participating contracts?.....

Yes [ ] No [ X ]

2.2

If not, state which kind is issued.

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?.....

Yes [ X ] No [ ]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?

Yes [ ] No [ X ]

If so, state:

4.1

Amount of insurance? .....

\$.....0

4.2

Amount of reserve? .....

\$.....0

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year .....

\$.....0

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? .....

Yes [ ] No [ X ]

6.1

If so, state the amount of reserve on such contracts on the basis actually held:.....

\$.....0

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: .....

\$.....0

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements .....

\$.....0

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business: .....

\$.....0

7.4

Identify where the reserves are reported in the blank:

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements: .....

\$.....0

8.2

State the amount of reserves established for this business: .....

\$.....0

8.3

Identify where the reserves are reported in the blank:

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: .....

\$.....0

9.2

State the amount of reserves established for this business: .....

\$.....0

9.3

Identify where the reserves are reported in the blank:

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1	Valuation Basis		4
	2	3	
Description of Valuation Class	Changed From	Changed To	Increase in Actuarial Reserve Due to Change
	NONE		
9999999 - Total (Column 4, only)			

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS <sup>(a)</sup>

	1  Total	Comprehensive		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
		2  Individual	3  Group										
ACTIVE LIFE RESERVE													
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional contract reserves (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Additional actuarial reserves-Asset/Liability analysis .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for future contingent benefits .....	18,173	0	0	0	0	0	0	0	0	0	18,173	0	0
5. Reserve for rate credits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Totals (Gross) .....	18,173	0	0	0	0	0	0	0	0	0	18,173	0	0
8. Reinsurance ceded .....	18,173	0	0	0	0	0	0	0	0	0	18,173	0	0
9. Totals (Net)	0	0	0	0	0	0	0	0	0	0	0	0	0
CLAIM RESERVE													
10. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Additional actuarial reserves-Asset/Liability analysis .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Totals (Net)	0	0	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL (Net)	0	0	0	0	0	0	0	0	0	0	0	0	0
18. TABULAR FUND INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0601. ....													
0602. ....													
0603. ....													
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0699. TOTALS (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1301. ....													
1302. ....													
1303. ....													
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
1399. TOTALS (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

(b) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods. ....

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	85,214	0	1,427	83,787	0	0
2. Deposits received during the year .....	0	0	0	0	0	0
3. Investment earnings credited to the account .....	2,779	0	1,224	1,555	0	0
4. Other net change in reserves .....	38,754	0	54,992	(16,238)	0	0
5. Fees and other charges assessed .....	0	0	0	0	0	0
6. Surrender charges .....	0	0	0	0	0	0
7. Net surrender or withdrawal payments .....	3,260	0	3,260	0	0	0
8. Other net transfers to or (from) Separate Accounts .....	0	0	0	0	0	0
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a) .....	123,487	0	54,383	69,104	0	0
10. Reinsurance balance at the beginning of the year .....	(85,214)	0	(1,427)	(83,787)	0	0
11. Net change in reinsurance assumed .....	0	0	0	0	0	0
12. Net change in reinsurance ceded .....	38,273	0	52,956	(14,683)	0	0
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	(123,487)	0	(54,383)	(69,104)	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

(a) FHLB Funding Agreements:

1. Reported as GICs (captured in column 2) .....\$ .....0
2. Reported as Annuities Certain (captured in column 3) .....\$ .....0
3. Reported as Supplemental Contracts (captured in column 4) .....\$ .....0
4. Reported as Dividend Accumulations or Refunds (captured in column 5) .....\$ .....0
5. Reported as Premium or Other Deposit Funds (captured in column 6) .....\$ .....0
6. Total Reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5) . \$ .....0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year									
		1	2	3	4	5	6	7	8
		Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
1.	Due and unpaid:								
	1.1 Direct .....	49,721	49,721	0	0	0	0	0	0
	1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
	1.3 Reinsurance ceded .....	49,721	49,721	0	0	0	0	0	0
	1.4 Net .....	0	0	0	0	0	0	0	0
2.	In course of settlement:								
	2.1 Resisted .....								
	2.11 Direct .....	0	0	0	0	0	0	0	0
	2.12 Reinsurance assumed .....	0	0	0	0	0	0	0	0
	2.13 Reinsurance ceded .....	0	0	0	0	0	0	0	0
	2.14 Net .....	0	(b) 0	(b) 0	(b) 0	0	0	0	0
	2.2 Other .....								
	2.21 Direct .....	0	0	0	0	0	0	0	0
	2.22 Reinsurance assumed .....	0	0	0	0	0	0	0	0
	2.23 Reinsurance ceded .....	0	0	0	0	0	0	0	0
	2.24 Net .....	0	(b) 0	(b) 0	(b) 0	0	(b) 0	0	0
3.	Incurred but unreported:								
	3.1 Direct .....	47,549	46,881	0	0	0	668	0	0
	3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
	3.3 Reinsurance ceded .....	47,549	46,881	0	0	0	668	0	0
	3.4 Net .....	0	(b) 0	(b) 0	(b) 0	0	(b) 0	0	0
4.	TOTALS .....								
	4.1 Direct .....	97,270	96,602	0	0	0	668	0	0
	4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded .....	97,270	96,602	0	0	0	668	0	0
	4.4 Net .....	0	(a) 0	(a) 0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ 0 in Column 2 and \$ 0 in Column 3.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Individual Life \$ 0 Group Life \$ 0 , and Individual Annuities \$ 0 are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Accident and Health \$ 0 are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 2 - Incurred During the Year**

	1	2	3	4	5	6	7	8
	Total	Individual Life (a)	Group Life (b)	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
1. Settlements During the Year:								
1.1 Direct .....	1,016,359	1,010,640	0	5,719	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	1,016,359	1,010,640	0	5,719	0	0	0	0
1.4 Net (c) .....	0	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:								
2.1 Direct .....	97,270	96,602	0	0	0	668	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	97,270	96,602	0	0	0	668	0	0
2.4 Net .....	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers December 31, current year .....	0	0	0	0	0	0	0	0
4. Liability December 31, prior year:								
4.1 Direct .....	70,671	70,620	0	0	0	51	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	70,671	70,620	0	0	0	51	0	0
4.4 Net .....	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0
6. Incurred Benefits								
6.1 Direct .....	1,042,958	1,036,622	0	5,719	0	617	0	0
6.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded .....	1,042,958	1,036,622	0	5,719	0	617	0	0
6.4 Net .....	0	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ .....0 in Line 1.1, \$ .....0 in Line 1.4.  
\$ .....0 in Line 6.1, and \$ .....0 in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ .....0 in Line 1.1, \$ .....0 in Line 1.4.  
\$ .....0 in Line 6.1, and \$ .....0 in Line 6.4.

(c) Includes \$ .....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NON-ADMITTED 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 deferred and not yet due .	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	37,659	14,462	(23,197)
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	11,561	80,929	69,368
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) .....	49,220	95,391	46,171
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	49,220	95,391	46,171
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

**OPTUM INSURANCE OF OHIO, INC.**

**NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS  
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**

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**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN**

**Organization and Operation**

Optum Insurance of Ohio, Inc. (the “Company”), licensed as life, accident, and health insurer, is domiciled in the State of Ohio. The Company is a wholly owned subsidiary of OptumRX PBM of Maryland, LLC (the “Parent”), which is a wholly owned subsidiary of UnitedHealth Group Incorporated (“UnitedHealth Group”). UnitedHealth Group is a publicly held company trading on the New York Stock Exchange.

The Company is licensed to sell life, annuity, and accident and health insurance products in 48 states and the District of Columbia. The Company entered into a coinsurance agreement with Protective Life Insurance Company (“Protective”) on April 30, 1997 to cede the risk associated with its life and annuity contracts. Under this agreement, Protective agreed to administer certain life and annuity contracts originally written by the Company and to pay for any claims arising under the insurance contracts. As of December 31, 2023, and 2022, all of the Company’s insurance contracts were 100% ceded to Protective under the coinsurance agreement.

The Company operates as a national Medicare Prescription Drug Plan (“PDP”) sponsor under Part D of the Medicare program. The Company holds an agreement with the Department of Health and Human Services, and Centers for Medicare and Medicaid Services (“CMS”) to operate as a national PDP sponsor. As an approved national PDP sponsor, the Company is able to provide PDP Medicare benefits to employer groups wishing to contract indirectly with CMS to offer prescription drug benefits to eligible members. The Company only provides Medicare Part D benefits to employer groups that will directly reimburse it for the cost of the prescription drugs and does not subject the Company to any insurance risk. The Company is able to offer benefits to all retirees of an employer group regardless of their state of residence by providing adequate access to pharmacy providers. Employer groups and unions located in all 50 states are within the Company’s target market; the insured Medicare-eligible members of these organizations may reside anywhere in the United States and its territories.

As a PDP plan sponsor, the Company only facilitates the information flow of the PDP benefits and reimbursements between the employer groups and CMS. In addition to charging a service fee for the PDP services, the Company does facilitate the collection for the reimbursement of the drug spend from the employer groups, however, 100% of these payments are remitted back to the affiliated pharmaceutical benefit manager (“PBM”). The Company does not administer or make claims payments on behalf of the employer groups; that is the sole responsibility of the PBMs. The PBMs provide specific reporting on drug spend to the Company, who in turn provides it to CMS to facilitate any reimbursements due to the employer groups. The Company does not arrange for the provision of medical services for these employer groups.

**A. Accounting Practices**

The statutory basis financial statements (herein referred to as “financial statements”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the “Department”).

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Ohio (the “State”), for determining and reporting the financial condition and results of operations of a life, accident, and health insurer for determining its solvency under Ohio Insurance Law. The State prescribes the use of the National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual (“NAIC SAP”) in effect for the accounting periods covered in the financial statements.



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

	SSAP #	F/S Page #	F/S Line #	December 31, 2023	December 31, 2022
<b>Net Income (Loss)</b>					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 36,056,405	\$ 28,370,316
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 36,056,405</u>	<u>\$ 28,370,316</u>
<b>Capital and Surplus</b>					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 48,940,880	\$ 40,902,800
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				-	-
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$ 48,940,880</u>	<u>\$ 40,902,800</u>

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

The preparation of these financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company’s estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted. As of December 31, 2023, there are no amounts in the financial statements that the Company believes contain material estimates and judgments.

**C. Accounting Policy**

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

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

- (1) The Company holds no short-term investments;
- (2) Bonds are stated at book/adjusted carrying value if they meet NAIC designation of one through five and stated at the lower of book/adjusted carrying value or fair value if they meet an NAIC designation of six. The Company does not have any mandatory convertible securities or Investment Analysis Office of the NAIC (“IAO”) identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the IAO in accordance with the NAIC Valuation of Securities manual prepared by the IAO or an external pricing service;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;
- (6) The Company holds no loan-backed securities;

- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- (10) The Company has reviewed the statutory requirements for establishing a premium deficiency reserve ("PDR"). Given the nature of the Company's operations, no PDR was required to be established as of December 31, 2023 and 2022. The Company does anticipate investment income as a factor in the PDR calculation (see Note 30);
- (11) The Company does not administer or make claims payments on behalf of the employer groups for the Medicare Part D activity. The Company cedes 100% of the risk and administrative functions associated with its life and annuity contracts. As a result, the Company does not report any unpaid claims adjustment expenses or claims adjustment expenses in the financial statements;
- (12) The Company does not carry any fixed assets in the financial statements;
- (13) The Company does not have any health care receivables.

The Company has also deemed the following to be significant accounting policies:

## **ASSETS**

### ***Cash and Invested Assets***

- Cash represents cash held by the Company in operating accounts.
- Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition.

### ***Other Assets***

- **Amounts Receivable Relating to Uninsured Plans** — Receivables for amounts held under uninsured plans represent amounts due from employer groups participating in the Medicare Part D program for service fees as well as reimbursement for drug spending due back to affiliated PBMs. Amounts receivable relating to uninsured plans also includes pharmacy rebates for the Medicare Part D program that are due from the Company's affiliated PBMs, who collected the rebates directly from the pharmaceutical manufacturers and subsequently remit the amounts to the Company. The Company in turn passes the rebates through to the participating employer groups.
- **Receivables from Parent, Subsidiaries, and Affiliates** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts due as receivables from parent, subsidiaries, and affiliates, in the financial statements. The Company has excluded receivables that do not meet the admissibility criteria from the financial statements.

## **LIABILITIES**

- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the financial statements.
- **Liability for Amounts Held Under Uninsured Plans** — Liability for amounts held under uninsured plans consists of amounts due to Medicare Part D employer groups for the following: credits received from CMS which in turn will be to passed through to the participating employer groups, amounts due back to the self-insured employer groups for pharmaceutical rebates, and for overpayments related to terminated groups.

## **CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS**

- **Restricted Cash Reserves** - The Company is in compliance with the various states regulatory deposit requirements as of December 31, 2023 and 2022, respectively, for qualification purposes as a domestic and foreign insurer. These restricted cash reserves are stated at book/adjusted carrying value, which approximates fair value. These restricted

deposits are included in bonds and cash equivalents in the financial statements. Interest earned on these deposits accrues to the Company (see Note 5).

- **Minimum Capital and Surplus** - Under the laws of the State of Ohio, the Department requires the Company to maintain a minimum capital and surplus equal to \$2,500,000.

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

The Company is also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2023 and 2022.

**STATEMENTS OF OPERATIONS**

- **Net Investment Income** — Net investment income includes investment income collected during the period, as well as the change in investment income due and accrued on the Company’s holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income (see Note 7).
- **Service Fee Revenue** — Service fee revenue consists primarily of revenue received for the facilitation services performed on behalf of the employer groups that self-insure the PDP Medicare Part D benefits of their retiree population. Under these contracts, the Company recognizes revenue in the period in which the related services are performed. For employer groups electing to self-invoice, the Company estimates service fee revenue in the period in which the service relates and adjusts this estimate in the following period when the invoice and payment is received. The Company does not make claims payments on behalf of the employer groups; that is the sole responsibility of the PBM. The employer groups retain the risk of financing drug spend for their retirees, and the Company administrators, on a pass-through basis, the payment of customer funds to the affiliated PBM.
- **General Insurance Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general insurance expenses. Pursuant to the terms of the management agreement (“Agreement”) (see Note 10), the Company pays a management fee to United Healthcare Services, Inc. (“UHS”) in exchange for administrative and management services. Costs for items not included within the scope of the Agreement are directly expensed as incurred.
- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income before federal income taxes subject to certain adjustments (see Note 9).

**REINSURANCE**

- **Reinsurance Ceded** — All of the Company’s direct life and annuity business has been ceded to Protective. Accordingly, for the years ended December 31, 2023 and 2022, the Company had no amounts for net premiums and annuity considerations for life and accident and health contracts, no net benefits or commissions incurred, and no net aggregate reserves, and contract claims for life, accident, and health contracts in the financial statements (see Note 23).

**OTHER**

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

The Company has four self-insured employer groups that accounted for 81.9% and 86.1% of total service fee revenue for the years ended December 31, 2023 and 2022, respectively. The Company has three self-insured employer groups that accounted for 72.6% and 86.3% of amounts due related to the facilitation of the Medicare Part D benefits, which is a component of amounts receivable relating to uninsured plans as of December 31, 2023 and 2022, respectively.

**Recently Issued Accounting Standards —**

In May 2023, the NAIC revised Statement of Statutory Accounting Principles (“SSAP No. 34, *Investment Income Due or Accrued* for the updated presentation of investment income (see Note 7), effective for annual 2023. The Company adopted the revision on the effective date.

The Company reviewed all other recently issued guidance in 2023 and 2022 that has been adopted for 2023 or subsequent years’ implementation and has determined that none of the items would have a significant impact to the financial statements.

**D. Going Concern**

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

**2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2023 and 2022.

**3. BUSINESS COMBINATIONS AND GOODWILL**

**A–E.** The Company was not party to a business combination during the years ended December 31, 2023 and 2022, and does not carry goodwill in its financial statements.

**4. DISCONTINUED OPERATIONS**

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

**(1–4)** The Company did not have any discontinued operations disposed of or classified as held for sale during 2023 and 2022.

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

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

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

5. INVESTMENTS

As of December 31, 2023 and 2022, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company’s investments, excluding cash and cash equivalents of \$164,671,376 and \$108,353,461 respectively, are disclosed in the table below:

	2023				Fair Value
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	
U.S. government and agency securities	\$ 2,932,201	\$ 47	\$ 9,184	\$ 84,641	\$ 2,838,423
Total Bonds	\$ 2,932,201	\$ 47	\$ 9,184	\$ 84,641	\$ 2,838,423

	2023				Fair Value
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	
Less than one year	\$ 105,864	\$ -	\$ -	\$ 1,890	\$ 103,974
One to five years	2,826,337	47	9,184	82,751	2,734,449
Total Bonds	\$ 2,932,201	\$ 47	\$ 9,184	\$ 84,641	\$ 2,838,423

	2022				Fair Value
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	
U.S. government and agency securities	\$ 2,221,455	\$ -	\$ 12,635	\$ 128,513	\$ 2,080,307
Total Bonds	\$ 2,221,455	\$ -	\$ 12,635	\$ 128,513	\$ 2,080,307

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2023 and 2022:

	2023					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 1,000,779	\$ 9,184	\$ 1,803,731	\$ 84,641	\$ 2,804,510	\$ 93,825
Total Bonds	\$ 1,000,779	\$ 9,184	\$ 1,803,731	\$ 84,641	\$ 2,804,510	\$ 93,825

	2022					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 195,174	\$ 12,635	\$ 1,885,132	\$ 128,513	\$ 2,080,306	\$ 141,148
Total Bonds	\$ 195,174	\$ 12,635	\$ 1,885,132	\$ 128,513	\$ 2,080,306	\$ 141,148

The unrecognized unrealized losses on investments in U.S. government and agency securities at December 31, 2023 and 2022, were mainly caused by interest rate fluctuations and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of the U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. As a result of this review, no other-than-temporary impairments (“OTTI”) were recorded by the Company as of December 31, 2023 and 2022.

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

**D. Loan-Backed Securities**

(1–5) The Company has no loan-backed securities.

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

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.
- J. Real Estate — Not applicable.
- K. Low-Income Housing Tax Credits — Not applicable.
- L. Restricted Assets —

(1) Restricted assets, including pledged securities as of December 31, 2023 and 2022, are presented below:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted From Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 Minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0 %	0 %
b. Collateral held under security lending agreements	-	-	-	-	-	0 %	0 %
c. Subject to repurchase agreements	-	-	-	-	-	0 %	0 %
d. Subject to reverse repurchase agreements	-	-	-	-	-	0 %	0 %
e. Subject to dollar repurchase agreements	-	-	-	-	-	0 %	0 %
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0 %	0 %
g. Placed under option contracts	-	-	-	-	-	0 %	0 %
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	2,932,201	2,911,458	20,743	-	2,932,201	<1 %	<1 %
i. FHLB capital stock	-	-	-	-	-	0 %	0 %
j. On deposit with states	-	-	-	-	-	0 %	0 %
k. On deposit with other regulatory bodies	-	-	-	-	-	0 %	0 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0 %	0 %
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0 %	0 %
n. Other restricted assets	-	-	-	-	-	0 %	0 %
o. Total restricted assets	\$ 2,932,201	\$ 2,911,458	\$ 20,743	\$ -	\$ 2,932,201	≤1 %	≤1 %

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

(2–4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2023 or 2022.

- M. Working Capital Finance Investments — Not applicable.
- N. Offsetting and Netting of Assets and Liabilities

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

- O. 5GI Securities

The Company does not have any investments with an NAIC designation of 5GI as of December 31, 2023 and 2022.

**P. Short Sales** — Not applicable.

**Q. Prepayment Penalty and Acceleration Fees**

The Company does not have any prepayment penalty and acceleration fees as of December 31, 2023.

**R. Reporting Entity’s Share of Cash Pool by Asset Type** — Not applicable.

**6. Joint ventures, partnerships, and limited liability companies**

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

**7. Investment income**

- A.** The Company excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.
- B.** There were no investment income amounts excluded from the financial statements.
- C.** The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued and admitted interest income due and accrued amounts as of December 31, 2023 and 2022:

	2023
Interest Income Due And Accrued:	
1. Gross	\$ 728,881
2. Nonadmitted	\$ -
3. Admitted	\$ 728,881
	2022
Interest Income Due And Accrued:	
1. Gross	\$ 472,134
2. Nonadmitted	\$ -
3. Admitted	\$ 472,134

**D.** The Company has no aggregated deferred interest as of December 31, 2023 or 2022.

**E.** The Company has no paid-in-kind interest as of December 31, 2023 or 2022.

**8. Derivative instruments**

**A–B.** The Company has no derivative instruments.



9. Income taxes

On August 16, 2022, the U.S. government enacted the Inflation Reduction Act. Included in the Inflation Reduction Act was a new corporate alternative minimum tax (“CAMT”). The CAMT is calculated as 15% of adjusted financial statement income and applies only to corporations with average annual adjusted financial statement income in excess of \$1 billion for three prior taxable years. The applicability of the CAMT is determined on a tax-controlled group basis.

The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group which constitutes a controlled group. The controlled group's expected federal income tax will exceed the CAMT and therefore the Company does not expect to be subject to the minimum tax.

The controlled group has not made any material modifications to the methodology used to project the CAMT.

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2023 and 2022 are as follows:

	2023			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	\$ 227,573	\$ -	\$ 227,573	\$ 292,069	\$ -	\$ 292,069	\$ (64,496)	\$ -	\$ (64,496)
(b) Statutory valuation allowance adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	227,573	-	227,573	292,069	-	292,069	(64,496)	-	(64,496)
(d) Deferred tax assets nonadmitted	11,561	-	11,561	80,929	-	80,929	(69,368)	-	(69,368)
(e) Subtotal net admitted deferred tax asset (1c - 1d)	216,012	-	216,012	211,140	-	211,140	4,872	-	4,872
(f) Deferred tax liabilities	-	-	-	-	-	-	-	-	-
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 216,012	\$ -	\$ 216,012	\$ 211,140	\$ -	\$ 211,140	\$ 4,872	\$ -	\$ 4,872

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

Admission Calculation Components SSAP No. 101	2023			2022			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 146,644	\$ -	\$ 146,644	\$ 141,772	\$ -	\$ 141,772	\$ 4,872	\$ -	\$ 4,872
(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)	69,368	-	69,368	69,368	-	69,368	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	69,368	-	69,368	69,368	-	69,368	-	-	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,308,730	XXX	XXX	6,103,479	XXX	XXX	1,205,251
(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))	<u>\$216,012</u>	<u>\$ -</u>	<u>\$ 216,012</u>	<u>\$211,140</u>	<u>\$ -</u>	<u>\$ 211,140</u>	<u>\$ 4,872</u>	<u>\$ -</u>	<u>\$ 4,872</u>

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

	2023	2022
(a) Ratio percentage used to determine recovery period and threshold limitation amount	>300%	>300%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 48,724,868	\$ 40,691,660

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2023 and 2022 is presented below:

Impact of Tax-Planning Strategies	2023		2022		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 - 3) Ordinary	6 (Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 227,573	\$ -	\$ 292,069	\$ -	\$ (64,496)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 216,012	\$ -	\$ 211,140	\$ -	\$ 4,872	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes		No	X

B. Unrecognized Deferred Tax Liabilities

(1–4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2023 and 2022.

C. Significant Components of Income Taxes

(1) The current federal income taxes incurred for the years ended December 31, 2023 and 2022 are as follows:

	1	2	3
	2023	2022	(Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 9,495,120	\$ 7,451,494	\$ 2,043,626
(b) Foreign	-	-	-
(c) Subtotal (1a+1b)	9,495,120	7,451,494	2,043,626
(d) Federal income tax on net capital gains (losses)	-	-	-
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 9,495,120</u>	<u>\$ 7,451,494</u>	<u>\$ 2,043,626</u>

(2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2023 and 2022, are as follows:

	1	2	3
	2023	2022	(Col 1 - 2) Change
2 Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables — nonadmitted	7,908	3,037	4,871
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward	-	-	-
(13) Other	<u>219,665</u>	<u>289,032</u>	<u>(69,367)</u>
(99) Subtotal (sum of 2a1 through 2a13)	227,573	292,069	(64,496)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	<u>11,561</u>	<u>80,929</u>	<u>(69,368)</u>
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>216,012</u>	<u>211,140</u>	<u>4,872</u>
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal (2e1+2e2+2e3+2e4)	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	<u>-</u>	<u>-</u>	<u>-</u>
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>-</u>	<u>-</u>	<u>-</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>216,012</u>	<u>211,140</u>	<u>4,872</u>
3 Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>-</u>	<u>-</u>	<u>-</u>
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other	<u>-</u>	<u>-</u>	<u>-</u>
(99) Subtotal (3b1+3b2+3b3)	<u>-</u>	<u>-</u>	<u>-</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>-</u>	<u>-</u>	<u>-</u>
4 Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 216,012</u>	<u>\$ 211,140</u>	<u>\$ 4,872</u>

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2023 and 2022.

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2023 and 2022 is as follows:

	2023		2022	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 9,565,812	21%	\$ 7,522,580	21%
Other current year items	(1,325)	-	(1,718)	-
Tax effect of nonadmitted assets	\$ (4,871)	-	\$ 6,139	-
Total statutory income taxes	\$ 9,559,616	21%	\$ 7,527,001	21%
Federal income taxes incurred	\$ 9,495,120	21%	\$ 7,451,494	21%
Change in net deferred income tax	64,496	-	75,507	-
Total statutory income taxes	\$ 9,559,616	21%	\$ 7,527,001	21%

- E. At December 31, 2023, the Company had no net operating loss carryforwards.

Current federal income taxes recoverable of \$8,880 and payable of \$33,494 as of December 31, 2023 and 2022, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$9,537,494 and \$7,451,018 in 2023 and 2022, respectively.

Federal income taxes incurred of \$9,495,120 and \$7,451,494 for 2023 and 2022, respectively, are available for recoupment in the event of future net losses.

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

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group which constitutes a controlled group. The entities included within the consolidated return are included in the NAIC Statutory Statement Schedule Y - Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal return of UnitedHealth Group. UnitedHealth Group currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The U.S. IRS has completed exams on UnitedHealth Group's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group's 2017 through 2020 tax returns are under review by the IRS under its Compliance Assurance Program. UnitedHealth Group is no longer subject to income tax examinations prior to the 2014 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward.
- G. **Tax Contingencies** — Not applicable.
- H. **Repatriation Transition Tax** — Not applicable.
- I. Repatriation Transition Tax — Not applicable.

10. Information concerning parent, subsidiaries, and affiliates

- A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the 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.

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

The Company paid dividends of \$28,000,000 and \$27,000,000 in 2023 and 2022, respectively, to its parent (see Note 13).

Effective April 1, 2023, the Company entered into a new subordinated revolving credit agreement with United HealthCare Services Inc. at an interest rate of Fed Funds Target rate – Upper Bound plus 50 basis point. The Company’s subordinated credit agreement limit equals \$2,000,000. This agreement has been approved by the Ohio Department of Insurance and has replaced the previous agreement, which was held to the holding company threshold of the lesser of 3% of admitted assets or 25% of capital and surplus.

- C. The Company has no material related party transactions that meet the disclosure requirements 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 2022, the Company reported \$1,770,564 and \$32,751,323, respectively, as amounts due to parent, subsidiaries and affiliates and amounts due from parent, subsidiaries and affiliates, which are included in the financial statements. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.
- E. The 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 GIE and benefits under accident and health contracts in the financial statements. The following table identifies the amounts reported for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2023 and 2022, which meet the disclosure requirements pursuant to SSAP No. 25, regardless of the effective date of the contract:

	2023	2022
United HealthCare Services, Inc.	\$ 1,998,533	\$ 1,863,082

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. Management fees of \$1,998,533 and \$1,863,082 in 2023 and 2022, respectively, are included in GIE in the financial statements.

