



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815  
(Current) (Prior)  
Organized under the Laws of Ohio State of Domicile or Port of Entry OH  
Country of Domicile United States of America  
Licensed as business type: HEALTH INSURING CORPORATION  
Is HMO Federally Qualified? Yes [ ] No [ X ]  
Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985  
Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)  
Main Administrative Office 5900 Parkwood Place  
(Street and Number)  
Dublin, OH, US 43016 614-410-7000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Mail Address 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
Primary Location of Books and Records 9800 Health Care Lane, MN006-W500  
(Street and Number)  
Minnetonka, MN, US 55343 952-936-1300  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Internet Website Address www.uhc.com  
Statutory Statement Contact Dipankar Patnaik 91 120-671-2479  
(Name) (Area Code) (Telephone Number)  
dipankar\_patnaik@optum.com 952-931-4651  
(E-mail Address) (FAX Number)

OFFICERS

President Kurt Carl Lewis Treasurer Peter Marshall Gill  
Secretary David Keith Hill Chief Financial Officer Johnny Mario Tenaglia

OTHER

Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary Nyle Brent Cottingham, Vice President

DIRECTORS OR TRUSTEES

Neal John Grode # Kurt Carl Lewis Johnny Mario Tenaglia #  
Scott Douglas Vaulters

State of Wisconsin State of \_\_\_\_\_ State of \_\_\_\_\_  
County of Milwaukee 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.

Johnny Mario Tenaglia  
Johnny Mario Tenaglia  
Chief Financial Officer

Kurt Carl Lewis  
Kurt Carl Lewis  
President

David Keith Hill  
David Keith Hill  
Secretary

Subscribed and sworn to before me this

Subscribed and sworn to before me this

Subscribed and sworn to before me this

day of

day of

day of

24th day of January 2024  
Marc S. Cohen  
My Commission expires May 23, 2025

Notary Public  
State of Wisconsin  
Marc S. Cohen

- 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.....



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

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815  
(Current) (Prior)  
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America  
Licensed as business type: HEALTH INSURING CORPORATION  
Is HMO Federally Qualified? Yes [ ] No [ X ]  
Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985  
Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)  
Main Administrative Office 5900 Parkwood Place  
(Street and Number)  
Dublin, OH, US 43016 614-410-7000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Mail Address 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
Primary Location of Books and Records 9800 Health Care Lane, MN006-W500  
(Street and Number)  
Minnetonka, MN, US 55343 952-936-1300  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Internet Website Address www.uhc.com  
Statutory Statement Contact Dipankar Patnaik 91 120-671-2479  
(Name) (Area Code) (Telephone Number)  
dipankar\_patnaik@optum.com 952-931-4651  
(E-mail Address) (FAX Number)

OFFICERS

President Kurt Carl Lewis Treasurer Peter Marshall Gill  
Secretary David Keith Hill Chief Financial Officer Johnny Mario Tenaglia

OTHER

Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary Nyle Brent Cottingham, Vice President

DIRECTORS OR TRUSTEES

Neal John Grode # Kurt Carl Lewis Johnny Mario Tenaglia #  
Scott Douglas Waulters

State of \_\_\_\_\_ State of Ohio State of \_\_\_\_\_  
County of \_\_\_\_\_ County of Hamilton 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.

Johnny Mario Tenaglia Kurt Carl Lewis David Keith Hill  
Chief Financial Officer President Secretary  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of January  
Monica Oaks  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_



a. Is this an original filing?..... Yes [ X ] No [ ]  
b. MONICA OAKS  
1. State the amendment number.....  
2. Date filed, State of Ohio.....  
My Commission Expires July 28, 2024



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815  
(Current) (Prior)  
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America  
Licensed as business type: HEALTH INSURING CORPORATION  
Is HMO Federally Qualified? Yes [ ] No [ X ]  
Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985  
Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)  
Main Administrative Office 5900 Parkwood Place  
(Street and Number)  
Dublin, OH, US 43016 614-410-7000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Mail Address 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
Primary Location of Books and Records 9800 Health Care Lane, MN006-W500  
(Street and Number)  
Minnetonka, MN, US 55343 952-936-1300  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
Internet Website Address www.uhc.com  
Statutory Statement Contact Dipankar Patnaik 91 120-671-2479  
(Name) (Area Code) (Telephone Number)  
dipankar\_patnaik@optum.com 952-931-4651  
(E-mail Address) (FAX Number)

OFFICERS

President Kurt Carl Lewis Treasurer Peter Marshall Gill  
Secretary David Keith Hill Chief Financial Officer Johnny Mario Tenaglia

OTHER

Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary Nyle Brent Cottingham, Vice President

DIRECTORS OR TRUSTEES

Neal John Grode # Kurt Carl Lewis Johnny Mario Tenaglia #  
Scott Douglas Wauters

State of \_\_\_\_\_ State of \_\_\_\_\_ State of FLORIDA  
County of \_\_\_\_\_ County of \_\_\_\_\_ County of PINELLAS

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.

Johnny Mario Tenaglia  
Chief Financial Officer

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

Kurt Carl Lewis  
President

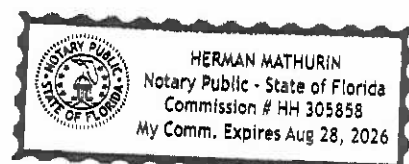
Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

David Keith Hill  
Secretary

Subscribed and sworn to before me this

26 day of JAN 2024  
[Signature]