The Company has a Shared Services Agreement with OptumRx PBM of Illinois, Inc. and affiliates to provide PBM services. All fees paid for PBM services are included in the Agreement with UHS as noted above.

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.
- G. The Company is part of an insurance holding company system with UnitedHealth Group as the ultimate parent. Management believes that the Company’s transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.
- H. The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.
- I. The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.
- J. The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.
- K. The Company does not have any investments in foreign insurance subsidiaries.
- L. The Company does not hold any investments in a downstream noninsurance holding company.
- M. The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.

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

11. Debt

- A-B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2023 and 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 Optum Services, Inc., an affiliate, which is under common control with UHS, which provides services to the Company under the terms of the Agreement (see Note 10).

13. Capital and surplus, dividend restrictions, and quasi-reorganizations

- A-B. The Company has 4,000,000 shares authorized and 1,363,637 shares issued and outstanding of \$2 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's Parent.
- C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Department.
- D. The Company paid an ordinary cash dividend to the Parent of \$28,000,000 on September 22, 2023 and paid an ordinary cash dividend to the Parent of \$27,000,000 on September 20, 2022, which was approved by the Department and recorded as a reduction to unassigned funds (surplus) in the financial statements.
- E. The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.
- F. There are no restrictions placed on the Company's unassigned funds (surplus).
- G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- H. The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- I. The Company does not have any special surplus funds.
- J. The portion of unassigned funds (surplus), excluding net income (loss) and dividends, represented (or reduced) by each item below is as follows:

	2023	2022
Net deferred income taxes	\$ 227,573	\$ 292,069
Nonadmitted assets	<u>(49,220)</u>	<u>(95,391)</u>
Total	<u>\$ 178,353</u>	<u>\$ 196,678</u>

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

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

The Company has no contingent commitments.

**B. Assessments**

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

**C. Gain Contingencies**

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

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

**E. Joint and Several Liabilities** — Not applicable.

**F. All Other Contingencies**

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

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

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

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

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

There are no assets that the Company considers to be significantly impaired at December 31, 2023 and 2022.



**15. Leases**

**A–B.** According to the Agreement between the Company and its affiliates (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of the affiliate. Fees associated with the lease agreements are included as a component of the Company's management fee.

**16. Information about Financial instruments with off-balance-sheet risk and financial instruments with concentrations of credit risk**

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

**17. Sale, transfer, and servicing of financial assets and extinguishments of liabilities**

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

**18. Gain or loss to the REPORTING ENTITY from uninsured PLANS and the uninsured portion of partially insured plans**

**A–B.** The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2023 and 2022.

**C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract**

The Company offers to coordinate the Medicare Part D program benefits for employer groups on a self-insured basis. The Company recorded a payable in liability for amounts held under uninsured plans in the financial statements of \$208,941,184 and \$174,713,225 at December 31, 2023 and 2022, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance, low-income subsidies, and Gap Discount that the Company has received that are due back to the self-insured employer groups.

The Company has also recorded a receivable and corresponding payable of \$65,275,649 and \$52,287,387 in amounts receivable relating to uninsured plans and receivable for amounts held under insured plans in the financial statements as of December 31, 2023 and 2022, respectively for pharmacy rebates that the PBM has collected that are due back to the Company and ultimately due back the self-insured employer groups.

The Company has also recorded a receivable of \$118,439,562 and \$109,933,722 from the self-insured employer groups for amounts due related to the facilitation of the Medicare Part D benefits and for the reimbursement of the drug spend due back to the PBM in amounts receivable relating to uninsured plans in the financial statements as of December 31, 2023 and 2022, respectively. In addition, the Company has recorded a payable of \$24,365,743 and \$32,683,120 for amounts due back to the self-insured groups for pharmaceutical rebates that have been credited to the self-insured employer groups accounts that are in excess of amounts due for the facilitation services and drug spend reimbursement and for overpayments related to terminated groups in liability for amounts held under insured plans in the financial statements as of December 31, 2023 and 2022, respectively.

**19. Direct premium written/produced by managing general agents/third-party administrators**

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2023 and 2022.

**20. Fair value measurements**

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

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

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

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

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

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

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

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following table presents information about the Company’s financial assets that are measured and reported at fair value at December 31, 2023 and 2022, in the financial statements according to the valuation techniques the Company used to determine their fair values.

Description for Each Class of Asset or Liability	December 31, 2023				
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	156,134,794	-	-	-	156,134,794
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	\$ 156,134,794	\$ -	\$ -	\$ -	\$ 156,134,794
b. Liabilities at fair value:					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

Description for Each Class of Asset or Liability	December 31, 2022				
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total perpetual preferred stocks	-	-	-	-	-
Bonds:					
U.S. governments	-	-	-	-	-
Industrial and misc	-	-	-	-	-
Hybrid securities	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total bonds	-	-	-	-	-
Common stock:					
Industrial and misc	-	-	-	-	-
Parent, subsidiaries, and affiliates	-	-	-	-	-
Total common stocks	-	-	-	-	-
Derivative assets:					
Interest rate contracts	-	-	-	-	-
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total derivatives	-	-	-	-	-
Money-market funds	100,271,145	-	-	-	100,271,145
Separate account assets	-	-	-	-	-
Total assets at fair value/NAV	\$ 100,271,145	\$ -	\$ -	\$ -	\$ 100,271,145
b. Liabilities at fair value:					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2023 or 2022.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 and therefore has no valuation technique to disclose.
- (5) The Company has no derivative assets and liabilities to disclose.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2023 and 2022 is presented in the table below:

Type of Financial Instrument	December 31, 2023						Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
U.S. government and agency securities	\$ 2,838,423	\$ 2,932,201	\$ 2,838,423	\$ -	\$ -	\$ -	\$ -
Cash equivalents	156,134,794	156,134,794	156,134,794	-	-	-	-
Total bonds and cash equivalents	<u>\$ 158,973,217</u>	<u>\$ 159,066,995</u>	<u>\$ 158,973,217</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Type of Financial Instrument	December 31, 2022						Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
U.S. government and agency securities	\$ 2,080,307	\$ 2,221,455	\$ 2,080,307	\$ -	\$ -	\$ -	\$ -
Cash equivalents	100,271,145	100,271,145	100,271,145	-	-	-	-
Total bonds and cash equivalents	<u>\$ 102,351,452</u>	<u>\$ 102,492,600</u>	<u>\$ 102,351,452</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

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

21. OTHER ITEMS

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2023 and 2022.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2023 and 2022.

C. Other Disclosures

The Company does not have any amounts not recorded in the financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2023 and 2022.

E. State Transferable and Non-transferable Tax Credits

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

F. Sub-Prime Mortgage-Related Risk Exposure

(1-4) The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2023 and 2022.

G. Retained Assets

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

H. Insurance-Linked Securities Contracts

As of December 31, 2023, the Company is not aware of any possible proceeds of insurance-linked securities.

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

22.   **EVENTS SUBSEQUENT**

Subsequent events have been evaluated through February 29, 2024, which is the date these financial statements were available for issuance.

**TYPE I — Recognized Subsequent Events**

Any material Type I events subsequent to December 31, 2023 have been recognized in the financial statements and corresponding disclosures.

**TYPE II — Non-Recognized Subsequent Events**

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

23.   **REINSURANCE**

The Company, through a 100% coinsurance agreement, reinsures all of its direct life and annuity business with Protective. The Company has no net premiums and annuity considerations for life and accident and health contracts, no net benefits or commissions incurred, no net policyholder liabilities, and no net aggregate reserves and contract claims for life and accident and health contracts in the financial statements as of December 31, 2023 and 2022.

The effect of the external reinsurance agreement outlined above on premiums for life and accident and health contracts-net and benefits under life and accident and health insurance contracts is presented below:

	2023	2022
Premiums and annuity considerations for life and accident and health contracts		
Direct	\$ 466,172	\$ 490,991
Ceded: Nonaffiliate	<u>(466,172)</u>	<u>(490,991)</u>
Premiums and annuity considerations for life and accident and health contracts- net	<u>\$ -</u>	<u>\$ -</u>
Benefits under life and accident and health insurance contracts, annuity contracts, and deposit-type contracts		
Direct	\$ 1,042,958	\$ 580,913
Ceded: Nonaffiliate	<u>(1,042,958)</u>	<u>(580,913)</u>
Benefits under life and accident and health insurance contracts, annuity contracts, and deposit-type contracts - net	<u>\$ -</u>	<u>\$ -</u>

Due to the 100% coinsurance agreement with Protective, the Company does not recognize any reinsurance recoverables. In addition, liabilities associated with aggregate reserves for life and accident and health contracts (includes annuity contracts) of \$13,142,978 and \$14,323,316, liability for deposit-type contracts of \$123,487 and \$85,214, and liabilities for contracts claims of \$97,270 and \$70,670 at December 31, 2023 and 2022, respectively, have been 100% ceded to Protective in accordance with the agreement. Accordingly, the Company reports no benefit expenses and liabilities for this activity in the financial statements.

A.     **Ceded Reinsurance Report**

**Section 1 — General Interrogatories**

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

Yes ( )           No (X)

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

Yes ( )      No (X)

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

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

Yes ( )      No (X)

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

Yes ( )      No (X)

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

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

The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2023.

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

Yes ( )      No (X)

**B. Uncollectible Reinsurance** — During 2023 and 2022, there were no uncollectible reinsurance recoverables.

**C. Commutation of Ceded Reinsurance** — There was no commutation of reinsurance in 2023 or 2022.

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

**E–G. Affiliated Captive Reinsurers** — Not applicable.

**H. Reinsurance Credit**

- (1) The Company has no ceding reinsurance contracts subject to Appendix A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.
- (2) The Company has no ceding reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and which include a provision that limits the reinsurer’s assumption of risk.
- (3) The Company’s reinsurance contracts do not contain features which result in delays in payment in form or in fact.
- (4) The Company has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to Appendix A-791 and not yearly renewable term, which meet the risk transfer requirements of SSAP No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance* (“SSAP No. 61R”).

- (5)

The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and GAAP accounting treatment were not the same.
- (6)

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

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A–C.

The Company does not have any retrospectively rated contracts or contracts subject to redetermination as of December 31, 2023 or 2022.
- D.

The Company does not have any business subject to specific minimum medical loss ratio requirements as of December 31, 2023 and 2022.
- E.

Risk-Sharing Provisions of the Affordable Care Act

(1–5)

The Company did not write accident and health premiums in 2023 and 2022 subject to the risk-sharing provisions of the Affordable Care Act

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

- A-B.

The Company has no net incurred claims or claims adjustment expenses as all claims and administrative activities are the responsibility of Protective pursuant to the 100% coinsurance agreement.

26. INTERCOMPANY POOLING ARRANGEMENTS

- A–G.

The Company did not have any intercompany pooling arrangements in 2023 or 2022.

27. STRUCTURED SETTLEMENTS

- A–B.

The Company did not have structured settlements in 2023 or 2022.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

- A.

The Company does not have any pharmacy rebates receivable.
- B.

The Company does not have any risk-sharing receivables.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2023 or 2022.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any PDR as of December 31, 2023 or 2022. The analysis of PDR was completed as of December 31, 2023 and 2022. The Company did consider anticipated investment income when calculating the PDR.

The following table summarizes the Company's PDR as of December 31, 2023 and 2022:

	2023
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2023
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	2022
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2022
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



**31. RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS**

The Company has no reserves for life contracts and annuity contracts as all activity and calculation of amounts are the responsibility of Protective pursuant to the 100% coinsurance agreements (see Note 23).

- (1) The Company waives deduction of deferred fractional premiums upon death of an insured and returns any portion of the final premium beyond the date of death. Reserves for these benefits are included in Exhibit 5, Life Insurance. Reserve for surrender values in excess of reserves, if any, as legally computed are reported in Exhibit 5, Life Reserves.
- (2) Extra premiums are charged according to underwriting classifications. For substandard policies, reserves are calculated by computing the regular reserve for the plan and adding one-half of the extra premium charge for the year to that reserve.
- (3) The Company had \$0 of insurance in-force at December 31, 2023, for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio. Reserves to cover the above insurance totaled the gross amount of \$0 at December 31, 2023.
- (4) Tabular Interest has been determined by formulas as prescribed by the NAIC.

The Tabular Less Actual Reserve Released has been determined by formula as prescribed by the NAIC.

Tabular Cost has been determined by a formula as prescribed by the NAIC.

- (5) For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest, the tabular interest is calculated as one hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation.
- (6) The Company made no other changes to the reserving methodology during 2023.

32. ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT-TYPE CONTRACT LIABILITIES BY WITHDRAWAL CHARACTERISTICS

At December 31, 2023 and 2022, total annuity actuarial reserves, deposit-type contract funds, and other liabilities without life or disability contingencies by withdrawal characteristics are as follows:

A. Individual Annuities:

2023					
	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1) Subject to discretionary withdrawal:					
a. With market value adjustment	\$ -	\$ -	\$ -	\$ -	- %
b. At book value less current surrender charge of 5% or more	-	-	-	-	- %
c. At fair value	-	-	-	-	- %
d. Total with market value adjustment or at fair value (total of a through c)	-	-	-	-	- %
e. At book value without adjustment (minimal or no charge or adjustment)	5,203,004	-	-	5,203,004	99.7 %
(2) Not subject to discretionary withdrawal	16,767	-	-	16,767	0.3 %
(3) Total (gross: direct + assumed)	5,219,771	-	-	5,219,771	100 %
(4) Reinsurance ceded	5,219,771	-	-	5,219,771	
(5) Total (net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	
(6) Amount included in A(1)b above that will move to A(1)e for the first time within the year after the statement date:	\$ -	\$ -	\$ -	\$ -	

2022					
	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1) Subject to discretionary withdrawal:					
a. With market value adjustment	\$ -	\$ -	\$ -	\$ -	- %
b. At book value less current surrender charge of 5% or more	-	-	-	-	- %
c. At fair value	-	-	-	-	- %
d. Total with market value adjustment or at fair value (total of a through c)	-	-	-	-	- %
e. At book value without adjustment (minimal or no charge or adjustment)	5,769,294	-	-	5,769,294	99.4 %
(2) Not subject to discretionary withdrawal	35,521	-	-	35,521	0.6 %
(3) Total (gross: direct + assumed)	5,804,815	-	-	5,804,815	100.0 %
(4) Reinsurance ceded	5,804,815	-	-	5,804,815	
(5) Total (net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	
(6) Amount included in A(1)b above that will move to A(1)e for the first time within the year after the statement date:	\$ -	\$ -	\$ -	\$ -	

B. The Company has no Group Annuities in 2023 or 2022

C. Deposit-Type Contracts (no life contingencies):

2023					
	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1) Subject to discretionary withdrawal:					
a. With market value adjustment	\$ -	\$ -	\$ -	\$ -	0.0%
b. At book value less current surrender charge of 5% or more	-	-	-	-	0.0%
c. At fair value	-	-	-	-	0.0%
d. Total with market value adjustment or at fair value (total of a through c)	-	-	-	-	0.0%
e. At book value without adjustment (minimal or no charge or adjustment)	468	-	-	468	0.4 %
(2) Not subject to discretionary withdrawal	123,487	-	-	123,487	99.6 %
(3) Total (gross: direct + assumed)	123,955	-	-	123,955	100.0 %
(4) Reinsurance ceded	123,955	-	-	123,955	
(5) Total (net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	
(6) Amount included in C(1)b above that will move to C(1)e for the first time within the year after the statement date:	\$ -	\$ -	\$ -	\$ -	
2022					
	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
(1) Subject to discretionary withdrawal:					
a. With market value adjustment	\$ -	\$ -	\$ -	\$ -	0.0%
b. At book value less current surrender charge of 5% or more	-	-	-	-	0.0%
c. At fair value	-	-	-	-	0.0%
d. Total with market value adjustment or at fair value (total of a through c)	-	-	-	-	0.0%
e. At book value without adjustment (minimal or no charge or adjustment)	485	-	-	485	0.4%
(2) Not subject to discretionary withdrawal	85,214	-	-	85,214	68.7%
(3) Total (gross: direct + assumed)	85,699	-	-	85,699	100.0%
(4) Reinsurance ceded	85,699	-	-	85,699	
(5) Total (net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	
(6) Amount included in C(1)b above that will move to C(1)e for the first time within the year after the statement date:	\$ -	\$ -	\$ -	\$ -	

- D.** The Company coinsures 100% of its annuity reserves, deposit-type contracts funds, and other liabilities to Protective. As a result, there are no amounts shown in the reconciliation of annuity reserves and deposit-type contract liabilities to Aggregate Reserves for Life Policies and Contracts Exhibit and Deposit Funds and Other Liabilities without Life or Disability Contingencies Exhibit, of the Life, Accident and Health Annual Statement and the corresponding lines in the Separate Accounts Statement as the activity is required to be reported on a net basis.

	2023	2022
Life Accident & Health Annual Statement		
(1) Exhibit 5, Annuities Section, Total (net)	\$ -	\$ -
(2) Exhibit 5, Supplementary Contracts with Life Contingencies Section, Total (net)	-	-
(3) Exhibit 7, Deposit-Type Contracts, Line 14, Column 1	-	-
(4) Subtotal	-	-
Separate Accounts Annual Statement		
(5) Exhibit 3, Line 0299999, Column 2	-	-
(6) Exhibit 3, Line 0399999, Column 2	-	-
(7) Policyholder dividend and coupon accumulations	-	-
(8) Policyholder premiums	-	-
(9) Guaranteed interest contracts	-	-
(10) Other contract deposit funds	-	-
(11) Subtotal	-	-
(12) Combined Total	\$ -	\$ -

33. ANALYSIS OF LIFE ACTUARIAL RESERVES BY WITHDRAWAL CHARACTERISTICS

A–C. At December 31, 2023 and 2022, total life actuarial reserves by withdrawal characteristics are as follows:

2023			2022		
Account Value	Cash Value	Reserve	Account Value	Cash Value	Reserve
A. General Account					
(1) Subject to discretionary withdrawal, surrender values, or policy loans:					
a. Term Policies with Cash Value	\$ -	\$ -	\$ -	\$ -	\$ -
b. Universal Life	-	-	-	-	-
c. Guarantees	-	-	-	-	-
d. Indexed Universal Life	-	-	-	-	-
e. Indexed Universal Life with Secondary Guarantees	-	-	-	-	-
f. Indexed Life	-	-	-	-	-
g. Other Permanent Cash Value Life Insurance	-	-	-	-	-
h. Variable Life	-	-	-	-	-
i. Variable Universal Life	-	-	-	-	-
j. Miscellaneous Reserves	-	-	-	-	-
(2) Not subject to discretionary withdrawal or no cash values:					
a. Term Policies without Cash Value	XXX	XXX	XXX	XXX	8,518,448
b. Accidental Death Benefits	XXX	XXX	XXX	XXX	29
c. Disability - Active Lives	XXX	XXX	XXX	XXX	24
d. Disability - Disabled Lives	XXX	XXX	XXX	XXX	-
e. Miscellaneous Reserves	XXX	XXX	XXX	XXX	-
(3) Total (gross: direct + assumed)	-	-	-	-	8,518,501
(4) Reinsurance Ceded	-	-	-	-	8,518,501
(5) Total (Net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	\$ -

2023			2022		
Account Value	Cash Value	Reserve	Account Value	Cash Value	Reserve
B. Separate Account with Guarantees					
(1) Subject to discretionary withdrawal, surrender values, or policy loans:					
a. Term Policies with Cash Value	\$ -	\$ -	\$ -	\$ -	\$ -
b. Universal Life	-	-	-	-	-
c. Guarantees	-	-	-	-	-
d. Indexed Universal Life	-	-	-	-	-
e. Indexed Universal Life with Secondary Guarantees	-	-	-	-	-
f. Indexed Life	-	-	-	-	-
g. Other Permanent Cash Value Life Insurance	-	-	-	-	-
h. Variable Life	-	-	-	-	-
i. Variable Universal Life	-	-	-	-	-
j. Miscellaneous Reserves	-	-	-	-	-
(2) Not subject to discretionary withdrawal or no cash values:					
a. Term Policies without Cash Value	XXX	XXX	XXX	XXX	-
b. Accidental Death Benefits	XXX	XXX	XXX	XXX	-
c. Disability - Active Lives	XXX	XXX	XXX	XXX	-
d. Disability - Disabled Lives	XXX	XXX	XXX	XXX	-
e. Miscellaneous Reserves	XXX	XXX	XXX	XXX	-
(3) Total (gross: direct + assumed)	-	-	-	-	-
(4) Reinsurance Ceded	-	-	-	-	-
(5) Total (Net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	\$ -

2023			2022		
Account Value	Cash Value	Reserve	Account Value	Cash Value	Reserve
C. Separate Account Nonguaranteed					
(1) Subject to discretionary withdrawal, surrender values, or policy loans:					
a. Term Policies with Cash Value	\$ -	\$ -	\$ -	\$ -	\$ -
b. Universal Life	-	-	-	-	-
c. Universal Life with Secondary Guarantees	-	-	-	-	-
d. Indexed Universal Life	-	-	-	-	-
e. Indexed Universal Life with Secondary Guarantees	-	-	-	-	-
f. Indexed Life	-	-	-	-	-
g. Other Permanent Cash Value Life Insurance	-	-	-	-	-
h. Variable Life	-	-	-	-	-
i. Variable Universal Life	-	-	-	-	-
j. Miscellaneous Reserves	-	-	-	-	-
(2) Not subject to discretionary withdrawal or no cash values:					
a. Term Policies without Cash Value	XXX	XXX	XXX	XXX	-
b. Accidental Death Benefits	XXX	XXX	XXX	XXX	-
c. Disability - Active Lives	XXX	XXX	XXX	XXX	-
d. Disability - Disabled Lives	XXX	XXX	XXX	XXX	-
e. Miscellaneous Reserves	XXX	XXX	XXX	XXX	-
(3) Total (gross: direct + assumed)	-	-	-	-	-
(4) Reinsurance Ceded	-	-	-	-	-
(5) Total (Net) (3) - (4)	\$ -	\$ -	\$ -	\$ -	\$ -

D. The Company coinsures 100% of its life reserves to Protective. As a result, there are no amounts shown in the reconciliation of total life actuarial reserves disclosed to Aggregate Reserves for Life Policies and Contracts Exhibit of the Life, Accident and Health Annual Statement and the corresponding lines in the Separate Accounts Statement as the activity is required to be reported on a net basis.

	2023	2022
Life & Accident & Health Annual Statement		
(1) Exhibit 5, Life Insurance Section, Total (net)	\$ -	\$ -
(2) Exhibit 5, Accidental Death Benefits Section, Total (net)	-	-
(3) Exhibit 5, Disability - Active Lives Section, Total (net)	-	-
(4) Exhibit 5, Disability - Disabled Lives Section, Total (net)	-	-
(5) Exhibit 5, Miscellaneous Reserves Section, Total (net)	-	-
(6) Subtotal	-	-
Separate Accounts Annual Statement:		
(7) Exhibit 3, Line 0199999, Column 2	-	-
(8) Exhibit 3, Line 0499999, Column 2	-	-
(9) Exhibit 3, Line 0599999, Column 2	-	-
(10) Subtotal (Lines (7) through (9))	-	-
(11) Combined Total ((6) and (10))	\$ -	\$ -

**34. PREMIUMS AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED**

The Company reports no premiums and annuity considerations deferred and uncollected as the administration, billing and subsequent collections for all life, annuity, and accident and health contracts are the responsibility of Protective pursuant to the 100% coinsurance agreement.

**35. Separate accounts**

**A–C.** The Company does not have separate account business as of December 31, 2023 and 2022.

**36. Loss/Claim adjustment expenses**

**A-B.** The Company has no claims adjustment expenses as all administrative activities are the responsibility of Protective pursuant to the 100% coinsurance agreement.

\*\*\*\*\*

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

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

Yes [ X ] No [ ]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

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

1.3

State Regulating? .....

Ohio

1.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes [ X ] No [ ]

1.5

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

0000731766

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ] No [ X ]

2.2

If yes, date of change: .....

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2021

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2021

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). ....

05/18/2023

3.4

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

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

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

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

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

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

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

Yes [ ] No [ X ]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ] No [ X ]

6.2

If yes, give full information: .....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes [ ] No [ X ]

7.2

If yes,  
7.21 State the percentage of foreign control; .....  
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).

0.0 %

1 Nationality	2 Type of Entity



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? .....

Yes [ ] No [ X ]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ X ] No [ ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Optum Bank, Inc .....	Salt Lake City, Utah .....	...NO...	...NO...	...YES...	...NO...

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? .....

Yes [ ] No [ X ]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? .....

Yes [ ] No [ X ] N/A [ ]
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Baker Tilly US, LLP ,Minneapolis, MN .....
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .....

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? .....

Yes [ ] No [ X ]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? .....

Yes [ X ] No [ ] N/A [ ]
- 10.6

If the response to 10.5 is no or n/a, please explain.
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Michael S Nast, Senior Director Actuarial Services, 9700 Health Care Lane, Minnetonka, MN 55343 .....
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? .....

Yes [ ] No [ X ]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved .....

0
- 12.13

Total book/adjusted carrying value .....

\$ .....0
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .....

Yes [ ] No [ ]
- 13.3

Have there been any changes made to any of the trust indentures during the year? .....

Yes [ ] No [ ]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

Yes [ ] No [ ] N/A [ ]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....

Yes [ X ] No [ ]
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended? .....

Yes [ X ] No [ ]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).  
The UHG Code of Conduct was refreshed in 2023 to include an updated letter from the CEO, a letter from the UHG Chief Compliance Officer, add Inclusion as a Core Value as well as our Quality Belief, and add new Q&As on a variety of topics. ....
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [ ] No [ X ]
- 15.2

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

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

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [ X ] No [ ]
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [ X ] No [ ]
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict 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.....\$ 0

20.12 To stockholders not officers.....\$ 0

20.13 Trustees, supreme or grand (Fraternal Only) .....\$ 0
- 20.2

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

20.21 To directors or other officers.....\$ 0

20.22 To stockholders not officers.....\$ 0

20.23 Trustees, supreme or grand (Fraternal Only) .....\$ 0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [ ] No [ X ]
- 21.2

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

21.21 Rented from others.....\$ 0

21.22 Borrowed from others.....\$ 0

21.23 Leased from others .....\$ 0

21.24 Other .....\$ 0
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [ X ] No [ ]
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ 0

22.22 Amount paid as expenses .....\$ 14,776

22.23 Other amounts paid .....\$ 0
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [ X ]
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0
- 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.

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

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

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

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
Not Applicable.

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

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

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

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ 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 [ ] N/A [ 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 21.1 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 \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale -  
excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states 2,932,201

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to  
an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets  
backing funding agreements \$ 0

26.32 Other \$ 0

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:

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.

Yes [ ] No [ ]

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. \$ 0

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 [ X ] No [ ]

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
Bank of New York Mellon	Global Liquidity Services, 1 Wall St, 14th Floor, New York NY 10286

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

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

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

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

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

1	2
Name of Firm or Individual	Affiliation
Internally Managed .....	I.....

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	2,932,201	2,838,423	(93,778)
31.2 Preferred stocks .....	0	0	0
31.3 Totals	2,932,201	2,838,423	(93,778)

- 31.4 Describe the sources or methods utilized in determining the fair values:  
For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.
- 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 [ ] No [ X ]
- 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 [ ] 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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 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 [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies? .....

Yes [ ] No [ X ]
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?  
.....
- 39.1

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

Yes [ ] No [ X ]
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]
- 39.3

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

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

OTHER

- 40.1

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

\$ ..... 18,515
- 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	2
Name	Amount Paid
CT CORPORATION .....	.....6,232
SYMPHONY PERFORMANCE HEALTH INC .....	..... 11,550
.....	.....
- 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	2
Name	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	2
Name	Amount Paid
.....	.....