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



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	516,756	0	516,756	512,810
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 (\$ .....39,959,924 , Schedule E - Part 1), cash equivalents (\$ .....3,554,559 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	43,514,483	0	43,514,483	14,796,678
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	44,031,239	0	44,031,239	15,309,488
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	11,282	0	11,282	2,624
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,462,852	271,805	1,191,047	66,061
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 (\$ .....124,379 ) .....	124,379	0	124,379	243,267
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 .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....	0	0	0	0
18.2 Net deferred tax asset .....	185,190	0	185,190	99,526
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	730,998
24. Health care (\$ .....1,993,760 ) and other amounts receivable .....	2,319,477	325,717	1,993,760	803,973
25. Aggregate write-ins for other than invested assets .....	34,909	5,927	28,982	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	48,169,328	603,449	47,565,879	17,255,937
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	48,169,328	603,449	47,565,879	17,255,937
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 Taxes Receivable .....	28,982	0	28,982	0
2502. Prepaid Expenses .....	5,771	5,771	0	0
2503. Service Fee Billing .....	139	139	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	17	17	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	34,909	5,927	28,982	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	10,788,748	0	10,788,748	2,552,423
2. Accrued medical incentive pool and bonus amounts .....	649,569	0	649,569	84,780
3. Unpaid claims adjustment expenses.....	78,037	0	78,037	11,279
4. Aggregate health policy reserves, including the liability of \$ ..... 326,598 for medical loss ratio rebate per the Public Health Service Act .....	16,002,025	0	16,002,025	1,954,618
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	108,259	0	108,259	0
8. Premiums received in advance.....	425,785	0	425,785	1,262,568
9. General expenses due or accrued.....	214,459	0	214,459	191,367
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) ..	855,610	0	855,610	357,820
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	9,910	0	9,910	2,751
12. Amounts withheld or retained for the account of others.....	11	0	11	0
13. Remittances and items not allocated.....	546,720	0	546,720	4,681
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	502,821	0	502,821	0
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0	25,329
23. Aggregate write-ins for other liabilities (including \$ ..... 528 current).....	528	0	528	528
24. Total liabilities (Lines 1 to 23).....	30,182,482	0	30,182,482	6,448,144
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	7,329,784	7,329,784
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	1,205,584	1,205,584
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	8,848,029	2,272,425
32. Less treasury stock, at cost: 32.1 .....0 shares common (value included in Line 26 \$ .....0 ).....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	17,383,397	10,807,793
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	47,565,879	17,255,937
DETAILS OF WRITE-INS				
2301. Unclaimed Property .....	528	0	528	528
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	528	0	528	528
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	158,870	44,989
2. Net premium income ( including \$ .....0 non-health premium income) .....	XXX.....	71,707,903	23,421,508
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	182,772	223,947
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX.....	0	0
5. Risk revenue .....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.....	71,890,675	23,645,455
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	0	42,862,139	16,037,667
10. Other professional services .....	0	225,905	8,366
11. Outside referrals .....	0	0	0
12. Emergency room and out-of-area .....	0	0	0
13. Prescription drugs .....	0	7,961,701	3,257,508
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	581,849	(80,243)
16. Subtotal (Lines 9 to 15) .....	0	51,631,594	19,223,298
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	51,631,594	19,223,298
19. Non-health claims (net) .....	0	0	0
20. Claims adjustment expenses, including \$ .....1,664,990 cost containment expenses ....	0	2,407,812	848,265
21. General administrative expenses .....	0	10,412,717	2,756,767
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	64,452,123	22,828,330
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.....	7,438,552	817,125
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	1,288,926	263,158
26. Net realized capital gains (losses) less capital gains tax of \$ .....36 .....	0	(36)	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,288,890	263,158
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....8,624 ) (amount charged off \$ ..... (11,908) )] .....	0	(3,284)	9,954
29. Aggregate write-ins for other income or expenses .....	0	172	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX.....	8,724,330	1,090,237
31. Federal and foreign income taxes incurred .....	XXX.....	1,833,574	259,820
32. Net income (loss) (Lines 30 minus 31)	XXX	6,890,756	830,417
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX.....		
0602. ....	XXX.....		
0603. ....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. ....	XXX.....		
0702. ....	XXX.....		
0703. ....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Investment Proceeds .....	0	172	0
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	172	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	10,807,793	18,954,713
34. Net income or (loss) from Line 32 .....	6,890,756	830,417
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	85,664	33,051
39. Change in nonadmitted assets .....	(400,816)	(10,388)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	(5,000,000)
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	(4,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	6,575,604	(8,146,920)
49. Capital and surplus end of reporting period (Line 33 plus 48)	17,383,397	10,807,793
DETAILS OF WRITE-INS		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	83,909,927	25,677,795
2. Net investment income .....	1,283,455	272,239
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	85,193,382	25,950,034
5. Benefit and loss related payments .....	44,124,028	19,739,414
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	12,784,278	3,850,944
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	1,335,820	202,725
10. Total (Lines 5 through 9) .....	58,244,126	23,793,083
11. Net cash from operations (Line 4 minus Line 10) .....	26,949,256	2,156,951
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	510,000	510,000
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) .....	510,000	510,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	517,253	101,469
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	517,253	101,469
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) .....	(7,253)	408,531
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	(5,000,000)
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	4,000,000
16.6 Other cash provided (applied) .....	1,775,802	(999,413)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	1,775,802	(9,999,413)
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) .....	28,717,805	(7,433,931)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	14,796,678	22,230,609
19.2 End of year (Line 18 plus Line 19.1) .....	43,514,483	14,796,678

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

--	--	--



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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income .....	71,707,903	53,911,321	17,885,640	0	0	38,419	0	(127,477)	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	182,772	(326,598)	463,537	0	0	0	0	45,833	0	0	0	0	0	0
3. Fee-for-service (net of \$ ..... 0 medical expenses) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
4. Risk revenue .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6) .....	71,890,675	53,584,723	18,349,177	0	0	38,419	0	(81,644)	0	0	0	0	0	0
8. Hospital/medical benefits .....	42,862,139	30,196,513	12,670,540	0	0	25	0	(4,939)	0	0	0	0	0	XXX.
9. Other professional services .....	225,905	215,318	1,505	0	0	9,082	0	0	0	0	0	0	0	XXX.
10. Outside referrals .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
11. Emergency room and out-of-area .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
12. Prescription drugs .....	7,961,701	4,257,811	3,733,444	0	0	0	0	(29,554)	0	0	0	0	0	XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
14. Incentive pool, withhold adjustments and bonus amounts .....	581,849	614,705	(32,856)	0	0	0	0	0	0	0	0	0	0	XXX.
15. Subtotal (Lines 8 to 14) .....	51,631,594	35,284,347	16,372,633	0	0	9,107	0	(34,493)	0	0	0	0	0	XXX.
16. Net reinsurance recoveries .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
17. Total medical and hospital (Lines 15 minus 16).....	51,631,594	35,284,347	16,372,633	0	0	9,107	0	(34,493)	0	0	0	0	0	XXX.
18. Non-health claims (net) .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
19. Claims adjustment expenses including \$ ..... 1,664,990 cost containment expenses .....	2,407,812	1,810,237	600,565	0	0	1,290	0	(4,280)	0	0	0	0	0	0
20. General administrative expenses .....	10,412,717	7,828,472	2,597,177	0	0	5,579	0	(18,511)	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
22. Increase in reserves for life contracts .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
23. Total underwriting deductions (Lines 17 to 22) .....	64,452,123	44,923,056	19,570,375	0	0	15,976	0	(57,284)	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	7,438,552	8,661,667	(1,221,198)	0	0	22,443	0	(24,360)	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501. ....														XXX.
0502. ....														XXX.
0503. ....														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....														XXX.
1302. ....														XXX.
1303. ....														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	53,980,173	0	68,853	53,911,320
2. Comprehensive (hospital and medical) group .....	17,904,732	0	19,092	17,885,640
3. Medicare Supplement .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Dental only .....	38,419	0	0	38,419
6. Federal Employees Health Benefits Plan .....	0	0	0	0
7. Title XVIII - Medicare .....	(127,558)	0	(82)	(127,476)
8. Title XIX - Medicaid .....	0	0	0	0
9. Credit A&H .....	0	0	0	0
10. Disability Income .....	0	0	0	0
11. Long-Term Care .....	0	0	0	0
12. Other health .....	0	0	0	0
13. Health subtotal (Lines 1 through 12) .....	71,795,766	0	87,863	71,707,903
14. Life .....	0	0	0	0
15. Property/casualty .....	0	0	0	0
16. Totals (Lines 13 to 15)	71,795,766	0	87,863	71,707,903