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	0	0
2.2 Premium Denominator	0	0
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator	0	0
2.5 Reserve Denominator	0	0
2.6 Reserve Ratio (2.4/2.5)	0.000	0.000

3.1

Does this reporting entity have Separate Accounts?

Yes [ ] No [ X ]

3.2

If yes, has a Separate Accounts Statement been filed with this Department?

Yes [ ] No [ ] N/A [ ]

3.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

\$ 0

3.4

State the authority under which Separate Accounts are maintained:

3.5

Was any of the reporting entity's Separate Accounts business reinsured as of December 31?

Yes [ ] No [ ]

3.6

Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?

Yes [ ] No [ ]

3.7

If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?

\$ 0

4.

For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

4.1

Amount of loss reserves established by these annuities during the current year:

\$ 0

4.2

List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company And Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

- 5.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 5.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....\$ .....0
- 5.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 5.4 If yes, please provide the balance of funds administered as of the reporting date. ....\$ .....0
- 6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ X ] N/A [ ]
- 6.2 If the answer to 6.1 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
.....	.....	.....	.....	.....	.....	.....

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 7.1 Direct Premium Written .....\$ .....463,928
- 7.2 Total Incurred Claims .....\$ .....1,036,622
- 7.3 Number of Covered Lives .....1,094

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

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 8.1 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 [ ]

Life, Accident and Health Companies Only:

- 9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? ..... Yes [ X ] No [ ]
- 9.2 Net reimbursement of such expenses between reporting entities:

9.21 Paid .....\$ .....1,515,194

9.22 Received.....\$ .....0
- 10.1 Does the reporting entity write any guaranteed interest contracts? ..... Yes [ ] No [ X ]
- 10.2 If yes, what amount pertaining to these lines is included in:

10.21 Page 3, Line 1 .....\$ .....0

10.22 Page 4, Line 1 .....\$ .....0
11. For stock reporting entities only:
- 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: .....\$.....0
12. Total dividends paid stockholders since organization of the reporting entity:

12.11 Cash .....\$ .....197,000,000

12.12 Stock .....\$ .....0
- 13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]  
Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.
- 13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]
- 13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31 Earned premium .....0	.....0	.....0	.....0
13.32 Paid claims .....0	.....0	.....0	.....0
13.33 Claim liability and reserve (beginning of year) .....0	.....0	.....0	.....0
13.34 Claim liability and reserve (end of year) .....0	.....0	.....0	.....0
13.35 Incurred claims .....0	.....0	.....0	.....0



GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41	<\$25,000	.....0	.....0
13.42	\$25,000 - 99,999	.....0	.....0
13.43	\$100,000 - 249,999	.....0	.....0
13.44	\$250,000 - 999,999	.....0	.....0
13.45	\$1,000,000 or more	.....0	.....0

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools? .....\$ .....0

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? ..... Yes [ ] No [ ]
15. How often are meetings of the subordinate branches required to be held?  
.....
16. How are the subordinate branches represented in the supreme or governing body?  
.....
17. What is the basis of representation in the governing body?  
.....
- 18.1 How often are regular meetings of the governing body held?  
.....
- 18.2 When was the last regular meeting of the governing body held? .....
- 18.3 When and where will the next regular or special meeting of the governing body be held?  
.....
- 18.4 How many members of the governing body attended the last regular meeting? .....
- 18.5 How many of the same were delegates of the subordinate branches? .....
19. How are the expenses of the governing body defrayed?  
.....
20. When and by whom are the officers and directors elected?  
.....
21. What are the qualifications for membership?  
.....
22. What are the limiting ages for admission?  
.....
23. What is the minimum and maximum insurance that may be issued on any one life?  
.....
24. Is a medical examination required before issuing benefit certificates to applicants? ..... Yes [ ] No [ ]
25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? ..... Yes [ ] No [ ]
- 26.1 Are notices of the payments required sent to the members? ..... Yes [ ] No [ ] N/A [ ]
- 26.2 If yes, do the notices state the purpose for which the money is to be used? ..... Yes [ ] No [ ]
27. What proportion of first and subsequent year's payments may be used for management expenses?  
27.11 First Year ..... %  
27.12 Subsequent Years ..... %
- 28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? ..... Yes [ ] No [ ]
- 28.2 If so, what amount and for what purpose? ..... \$ .....
- 29.1 Does the reporting entity pay an old age disability benefit? ..... Yes [ ] No [ ]
- 29.2 If yes, at what age does the benefit commence? .....
- 30.1 Has the constitution or have the laws of the reporting entity been amended during the year? ..... Yes [ ] No [ ]
- 30.2 If yes, when?  
.....
31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? ..... Yes [ ] No [ ]
- 32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? ..... Yes [ ] No [ ]
- 32.2 If so, was an additional reserve included in Exhibit 5? ..... Yes [ ] No [ ] N/A [ ]
- 32.3 If yes, explain  
.....
- 33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? ..... Yes [ ] No [ ]
- 33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? ..... Yes [ ] No [ ] N/A [ ]
34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? ..... Yes [ ] No [ ]
- 35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? ..... Yes [ ] No [ ]
- 35.2 If yes, what is the date of the original lien and the outstanding balance of the liens that remain in surplus?  
.....

Date	Outstanding Liens Amount
.....	.....
.....	.....

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.  
\$000 omitted for amounts of life insurance

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Life Insurance in Force</b> (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4) .....	47,163	51,187	54,643	58,261	62,601
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....	36	36	8	12	15
3. Credit life (Line 21, Col. 6) .....	0	0	0	0	0
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....	0	0	0	0	0
5. Industrial (Line 21, Col. 2) .....	0	0	0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4) .....	0	0	0	0	0
7. Total (Line 21, Col. 10) .....	47,199	51,223	54,651	58,273	62,616
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....	0	0	0	0	0
<b>New Business Issued</b> (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2) .....	0	0	0	0	0
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....	0	0	0	0	0
10. Credit life (Line 2, Col. 6) .....	0	0	0	0	0
11. Group (Line 2, Col. 9) .....	0	0	0	0	0
12. Industrial (Line 2, Col. 2) .....	0	0	0	0	0
13. Total (Line 2, Col. 10) .....	0	0	0	0	0
<b>Premium Income - Lines of Business</b> (Exhibit 1 - Part 1)					
14. Individual life (Line 20.4, Col. 2) .....	0	0	0	0	0
15. Group life (Line 20.4, Col. 3) .....	0	0	0	0	0
16. Individual annuities (Line 20.4, Col. 4) .....	0	0	0	0	0
17. Group annuities (Line 20.4, Col. 5) .....	0	0	0	0	0
18. Accident & Health (Line 20.4, Col. 6) .....	0	0	0	0	0
19. Other lines of business (Line 20.4, Col. 8) .....	0	0	0	0	0
20. Total .....	0	0	0	0	0
<b>Balance Sheet (Pages 2 &amp; 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3) .....	352,283,759	306,348,948	251,668,603	424,196,315	506,750,507
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26) .....	303,342,879	265,446,148	212,159,213	356,986,917	440,563,699
23. Aggregate life reserves (Page 3, Line 1) .....	0	0	0	0	0
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 .....	0	0	0	0	0
24. Aggregate A & H reserves (Page 3, Line 2) .....	0	0	0	0	0
25. Deposit-type contract funds (Page 3, Line 3) .....	0	0	0	0	0
26. Asset valuation reserve (Page 3, Line 24.01) .....	0	0	0	0	0
27. Capital (Page 3, Lines 29 and 30) .....	2,727,274	2,727,274	2,727,274	2,727,274	2,727,274
28. Surplus (Page 3, Line 37) .....	46,213,606	38,175,526	36,782,116	64,482,124	63,459,534
<b>Cash Flow (Page 5)</b>					
29. Net Cash from Operations (Line 11) .....	50,551,649	52,430,854	(3,101,775)	(83,655,176)	223,811,758
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital .....	48,940,880	40,902,800	39,509,390	67,209,398	66,186,808
31. Authorized control level risk - based capital .....	76,551	79,299	212,963	579,966	713,135
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1) .....	1.7	2.0	2.5	0.9	0.7
33. Stocks (Lines 2.1 and 2.2) .....	0.0	0.0	0.0	0.0	0.0
34. Mortgage loans on real estate(Lines 3.1 and 3.2 ) .....	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3) .....	0.0	0.0	0.0	0.0	0.0
36. Cash, cash equivalents and short-term investments (Line 5) .....	98.3	98.0	97.5	99.1	99.3
37. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
38. Derivatives (Page 2, Line 7) .....	0.0	0.0	0.0	0.0	0.0
39. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
40. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
41. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
42. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
43. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....	0	0	0	0	0
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....	0	0	0	0	0
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....	0	0	0	0	0
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
48. Affiliated mortgage loans on real estate .....	0	0	0	0	0
49. All other affiliated .....	0	0	0	0	0
50. Total of above Lines 44 to 49 .....	0	0	0	0	0
51. Total Investment in Parent included in Lines 44 to 49 above .....	0	0	0	0	0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	49,220	95,391	193,992	317,988	468,398
53. Total admitted assets (Page 2, Line 28, Col. 3) .....	352,283,759	306,348,948	251,688,603	424,196,315	506,750,507
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income) .....	7,634,786	937,147	16,492	42,325	46,730
55. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....	0	0	0	0	0
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....	0	0	0	(153)	87
57. Total of above Lines 54, 55 and 56 .....	7,634,786	937,147	16,492	42,172	46,817
<b>Benefits and Reserve Increases (Page 6)</b>					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11,12, 13, 14 and 15, Cols. 6, 7 and 8) .....	0	0	0	0	0
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6) .....	0	0	0	0	0
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2) .....	0	0	0	0	0
61. Increase in A & H reserves (Line 19, Col. 6) .....	0	0	0	0	0
62. Dividends to policyholders and refunds to members (Line 30, Col. 1) .....	0	0	0	0	0
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....	0.0	0.0	0.0	0.0	0.0
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 .....	5.9	5.2	5.2	5.4	8.0
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....	0.0	0.0	0.0	0.0	0.0
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....	0.0	0.0	0.0	0.0	0.0
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....	0.0	0.0	0.0	0.0	0.0
<b>A &amp; H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 3) .....	0	0	XXX	XXX	XXX
69. Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3) .....	0	0	XXX	XXX	XXX
70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3) .....	0	0	XXX	XXX	XXX
71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3) .....	0	0	XXX	XXX	XXX
<b>Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)</b>					
72. Individual industrial life (Page 6.1, Col. 2) .....	0	0	0	0	0
73. Individual whole life (Page 6.1, Col. 3) .....	0	0	0	0	0
74. Individual term life (Page 6.1, Col. 4) .....	0	0	0	0	0
75. Individual indexed life (Page 6.1, Col. 5) .....	0	0	0	0	0
76. Individual universal life (Page 6.1, Col. 6) .....	0	0	0	0	0
77. Individual universal life with secondary guarantees (Page 6.1, Col. 7) .....	0	0	0	0	0
78. Individual variable life (Page 6.1, Col. 8) .....	0	0	0	0	0
79. Individual variable universal life (Page 6.1, Col. 9) .....	0	0	0	0	0
80. Individual credit life (Page 6.1, Col. 10) .....	0	0	0	0	0
81. Individual other life (Page 6.1, Col. 11) .....	0	0	0	0	0
82. Individual YRT mortality risk only (Page 6.1, Col. 12) .....	0	0	0	0	0
83. Group whole life (Page 6.2, Col. 2) .....	0	0	0	0	0
84. Group term life (Page 6.2, Col. 3) .....	0	0	0	0	0
85. Group universal life (Page 6.2, Col. 4) .....	0	0	0	0	0
86. Group variable life (Page 6.2, Col. 5) .....	0	0	0	0	0
87. Group variable universal life (Page 6.2, Col. 6) .....	0	0	0	0	0
88. Group credit life (Page 6.2, Col. 7) .....	0	0	0	0	0
89. Group other life (Page 6.2, Col. 8) .....	0	0	0	0	0
90. Group YRT mortality risk only (Page 6.2, Col. 9) .....	0	0	0	0	0
91. Individual deferred fixed annuities (Page 6.3, Col. 2) .....	0	0	0	0	0
92. Individual deferred indexed annuities (Page 6.3, Col. 3) .....	0	0	0	0	0
93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4) .....	0	0	0	0	0
94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5) .....	0	0	0	0	0
95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6) .....	0	0	0	0	0
96. Individual other annuities (Page 6.3, Col. 7) .....	0	0	0	0	0
97. Group deferred fixed annuities (Page 6.4, Col. 2) .....	0	0	0	0	0
98. Group deferred indexed annuities (Page 6.4, Col. 3) .....	0	0	0	0	0
99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4) .....	0	0	0	0	0
100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5) .....	0	0	0	0	0
101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6) .....	0	0	0	0	0
102. Group other annuities (Page 6.4, Col. 7) .....	0	0	0	0	0
103. A & H-comprehensive individual (Page 6.5, Col. 2) .....	0	0	0	0	0
104. A & H-comprehensive group (Page 6.5, Col. 3) .....	0	0	0	0	0
105. A & H-Medicare supplement (Page 6.5, Col. 4) .....	0	0	0	0	0
106. A & H-vision only (Page 6.5, Col. 5) .....	0	0	0	0	0
107. A & H-dental only (Page 6.5, Col. 6) .....	0	0	0	0	0
108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7) .....	0	0	0	0	0
109. A & H-Title XVIII Medicare (Page 6.5, Col. 8) .....	0	0	0	0	0
110. A & H-Title XIX Medicaid (Page 6.5, Col. 9) .....	0	0	0	0	0
111. A & H-credit (Page 6.5, Col. 10) .....	0	0	0	0	0
112. A & H-disability income (Page 6.5, Col. 11) .....	0	0	0	0	0
113. A & H-long-term care (Page 6.5, Col. 12) .....	0	0	0	0	0
114. A & H-other (Page 6.5, Col. 13) .....	0	0	0	0	0
115. Aggregate of all other lines of business (Page 6, Col. 8) .....	36,056,405	28,370,316	0	0	0
116. Fraternal (Page 6, Col. 7) .....	0	0	0	0	0
117. Total (Page 6, Col. 1) .....	36,056,405	28,370,316	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? .....

If no, please explain: .....

Yes [     ] No [     ]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Number of Individual Policies and Group Certificates	Amount of Insurance	7 Policies	8 Certificates	Amount of Insurance	
1. In force end of prior year .....	0	0	1,191	51,223	0	0	0	0	0	51,223
2. Issued during year .....	0	0	0	0	0	0	0	0	0	0
3. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4. Revived during year .....	0	0	0	0	0	0	0	0	0	0
5. Increased during year (net) .....	0	0	0	55	0	0	0	0	0	55
6. Subtotals, Lines 2 to 5 .....	0	0	0	55	0	0	0	0	0	55
7. Additions by dividends during year .....	XXX	0	XXX	0	XXX	0	XXX	XXX	0	0
8. Aggregate write-ins for increases .....	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8) .....	0	0	1,191	51,278	0	0	0	0	0	51,278
Deductions during year:										
10. Death .....	0	0	29	1,088	0	0	XXX	0	0	1,088
11. Maturity .....	0	0	0	0	0	0	XXX	0	0	0
12. Disability .....	0	0	0	0	0	0	XXX	0	0	0
13. Expiry .....	0	0	0	0	0	0	0	0	0	0
14. Surrender .....	0	0	32	1,521	0	0	0	0	0	1,521
15. Lapse .....	0	0	36	1,373	0	0	0	0	0	1,373
16. Conversion .....	0	0	0	0	0	0	XXX	XXX	XXX	0
17. Decreased (net) .....	0	0	0	97	0	0	0	0	0	97
18. Reinsurance .....	0	0	0	0	0	0	0	0	0	0
19. Aggregate write-ins for decreases .....	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19) .....	0	0	97	4,079	0	0	0	0	0	4,079
21. In force end of year (b) (Line 9 minus Line 20) .....	0	0	1,094	47,199	0	0	0	0	0	47,199
22. Reinsurance ceded end of year .....	XXX	0	XXX	47,199	XXX	0	XXX	XXX	0	47,199
23. Line 21 minus Line 22 .....	XXX	0	XXX	0	XXX	(a) 0	XXX	XXX	0	0
DETAILS OF WRITE-INS										
0801. ....										
0802. ....										
0803. ....										
0898. Summary of remaining write-ins for Line 8 from overflow page .....	0	0	0	0	0	0	0	0	0	0
0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....	0	0	0	0	0	0	0	0	0	0
1901. ....										
1902. ....										
1903. ....										
1998. Summary of remaining write-ins for Line 19 from overflow page .....	0	0	0	0	0	0	0	0	0	0
1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above) .....	0	0	0	0	0	0	0	0	0	0

Life, Accident and Health Companies Only:

(a) Group \$ .....0 ; Individual \$ .....0

Fraternal Benefit Societies Only:

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates .....0 , Amount \$ .....0

Additional accidental death benefits included in life certificates were in amount \$ .....0 , Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [ ] No [ ]

If not, how are such expenses met?

.....

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued)  
ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
24. Additions by dividends .....	XXX.....	0.....	XXX.....	0.....
25. Other paid-up insurance .....	0.....	0.....	82.....	735.....
26. Debit ordinary insurance .....	XXX.....	XXX.....	0.....	0.....

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
27. Term policies - decreasing .....	0.....	0.....	3.....	6.....
28. Term policies - other .....	0.....	0.....	0.....	0.....
29. Other term insurance - decreasing .....	XXX.....	0.....	XXX.....	0.....
30. Other term insurance .....	XXX.....	0.....	XXX.....	0.....
31. Totals (Lines 27 to 30) .....	0.....	0.....	3.....	6.....
Reconciliation to Lines 2 and 21:				
32. Term additions .....	XXX.....	0.....	XXX.....	0.....
33. Totals, extended term insurance .....	XXX.....	XXX.....	1.....	30.....
34. Totals, whole life and endowment .....	0.....	0.....	1,090.....	47,163.....
35. Totals (Lines 31 to 34) .....	0.....	0.....	1,094.....	47,199.....

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial .....	0.....	0.....	0.....	0.....
37. Ordinary .....	0.....	0.....	47,199.....	0.....
38. Credit Life (Group and Individual) .....	0.....	0.....	0.....	0.....
39. Group .....	0.....	0.....	0.....	0.....
40. Totals (Lines 36 to 39) .....	0.....	0.....	47,199.....	0.....

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance	3 Number of Certificates	4 Amount of Insurance
41. Amount of insurance included in Line 2 ceded to other companies .....	XXX.....	.....	XXX.....	.....
42. Number in force end of year if the number under insured group is limited on a pro-rata basis .....	.....	.....	.....	XXX.....
43. Federal Employees' Group Life Insurance included in Line 21 .....	.....	.....	.....	.....
44. Servicemen's Group Life Insurance included in Line 21 .....	.....	.....	.....	.....
45. Group Permanent Insurance included in Line 21 .....	.....	.....	.....	.....

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies .....	374.....
---	----------

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above .....	
47.1 commuted amount .....	
47.2 level amount on parent or family policies .....	

POLICIES WITH DISABILITY PROVISIONS

Disability Provisions	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance
48. Waiver of Premium .....	0.....	0.....	23.....	1,308.....	0.....	0.....	0.....	0.....
49. Disability Income .....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
50. Extended Benefits .....	0.....	0.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
51. Other .....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
52. Total .....	0.....	(a) 0.....	23.....	(a) 1,308.....	0.....	(a) 0.....	0.....	(a) 0.....

(a) See the Annual Audited Financial Reports section of the annual statement instructions

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS				
	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year .....	0	0	0	0
2. Issued during year .....	0	0	0	0
3. Reinsurance assumed .....	0	0	0	0
4. Increased during year (net) .....	0	0	0	0
5. Total (Lines 1 to 4) .....	0	0	0	0
Deductions during year:				
6. Decreased (net) .....	(3)	0	0	0
7. Reinsurance ceded .....	3	0	0	0
8. Totals (Lines 6 and 7) .....	0	0	0	0
9. In force end of year (line 5 minus line 8) .....	0	0	0	0
10. Amount on deposit .....	0	(a)	0	(a)
11. Income now payable .....	0	0	0	0
12. Amount of income payable	(a) 0	(a) 0	(a) 0	(a) 0

ANNUITIES				
	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year .....	0	0	0	0
2. Issued during year .....	0	0	0	0
3. Reinsurance assumed .....	0	0	0	0
4. Increased during year (net) .....	0	0	0	0
5. Totals (Lines 1 to 4) .....	0	0	0	0
Deductions during year:				
6. Decreased (net) .....	0	(238)	0	0
7. Reinsurance ceded .....	0	238	0	0
8. Totals (Lines 6 and 7) .....	0	0	0	0
9. In force end of year (line 5 minus line 8) .....	0	0	0	0
Income now payable:				
10. Amount of income payable .....	(a) 0	XXX	XXX	(a) 0
Deferred fully paid:				
11. Account balance .....	XXX	(a) 0	XXX	(a) 0
Deferred not fully paid:				
12. Account balance	XXX	(a) 0	XXX	(a) 0

ACCIDENT AND HEALTH INSURANCE						
	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year .....	0	0	0	0	0	0
2. Issued during year .....	0	0	0	0	0	0
3. Reinsurance assumed .....	0	0	0	0	0	0
4. Increased during year (net) .....	0	XXX	0	XXX	0	XXX
5. Totals (Lines 1 to 4) .....	0	XXX	0	XXX	0	XXX
Deductions during year:						
6. Conversions .....	0	XXX	XXX	XXX	XXX	XXX
7. Decreased (net) .....	0	XXX	0	XXX	0	XXX
8. Reinsurance ceded .....	0	XXX	0	XXX	0	XXX
9. Totals (Lines 6 to 8) .....	0	XXX	0	XXX	0	XXX
10. In force end of year (line 5 minus line 9)	0	(a) 0	0	(a) 0	0	(a) 0

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS		
	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year .....		
2. Issued during year .....		
3. Reinsurance assumed .....		
4. Increased during year (net) .....		
5. Totals (Lines 1 to 4) .....		
Deductions During Year:		
6. Decreased (net) .....		
7. Reinsurance ceded .....		
8. Totals (Lines 6 and 7) .....		
9. In force end of year (line 5 minus line 8) .....		
10. Amount of account balance	(a)	(a)

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)**

Allocated by States and Territories

States, Etc.			1	Direct Business Only					
				Life Contracts		4	5	6	7
				2	3				
Active Status (a)			Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5 (b)	Deposit-Type Contracts	
1.	Alabama .....	AL	L	3,315	0	0	0	3,315	0
2.	Alaska .....	AK	L	0	0	0	0	0	0
3.	Arizona .....	AZ	L	9,997	0	0	0	9,997	0
4.	Arkansas .....	AR	L	0	0	0	0	0	0
5.	California .....	CA	L	82,649	335	0	0	82,984	57,896
6.	Colorado .....	CO	L	4,302	0	0	0	4,302	0
7.	Connecticut .....	CT	L	6,457	0	0	0	6,457	0
8.	Delaware .....	DE	L	0	0	0	0	0	0
9.	District of Columbia .....	DC	L	0	0	0	0	0	0
10.	Florida .....	FL	L	50,717	1,260	0	0	51,977	0
11.	Georgia .....	GA	L	6,499	0	0	0	6,499	0
12.	Hawaii .....	HI	L	3,123	0	0	0	3,123	0
13.	Idaho .....	ID	L	608	0	0	0	608	0
14.	Illinois .....	IL	L	2,981	0	0	0	2,981	0
15.	Indiana .....	IN	L	7,636	0	0	0	7,636	0
16.	Iowa .....	IA	L	1,460	0	0	0	1,460	0
17.	Kansas .....	KS	L	1,395	0	0	0	1,395	0
18.	Kentucky .....	KY	L	30,305	0	363	0	30,668	0
19.	Louisiana .....	LA	L	10,654	0	0	0	10,654	0
20.	Maine .....	ME	N	0	0	0	0	0	0
21.	Maryland .....	MD	L	719	0	0	0	719	0
22.	Massachusetts .....	MA	L	380	0	0	0	380	0
23.	Michigan .....	MI	L	7,483	0	0	0	7,483	0
24.	Minnesota .....	MN	L	3,424	0	0	0	3,424	0
25.	Mississippi .....	MS	L	468	0	0	0	468	0
26.	Missouri .....	MO	L	675	0	0	0	675	0
27.	Montana .....	MT	L	498	0	0	0	498	0
28.	Nebraska .....	NE	L	540	0	0	0	540	0
29.	Nevada .....	NV	L	6,140	0	0	0	6,140	0
30.	New Hampshire .....	NH	L	524	0	0	0	524	0
31.	New Jersey .....	NJ	L	0	0	0	0	0	0
32.	New Mexico .....	NM	L	2,034	0	0	0	2,034	0
33.	New York .....	NY	N	169	0	0	0	169	0
34.	North Carolina .....	NC	L	7,355	0	0	0	7,355	0
35.	North Dakota .....	ND	L	0	0	0	0	0	0
36.	Ohio .....	OH	L	158,263	286	0	0	158,549	0
37.	Oklahoma .....	OK	L	1,505	0	0	0	1,505	0
38.	Oregon .....	OR	L	2,362	0	0	0	2,362	0
39.	Pennsylvania .....	PA	L	3,400	0	0	0	3,400	0
40.	Rhode Island .....	RI	L	0	0	0	0	0	0
41.	South Carolina .....	SC	L	1,970	0	0	0	1,970	0
42.	South Dakota .....	SD	L	124	0	0	0	124	0
43.	Tennessee .....	TN	L	5,126	0	0	0	5,126	0
44.	Texas .....	TX	L	18,162	0	0	0	18,162	0
45.	Utah .....	UT	L	300	0	0	0	300	0
46.	Vermont .....	VT	L	0	0	0	0	0	0
47.	Virginia .....	VA	L	15,155	0	0	0	15,155	0
48.	Washington .....	WA	L	350	0	0	0	350	0
49.	West Virginia .....	WV	L	2,040	0	0	0	2,040	0
50.	Wisconsin .....	WI	L	2,364	0	0	0	2,364	0
51.	Wyoming .....	WY	L	0	0	0	0	0	0
52.	American Samoa .....	AS	N	0	0	0	0	0	0
53.	Guam .....	GU	N	0	0	0	0	0	0
54.	Puerto Rico .....	PR	N	0	0	0	0	0	0
55.	U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0
56.	Northern Mariana Islands .....	MP	N	300	0	0	0	300	0
57.	Canada .....	CAN	N	0	0	0	0	0	0
58.	Aggregate Other Alien .....	OT	XXX	0	0	0	0	0	0
59.	Subtotal .....	XXX		463,928	1,881	363	0	466,172	57,896
90.	Reporting entity contributions for employee benefits plans.....	XXX		0	0	0	0	0	0
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX		0	0	0	0	0	0
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX		0	0	0	0	0	0
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX		443	0	0	0	443	0
94.	Aggregate or other amounts not allocable by State.....	XXX		0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX		464,371	1,881	363	0	466,615	57,896
96.	Plus reinsurance assumed.....	XXX		0	0	0	0	0	0
97.	Totals (All Business).....	XXX		464,371	1,881	363	0	466,615	57,896
98.	Less reinsurance ceded.....	XXX		464,371	1,881	363	0	466,615	57,896
99.	Totals (All Business) less Reinsurance Ceded .....	XXX		0	0	(c) 0	0	0	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
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX		0	0	0	0	0	0
9401.	.....	XXX							
9402.	.....	XXX							
9403.	.....	XXX							
9498.	Summary of remaining write-ins for Line 94 from overflow page .....	XXX		0	0	0	0	0	0
9499.	Totals (Lines 9401 through 9403 plus 9498)(Line 94 above) .....	XXX		0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 49

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 8

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

Premiums are allocated by state based on residency

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 6, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Col. 6.....