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct .....	44,106,968	28,262,698	15,867,410	0	0	10,793	0	(33,933)	0	0	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	44,106,968	28,262,698	15,867,410	0	0	10,793	0	(33,933)	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	17,060	0	17,060	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	10,788,748	7,756,753	3,033,447	0	0	(1,452)	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	10,788,748	7,756,753	3,033,447	0	0	(1,452)	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	649,569	614,704	34,865	0	0	0	0	0	0	0	0	0	0	0
6. Net health care receivables (a) .....	1,401,807	1,454,008	(52,201)	0	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	2,552,423	4,060	2,547,568	0	0	236	0	559	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	2,552,423	4,060	2,547,568	0	0	236	0	559	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	84,780	0	84,780	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct .....	51,049,745	34,669,642	16,405,490	0	0	9,105	0	(34,492)	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	51,049,745	34,669,642	16,405,490	0	0	9,105	0	(34,492)	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	581,849	614,704	(32,855)	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ .....55 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct .....	2,043,965	1,244,650	797,720	0	0	1,529	0	66	0	0	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	2,043,965	1,244,650	797,720	0	0	1,529	0	66	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	8,744,783	6,512,103	2,235,727	0	0	(2,981)	0	(66)	0	0	0	0	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	8,744,783	6,512,103	2,235,727	0	0	(2,981)	0	(66)	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	10,788,748	7,756,753	3,033,447	0	0	(1,452)	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	10,788,748	7,756,753	3,033,447	0	0	(1,452)	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual .....	0	28,262,698	59	7,864,953	59	4,060
2. Comprehensive (hospital and medical) group .....	203,926	15,663,484	16,049	3,017,397	219,975	2,547,568
3. Medicare Supplement .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Dental Only .....	0	10,794	9	(1,460)	9	236
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	(34,080)	147	0	0	(34,080)	559
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-Term Care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	169,846	43,937,123	16,117	10,880,890	185,963	2,552,423
14. Health care receivables (a) .....	23,188	2,083,547	0	212,687	23,188	917,614
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	16,894	167	12,855	636,714	29,749	84,780
17. Totals (Lines 13 - 14 + 15 + 16)	163,552	41,853,743	28,972	11,304,917	192,524	1,719,589

(a) Excludes \$ .....55 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	3,796	3,760	3,779	3,662	3,661
2.	2019 .....	39,061	43,444	43,596	43,568	43,470
3.	2020 .....	XXX	26,302	28,200	28,215	28,210
4.	2021 .....	XXX	XXX	22,196	23,874	23,886
5.	2022 .....	XXX	XXX	XXX	18,389	18,702
6.	2023 .....	XXX	XXX	XXX	XXX	43,926

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	3,964	3,760	3,779	3,662	3,661
2.	2019 .....	44,072	43,497	43,596	43,568	43,470
3.	2020 .....	XXX	29,298	28,298	28,215	28,210
4.	2021 .....	XXX	XXX	25,100	23,931	23,886
5.	2022 .....	XXX	XXX	XXX	20,968	18,731
6.	2023 .....	XXX	XXX	XXX	XXX	55,446

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019 .....	53,268	43,470	1,808	4.2	45,278	85.0	0	0	45,278	85.0
2.	2020 .....	39,971	28,210	1,037	3.7	29,247	73.2	0	0	29,247	73.2
3.	2021 .....	29,721	23,886	970	4.1	24,856	83.6	0	0	24,856	83.6
4.	2022 .....	22,808	18,702	974	5.2	19,676	86.3	29	0	19,705	86.4
5.	2023 .....	71,934	43,926	2,103	4.8	46,029	64.0	11,519	78	57,626	80.1

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	0	0	0	0	0
2.	2019 .....	0	0	0	0	0
3.	2020 .....	XXX	0	0	0	0
4.	2021 .....	XXX	XXX	7	8	8
5.	2022 .....	XXX	XXX	XXX	6	6
6.	2023 .....	XXX	XXX	XXX	XXX	11

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	0	0	0	0	0
2.	2019 .....	0	0	0	0	0
3.	2020 .....	XXX	0	0	0	0
4.	2021 .....	XXX	XXX	7	8	8
5.	2022 .....	XXX	XXX	XXX	6	6
6.	2023 .....	XXX	XXX	XXX	XXX	9

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2019 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2020 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2021 .....	28	8	0	0.0	8	28.6	0	0	8	28.6
4. 2022 .....	38	6	0	0.0	6	15.8	0	0	6	15.8
5. 2023 .....	38	11	1	9.1	12	31.6	(1)	0	11	28.9

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	(112)	(385)	(878)	(1,086)	(1,188)
2.	2019 .....	0	0	0	0	0
3.	2020 .....	XXX	0	0	0	0
4.	2021 .....	XXX	XXX	0	0	0
5.	2022 .....	XXX	XXX	XXX	0	0
6.	2023 .....	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	(98)	(385)	(878)	(1,086)	(1,188)
2.	2019 .....	0	1	0	0	0
3.	2020 .....	XXX	0	0	0	0
4.	2021 .....	XXX	XXX	0	1	0
5.	2022 .....	XXX	XXX	XXX	0	0
6.	2023 .....	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2019 .....	240	0	5	0.0	5	2.1	0	0	5	2.1
2. 2020 .....	(4)	0	3	0.0	3	(75.0)	0	0	3	(75.0)
3. 2021 .....	(47)	0	1	0.0	1	(2.1)	0	0	1	(2.1)
4. 2022 .....	800	0	2	0.0	2	0.3	0	0	2	0.3
5. 2023 .....	(82)	0	(4)	0.0	(4)	4.9	0	0	(4)	4.9



UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	3,684	3,375	2,901	2,576	2,473
2.	2019 .....	39,061	43,444	43,596	43,568	43,470
3.	2020 .....	XXX	26,302	28,200	28,215	28,210
4.	2021 .....	XXX	XXX	22,203	23,882	23,894
5.	2022 .....	XXX	XXX	XXX	18,395	18,708
6.	2023 .....	XXX	XXX	XXX	XXX	43,937

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior .....	3,866	3,375	2,901	2,576	2,473
2.	2019 .....	44,072	43,498	43,596	43,568	43,470
3.	2020 .....	XXX	29,298	28,298	28,215	28,210
4.	2021 .....	XXX	XXX	25,107	23,940	23,894
5.	2022 .....	XXX	XXX	XXX	20,974	18,737
6.	2023 .....	XXX	XXX	XXX	XXX	55,455

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019 .....	53,508	43,470	1,813	4.2	45,283	84.6	0	0	45,283	84.6
2. 2020 .....	39,967	28,210	1,040	3.7	29,250	73.2	0	0	29,250	73.2
3. 2021 .....	29,702	23,894	971	4.1	24,865	83.7	0	0	24,865	83.7
4. 2022 .....	23,646	18,708	976	5.2	19,684	83.2	29	0	19,713	83.4
5. 2023 .....	71,890	43,937	2,100	4.8	46,037	64.0	11,518	78	57,633	80.2

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 for investment income) ..	326,598	326,598	0	0	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	15,675,427	14,974,801	570,424	0	0	0	0	130,202	0	0	0	0	0
6. Totals (gross) .....	16,002,025	15,301,399	570,424	0	0	0	0	130,202	0	0	0	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	16,002,025	15,301,399	570,424	0	0	0	0	130,202	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. CMS risk adjustment payable .....	130,202	0	0	0	0	0	0	130,202	0	0	0	0	0
0502. ACA risk adjustment payable .....	15,545,225	14,974,801	570,424	0	0	0	0	0	0	0	0	0	0
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	15,675,427	14,974,801	570,424	0	0	0	0	130,202	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ .....0 for occupancy of own building) .....	46,680	19,314	144,075	0	210,069
2. Salary, wages and other benefits .....	899,164	372,026	2,775,200	0	4,046,390
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	0	0	2,869,800	0	2,869,800
4. Legal fees and expenses .....	12,043	4,983	39,657	0	56,683
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services ...	87,296	36,118	269,431	0	392,845
7. Traveling expenses .....	15,879	6,570	49,010	0	71,459
8. Marketing and advertising .....	47,578	19,685	146,845	0	214,108
9. Postage, express and telephone .....	40,598	16,797	125,303	0	182,698
10. Printing and office supplies .....	60,084	24,859	185,443	0	270,386
11. Occupancy, depreciation and amortization .....	19,588	8,105	60,458	0	88,151
12. Equipment .....	7,251	3,000	22,380	0	32,631
13. Cost or depreciation of EDP equipment and software .....	93,217	38,568	287,707	0	419,492
14. Outsourced services including EDP, claims, and other services .....	75,487	81,136	232,988	0	389,611
15. Boards, bureaus and association fees .....	1,425	590	4,398	0	6,413
16. Insurance, except on real estate .....	17,605	7,284	54,337	0	79,226
17. Collection and bank service charges .....	4,884	2,021	15,074	0	21,979
18. Group service and administration fees .....	16,294	6,741	50,289	0	73,324
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	1,781	960	8,333	0	11,074
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	62,108	0	62,108
23.2 State premium taxes .....	0	0	113,637	0	113,637
23.3 Regulatory authority licenses and fees .....	0	0	2,079,952	0	2,079,952
23.4 Payroll taxes .....	38,965	21,005	182,342	0	242,312
23.5 Other (excluding federal income and real estate taxes) .....	0	0	0	0	0
24. Investment expenses not included elsewhere .....	0	0	0	2,021	2,021
25. Aggregate write-ins for expenses .....	179,171	73,060	633,950	0	886,181
26. Total expenses incurred (Lines 1 to 25) .....	1,664,990	742,822	10,412,717	2,021	(a) .....12,822,550
27. Less expenses unpaid December 31, current year .....	53,962	24,075	213,034	1,425	292,496
28. Add expenses unpaid December 31, prior year .....	6,597	4,682	189,823	1,544	202,646
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	1,617,625	723,429	10,389,506	2,140	12,732,700
DETAILS OF WRITE-INS					
2501. Information Technology .....	10,740	4,444	33,149	0	48,333
2502. Interest .....	1,431	592	37,414	0	39,437
2503. Managed Care & Network Access .....	3,514	382	2,853	0	6,749
2598. Summary of remaining write-ins for Line 25 from overflow page .....	163,486	67,642	560,534	0	791,662
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	179,171	73,060	633,950	0	886,181

(a) Includes management fees of \$ ..... 6,513,756 to affiliates and \$ ..... 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) ..... 4,519	..... 12,579
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) ..... 1,278,368	..... 1,278,368
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 .....	1,282,887	1,290,947
11.	Investment expenses .....		(g) ..... 2,021
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) .....		..... 2,021
17.	Net investment income (Line 10 minus Line 16)		1,288,926
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 \$ .....3,307 amortization of premium and less \$ ..... 6,615 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 investme					
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)					

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 .....	271,805	79,372	(192,433)
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 .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	325,717	113,641	(212,076)
25. Aggregate write-ins for other than invested assets .....	5,927	9,620	3,693
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	603,449	202,633	(400,816)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	603,449	202,633	(400,816)
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. Prepaid Expenses .....	5,771	9,620	3,849
2502. Service Fee Billing .....	139	0	(139)
2503. Miscellaneous Receivables .....	17	0	(17)
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)	5,927	9,620	3,693

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	3,594	9,630	12,368	16,046	19,298	158,870
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	3,594	9,630	12,368	16,046	19,298	158,870
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

UNITEDHEALTHCARE OF OHIO, INC.

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

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

UnitedHealthcare of Ohio, Inc. (the “Company”), licensed as a health insuring corporation, offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of United HealthCare Services, Inc., a management corporation that provides services to the Company under the terms of a management agreement (the “Agreement”). United HealthCare Services, Inc. is a wholly owned subsidiary of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on May 14, 1985, as a health insuring corporation and operations commenced in August 1985. The Company is certified as a health insuring corporation by the Ohio Department of Insurance and Kentucky Department of Insurance. The Company has entered into contracts with physicians, hospitals, and other health care provider organizations to deliver health care services for all enrollees.

The Company offers comprehensive commercial products to individuals in Ohio and employer groups in Ohio and Kentucky. Each contract outlines the coverage provided and renewal provisions. The Company also offers stand-alone dental benefit plans in the state of Ohio. Effective January 1, 2023, the Company entered the ACA individual exchange market in the state of Ohio.

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 Ohio Department of Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of Ohio, for determining and reporting the financial condition and results of operations of a health insuring corporation, for determining its solvency under Ohio Insurance Law. The state of Ohio 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 of Ohio and the NAIC SAP which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

Net Income (Loss)	SSAP #	F/S Page #	F/S Line #	December 31, 2023	December 31, 2022
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 6,890,756	\$ 830,417
(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>\$ 6,890,756</u>	<u>\$ 830,417</u>
<b>Capital and Surplus</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 17,383,397	\$ 10,807,793
(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>\$ 17,383,397</u>	<u>\$ 10,807,793</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 most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio (“MLR”) rebates) and risk adjustment estimates. 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.

**C. Accounting Policy**

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

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

- (1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet NAIC designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet an NAIC designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the NAIC (“SVO”) identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant yield interest method. Bonds and short-term investments are valued and reported using market prices published by the SVO in accordance with the NAIC Valuation of Securities manual prepared by the SVO or an external pricing service;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;
- (6) 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) Premium deficiency reserves (“PDR”) (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses (“CAE”), direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, CAE and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the PDR calculation (see Note 30);
- (11) CAE are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the Agreement (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc., in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between CAE and general administrative expenses (“GAE”) to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay CAE in the event the Company ceases operations. The Company has recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in unpaid CAE in the financial statements. Management believes the amount of the liability for unpaid CAE as of December 31, 2023 is adequate to cover the Company’s cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid CAE are reflected in operating results in the period in which the change in estimate is identified;
- (12) The Company does not carry any fixed assets in the financial statements;
- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company’s claims processing systems and from data provided by the Company’s affiliated pharmaceutical benefit manager, OptumRx, Inc.. Health care and other amounts receivable are considered nonadmitted assets under the NAIC SAP if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the financial statements (see Note 28).

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 disbursement accounts. Claims and other payments are made from the disbursement accounts daily;
- Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition. Cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by United HealthCare Services, Inc. The investment pool is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value ("NAV") as a practical expedient;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains (losses) less capital gains tax ("net realized capital gains (losses) less taxes") in the financial statements;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains (losses) less taxes, in the financial statements. The new cost basis is not changed for subsequent recoveries in fair value.

***Other Assets***

- **Premiums and Considerations** — The Company reports uncollected premium balances from its insured members, groups, Centers for Medicare and Medicaid Services ("CMS"), and state Medicaid agency/agencies as premiums and considerations in the financial statements. Uncollected premium balances that are over 90 days past due, with the exception of amounts due from government insured plans, are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential. Premiums and considerations also include amounts for commercial risk adjustment receivables as defined in Section 1343 of the Affordable Care Act ("ACA").

Premium adjustments for the commercial ACA Section 1343 risk adjustment are accounted for as premium adjustments programs subject to redetermination (see Note 24).

**LIABILITIES**

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2023 and 2022. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2023; however, actual payments may differ from those established estimates.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

- **Aggregate Health Policy Reserves** — The Company establishes a liability, for estimated accrued retrospective and redetermination premiums due from the Company based on the actuarial method and assumptions for each respective contract. Aggregate health policy reserves include commercial risk adjustment payables as defined in Section 1343 of the ACA, CMS risk adjustment payables for the Medicare Plans and estimated MLR rebates payable on the comprehensive commercial line of business.

Premium adjustments for the estimated MLR rebates are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the commercial ACA Section 1343 risk adjustment and CMS risk adjustment are accounted for as premium adjustments subject to redetermination (see Note 24).