UnitedHealth Group Incorporated  
(DE) BU 10000 41-1321939

Continued on Next Page

UnitedHealth Group Ventures, LLC  
46-3311984  
(DE) BU 20040 100%

Nomad Buyer, Inc.  
88-1111251  
(DE) BU-----100%

AmeriChoice Corporation  
54-1743136  
(DE) BU 42041 100%

Oxford Health Plans LLC  
52-2443751  
(DE) BU 58500 100%

Golden Rule Financial Corporation  
37-0855360  
(DE) BU 57100 100%

Change Healthcare Inc.  
82-2152098  
(DE) BU 41578 100%

naviHealth Holdings, LLC  
35-2431677  
(DE) BU-----100%

AmeriChoice of New Jersey, Inc.  
22-3368602  
NAIC No. 95497  
HMO  
(NJ) BU 53001 100%

UnitedHealthcare of New York, Inc.  
06-1172891  
NAIC No. 95085  
HMO  
(NY) BU 53200 100%

Oxford Benefit Management, Inc.  
06-1587795  
(CT) BU 58550 100%

USHEALTH Group, Inc.  
73-1165000  
(DE) BU 57500 100%

getthealthinsurance.com Agency Inc.  
37-0920164  
(IN) BU 57300 100%

HealthMarkets, Inc.  
75-2044750  
(DE) BU 57400 100%

All Savers Insurance Company  
35-1655915  
NAIC No. 82406  
INS  
(IN) BU 57210 100%

PF2 IP LLC  
81-4555910  
(DE) BU 41501 100%

Change Healthcare Holdco, Inc. (4)  
92-1410925  
(DE) BU 41566 69.3%

Navigator Health, Inc.  
45-3735192  
(DE) BU-----100%

UnitedHealthcare Community Plan of Georgia, Inc.  
26-2688274  
NAIC No. 13168  
HMO  
(GA) BU 50753 100%

Three Rivers Holdings, Inc.  
25-1825549  
(DE) BU 10466 100%

Oxford Health Plans (CT), Inc.  
06-1181201  
NAIC No. 96798  
HMO  
(CT) BU 58520 100%

Freedom Life Insurance Company of America  
61-1096685  
NAIC No. 62324  
INS  
(TX) BU 57510 100%

Pacific Casualty Company, Inc.  
75-2857077  
(HI) BU 57540 100%

HealthMarkets, LLC  
Xx-xxxxxxx  
(DE) BU 57410 100%

All Savers Life Insurance Company of California  
35-1744598  
NAIC No. 73130  
INS  
(CA) BU 57220 100%

PF2 PST Services LLC  
35-2578322  
(DE) BU 41500 100%

Change Healthcare LLC  
81-3611560  
(DE) BU 41502 100%

naviHealth SM Holdings, Inc.  
61-1669841  
(DE) BU-----100%

UnitedHealthcare Community Plan, Inc.  
38-3204052  
NAIC No. 95467  
HMO  
(MI) BU 50953 100%

Unison Health Plan of Delaware, Inc.  
20-5917714  
MCO  
(DE) BU 50423 100%

Oxford Health Plans (NJ), Inc.  
22-2745725  
NAIC No. 95506  
HMO  
(NJ) BU 58530 100%

Enterprise Life Insurance Company  
75-1617708  
NAIC No. 89087  
INS  
(TX) BU 57520 100%

Small Business Insurance Advisors, Inc.  
20-1004228  
(TX) BU 57554 100%

Mid-West National Life Insurance Company of Tennessee  
62-0724538  
NAIC No. 66087  
INS  
(TX) BU 57421 100%

HealthMarkets Group, Inc.  
47-2570595  
(DE) BU 57430 100%

Golden Outlook, Inc.  
20-3420886  
(CA) BU 44101 100%

Change Healthcare Intermediate Holdings, LLC  
38-4016792  
(DE) BU 41503 100%

R Cubed, Inc.  
62-1804707  
(TN) BU 42055 100%

UnitedHealthcare Community Plan of Ohio, Inc.  
56-2451429  
NAIC No. 12323  
HIC (HMO)  
(OH) BU 50443 100%

Oxford Health Plans (NY), Inc.  
06-1181200  
NAIC No. 95479  
HMO  
(NY) BU 58540 100%

National Foundation Life Insurance Company  
73-1187572  
NAIC No. 98205  
INS  
(TX) BU 57530 100%

USHEALTH Academy, Inc.  
20-3887008  
(TX) BU 57555 100%

HealthMarkets Services, Inc.  
46-1131431  
(DE) BU 57431 100%

Golden Rule Insurance Company  
37-6028756  
NAIC No. 62286  
INS  
(IN) BU 57200 100%

Change Healthcare Holdings, LLC  
30-0955587  
(DE) BU 41504 100%

naviHealth, Inc.  
36-4719151  
(DE) BU 42050 100%

UnitedHealthcare of Pennsylvania, Inc.  
25-1756858  
NAIC No. 95220  
HMO  
(PA) BU 50453 100%

USHEALTH Administrators, LLC  
26-4163593  
(DE) BU 57551 100%

USHEALTH Funding, Inc.  
75-2225185  
(DE) BU 57552 100%

Health Care-ONE Insurance Agency, Inc. (3)  
33-0673883  
(CA) BU 57564 50%

Senior Benefits, L.L.C.  
86-0739432  
(AZ) BU 57562 100%

Benefitter Insurance Solutions, Inc.  
46-1134506  
(DE) BU 57461 100%

Excelsior Insurance Brokerage, Inc.  
20-0087132  
(DE) BU 57463 100%

Change Healthcare Technology Enabled Services, LLC  
58-1953146  
(GA) BU 41506 100%

Change Healthcare Technologies, LLC  
58-1651222  
(DE) BU 41508 100%

Change Healthcare HealthQx, LLC  
45-4274703  
(PA) BU 41510 100%

Change Healthcare Innovation Israel Ltd.  
98-1507218  
(Israel) BU 41507 100%

Change Healthcare Performance, Inc.  
45-3637794  
(DE) BU 41511 100%

naviHealth Coordinated Care, LLC  
84-5020906  
(DE) BU ---- 100%

IHD Holdings, LLC  
84-4865867  
(DE) BU 42053 100%

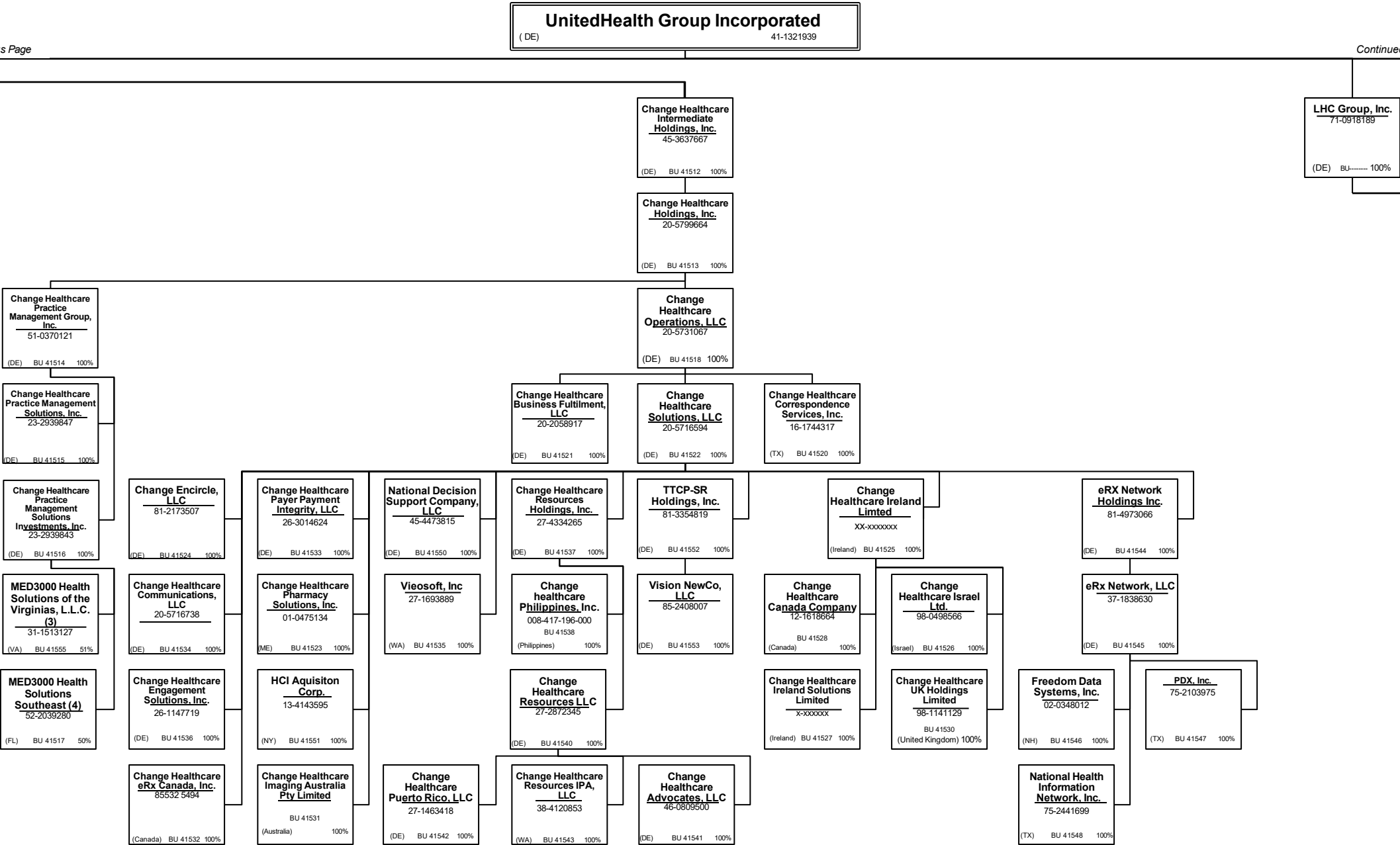
naviHealth Care at Home, LLC  
84-3482655  
(DE) BU-----100%

Post-Acute Care Center for Research, LLC  
30-0844501  
(DE) BU-----100%

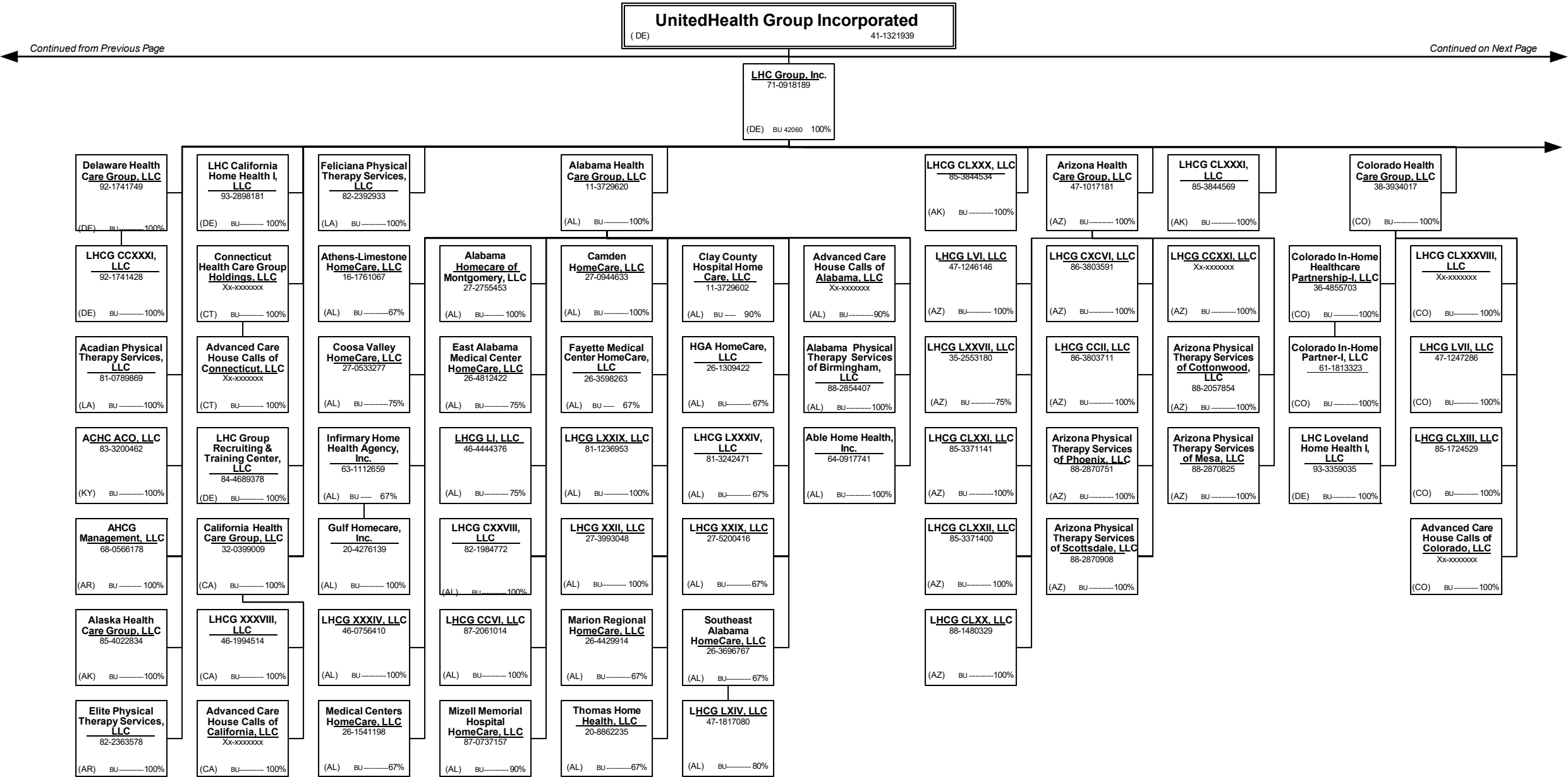
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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



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

UnitedHealth Group Incorporated  
( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

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 CXCVII, LLC  
86-3859120  
(IN) BU 100%

Kentucky Home  
Health Care, LLC  
46-4950585  
(KY) BU 100%

Kentucky  
HomeCare of  
Henderson, LLC  
26-4812417  
(KY) BU 100%

LHCG XLVI, LLC  
46-2509580  
(KY) BU 100%

Advanced Care  
House Calls of  
Michigan, LLC  
Xx-xxxxxxx  
(MI) BU 100%

Arkansas Physical  
Therapy Services  
of Rogers, LLC  
88-2072782  
(AR) BU 100%

LHCG XLII, LLC  
30-0760667  
(AR) BU 100%

LHCG CIV, LLC  
82-1639945  
(AR) BU 100%

Hospice of Central  
Arkansas, LLC (3)  
26-4310419  
(AR) BU 67%

Jefferson  
Regional  
HomeCare, LLC (3)  
26-1806757  
(AR) BU 67%

LHCG CLXVII, LLC  
85-4059504  
(AR) BU 100%

Eureka Springs  
Hospital  
HomeCare, LLC  
72-1587844  
(AR) BU 100%

Illinois Health  
Care Group, LLC  
46-1708167  
(IL) BU 100%

Kentucky LV, LLC  
46-4923653  
(KY) BU 100%

LHCG LXX, LLC  
47-5067719  
(KY) BU 100%

LHCG XXIII, LLC  
27-4100261  
(KY) BU 75%

LHC HomeCare -  
Lifeline, LLC  
51-0588604  
(KY) BU 100%

Arkansas  
Healthcare  
Partners, LLC  
81-3695165  
(AR) BU 100%

East Arkansas  
Health Holdings,  
LLC  
47-2142765  
(AR) BU 100%

LHCG CV, LLC  
82-1661632  
(AR) BU 100%

LHCG CII, LLC  
82-1487800  
(AR) BU 100%

LHCG CLXVII, LLC  
85-3678555  
(AR) BU 100%

Eureka Springs  
Hospital Hospice,  
LLC  
72-1587845  
(AR) BU 100%

LHCG XXXVII, LLC  
30-0760684  
(IL) BU 100%

Lifeline HomeCare  
of Salem, LLC  
27-3468680  
(KY) BU 100%

LHCG LXXI, LLC  
47-5393382  
(KY) BU 100%

Kentucky Physical  
Therapy Services  
at Richmond  
Place, LLC  
93-4405730  
(KY) BU 100%

Lifeline Home  
Health Care of  
Bowling Green,  
LLC  
51-0588592  
(KY) BU 100%

LHCG LXXXV, LLC  
36-4847404  
(AZ) BU 100%

Arkansas Home  
Health Providers-  
III, LLC  
47-1716449  
(AR) BU 100%

Arkansas Home  
Hospice, LLC  
47-1783912  
(AR) BU 100%

Mena Medical  
Center Home  
Health, LLC  
47-0944781  
(AR) BU 100%

Mena Medical  
Center Hospice,  
LLC  
72-1586356  
(AR) BU 100%

LHCG CXXXX, LLC  
83-2298550  
(AR) BU 100%

Patient's Choice  
Hospice, LLC  
06-1778268  
(AR) BU 100%

Advanced Care  
House Calls of  
Illinois, LLC  
Xx-xxxxxxx  
(IL) BU 100%

Lifeline Home  
Health Care of  
Fulton, LLC  
20-8826388  
(KY) BU 100%

Lifeline Home  
Health Care of  
Hopkinsville, LLC  
51-0588601  
(KY) BU 100%

Kentucky Physical  
Therapy Services  
of Lexington, LLC  
93-4383947  
(KY) BU 100%

Lifeline Home  
Health Care of  
Lexington, LLC  
51-0588599  
(KY) BU 100%

OHHP, LLC  
81-3653042  
(OK) BU 100%

Arkansas Home  
Health Providers-  
III, LLC  
47-1783912  
(AR) BU 100%

Arkansas  
Extended Care,  
LLC  
47-1770024  
(AR) BU 100%

Southwest  
Arkansas  
HomeCare, LLC  
26-0274543  
(AR) BU 67%

LHCG LXVIII, LLC  
47-4518424  
(AR) BU 100%

Northeast  
Arkansas  
Partnership, LLC  
35-2647028  
(AR) BU 60%

LHCG CXXXII, LLC  
83-2810275  
(AR) BU 100%

Illinois Home  
Health Care, LLC  
46-4924177  
(IL) BU 100%

Lifeline  
Rockcastle Home  
Health, LLC  
27-3468870  
(KY) BU 75%

Gamma  
Acquisition Inc.  
20-0146314  
(DE) BU 100%

Lifeline Private  
Duty Services of  
Kentucky, LLC  
51-0588602  
(KY) BU 100%

Summit Properties  
- Muskogee, LLC  
32-0469351  
(OK) BU 100%

Arkansas Nursing  
Providers, LLC  
47-1808550  
(AR) BU 67%

LHCG CXXV, LLC  
82-2441720  
(AR) BU 100%

LHCG LXXXVI,  
LLC  
36-4847423  
(AR) BU 100%

LHCG CXXXI, LLC  
32-0565293  
(AR) BU 100%

Illinois LIV, LLC  
38-3925282  
(IL) BU 00%

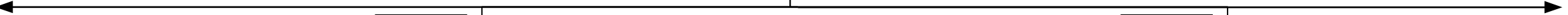
Kentucky In-Home  
Partner-II, LLC  
82-3982951  
(KY) BU 100%

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%

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

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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 CXCV, 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

84-230289

(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 Partner-I, LLC

84-2301559

(AR) BU 100%

Arizona In-Home Partner-III, LLC

84-2275631

(AZ) BU 100%

Idaho In-Home Healthcare Partnership-I, LLC

84-2230243

(ID) BU 100%

Pennsylvania In-Home 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 Partner-I, LLC

38-4023101

(AZ) BU 100%

Arkansas In-Home Partner-II, LLC

84-2311081

(AR) BU 100%

Virginia In-Home Partner-III, LLC

81-4888094

(VA) BU 100%

Arizona In-Home Partner-II, LLC

81-5027397

(AZ) BU 100%

Virginia In-Home 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%

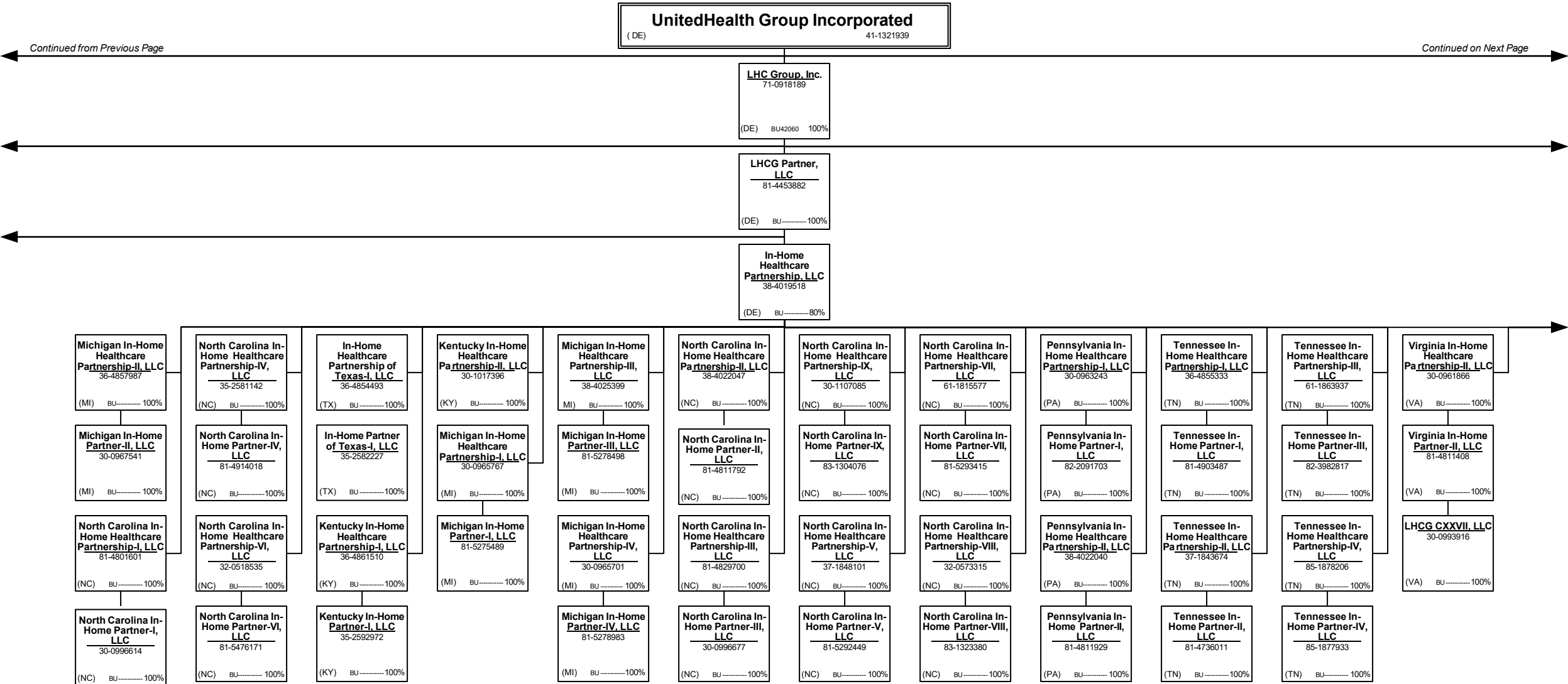
Primary Care at Home of Louisiana IV, LLC

82-3253877

(LA) BU 100%

52.5

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

52.7

UnitedHealth Group Incorporated  
( DE) 41-1321939

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

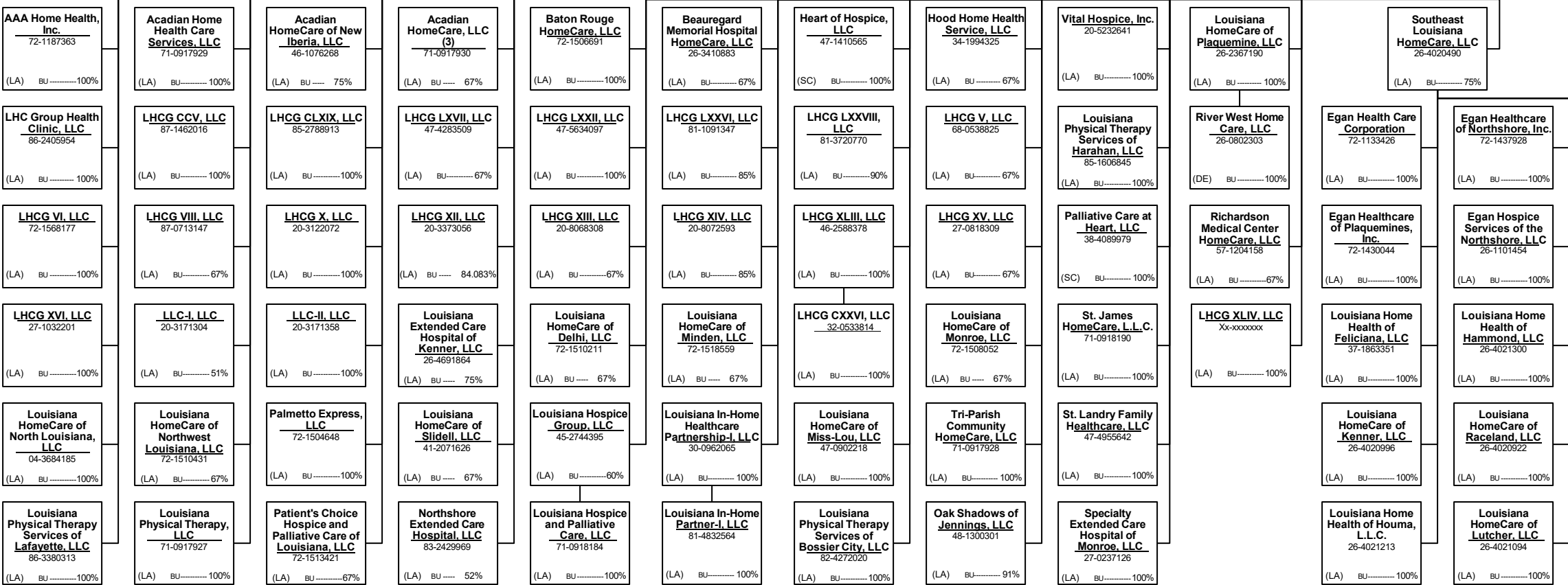
UnitedHealth Group Incorporated  
( DE) 41-1321939

Continued from Previous Page

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

Louisiana Health  
Care Group, LLC  
71-0917926  
(LA) BU -----100%





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

UnitedHealth Group Incorporated  
( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UnitedHealth Group Incorporated  
( DE ) 41-1321939

Continued from Previous Page

Continued on Next Page

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 CXCI, LLC  
86-2900948  
(TX) BU 100%

Red River HomeCare, LLC  
81-0627339  
(TX) BU 100%

LHCG CCI, LLC  
87-1012762  
(VA) BU 100%

Virginia HomeCare, LLC  
06-1762015  
(VA) BU 100%

Assured Capital Partners, Inc.  
88-0369557  
(NV) BU 100%

Washington HomeCare and Hospice of Central Basin, LLC  
26-4568497  
(WA) BU 100%

Preston Memorial HomeCare, LLC  
27-1446056  
(WV) BU 100%

LHCG LXXXVII, LLC  
37-1847660  
(WV) BU 90%

Grant Memorial HomeCare and Hospice, LLC  
26-2578433  
(WV) BU 67%

Boone Memorial HomeCare, LLC  
20-8826558  
(WV) BU 100%

LHCG XVII, LLC  
27-2544802  
(ID) BU 100%

Advanced Care House Calls of Massachusetts, LLC  
83-2914026  
(MA) BU 100%

LHC CXCI, 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 CXCI, 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 CXCI, 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%

Northeast Washington Home Health, Inc.  
27-0555075  
(WA) BU 100%

LHCG CLXXXVI, LLC  
85-3864696  
(WA) BU 100%

LHC HomeCare of West Virginia LLC  
26-3042468  
(WV) BU 100%

LHCG XC, LLC  
81-5306967  
(WV) BU 100%

West Virginia Physical Therapy Services of Charleston, LLC  
83-3393205  
(WV) BU 100%

Princeton Community HomeCare, LLC  
83-0474005  
(WV) BU 67%

Idaho In-Home Partner-I, LLC  
84-2311184  
(ID) BU 100%

Massachusetts Physical Therapy Services of Quincy Bay, LLC  
88-2058110  
(MA) BU 100%

Texas Physical Therapy Services of Baytown, LLC  
86-3380429  
(TX) BU 100%

LHCG CCXXXIV, LLC  
92-3832140  
(TX) BU 100%

LHCG XXXIII, LLC  
45-4894023  
(TX) BU 70%

LHCG CXCVIII, LLC  
87-0821493  
(VA) BU 100%

Northeast Washington Home Health, Inc.  
27-0555075  
(WA) BU 100%

LHCG CLXXXVI, LLC  
85-3864696  
(WA) BU 100%

Jackson County Home Health, LLC  
26-3042590  
(WV) BU 100%

LHCG XCII, LLC  
81-5344998  
(OH) BU 100%

West Virginia Physical Therapy Services of Charleston, LLC  
83-3393205  
(WV) BU 100%

Roane HomeCare, LLC  
41-2219637  
(WV) BU 100%

Kambros, LLC  
84-4763920  
(ID) BU 100%

LHCG LVIII, LLC  
47-1271229  
(MA) BU 100%

Advanced Care House Calls of Texas, LLC  
Xx-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%

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

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

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

UnitedHealth Group Incorporated  
( DE ) 41-1321939

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LHC Group, Inc.  
71-0918189  
(DE) BU 42060 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 XCV, LLC  
81-5274714  
(TN) BU -----100%

LHCG XCIX, LLC  
81-5377954  
(MS) BU -----100%

LHCG CXXXII, LLC  
37-1866838  
(TN) BU -----100%

HMC Home Health,  
LLC  
27-1362827  
(TN) BU -----75%

Lifeline of West  
Tennessee, LLC  
26-0609961  
(TN) BU -----100%

Health at Home  
Holdings - Detroit,  
LLC  
87-1107918  
(DE) BU -----100%

Health at Home  
Holdings -  
Durham, LLC  
87-1166046  
(DE) BU -----100%

Health at Home  
Holdings -  
Edmond, LLC  
87-1136266  
(DE) BU -----100%

Health at Home  
Holdings - High  
Point, LLC  
87-1165951  
(DE) BU -----100%

Gericare, LLC  
62-1160679  
(TN) BU -----100%

LHCG CXXXVI,  
LLC  
38-4049205  
(TN) BU -----100%

LHCG XCV, LLC  
81-5297025  
(TN) BU -----100%

LHCG XCVI, LLC  
81-5306890  
(TN) BU -----100%

LHCG CXXXIII,  
LLC  
32-0540219  
(TN) BU -----100%

Innovative Senior  
Care Home Health  
of Hartford, LLC  
45-2502527  
(DE) BU -----100%

Medical Center  
Home Health, LLC  
26-2947990  
(TN) BU -----100%

Innovative Senior  
Care Home Health  
of Detroit, LLC  
26-2611755  
(DE) BU -----100%

Innovative Senior  
Care Home Health  
of Durham, LLC  
27-2620181  
(DE) BU -----100%

Innovative Senior  
Care Home Health  
of Edmond, LLC  
27-2619513  
(DE) BU -----100%

Innovative Senior  
Care Home Health  
of High Point, LLC  
45-2952600  
(DE) BU -----100%

Elk Valley Home  
Health Care  
Agency, LLC  
62-1193854  
(TN) BU -----100%

LHCG CXC, LLC  
86-1394064  
(TN) BU -----100%

LHCG XCVII, LLC  
81-5322529  
(TN) BU -----100%

LHCG XCVIII, LLC  
81-5345526  
(MS) BU -----100%

Morristown-  
Hamblen  
HomeCare and  
Hospice, LLC  
26-2792774  
(TN) BU -----100%

LHCG CCXIV, LLC  
87-3076026  
(RI) BU -----100%

LHCG CCXXX,  
LLC  
92-0578697  
(TN) BU -----100%

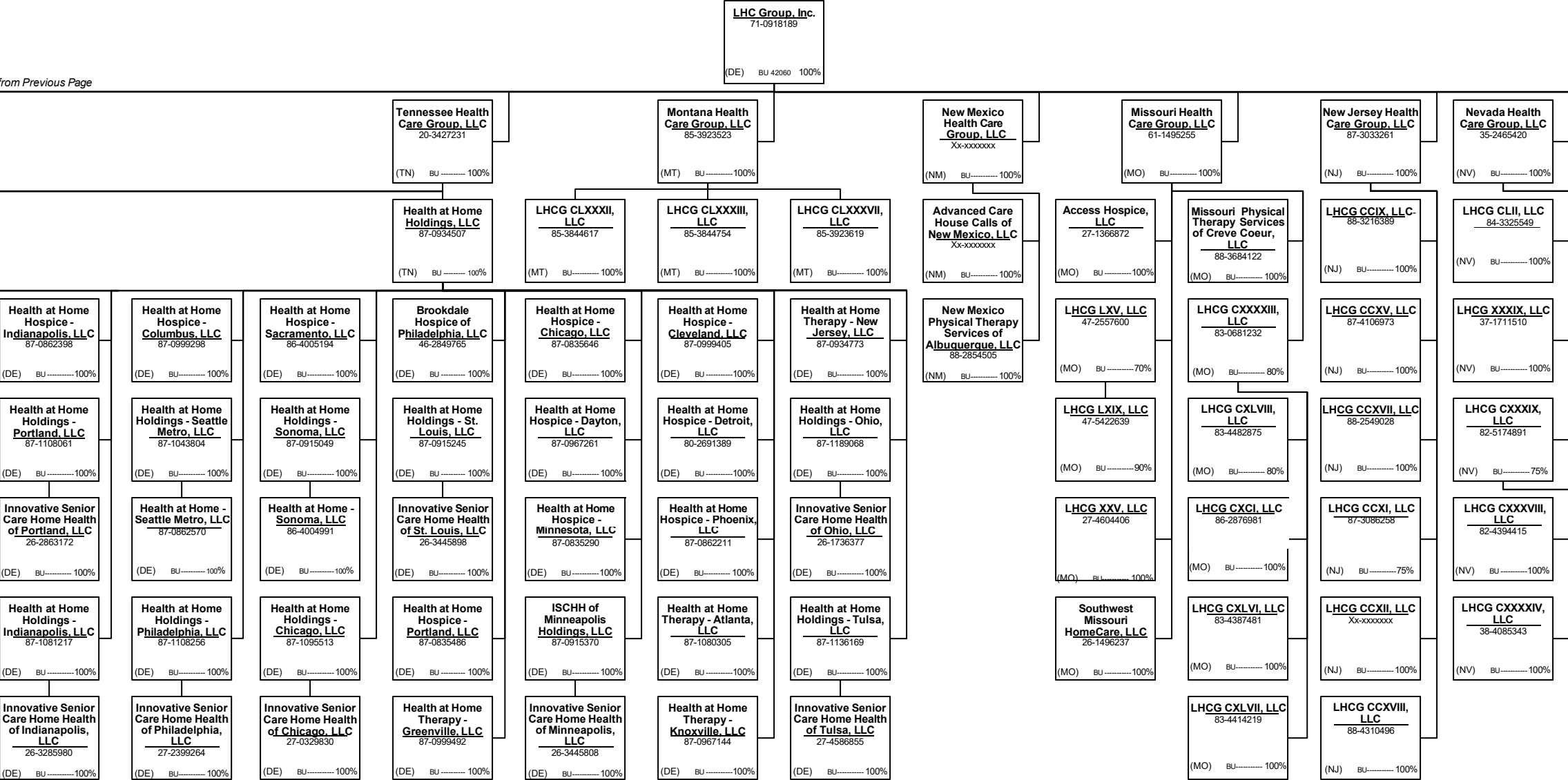
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

UnitedHealth Group Incorporated  
( DE ) 41-1321939

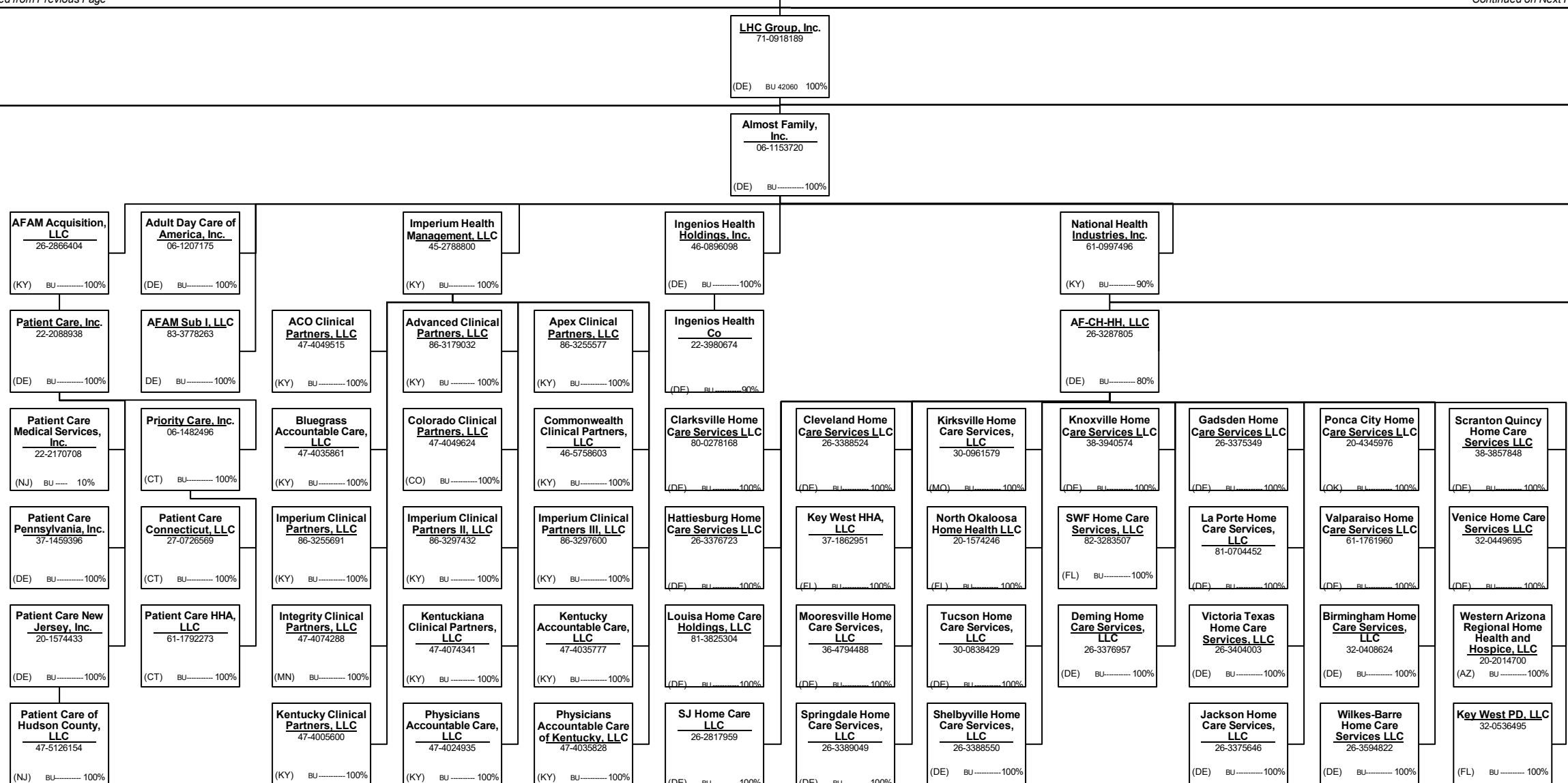
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**UnitedHealth Group Incorporated**  
( DE) 41-1321939



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 42060100%

Almost Family, Inc.

06-1153720

(DE)BU100%

National Health Industries, Inc.

61-0997496

(KY)BU90%

AFAM Holding Co II, LLC (4)

85-3047540

(DE)BU80%

BRACOR, Inc.

16-1270177

(NY)BU100%

AFAM Holding Co, LLC (4)

83-3778238

(DE)BU80%

Emporia Home Care Services, LLC

26-3388740

(DE)BU100%

Patient's Choice Homecare, LLC

55-0832250

(CT)BU100%

Connecticut Home Health Care, Incorporated

06-1254084

(CT)BU100%

Fulton Home Care Services LLC

26-3385091

(DE)BU99%

Blue Island Home Care Services LLC

38-3859193

(DE)BU99%

Brevard HMA Home Health LLC

27-3142265

(FL)BU100%

Brevard HMA Hospice LLC

27-3142339

(FL)BU100%

Centre Home Care LLC

20-4408565

(AL)BU100%

Crossroads Home Care Services, LLC

26-3376835

(DE)BU99%

Tomball Texas Home Care Services, LLC

45-2856177

(DE)BU99%

Youngstown Home Care Services LLC

27-5284765

(DE)BU100%

Franklin Home Care Services, LLC

26-1365147

(DE)BU100%

Western Region Health Corporation

16-1365147

(NY)BU100%

Willcare, Inc.

16-1202250

(NY)BU100%

Weatherford Home Care Services, LLC

26-3375892

(DE)BU100%

Florence Home Care Services, LLC

26-3376655

(DE)BU100%

Fort Payne Home Care LLC

20-4408510

(AL)BU100%

Fort Smith HMA Home Health, LLC

27-1014059

(AR)BU100%

Galesburg Home Care LLC

20-4828017

(DE)BU99%

Granite City Home Care Services LLC

26-3376889

(DE)BU99%

Waukegan Hospice LLC

20-4885028

(DE)BU99%

York Home Care Services LLC

30-0708462

(DE)BU100%

Lakeland Home Care Services LLC

27-3073250

(DE)BU100%

Litson Certified Care, Inc.

13-3792263

(NY)BU100%

Litson Health Care, Inc.

14-1630316

(NY)BU100%

Mayes County HMA Home Health LLC

45-4406785

(OK)BU100%

Helena Home Care Services LLC

26-3384769

(DE)BU100%

Jourdanton Home Care Services, LLC

26-3388719

(DE)BU100%

Lancaster Home Care Services, LLC

26-3376587

(DE)BU100%

Louisa Home Care Services LLC

26-3385143

(DE)BU100%

Northampton Home Care LLC

26-1266166

(DE)BU100%

West Grove Home Care, LLC

26-1266308

(DE)BU100%

Petersburg Home Care Services, LLC

26-3388826

(DE)BU100%

Wichita Falls Texas Home Care, LLC

20-5280925

(TX)BU100%

Oklahoma City Home Care Services LLC

26-3388890

(DE)BU100%

Pottstown Home Care Services, LLC

26-3385581

(DE)BU100%

Red Bud Home Care Services, LLC

26-3385035

(DE)BU99%

Sharon Home Care Services LLC

37-1745728

(DE)BU100%

Spokane Home Care Services LLC

27-3788721

(DE)BU100%

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 42060100%

Almost Family, Inc.

06-1153720

(DE)BU100%

National Health Industries, Inc.

61-0997496

(KY)BU90%

AFAM Holding Co IV, LLC (4)

92-2908587

(OK)BU80%

Clinton Home Health & Hospice LLC

45-4406745

(OK)BU100%

Woodward Home Care Services LLC

26-3375945

(DE)BU100%

AFAM Holding Co III, LLC (4)

86-3137505

(DE)BU80%

AFAM Holding Co V, LLC (4)

93-2670946

(DE)BU80%

El Dorado Home Care Services, LLC

26-4626302

(DE)BU100%

Berwick Home Care Services LLC

26-3376776

(DE)BU100%

Almost Family ACO Services of Kentucky, LLC

61-1166649

(KY)BU100%

Almost Family PC of SW Florida, LLC

26-1261522

(FL)BU100%

Almost Family PC of West Palm, LLC

26-1263982

(FL)BU100%

BHC Services, Inc.

06-1137222

(NY)BU80%

Caretenders of Cleveland, Inc.

61-1306845

(KY)BU100%

Caretenders of Columbus, Inc.

61-1302995

(KY)BU100%

Caretenders Visiting Services of District 6, LLC

30-0425709

(KY)BU100%

Caretenders Visiting Services of District 7, LLC

30-0425714

(KY)BU100%

Caretenders Visiting Services of Gainesville, LLC

30-0425715

(FL)BU100%

Caretenders Visiting Services of Hernando County, LLC

20-5826497

(FL)BU100%

Caretenders Visiting Services of Kentuckiana, LLC

20-3021812

(KY)BU100%

Caretenders Visiting Services of Orlando, LLC

30-0425717

(KY)BU100%

Caretenders Visiting Services of Pinellas County, LLC

20-5826531

(FL)BU100%

Caretenders Visiting Services of Southern Illinois, LLC

20-5826553

(IL)BU100%

Almost Family PC of Ft. Lauderdale, LLC

26-1260724

(FL)BU100%

Almost Family ACO Services of South Florida, LLC

46-5765971

(FL)BU100%

Almost Family PC of Kentucky, LLC

26-1259925

(KY)BU100%

Caretenders of Jacksonville, LLC

20-5890994

(FL)BU100%

Caretenders Visiting Services of St. Augustine, LLC

20-2910357

(FL)BU100%

Caretenders Visiting Services of St. Louis, LLC

20-5826598

(MO)BU100%

Caretenders Visiting Services Employment Company, Inc.

61-1326749

(KY)BU100%

Caretenders VS of Ohio, LLC

26-3706241

(OH)BU100%

IN Homecare Network North, LLC

46-3020499

(IN)BU100%

NP Services of IN, LLC

82-3009527

(IN)BU100%

Caretenders VS of SE Ohio, LLC

45-1139239

(OH)BU100%

Caretenders Visiting Services of Ocala, LLC

20-4522444

(FL)BU100%

Caretenders VNA of Ohio, LLC

27-3756374

(OH)BU100%

Caretenders VS of Boston, LLC

26-1258759

(MA)BU100%

Caretenders VS of Central KY, LLC

26-1259391

(KY)BU100%

Caretenders VS of Lincoln Trail, LLC

26-3632764

(KY)BU100%

Caretenders VS of Louisville, LLC

26-1264112

(KY)BU100%

Caretenders VS of Western KY, LLC

26-1258938

(KY)BU100%

HHA of Wisconsin, LLC

37-1826396

(WI)BU100%

Home Health of Jefferson Co, LLC

38-4003190

(KY)BU60%

Illinois Home Care Holdings, LLC

32-0505528

(DE)BU80%

IN HomeCare Network Central, LLC

46-3029953

(IN)BU100%

Mederi Caretenders VS of Broward, LLC

26-1264504

(FL)BU100%

Mederi Caretenders VS of SE FL, LLC

26-1264234

(FL)BU100%

Mederi Caretenders VS of SW FL, LLC

26-1264384

(FL)BU100%

Mederi Caretenders VS of Tampa, LLC

26-1248096

(FL)BU100%

Mederi Private Care, LLC

83-4371904

(FL)BU100%

NP Services of KY, LLC

82-2998879

(KY)BU100%

NP Services of NC, LLC

82-3026260

(NC)BU100%

NP Services of OH, LLC

82-4255048

(OH)BU100%

Princeton Home Health, LLC

20-5081107

(AL)BU100%

Midwest Hospice, LLC

Xx-xxxxxxx

(AR)BU100%

Long Term Solutions, Inc.

04-3485196

(MA)BU100%

LTS At Home, LLC

85-1275334

(DE)BU100%

Cambridge Home Health Care Holdings, Inc.

20-0591577

(DE)BU100%

Cambridge Home Health Care, Inc.

34-1772291

(OH)BU100%

Cambridge Home Health Care, Inc./ Private

34-1772292

(OH)BU100%

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

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

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

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

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%



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

UnitedHealth Group Incorporated  
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Continued on Next Page

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

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

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

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

SunCrest Healthcare, Inc.  
20-3701127  
(GA) BU -----100%

Substantively Controlled LHC Group Entities

HH Health System-Jackson, LLC  
87-2027148  
(AL) BU ----

SunCrest Home Health - Southside, LLC  
45-2283548  
(GA) BU -----60%

SunCrest Healthcare of West Tennessee, LLC  
37-1550880  
(TN) BU -----100%

SunCrest Companion Services, LLC  
26-3549012  
(TN) BU -----100%

Almost Family ACO Services of Tennessee, LLC  
47-0979130  
(TN) BU -----100%

BGR Acquisition, LLC  
51-0606314  
(FL) BU -----100%

SunCrest Healthcare of East Tennessee, LLC  
26-3548962  
(TN) BU -----100%

SunCrest Home Health of MO, Inc.  
27-0678903  
(MO) BU -----100%

SunCrest Healthcare of Middle TN, LLC  
71-1017674  
(TN) BU -----100%

SunCrest Outpatient Rehab Services, LLC  
26-1910553  
(TN) BU -----100%

SunCrest Home Health of AL, Inc.  
27-0678962  
(AL) BU -----100%

SunCrest Home Health of Manchester, Inc.  
27-3742641  
(TN) BU -----100%

SunCrest LBL Holdings, Inc.  
27-3742739  
(TN) BU -----100%

SunCrest Home Health of Claiborne County, Inc.  
45-1448026  
(TN) BU -----100%

SunCrest Home Health of Georgia, Inc.  
26-1911187  
(GA) BU -----100%

SunCrest Home Health of South GA, Inc.  
27-0678757  
(GA) BU -----100%

SunCrest Home Health of Nashville, Inc.  
27-2258905  
(TN) BU -----100%

SunCrest Telehealth Services, Inc.  
27-4199760  
(TN) BU -----100%

Trigg County Home Health, Inc.  
26-3539405  
(KY) BU -----100%

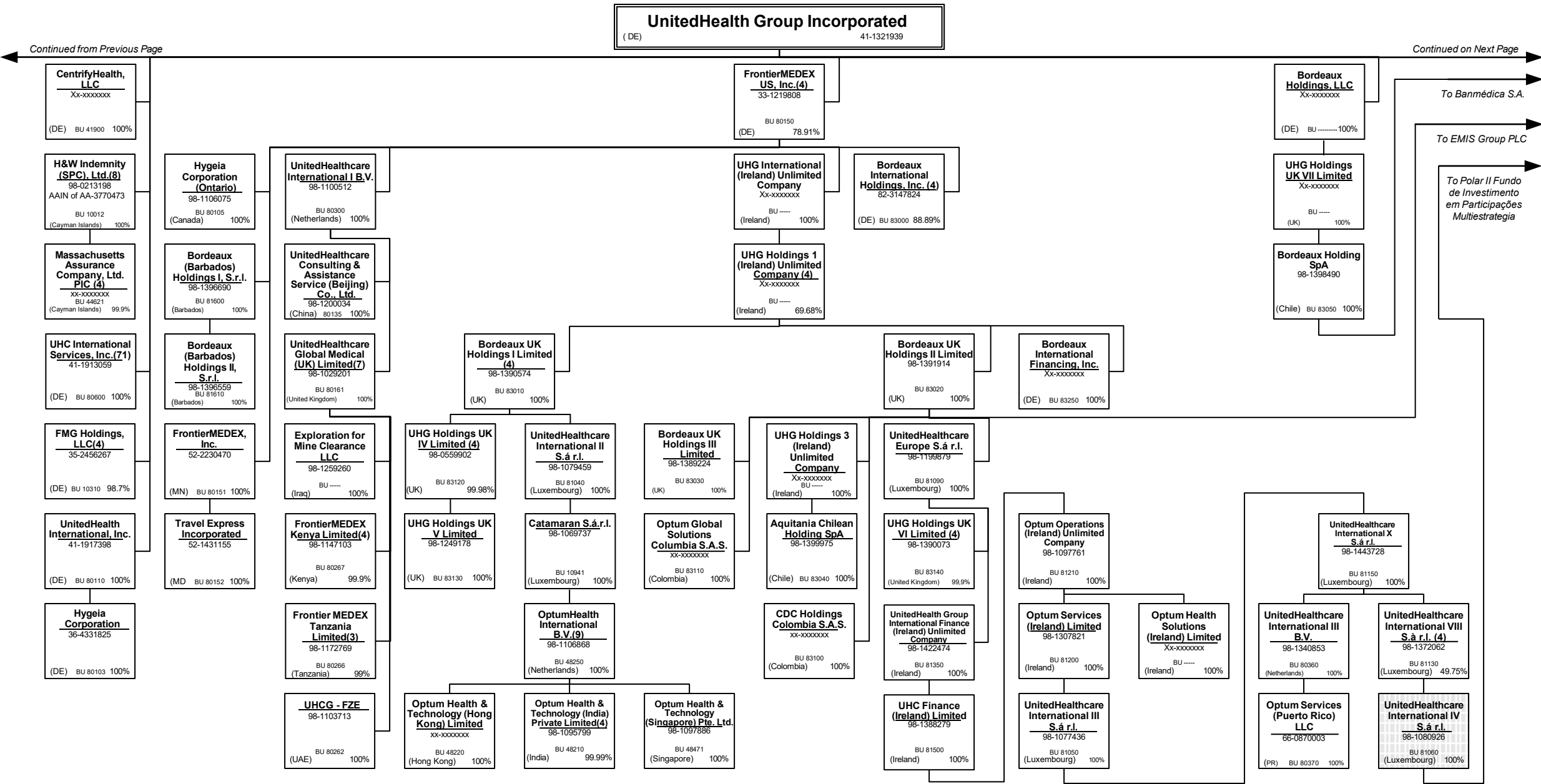
Tennessee Nursing Services of Morristown, Inc.  
62-1049414  
(TN) BU -----100%