**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 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 Company's domiciliary state, the Ohio Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$1,200,000.

Risk-based capital ("RBC") is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The Ohio Department of Insurance 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 Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the financial statements. The corresponding change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the financial statements.  
  
Comprehensive commercial health plans with MLRs on fully insured products, as calculated under the definitions in the ACA and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies changes to the estimated rebates and retrospective premium adjustments as change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). In addition, pursuant to Section 1343 of the ACA, the Company records premium adjustments for changes to the commercial risk adjustment balances which are reflected in net premium income in the financial statements (see Note 24).  
  
Net premium income also includes dental revenue derived from managed dental care plans. Dental revenue is recognized in the period in which enrollees are entitled to receive services.
- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.  
  
Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the financial statements.
- **General Administrative 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 administrative expenses. Pursuant to the terms of the Agreement (see Note 10), the Company pays a management fee to United HealthCare Services, Inc. in exchange for administrative and management services. Costs for items not included within the scope of the Agreement are directly expensed as incurred. State income taxes are also a component of GAE. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between CAE and GAE to be reported in the financial statements.
- **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 (loss) before federal income taxes (see Note 9).

**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 0 and 1 commercial customer that accounted for 0% and 13% of total direct premiums written, for the years ended December 31, 2023 and 2022, respectively. The Company has no commercial customers that individually exceed 10% of uncollected premiums, including receivables for contracts subject to redetermination, 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

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. There were no realized gains and losses on sales of long-term investments and short-term investments for 2023 and 2022. Total proceeds on the sale of long-term investments and short-term investments were \$0 in both 2023 and 2022.

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 \$43,514,483 and \$14,796,678 respectively, are disclosed in the table below:

2023					
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 516,756	\$ —	\$ 5,557	\$ —	\$ 511,199
Total bonds	<u>\$ 516,756</u>	<u>\$ —</u>	<u>\$ 5,557</u>	<u>\$ —</u>	<u>\$ 511,199</u>
2023					
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
One to five years	\$ 516,756	\$ —	\$ 5,557	\$ —	\$ 511,199
Total bonds	<u>\$ 516,756</u>	<u>\$ —</u>	<u>\$ 5,557</u>	<u>\$ —</u>	<u>\$ 511,199</u>
2022					
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 512,810	\$ —	\$ 1,460	\$ 6,690	\$ 504,660
Total bonds	<u>\$ 512,810</u>	<u>\$ —</u>	<u>\$ 1,460</u>	<u>\$ 6,690</u>	<u>\$ 504,660</u>

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
U.S. government and agency securities	\$ 511,199	\$ 5,557	\$ —	\$ —	\$ 511,199
Total bonds	\$ 511,199	\$ 5,557	\$ —	\$ —	\$ 511,199

2022					
	< 1 Year		> 1 Year		Total
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value
U.S. government and agency securities	\$ 98,953	\$ 1,460	\$ 405,707	\$ 6,690	\$ 504,660
Total bonds	\$ 98,953	\$ 1,460	\$ 405,707	\$ 6,690	\$ 504,660

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. The Company assessed the credit quality of the state and agency municipal securities, city and county municipal securities and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an other-than-temporary impairment (“OTTI”), such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company’s intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain loan-backed securities for a period of time sufficient to recover the amortized cost. As a result of these reviews, no OTTIs 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:

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b. Collateral held under security lending agreements	—	—	—	—	—	— %	— %
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %
d. Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g. Placed under option contracts	—	—	—	—	—	— %	— %
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	—	—	—	—	—	— %	— %
i. FHLB capital stock	—	—	—	—	—	— %	— %
j. On deposit with states	516,756	512,810	3,946	—	516,756	1 %	1 %
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n. Other restricted assets	—	—	—	—	—	— %	— %
o. Total restricted assets	<u>\$ 516,756</u>	<u>\$ 512,810</u>	<u>\$ 3,946</u>	<u>\$ —</u>	<u>\$ 516,756</u>	<u>1 %</u>	<u>1 %</u>

(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.

The Company’s investment in the qualified cash pool is reported in cash equivalents. The Company’s investment in the qualified cash pool is \$3,088,555 and \$2,349,150 as of December 31, 2023 and December 31, 2022, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2023:

Asset Type	Percent Share
(1) Cash	8%
(2) Cash Equivalents	59%
(3) Short-Term Investments	33%
(4) Total	<u>100%</u>

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	\$	11,282
2. Nonadmitted		—
3. Admitted		11,282

2022		
Interest Income Due And Accrued:		
1. Gross	\$	2,624
2. Nonadmitted		—
3. Admitted		2,624

- 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	\$ 188,030	\$ —	\$ 188,030	\$ 103,785	\$ —	\$ 103,785	\$ 84,245	\$ —	\$ 84,245
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	188,030	—	188,030	103,785	—	103,785	84,245	—	84,245
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax asset (1c - 1d)	188,030	—	188,030	103,785	—	103,785	84,245	—	84,245
(f) Deferred tax liabilities	2,840	—	2,840	4,259	—	4,259	(1,419)	—	(1,419)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 185,190</u>	<u>\$ —</u>	<u>\$ 185,190</u>	<u>\$ 99,526</u>	<u>\$ —</u>	<u>\$ 99,526</u>	<u>\$ 85,664</u>	<u>\$ —</u>	<u>\$ 85,664</u>

(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	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) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 188,030	\$ —	\$ 188,030	\$ 103,785	\$ —	\$ 103,785	\$ 84,245	\$ —	\$ 84,245
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	—	—	—	—	—	—	—	—	—
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	—	—	—	—	—	—	—	—	—
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	2,579,731	XXX	XXX	1,606,240	XXX	XXX	973,491
(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>\$ 188,030</u>	<u>\$ —</u>	<u>\$ 188,030</u>	<u>\$ 103,785</u>	<u>\$ —</u>	<u>\$ 103,785</u>	<u>\$ 84,245</u>	<u>\$ —</u>	<u>\$ 84,245</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	\$ 17,198,207	\$ 10,708,267

(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	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 188,030	\$ —	\$ 103,785	\$ —	\$ 84,245	\$ —
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)	\$ 188,030	\$ —	\$ 103,785	\$ —	\$ 84,245	\$ —
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	\$ 1,833,574	\$ 259,820	\$ 1,573,754
(b) Foreign	<u>—</u>	<u>—</u>	<u>—</u>
(c) Subtotal (1a+1b)	1,833,574	259,820	1,573,754
(d) Federal income tax on net capital gains (losses)	36	—	36
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	<u>—</u>	<u>—</u>	<u>—</u>
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 1,833,610</u>	<u>\$ 259,820</u>	<u>\$ 1,573,790</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	\$ 34,892	\$ 7,327	\$ 27,565
(2) Unearned premium reserve	17,883	53,369	(35,486)
(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	126,724	42,553	84,171
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	8,531	536	7,995
(99) Subtotal (sum of 2a1 through 2a13)	188,030	103,785	84,245
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	188,030	103,785	84,245
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	188,030	103,785	84,245
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	2,840	4,259	(1,419)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	2,840	4,259	(1,419)
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	2,840	4,259	(1,419)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 185,190	\$ 99,526	\$ 85,664

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 (loss) before federal income taxes incurred plus capital gains tax. 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	\$ 1,832,117	21%	\$ 228,950	21%
Tax effect of nonadmitted assets	(84,171)	(1)	(2,181)	—
Total statutory income taxes	<u>\$ 1,747,946</u>	<u>20%</u>	<u>\$ 226,769</u>	<u>21%</u>
Federal income taxes incurred	\$ 1,833,574	21%	\$ 259,820	24%
Capital gains tax	36	—	—	—
Change in net deferred income tax	(85,664)	(1)	(33,051)	(3)
Total statutory income taxes	<u>\$ 1,747,946</u>	<u>20%</u>	<u>\$ 226,769</u>	<u>21%</u>

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

Current federal income taxes payable of \$855,610 and \$357,820 as of December 31, 2023 and 2022, respectively, are included in the financial statements. Federal income taxes paid, net of refunds were \$1,335,820 and \$202,725 in 2023 and 2022, respectively.