LHCG CLXI, LLC  
85-0788038  
(GA) BU -----67%

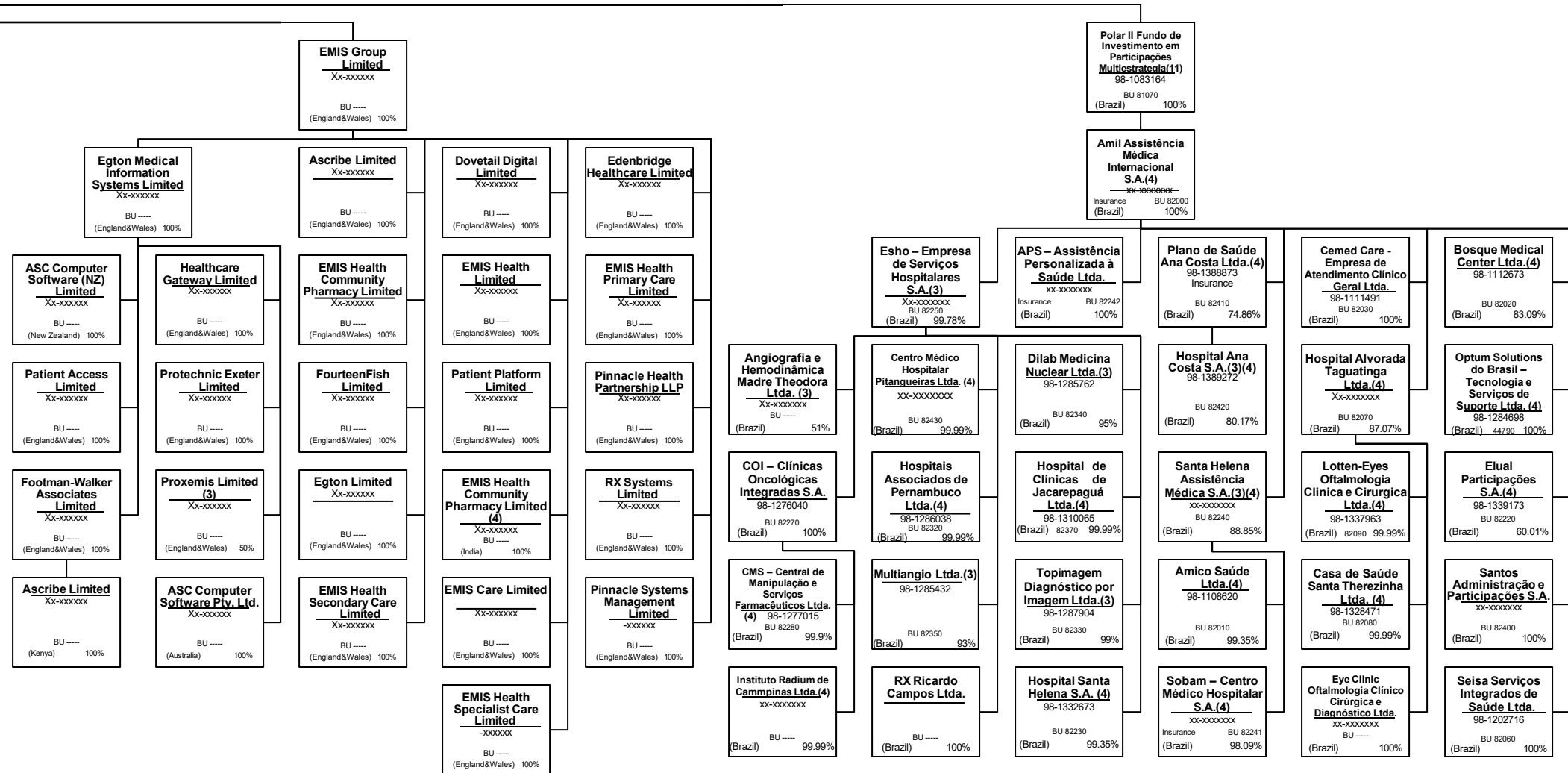
SunCrest Outpatient Rehab Services of TN, LLC  
27-0311512  
(TN) BU -----100%

SunCrest Home Health of Tampa, LLC  
27-3742788  
(FL) BU -----100%

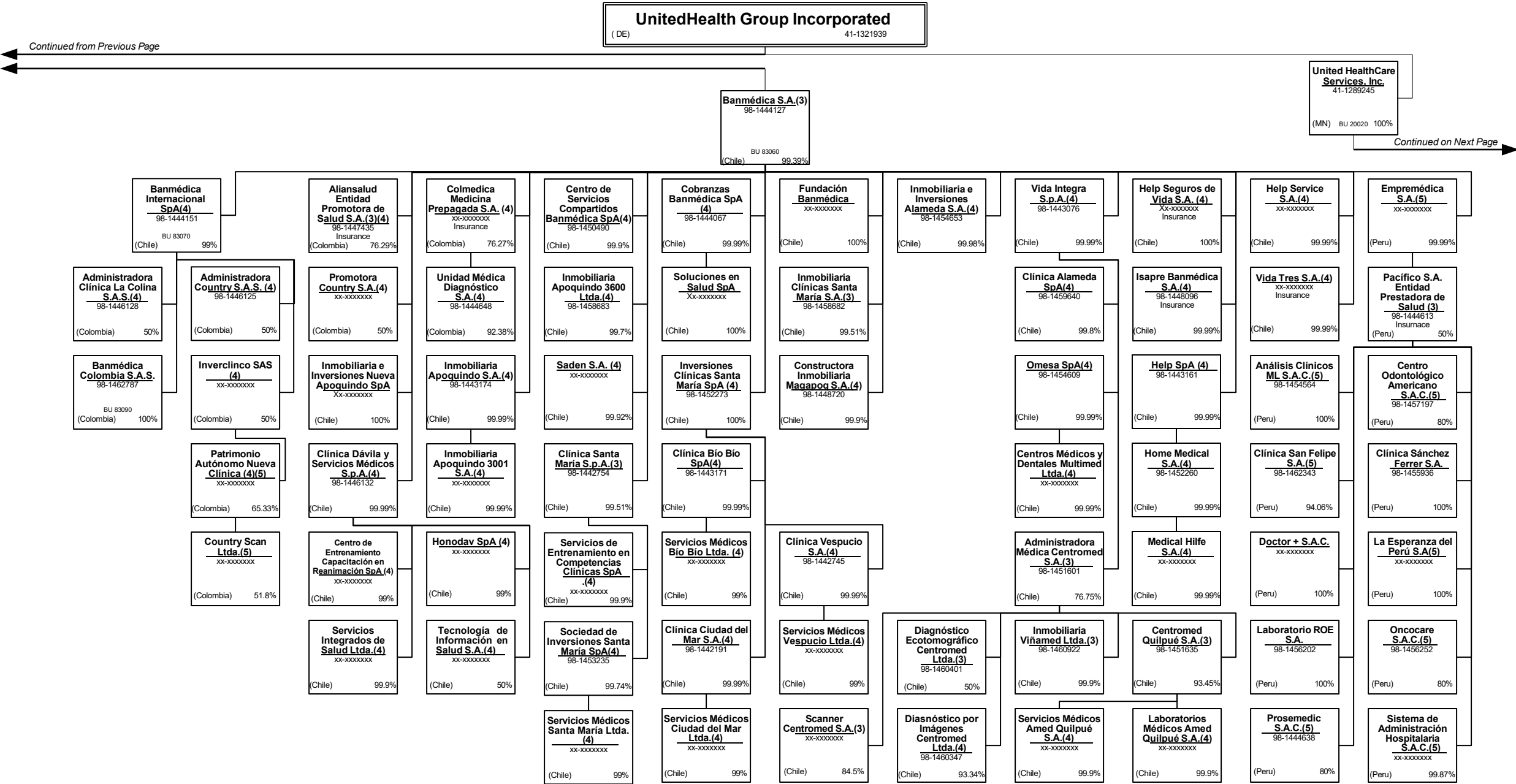
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



<b>UnitedHealth Group Incorporated</b> ( DE) <span style="float: right;">41-1321939</span>
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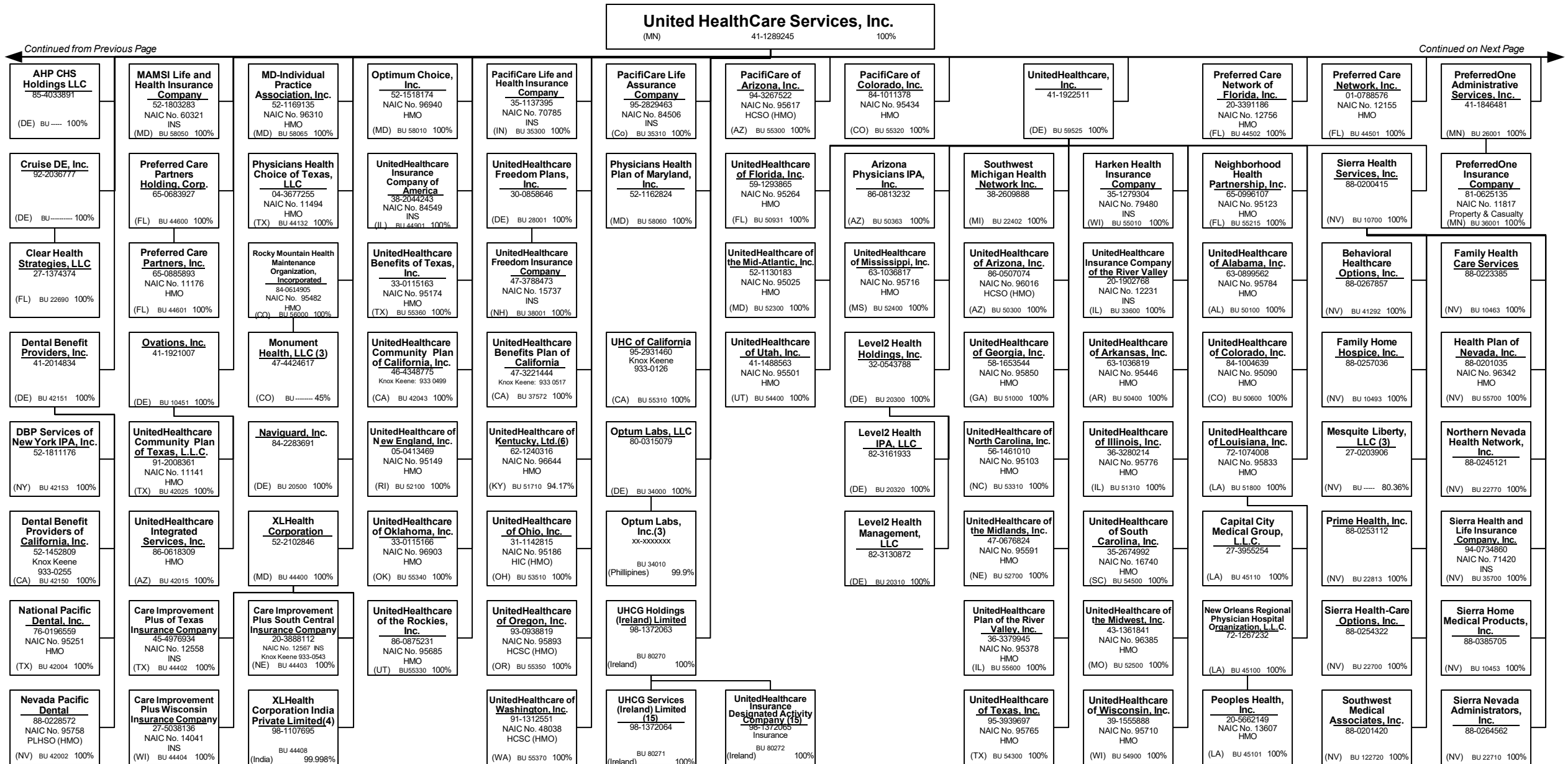


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

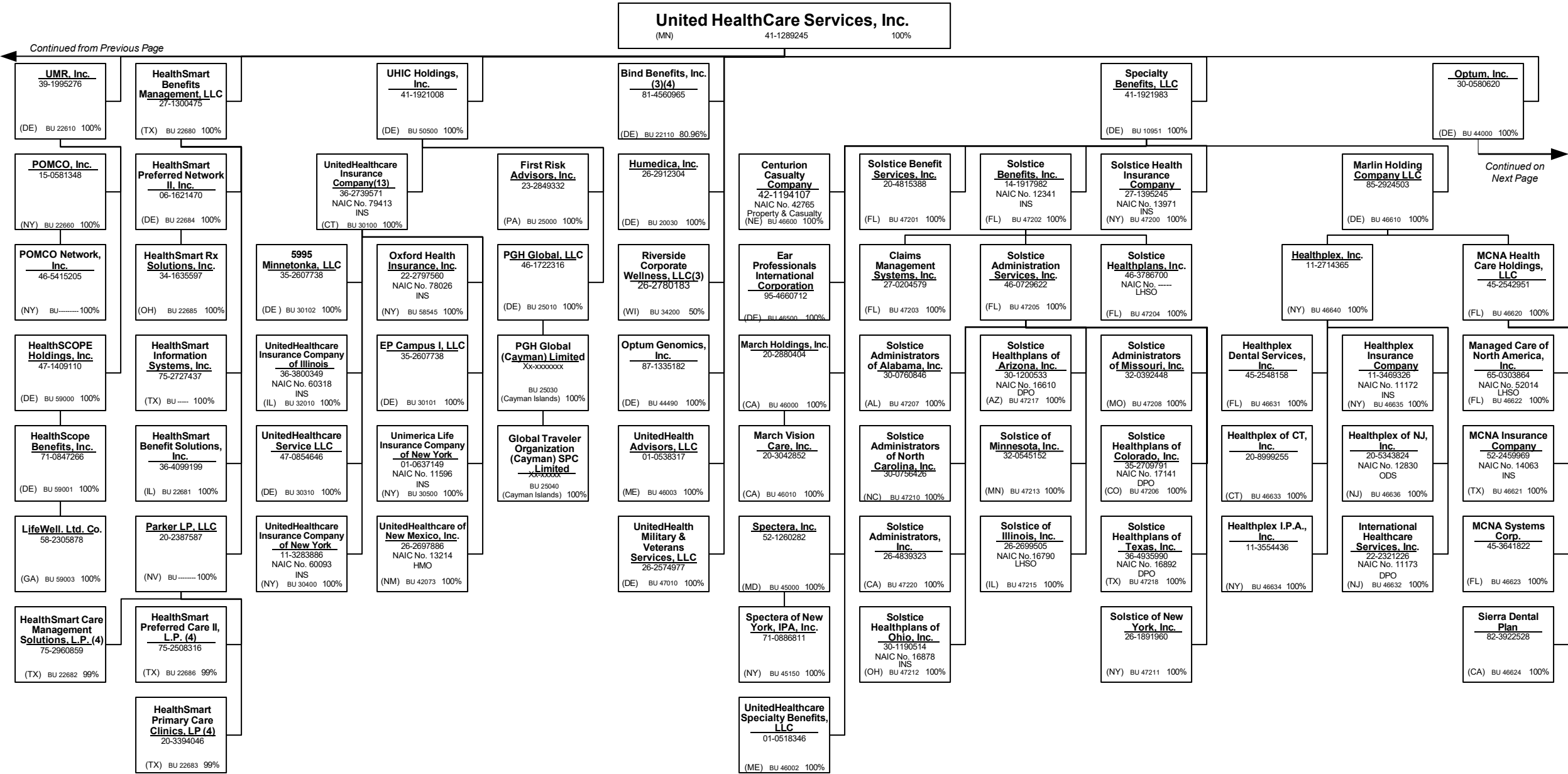


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

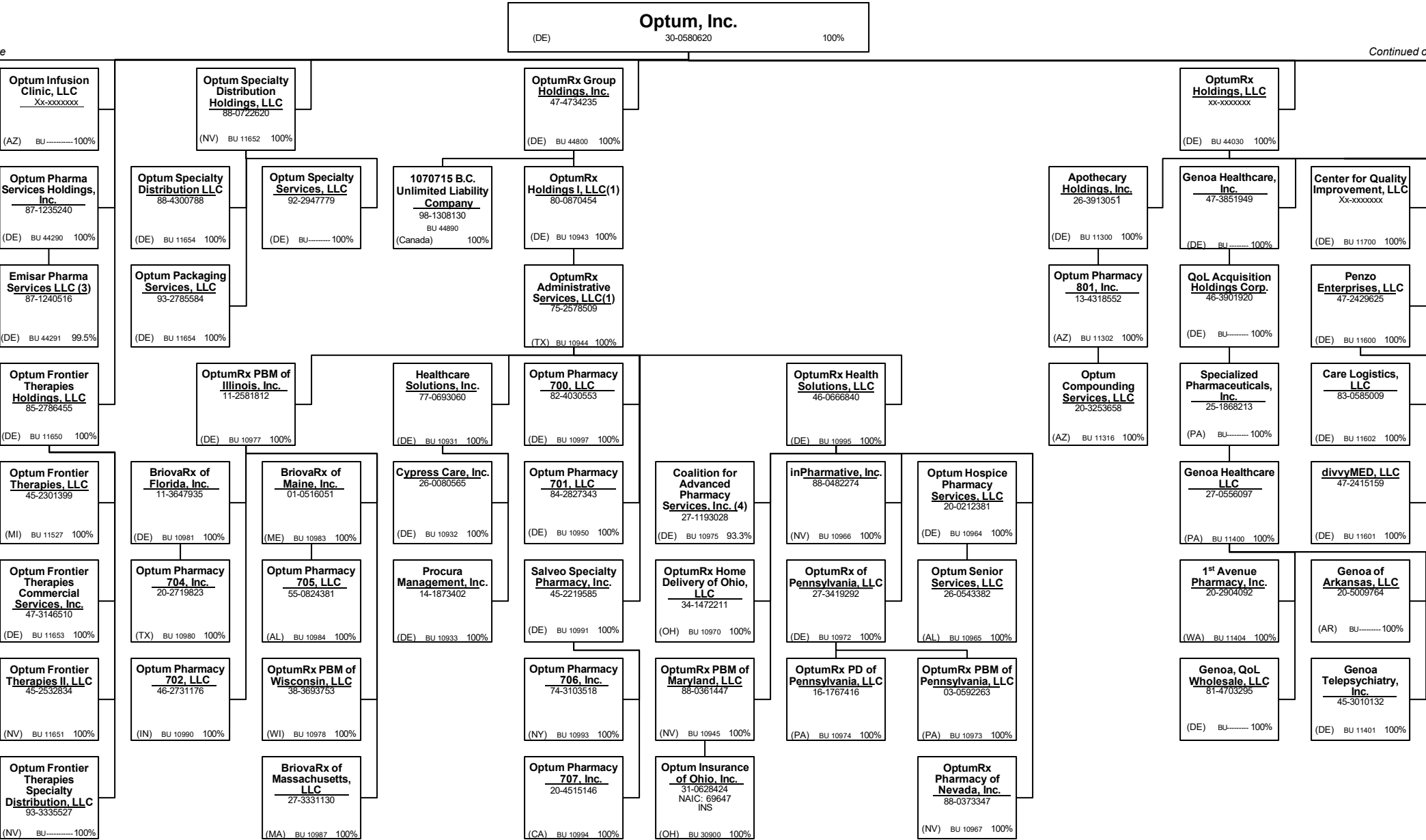
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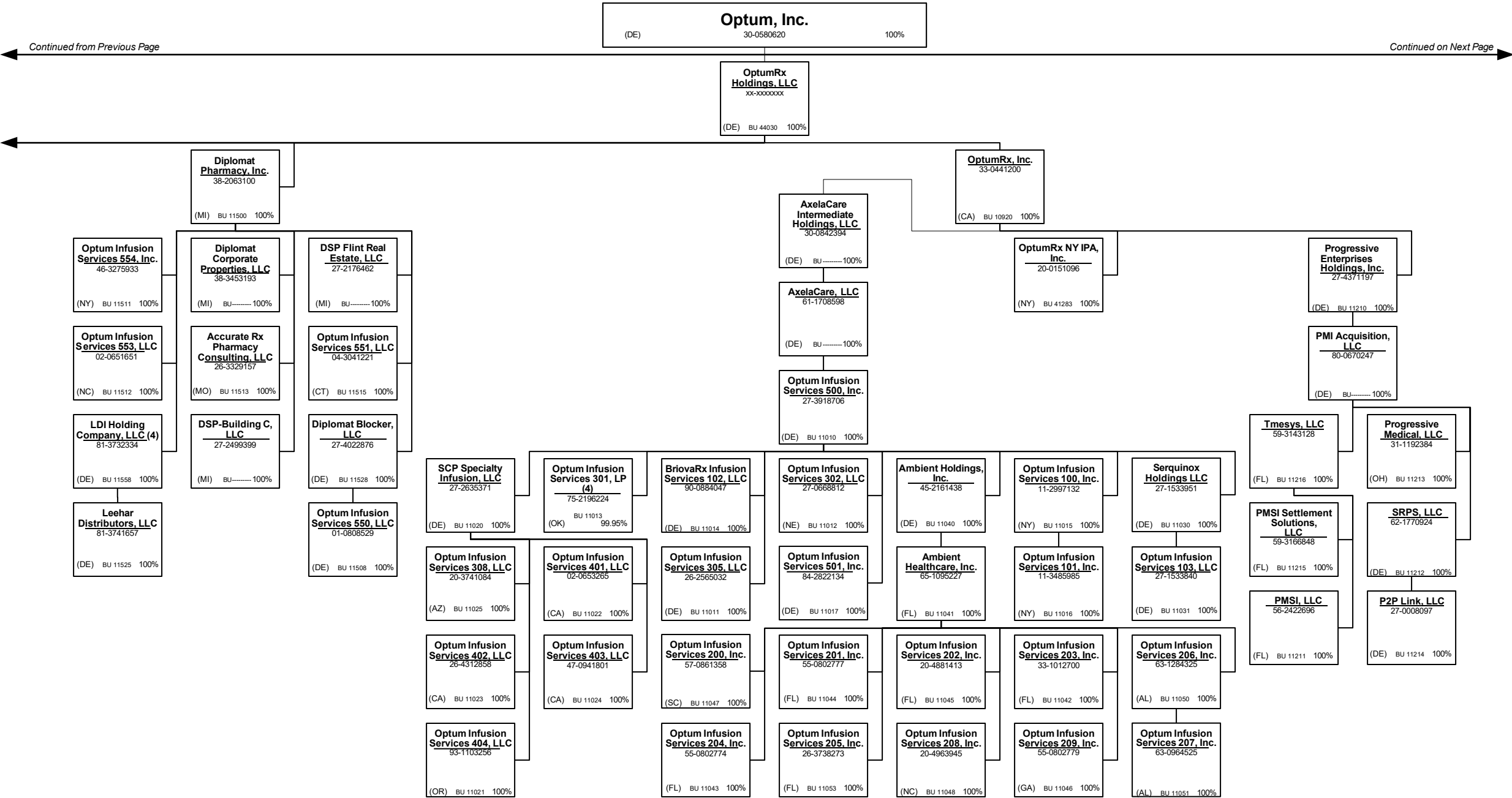
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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

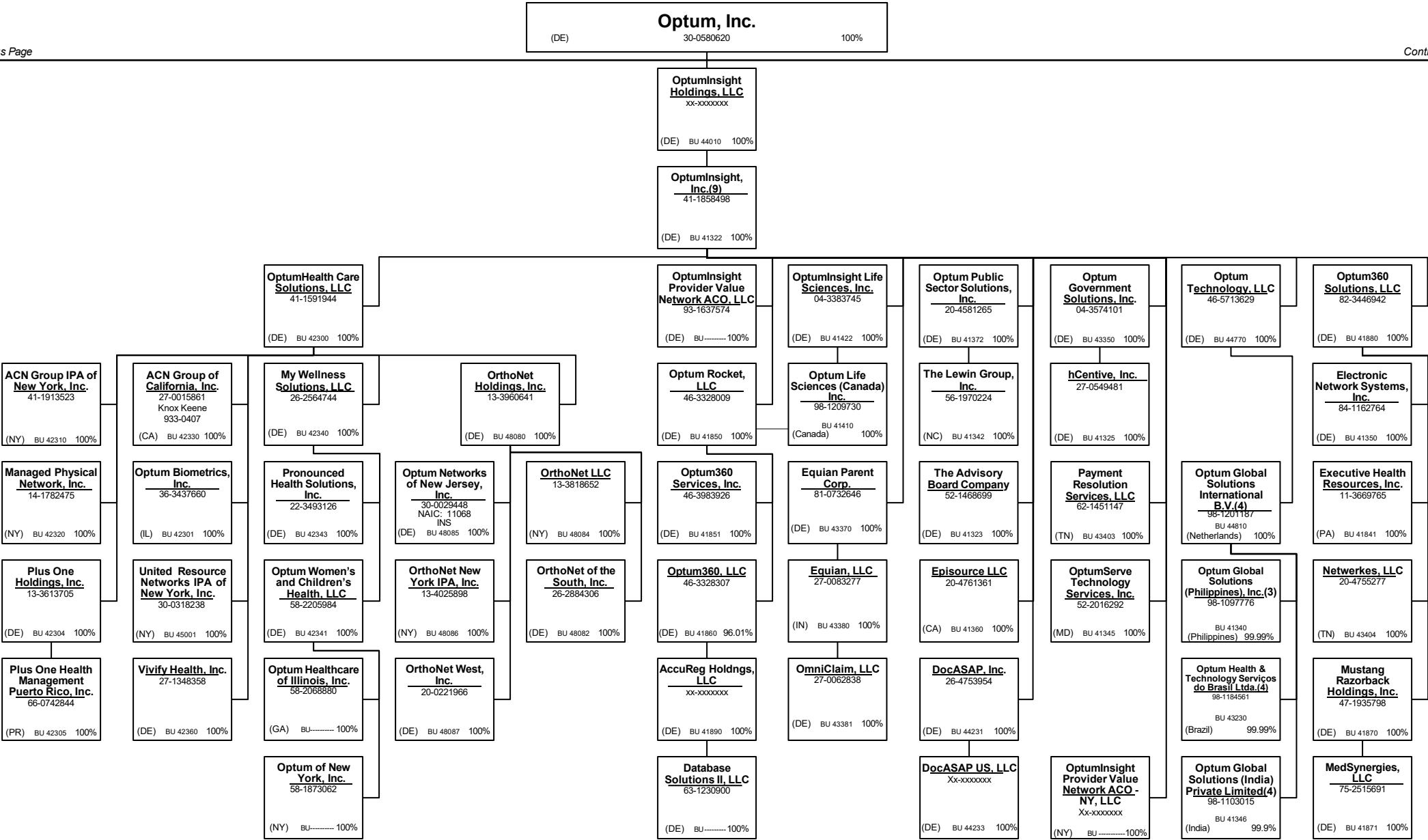


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

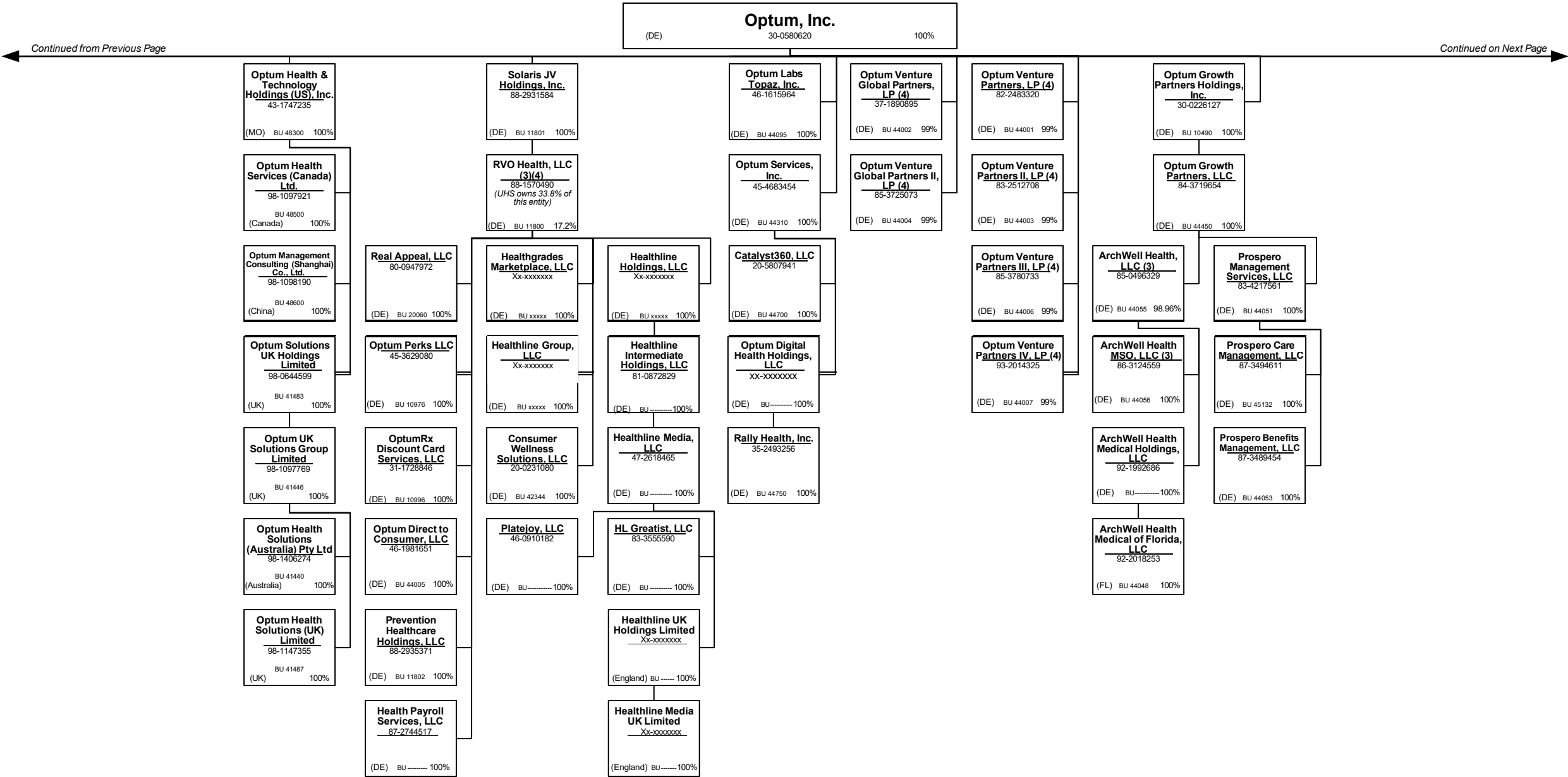




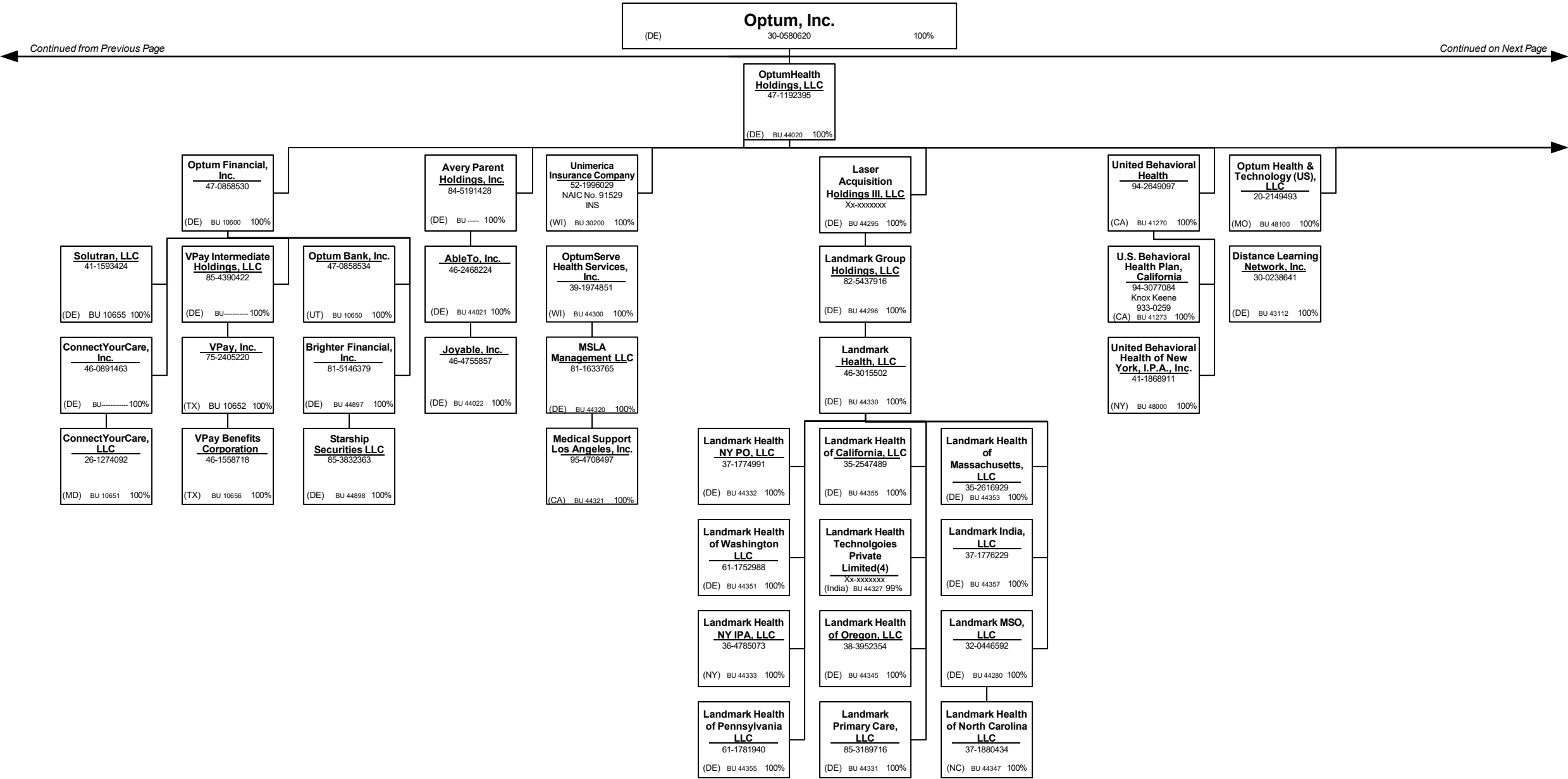
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PART 1 – ORGANIZATIONAL CHART



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



**Optum, Inc.**  
30-0580620      100%

(DE)

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

**Restore OMH Intermediate Holdings, Inc.**  
86-2955057  
(DE) BU ---- 100%

**Restore OMH Holdings, Inc.**  
86-2957267  
(DE) BU ----- 100%

**Refresh Parent Holdings, Inc.**  
82-1945585  
(DE) BU ----- 100%

**Refresh Intermediate Holdings, Inc.**  
82-1945667  
(DE) BU ---- 100%

**Refresh Mental Health, Inc.**  
82-1945238  
(DE) BU ----- 100%

**A Better Way Therapy, L.L.C.**  
41-2174802  
(NE) BU ----- 100%

**Advaned Therapy, Associates, LLC**  
26-3209183  
(OK) BU ----- 100%

**Affirmations Psychological Services, LLC**  
46-1494814  
(OH) BU ----- 100%

**Body Image Therapy Center Intensive, LLC**  
46-4213826  
(MD) BU ----- 100%

**Refresh Management, LLC**  
47-4241017  
(DE) BU 44025 100%

**Sanvello Health Holdings, LLC(3)**  
83-3057919  
(DE) BU 20400 100%

**Daybreak Real Estate, LLC**  
83-1396214  
(TN) BU ----- 100%

**Discovery Counseling & Consulting, LLC**  
45-3329728  
(VA) BU ----- 100%

**Fairhaven Holdings, LLC**  
46-3765364  
(TN) BU ----- 100%

**Fairhaven Real Estate, LLC**  
83-0693501  
(TN) BU ----- 100%

**Phoenix Mental Health and Wellness PLLC**  
82-5162940  
(AZ) BU ----- 100%

**OhioSolutions.org LLC**  
45-2662292  
(OH) BU ----- 100%

**Refresh Kentucky, LLC**  
83-3883510  
(KY) BU ----- 100%

**Integrated Behavioral Health, LLC**  
27-2557480  
(LA) BU ---- 100%

**Partial Hospital Systems, Inc.**  
62-1500185  
(TN) BU ----- 100%

**Amigo Family Counseling, LLC**  
20-4446058  
(OH) BU ----- 100%

**Refresh New Jersey Psych Health LLC**  
83-0697837  
(NJ) BU ---- 100%

**Coastal Counseling Center, Inc.**  
54-1565761  
(VA) BU ---- 100%

**Sanvello Health Inc.**  
47-1920345  
(DE) BU 20410 100%

**Capstone Behavioral Health, Inc.**  
14-1940881  
(NE) BU ---- 100%

**The Center for Cognitive and Behavioral Therapy of Greater Columbus, Inc.**  
31-1426870  
(OH) BU ---- 100%

**The Center for Eating Disorders Management, Inc.**  
02-0487579  
(NH) BU ---- 100%

**Xplor Counseling, LLC**  
81-2385235  
(HI) BU ----- 100%

**Oren Meyers, Ph.D., LLC**  
20-24-4191  
(OH) BU ----- 100%

**A+ Learning and Development Centers, LLC**  
n/a  
(OH) BU ----- 100%

**Edelson & Associates, Inc.**  
61-0981240  
(KY) BU ----- 100%

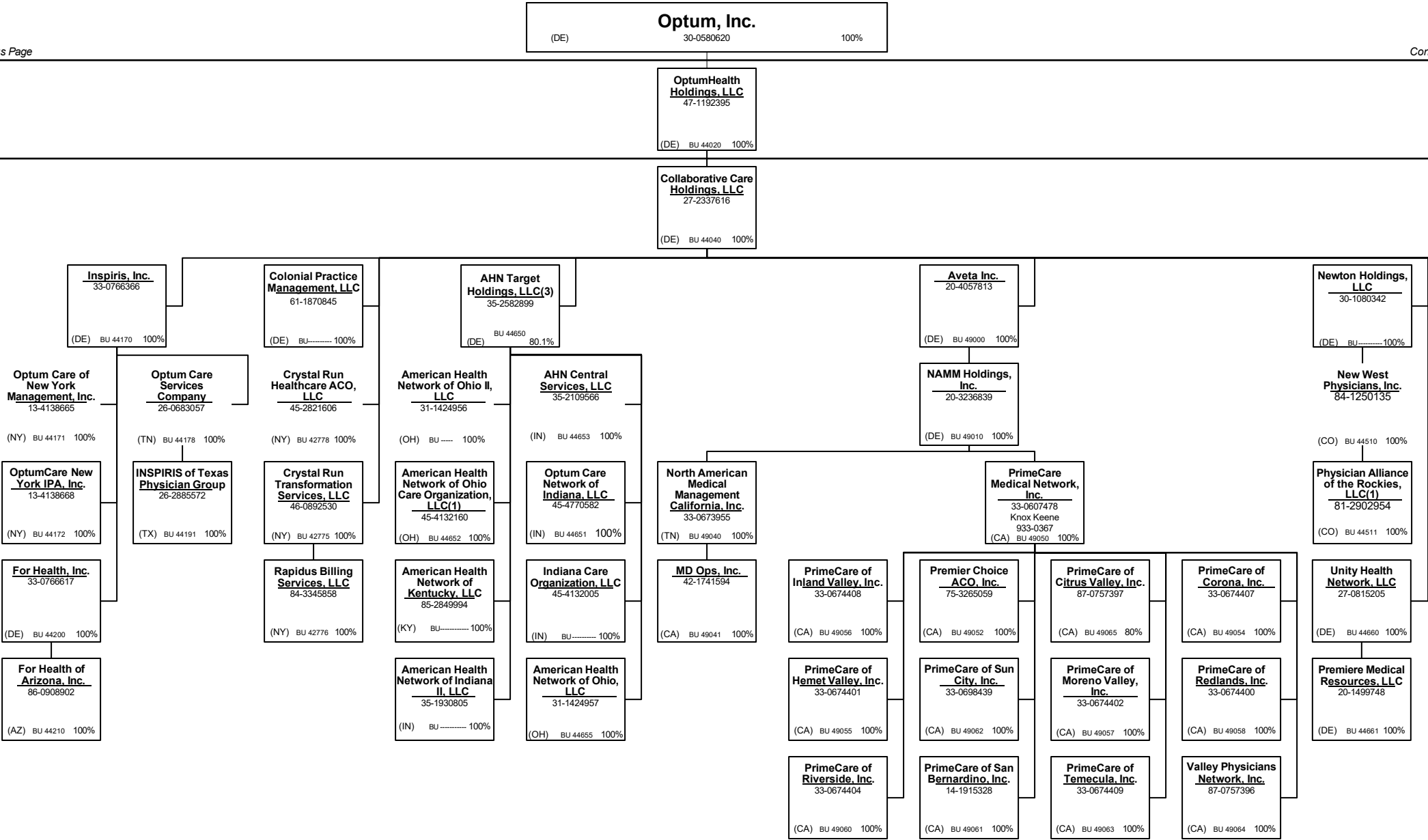
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93-2412669  
(DE) BU ----- 100%

**Optum Behavioral Care of Ohio, Inc.**  
93-2446694  
(OH) BU ----- 100%

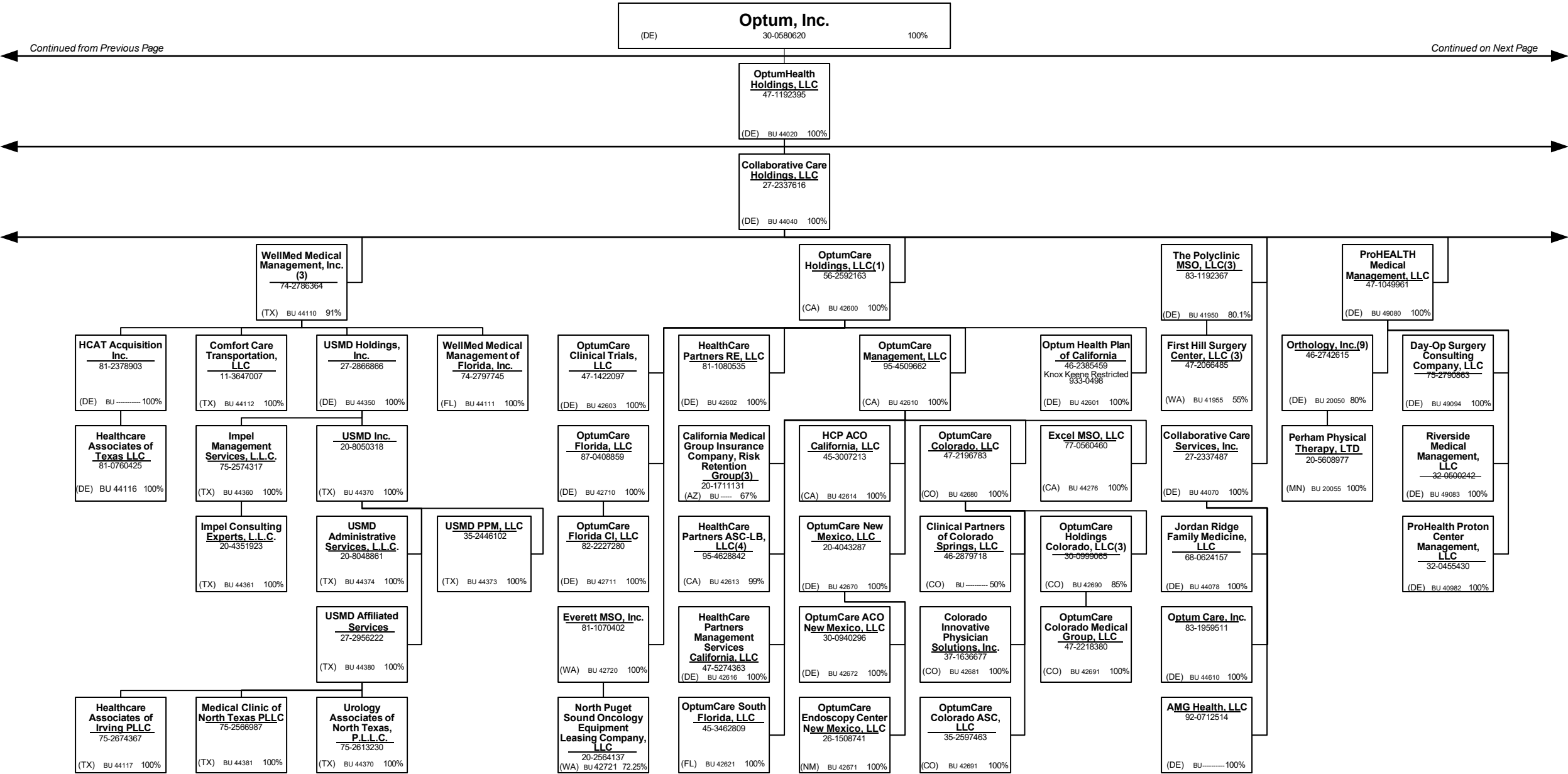
**Optum Behavioral Care of Virginia, Inc.**  
93-2422578  
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**Sundance Behavioral Resources, LLC**  
87-0625250  
(UT) BU ----- 100%

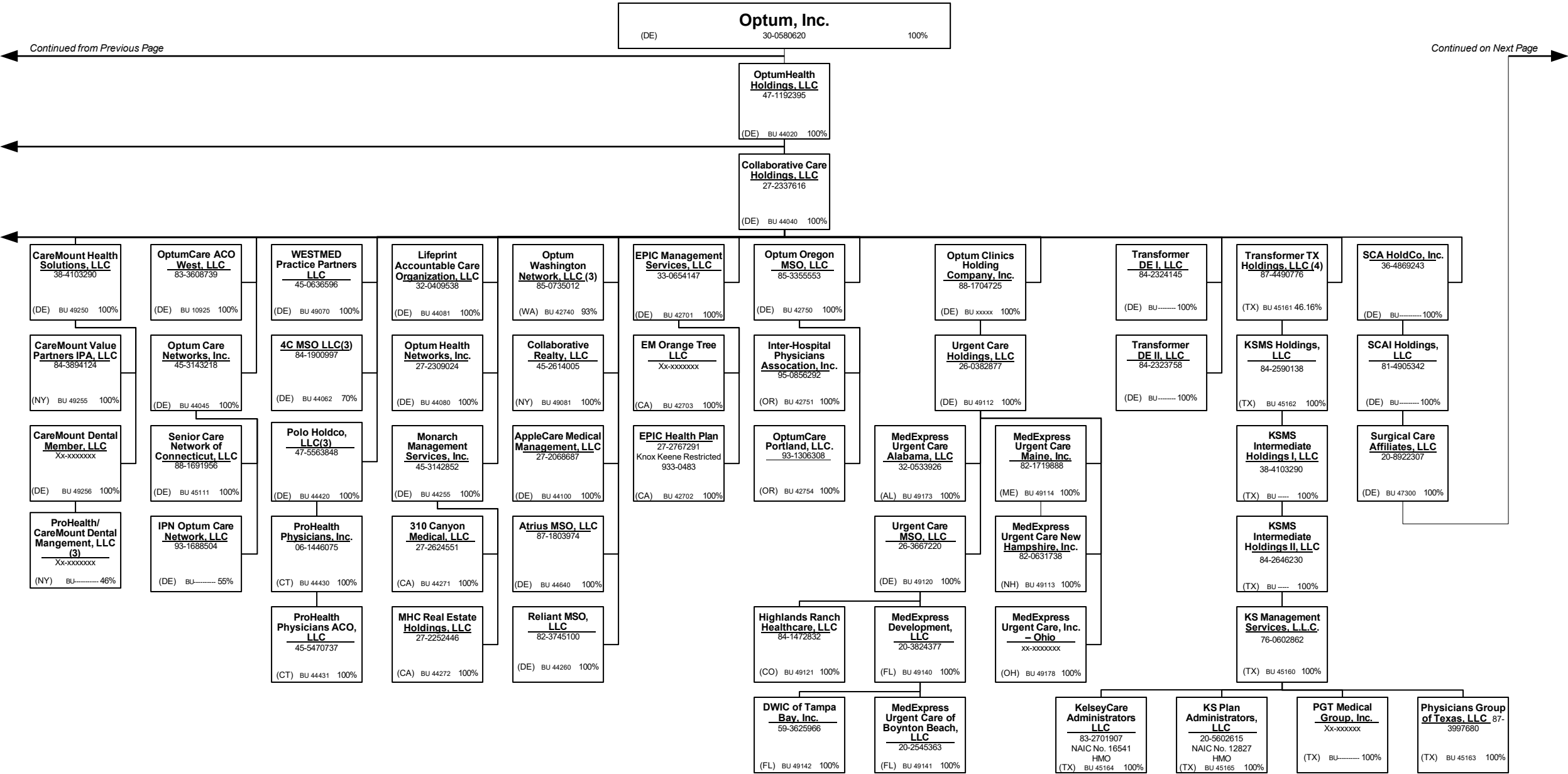
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



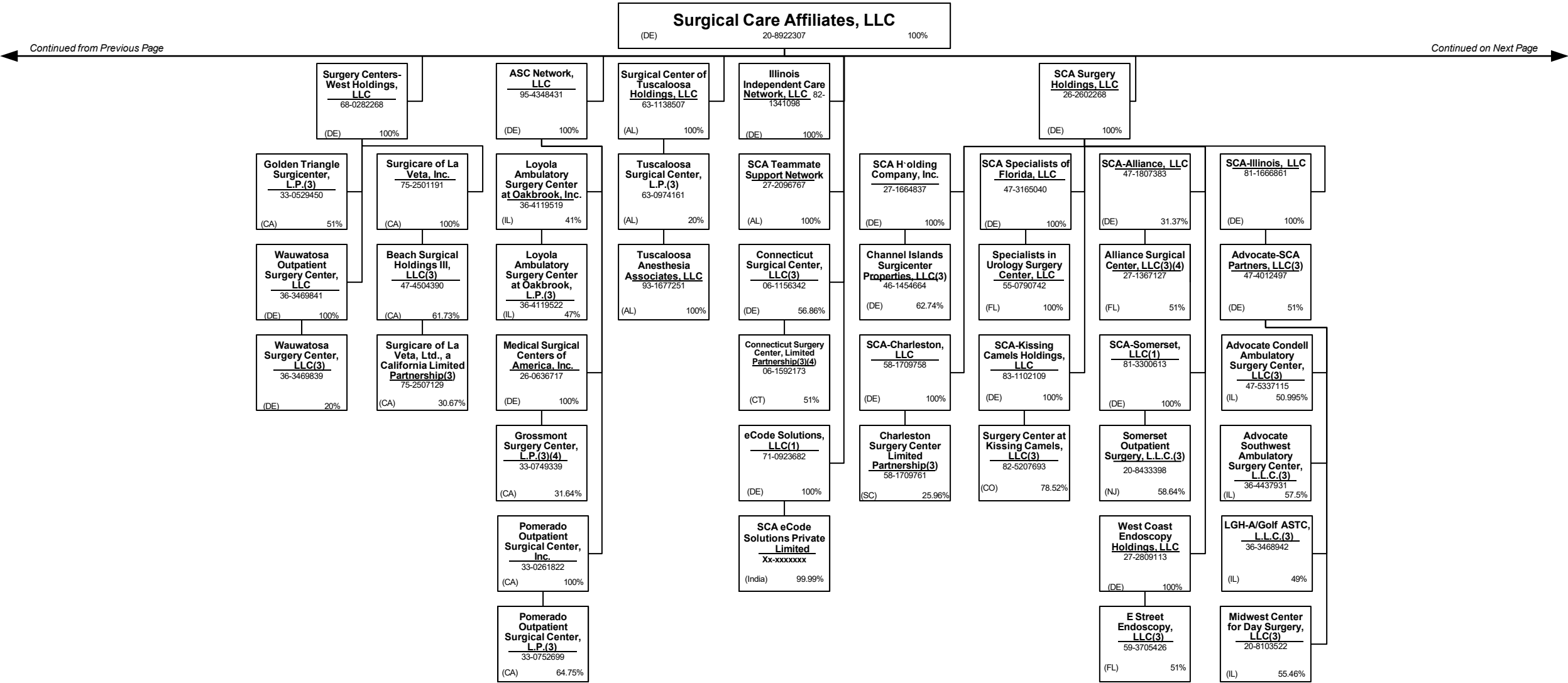
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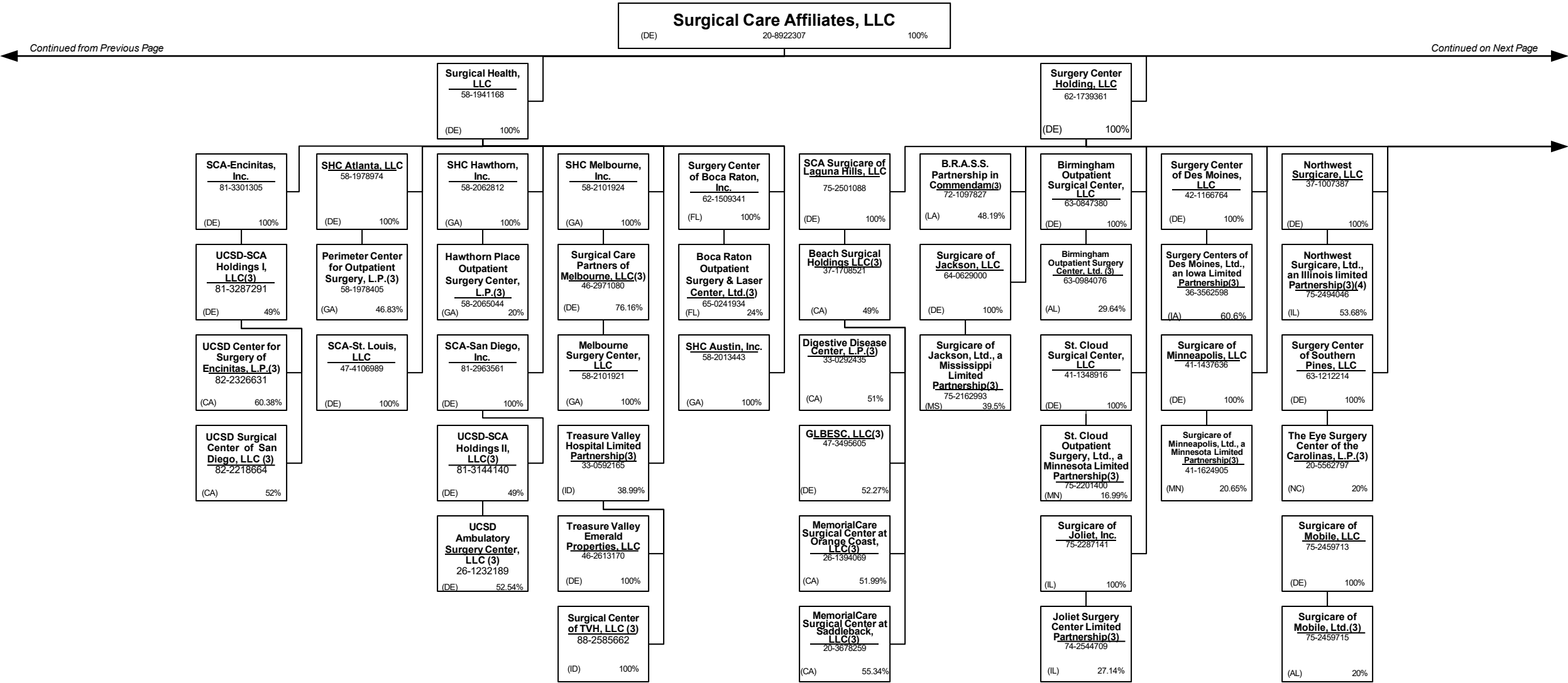