Federal income taxes incurred of \$1,833,610 and \$259,820 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 Incorporated 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 Incorporated 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 Incorporated. UnitedHealth Group Incorporated 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 Incorporated’s consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group Incorporated’s 2017 through 2020 tax returns are under review by the IRS under its Compliance Assurance Program. UnitedHealth Group Incorporated 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. **Alternative Minimum Tax Credit** — Not applicable.

10. **INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES**

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

United HealthCare Services, Inc. maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2023 and 2022, the Company’s portion was \$3,088,555 and \$2,349,150, respectively and is included in cash equivalents in the financial statements.

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

The Company paid dividend of \$0 and \$9,000,000 in 2023 and 2022 respectively to its parent (see Note 13).

The Company held a \$50,000,000 subordinated revolving credit agreement with UnitedHealth Group Incorporated at an interest rate of London InterBank Offered Rate (“LIBOR”) plus a margin of 0.50%. This credit agreement was subordinate to the extent it did not conflict with any credit facility held by either party. This agreement was terminated effective December 31, 2022, due to the elimination of LIBOR as an interest rate benchmark in 2023. No amounts were outstanding under the line of credit as of December 31, 2022. This agreement was replaced with a new agreement, which was effective as of January 1, 2023.

Effective January 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 points. The Company’s subordinated credit agreement value is below the holding company threshold of the lesser of 3% of admitted assets or 25% of capital and surplus. This agreement has replaced the previous agreement, which was held to an interest rate of LIBOR plus a margin of 50 basis points.

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 \$50,000,000. 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.

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

- C. The Company has no material related party transactions that meet the disclosure requirements pursuant to SSAP No. 25, Affiliates and Other Related Parties (“SSAP No. 25”) that are not included in NAIC Statutory Statement Schedule Y—Part 2 Summary Of Insurer’s Transactions With Any Affiliates.
- D. At December 31, 2023 and 2022, the Company reported \$502,821 and \$0, respectively, as amounts due to parent, subsidiaries, and affiliates and \$0 and \$730,998, respectively, as receivables 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 GAE, CAE, and hospital and medical expenses 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
OptumRx, Inc.	\$ 8,416,969	\$ 3,373,814
United HealthCare Services, Inc.	6,775,296	2,574,669
United Behavioral Health	694,927	631,148

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

United HealthCare Services, Inc. provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for United HealthCare Services, Inc. to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the Agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, medical management, credentialing, preventative health services, utilization management reporting and expenses incurred for new business that will be effective in the subsequent year.

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

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.  
  
UnitedHealth Group Incorporated provides a guarantee to the Ohio Department of Insurance, in the event of the Company’s insolvency, for continuation of benefits to enrollees in inpatient facilities on the date of insolvency, and payment to unaffiliated providers for services prior to insolvency.
- G. The Company is part of an insurance holding company system with UnitedHealth Group Incorporated 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 United HealthCare Services, Inc., 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 750 shares authorized and 100 shares issued and outstanding of no par value common stock with a stated value \$7,329,784. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, United HealthCare Services, Inc.
- C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Ohio Department of Insurance.
- D. The Company paid no dividend and no infusion was received during 2023. The Company paid an extraordinary cash dividend of \$9,000,000 on June 21, 2022, to United HealthCare Services, Inc., which was approved by the Ohio Department of Insurance. The Company recorded \$4,000,000 as a reduction to unassigned funds (surplus) and \$5,000,000 as a reduction to gross paid in-and contributed 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 the net income (loss), and dividends, represented (or reduced) by each item below is as follows:

	2023	2022
Net deferred income taxes	185,190	99,526
Nonadmitted assets	(603,449)	(202,633)
Total	<u>\$ (418,259)</u>	<u>\$ (103,107)</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 impaired at December 31, 2023 and 2022.

**15. LEASES**

**A–B.** According to the Agreement between the Company and United HealthCare Services, Inc. (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of United HealthCare Services, Inc. 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 does not have any Medicare or other similarly structured cost reimbursement contracts in 2023 and 2022.

**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 tables present 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 stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	466,004	—	—	—	466,004
Qualified cash pool	3,088,555	—	—	—	3,088,555
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 3,554,559</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 3,554,559</u>
b. Liabilities at fair value:					
Derivative liabilities	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

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 stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	446,858	—	—	—	446,858
Qualified cash pool	2,349,150	—	—	—	2,349,150
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	\$ 2,796,008	\$ —	\$ —	\$ —	\$ 2,796,008
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:

December 31, 2023							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 511,199	\$ 516,756	\$ 511,199	\$ —	\$ —	\$ —	\$ —
Cash equivalents	3,554,559	3,554,559	3,554,559	—	—	—	—
Total bonds and cash equivalents	<u>\$ 4,065,758</u>	<u>\$ 4,071,315</u>	<u>\$ 4,065,758</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
December 31, 2022							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 504,660	\$ 512,810	\$ 504,660	\$ —	\$ —	\$ —	\$ —
Cash equivalents	2,796,008	2,796,008	2,796,008	—	—	—	—
Total bonds and cash equivalents	<u>\$ 3,300,668</u>	<u>\$ 3,308,818</u>	<u>\$ 3,300,668</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 March 1, 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

**Reinsurance Agreements** — In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated reinsurers. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company has an insolvency-only reinsurance agreement with UnitedHealthcare Insurance Company. The Company remains primarily liable as the direct insurer on all risks reinsured.

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

	2023	2022
Premiums:		
Direct	\$ 71,795,766	\$ 23,447,640
Ceded	87,863	26,132
Net premium income	<u>\$ 71,707,903</u>	<u>\$ 23,421,508</u>
Hospital and medical expenses:		
Direct	\$ 51,631,594	\$ 19,223,298
Ceded	—	—
Net hospital and medical expenses	<u>\$ 51,631,594</u>	<u>\$ 19,223,298</u>

The Company recognized no reinsurance recoveries related to internal reinsurance agreements in 2023 and 2022.

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. 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 includes 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.** The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B.** Estimated accrued retrospective premiums due from the Company are recorded in aggregate health policy reserves in the financial statements and as an adjustment to change in unearned premium reserves and reserve for rate credits in the financial statements.
- C.** Pursuant to the ACA, the Company’s commercial business is subject to retrospectively rated features based on the actual MLR experienced on the commercial line of business and redetermination features for premium adjustments for changes to each member’s health scores based on guidelines determined by the ACA. The total amount of direct premiums written for which a portion is subject to the retrospectively rated and redetermination features are \$71,884,905 and \$22,707,963, representing 100% and 97% for commercial of total direct premiums written as of December 31, 2023 and December 31, 2022, respectively.
- D.** The Company does not have Medicare business subject to specific minimum medical loss ratio requirements as of December 31, 2023 and 2022. The Company is required to maintain specific minimum medical loss ratio on the comprehensive commercial line of business.

The following table discloses the minimum MLR rebate liability for the comprehensive commercial line of business which is included in aggregate health policy reserves in the financial statements for the years ended December 31, 2023 and 2022:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ —	\$ (105,372)	\$ 1,124,820	\$ —	\$ 1,019,448
(2) Medical loss ratio rebates paid	—	310,528	842,385	—	1,152,913
(3) Medical loss rebates unpaid	—	—	455,412	—	455,412
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	455,412
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	—	—	416,222	—	416,222
(8) Medical loss ratio rebates paid	—	—	545,036	—	545,036
(9) Medical loss rebates unpaid	—	—	326,598	—	326,598
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	326,598

E. Risk-Sharing Provisions of the Affordable Care Act

- (1) The Company has accident and health insurance premiums in 2023 and 2022 subject to the risk-sharing provisions of the ACA.

The ACA imposed fees and premium stabilization provisions on health insurance issuers offering comprehensive commercial health insurance. The three premium stabilization programs are commonly referred to as the 3Rs — risk adjustment, reinsurance, and risk corridors.

**Risk Adjustment** — The risk adjustment program is a permanent program designed to mitigate the potential impact of adverse selection that generally applies to non-grandfathered individual and small group plans inside and outside of exchanges. The program helps to stabilize market premiums by transferring funds from plans with relatively low-risk enrollees to plans with relatively high-risk enrollees. The data used by CMS to determine the risk adjustment transfer amount is subject to audits along with the true-up to the final CMS report, which may result in a material change to arrive at the final risk adjustment amount from the initial risk adjustment estimate recorded. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

**Reinsurance and Risk Corridors** — The transitional reinsurance program and risk corridors program were temporary programs which expired at the end of 2016. The details of the years impacted and the amounts received from CMS for settlement of the temporary ACA risk corridor program are included in Note 24E(5) below.

- (2) The following table presents the current year impact of risk-sharing provisions of the ACA on assets, liabilities, and operations:

a. Permanent ACA Risk Adjustment Program		December 31, 2023
<u>Assets</u>		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$	124,379
<u>Liabilities</u>		
2. Risk adjustment user fees payable for ACA Risk Adjustment		25,911
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		15,545,225
<u>Operations (Revenue &amp; Expense)</u>		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		(15,506,512)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		25,958
b. Transitional ACA Reinsurance Program		
<u>Assets</u>		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	—
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		—
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		—
<u>Liabilities</u>		
4. Liabilities for contributions payable due to ACA Reinsurance — not reported as ceded premium		—
5. Ceded reinsurance premiums payable due to ACA Reinsurance		—
6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance		—
<u>Operations (Revenue &amp; Expense)</u>		
7. Ceded reinsurance premiums due to ACA Reinsurance		—
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments		—
9. ACA Reinsurance contributions — not reported as ceded premium		—
c. Temporary ACA Risk Corridors Program		
<u>Assets</u>		
1. Accrued retrospective premium due to ACA Risk Corridors	\$	—
<u>Liabilities</u>		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		—
<u>Operations (Revenue &amp; Expense)</u>		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		—
4. Effect of ACA Risk Corridors on change in reserves for rate credits		—

(3) The following table is a roll forward of the prior year ACA risk-sharing provisions for asset and liability balances, along with reasons for adjustments to prior year balances:

						Differences		Adjustments		Unsettled Balances as of the Reporting Date	
		Accrued During the Prior Year on Business Written before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year		Prior Yea Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
		1	2	3	4	5	6	7	8	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a.	Permanent ACA Risk Adjustment Program										
	1. Premium adjustment receivable (including high risk pool payments)	\$ 243,267	\$ —	\$ 330,428	\$ —	\$ (87,161)	\$ —	\$ 91,262	\$ —	A	\$ 4,101 \$ —
	2. Premium adjustment (payable) (including high risk pool premium)	—	(1,445,248)	—	(1,618,076)	—	172,828	—	(173,908)	B	— (1,080)
	3. Subtotal ACA Permanent Risk Adjustment Program	243,267	(1,445,248)	330,428	(1,618,076)	(87,161)	172,828	91,262	(173,908)		4,101 (1,080)
b.	Transitional ACA Reinsurance Program										
	1. Amounts recoverable for claims paid	—	—	—	—	—	—	—	—	C	— —
	2. Amounts recoverable for claims unpaid (contra liability)	—	—	—	—	—	—	—	—	D	— —
	3. Amounts receivable relating to uninsured plans	—	—	—	—	—	—	—	—	E	— —
	4. Liabilities for contributions payable due to ACA Reinsurance —not reported as ceded premium	—	—	—	—	—	—	—	—	F	— —
	5. Ceded reinsurance premiums payable	—	—	—	—	—	—	—	—	G	— —
	6. Liability for amounts held under uninsured plans	—	—	—	—	—	—	—	—	H	— —
	7. Subtotal ACA Transitional Reinsurance Program	—	—	—	—	—	—	—	—		— —
c.	Temporary ACA Risk Corridors Program										
	1. Accrued retrospective premium	—	—	—	—	—	—	—	—	I	— —
	2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	J	— —
	3. Subtotal ACA Risk Corridors Program	—	—	—	—	—	—	—	—		— —
d.	Total for ACA Risk-Sharing Provisions	\$ 243,267	\$ (1,445,248)	\$ 330,428	\$ (1,618,076)	\$ (87,161)	\$ 172,828	\$ 91,262	\$ (173,908)		\$ 4,101 \$ (1,080)

Explanation of Adjustments

- A. The risk adjustment receivable as of December 31, 2022 utilized paid claims through October 31, 2022. As of the Reporting Date, the risk adjustment receivable related to prior periods was adjusted based on CMS' Summary Report on Permanent Risk Adjustment Transfers for Benefit Year 2022 dated June 30, 2023. The risk adjustment receivable was further adjusted based on CMS' Summary Report of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment State Transfers.
- B. The risk adjustment payable as of December 31, 2022 utilized paid claims through October 31, 2022. As of the Reporting Date, the risk adjustment payable related to prior periods was adjusted based on CMS' Summary Report on Permanent Risk Adjustment Transfers for Benefit Year 2022 dated June 30, 2023. The risk adjustment payable was further adjusted based on CMS' Summary Report of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment State Transfers.
- C. N/A
- D. N/A
- E. N/A
- F. N/A
- G. N/A
- H. N/A
- I. N/A
- J. N/A

(4) The Company does not have any risk corridor receivables or payables to present in the table below:

Risk Corridors Program Year:	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	A	\$ —	\$ —
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	B	—	—
b. 2015											
1. Accrued retrospective premium	—	—	—	—	—	—	—	—	C	—	—
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	D	—	—
c. 2016											
1. Accrued retrospective premium	—	—	—	—	—	—	—	—	E	—	—
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	F	—	—
d. Total for Risk Corridors	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —

Explanation of Adjustments

- A. N/A  
B. N/A  
C. N/A  
D. N/A  
E. N/A  
F. N/A

(5) The following table discloses ACA risk corridor receivable balances by risk corridor program year:

Risk Corridors Program Year:	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-Admissions) (1 - 2 - 3)	Nonadmitted Amount	Net Admitted Asset (4 - 5)
a. 2014	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. 2015	902,297	—	902,297	—	—	—
c. 2016	3,833,593	—	3,833,593	—	—	—
d. Total (a+b+c)	\$ 4,735,890	\$ —	\$ 4,735,890	\$ —	\$ —	\$ —

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care and other amounts receivable for the years ended December 31, 2023 and 2022:

	2023		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (2,637,203)	\$ (2,637,203)
Paid claims — net of health care receivables*	43,937,288	186,740	44,124,028
End of year claim reserve	11,517,604	28,972	11,546,576
Included claims excluding the change in health care receivables* as presented below	55,454,892	(2,421,491)	53,033,401
Beginning of year health care receivables*	—	917,614	917,614
End of year health care receivables*	(2,296,233)	(23,188)	(2,319,421)
Total incurred claims	<u>\$ 53,158,659</u>	<u>\$ (1,527,065)</u>	<u>\$ 51,631,594</u>

\*Health care receivables excludes provider loans and advances not yet expensed of \$55 and \$0 for 2023 and 2022, respectively.