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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
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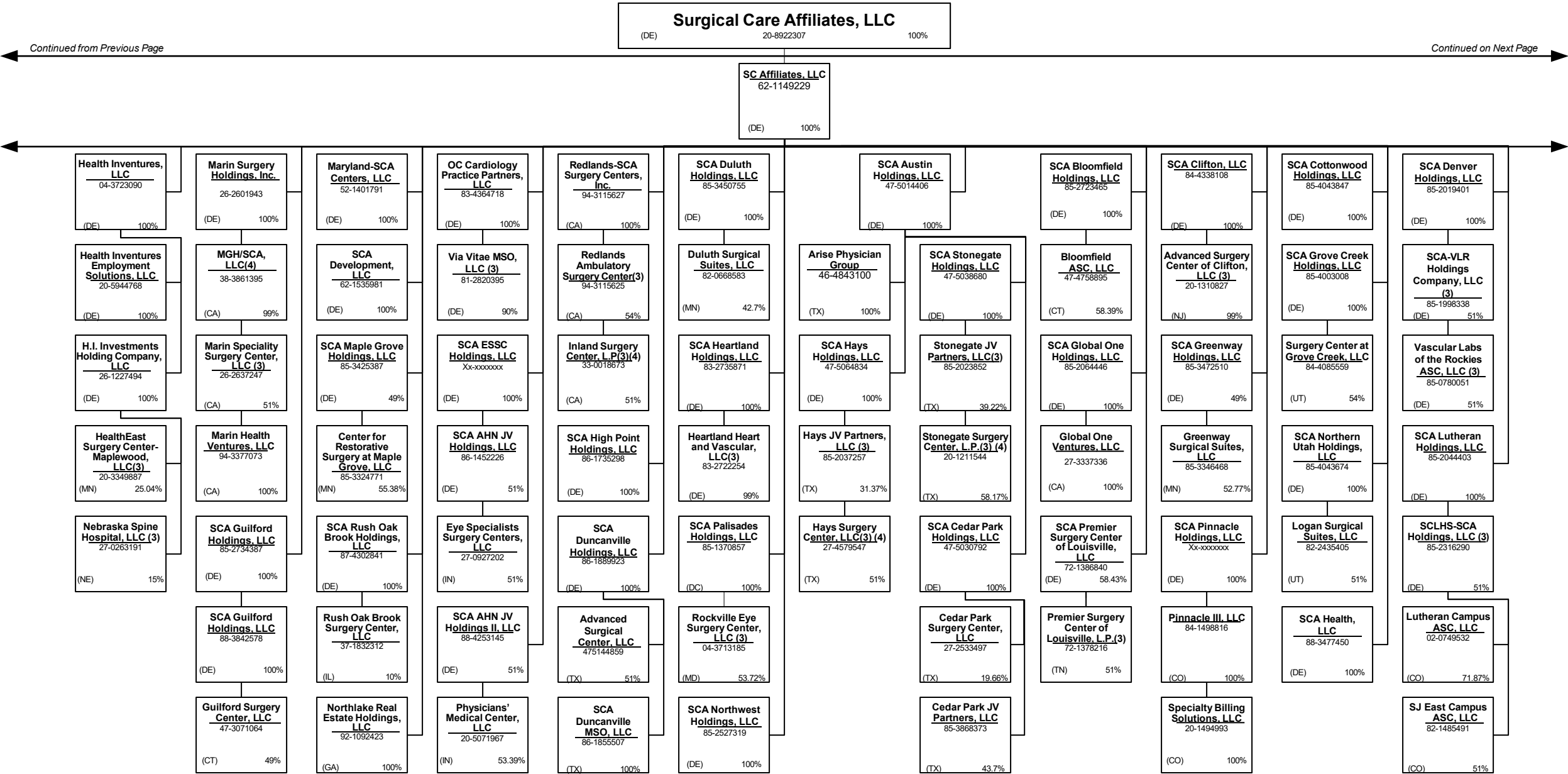
**Surgical Care Affiliates, LLC**  
(DE) 20-8922307 100%

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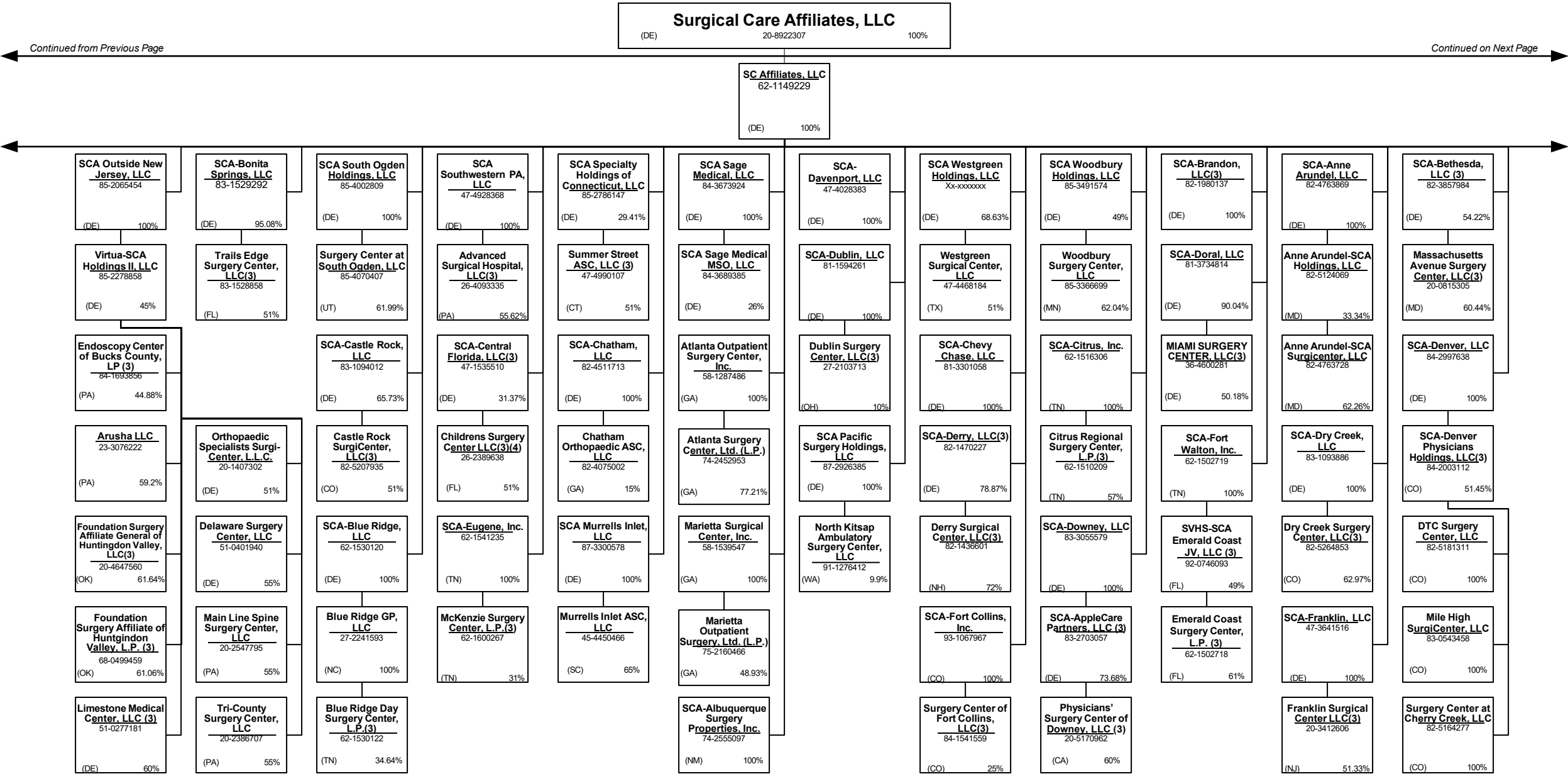
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    SCA --> SunSurgery[SunSurgery, LLC  
(DE) 06-1082848 100%]
    SCA --> NSC[National Surgery Centers, LLC  
(DE) 36-3549627 100%]
    SCA --> SC_Affiliates[SC Affiliates, LLC  
(DE) 62-1149229 100%]
    
    SC_Holding --> Surgicare_Oceanside[Surgicare of Oceanside, Inc.  
(CA) 75-2448926 100%]
    SC_Holding --> Wayland_Square_Surgicare[Wayland Square Surgicare GP, Inc.  
(RI) 75-2500274 100%]
    SC_Holding --> Surgicare_Salem[Surgicare of Salem, LLC  
(DE) 75-2200171 100%]
    SC_Holding --> Surgicare_Owensboro[Surgicare of Owensboro, LLC  
(DE) 75-2184730 100%]
    SC_Holding --> Surgicenters_Southern[Surgicenters of Southern California, Inc.  
(CA) 95-3329855 100%]
    SC_Holding --> Salem_JV_Holdings[Salem JV Holdings, LLC  
(DE) 85-2734753 51%]
    SC_Holding --> Salem_Surgery_Center[Salem Surgery Center, LLC(3)(4)  
(OR) 74-2462470 51%]
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(DE) 87-2065975 51%]
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(CA) 75-2285078 25.5%]
    SC_Holding --> Danbury_Surgical_Center[Danbury Surgical Center, L.P.(3)(4)  
(GA) 63-1263704 32.64%]
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    SC_Holding --> Surgery_Center_Fairfield[Surgery Center of Fairfield County, LLC(3)  
(DE) 20-1733152 51.00%]
    
    SunSurgery --> SCA_Danbury[SCA Danbury Surgical Center, LLC(3)  
(DE) 04-3170801 52.07%]
    SunSurgery --> SCA_Palm_Beach[SCA-Palm Beach MSO Holdings, LLC  
(DE) 81-3445510 100%]
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(CA) 47-1256943 100%]
    SunSurgery --> SCA_IEC_Holdings[SCA IEC Holdings, LLC  
(DE) 45-4240475 100%]
    SunSurgery --> SCA_Indiana_Holdings[SCA Indiana Holdings, LLC  
(DE) 45-2684108 100%]
    SunSurgery --> SCA_ROCS_Holdings[SCA ROCS Holdings, LLC  
(DE) 45-4252645 100%]
    SunSurgery --> SCA_SSSC_Holdings[SCA SSSC Holdings, LLC  
(DE) 45-4266502 100%]
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(DE) 88-1497980 100%]
    
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(DE) 77-0317478 100%]
    NSC --> San_Diego_Endoscopy[San Diego Endoscopy Center(3)  
(CA) 77-0322251 35%]
    NSC --> NSC_Greensboro[NSC Greensboro, LLC(1)  
(DE) 56-1775016 100%]
    NSC --> Surgical_Center_Greensboro[Surgical Center of Greensboro, LLC(3)  
(NC) 63-1251243 35.72%]
    NSC --> NSC_Lancaster[NSC Lancaster, LLC  
(DE) 36-4210296 100%]
    NSC --> Antelope_Valley_Surgery_Center[Antelope Valley Surgery Center, L.P.(3)  
(CA) 36-4210293 93.75%]
    NSC --> NSC_Seattle_Inc[NSC Seattle, Inc.  
(WA) 91-1553479 100%]
    NSC --> NSC_Upland[NSC Upland, LLC  
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    SC_Affiliates --> Charlotte_SC[Charlotte-SC, LLC  
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(DE) 56-1449531 10.78%]
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    SC_Affiliates --> Englewood_Cliffs_Surgery_Center[Englewood Cliffs Surgery Center, LLC  
(NJ) 92-1621245 100%]
    SC_Affiliates --> Jacksonville_Ambulatory_Surgery_Center[Jacksonville Ambulatory Surgery Center, LLC  
(FL) 93-1467301 100%]
    SC_Affiliates --> Camp_Hill_SCA_Centers[Camp Hill-SCA Centers, LLC  
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    SC_Affiliates --> Cornerstone_Surgery_Center[Cornerstone Surgery Center, LLC  
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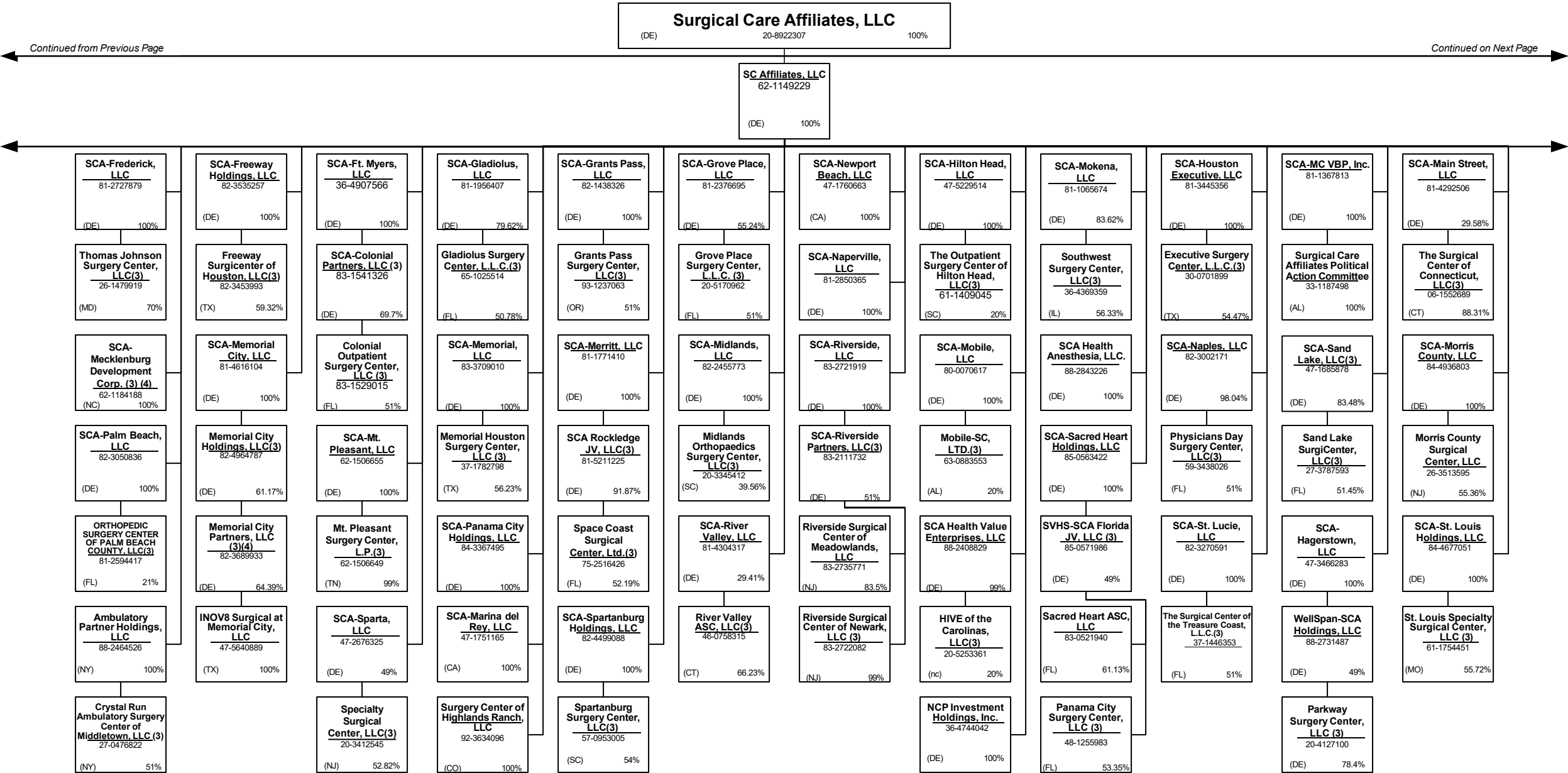
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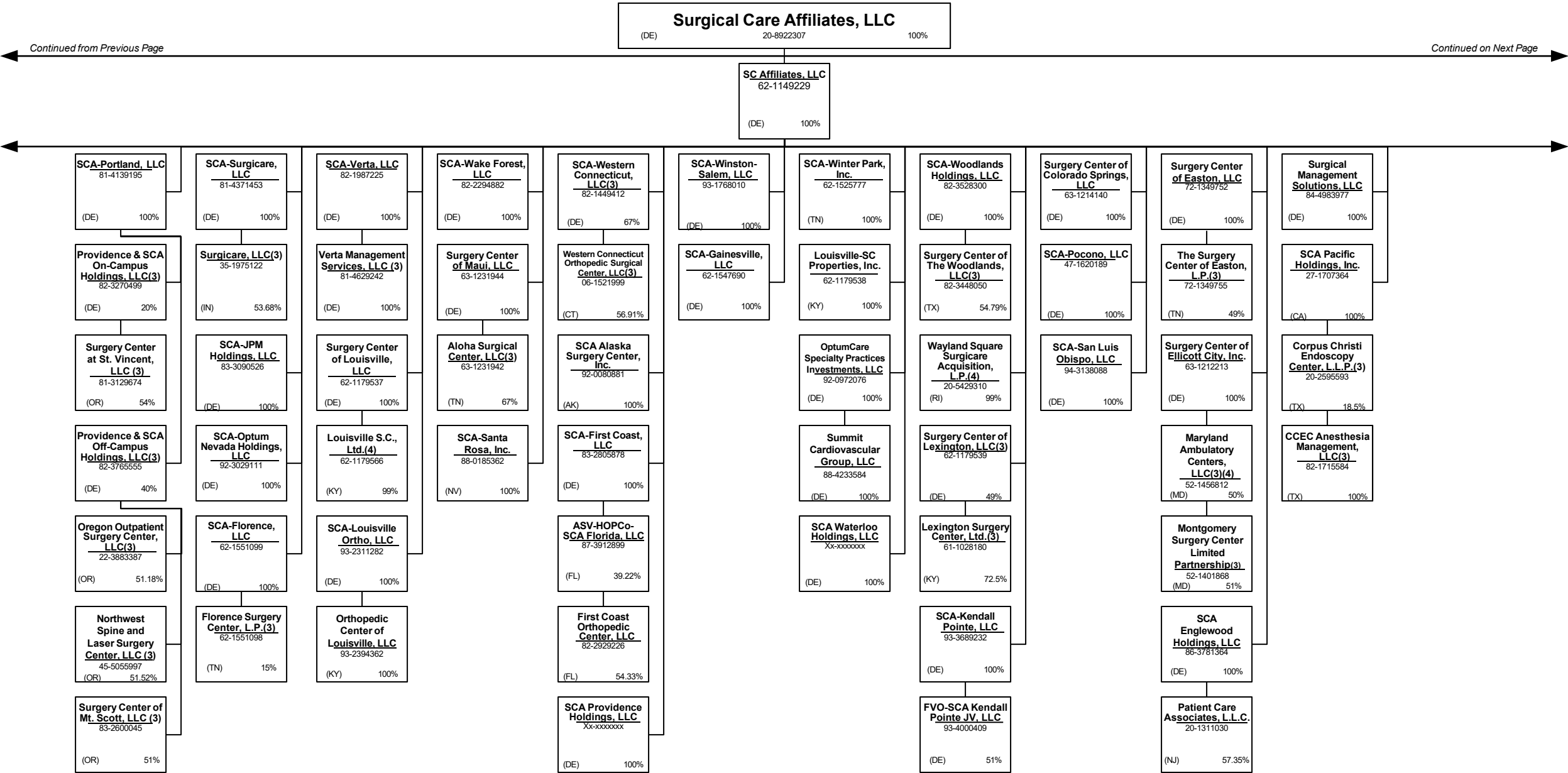
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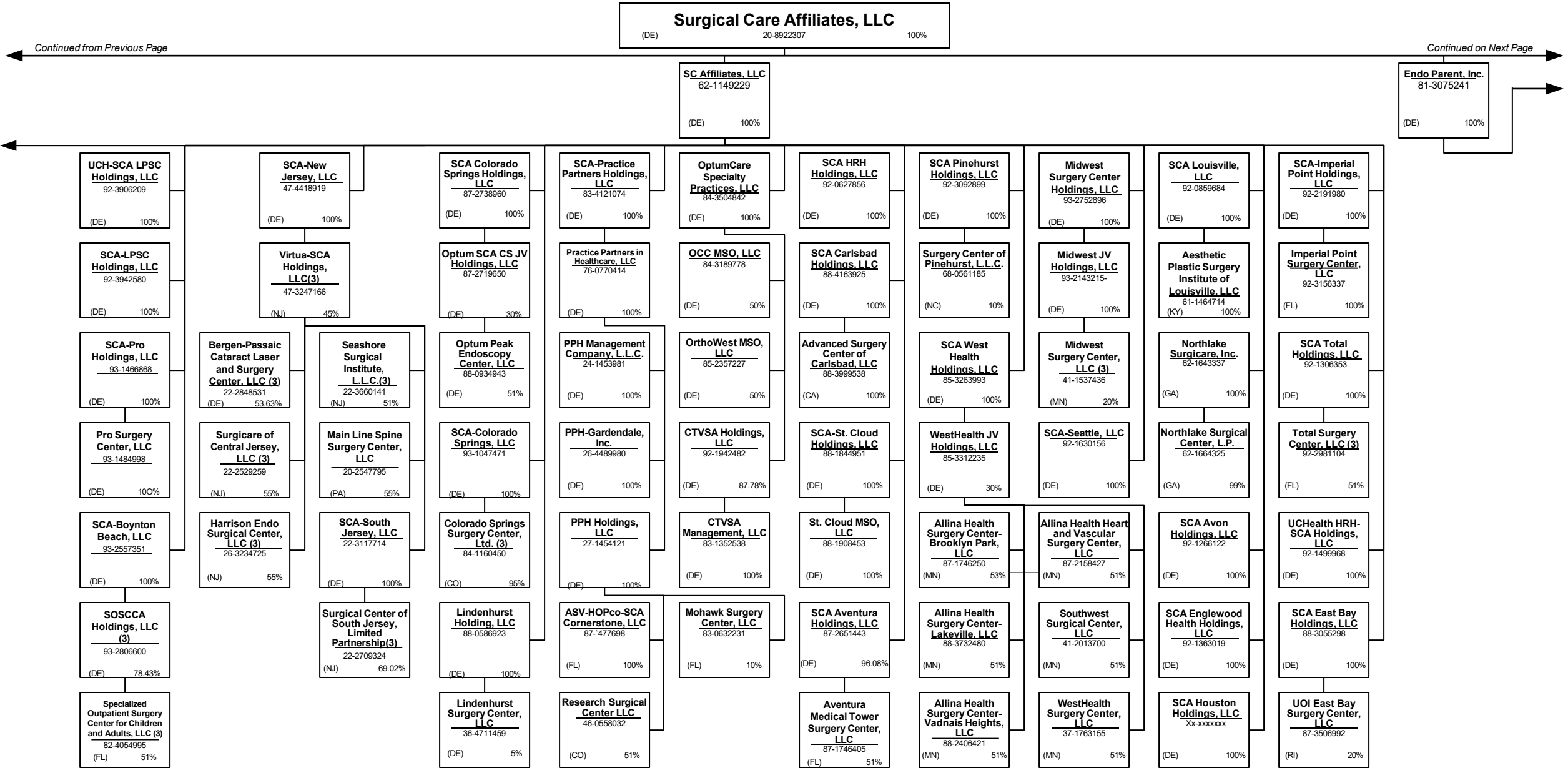
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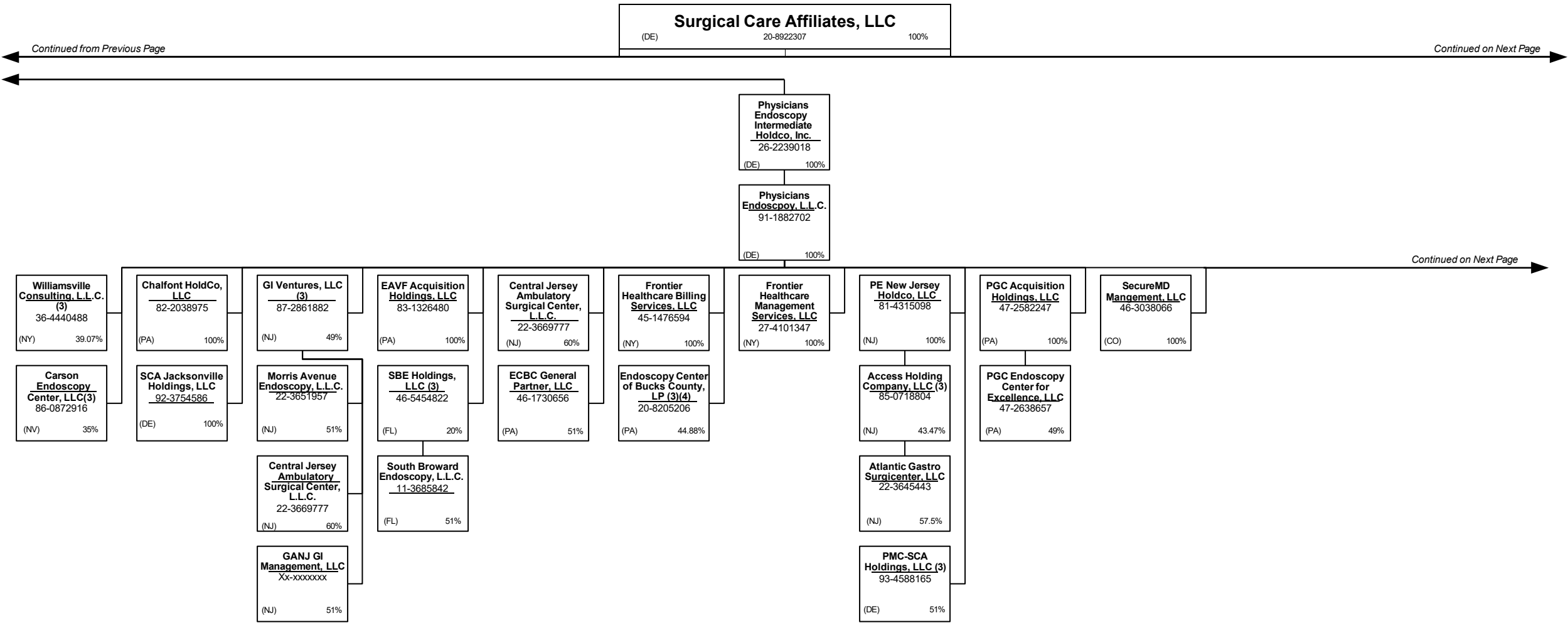
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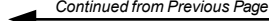
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

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

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Beneficially Owned Legal Entities

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

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

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

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
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

Entity Name	Juris.	Federal Tax ID
USMD Diagnostic Services, LLC	NC	27-2803133
USMD Hospital at Arlington, L.P.	TX	73-1662763
USMD Hospital at Fort Worth, L.P.	TX	20-3571243
USMD of Arlington GP, L.L.C.	TX	73-1662757
Vitucci, LCSW, P.C.	IL	85-1453387
Warner Family Practice, P.C.	AZ	86-0462952
Waypoint Minnesota PC	MN	46-2854394
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC.	TX	84-2193803
WellMed Greater Texas Medicare ACO, LLC	TX	84-2178104
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2219968
WellMed Network Medicare ACO, LLC	TX	84-2204650
WellMed Network of Florida, Inc.	TX	35-2314192
WellMed Networks - DFW, Inc.	TX	41-2250215
WellMed Networks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
XLHome Michigan, P.C.	MI	46-3537245
XLHome Northeast, P.C.	NJ	45-5530241
XLHome Oklahoma, Inc.	OK	46-2931689
XLHome, P.C.	MD	27-3543997

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

Organizational Chart Footnotes

- (1) Entity is owned in full or in part by a UnitedHealth Group Incorporated friendly physician.
- (2) Control of the Foundation is based on sole membership, not the ownership of voting securities.
- (3) The remaining percentage is owned either by a non-affiliated entity, outside investor(s), current/former company officer(s), or third party shareholder(s).
- (4) The minority percentage is owned by one or more affiliated UnitedHealth Group Incorporated subsidiaries. Voting rights do vary.
- (5) No information of the other shareholder(s) has been provided
- (6) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (7) Branch offices in Iraq and Uganda.
- (8) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
- (9) Registered as a foreign shareholder in Brazil.
- (10) Open
- (11) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (12) N/A
- (13) Entity has a representative office in Beijing, China.
- (14) Open
- (15) Registered branch in the United Kingdom.
- (16) Open
- (17) Entity is not directly owned by the parent. However, the parent does have a viable economic interest as well as control over the entity through contractual agreements.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Optum Insurance of Ohio, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5	6	7
	1	Accident and Health		4 All Other Lines of Business			
		2 Cost Containment	3 All Other				
	Life				Investment	Fraternal	Total
09.304. Other state taxes including \$__ for employee benefits .....	0	0	0	243,577	0	0	243,577
09.305. U.S. Social Security taxes .....	0	0	0	4,852	0	0	4,852
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	248,429	0	0	248,429