	2022		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (3,001,252)	\$ (3,001,252)
Paid claims — net of health care receivables	18,395,041	1,344,373	19,739,414
End of year claim reserve	2,579,314	57,889	2,637,203
Included claims excluding the change in health care receivables as presented below	20,974,355	(1,598,990)	19,375,365
Beginning of year health care receivables	—	765,547	765,547
End of year health care receivables	(889,923)	(27,691)	(917,614)
Total incurred claims	<u>\$ 20,084,432</u>	<u>\$ (861,134)</u>	<u>\$ 19,223,298</u>

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable as of December 31, 2022 was \$1,719,589. As of December 31, 2023, \$186,740 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable are now \$5,784, as a result of re-estimation of unpaid claims. Therefore, there has been \$1,527,065 favorable prior year development since December 31, 2022 to December 31, 2023. The primary drivers consist of favorable development of \$1,151,197 in retroactivity for inpatient, outpatient, physician, and pharmacy claims and favorable development as a result of a change in the provision for adverse deviations in experience of \$303,794.

At December 31, 2022, the Company recorded \$861,134 of favorable prior year development. The primary drivers consist of favorable development as a result of change in the provision for adverse deviations in experience \$382,506, favorable development of \$181,339 in retroactivity for inpatient, outpatient, physician and pharmacy claims and favorable development of \$180,708 in runout Medicare Part D claims. Original estimates are increased or decreased, as additional information becomes known regarding individual claims, which could have an impact to the accruals for MLR rebates and retrospectively rated contracts. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the financial statements.

The Company incurred CAE of \$2,407,812 and \$848,265 in 2023 and 2022, respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc. as a part of the Agreement (see Note 10). The following table discloses paid CAE, incurred CAE, and the balance in unpaid CAE reserve for 2023 and 2022:

	2023	2022
Total claims adjustment expenses	\$ 2,407,812	\$ 848,265
Less: current year unpaid claims adjustment expenses	(78,037)	(11,279)
Add: prior year unpaid claims adjustment expenses	11,279	14,023
Total claims adjustment expenses paid	<u>\$ 2,341,054</u>	<u>\$ 851,009</u>

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid CAE in 2023.

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. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, *Health Care and Government Insured Plan Receivables* (“SSAP No. 84”) from the financial statements.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of SSAP No. 84, the pharmacy rebate transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2023	\$ 1,504,409	\$ 446,422	\$ —	\$ —	\$ —
9/30/2023	1,436,140	1,399,216	867,998	—	—
6/30/2023	1,229,203	1,190,524	635,082	500,809	—
3/31/2023	911,255	885,239	334,299	509,515	22,713
12/31/2022	588,262	599,752	248,793	323,163	7,184
9/30/2022	579,165	593,271	318,927	260,015	12,844
6/30/2022	568,939	540,926	323,999	202,237	12,339
3/31/2022	548,867	516,653	274,930	227,300	14,715
12/31/2021	530,952	500,191	278,397	143,911	79,203
9/30/2021	480,826	494,613	349,223	115,659	31,208
6/30/2021	428,021	465,210	290,337	127,703	49,505
3/31/2021	484,109	505,814	205,302	220,011	85,007

Of the amount reported as health care and other amounts receivable, \$1,993,705 and \$803,973 relate to pharmacy rebates receivable as of December 31, 2023 and 2022, respectively. This change is primarily due to increased membership along with the change in generic/name brand mix.

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	<div>12/31/2023</div>
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	<div>12/31/2022</div>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2023 and 2022, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

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

Yes ☒ 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 ☒ No ☐ N/A ☐

1.3

State Regulating? .....

Ohio

1.4

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

Yes ☒ No ☐

1.5

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

0000731766

2.1

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

Yes ☐ No ☒

2.2

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

3.1

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

12/31/2022

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. ....

12/31/2017

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). ....

05/23/2019

3.4

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

3.5

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

Yes ☐ No ☐ N/A ☒

3.6

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

Yes ☐ No ☐ N/A ☒

4.1

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

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

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

Yes ☐ No ☒  
Yes ☐ No ☒

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 ☒

5.2

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

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

6.1

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

Yes ☐ No ☒

6.2

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

7.1

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

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign 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 UnitedHealthcare 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, UT .....	...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?  
Deloitte & Touche 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?  
Gary A. Iannone, Vice President of Actuarial Services of United HealthCare Services Inc., an affiliate of UnitedHealthcare of Ohio Inc., 185 Asylum Street, Hartford, CT 06103 .....

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 UnitedHealthcare 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 \$ 731

22.22 Amount paid as expenses .....\$ 1,910,985

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 UnitedHealthcare 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)

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 516,756

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 [ ]

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
Northern Trust	50 S. LaSalle, Chicago, IL 60675

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE UnitedHealthcare 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Internally Managed .....	I.....
BlackRock Financial Management, Inc .....	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105 .....	BlackRock Financial Management, Inc .....	549300LVXY1VJKE13M84 .....	SEC .....	NO.....

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE UnitedHealthcare 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 .....	516,756	511,199	(5,557)
31.2 Preferred stocks .....	0	0	0
31.3 Totals	516,756	511,199	(5,557)

- 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 utilises 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:  
N/A .....
- 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 UnitedHealthcare 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? .....

\$ .....0
- 40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
- 41.1

Amount of payments for legal expenses, if any? .....

\$ .....0
- 41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	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 - HEALTH INTERROGATORIES

1.1

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

Yes [   ] No [ X ]

1.2

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

\$ 0

1.3

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

\$ 0

1.31

Reason for excluding .....

.....

1.4

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

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ 0

1.6

Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ 0

1.62 Total incurred claims ..... \$ 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ 0

1.65 Total incurred claims ..... \$ 0

1.66 Number of covered lives ..... 0

1.7

Group policies:

Most current three years:

1.71 Total premium earned ..... \$ 0

1.72 Total incurred claims ..... \$ 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ 0

1.75 Total incurred claims ..... \$ 0

1.76 Number of covered lives ..... 0

2.

Health Test:

1

Current Year

2

Prior Year

2.1 Premium Numerator ..... 71,707,903 ..... 23,421,508

2.2 Premium Denominator ..... 71,707,903 ..... 23,421,508

2.3 Premium Ratio (2.1/2.2) ..... 1.000 ..... 1.000

2.4 Reserve Numerator ..... 27,548,601 ..... 4,591,821

2.5 Reserve Denominator ..... 27,548,601 ..... 4,591,821

2.6 Reserve Ratio (2.4/2.5) ..... 1.000 ..... 1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....

Yes [   ] No [ X ]

3.2

If yes, give particulars: .....

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....

Yes [ X ] No [   ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....

Yes [   ] No [   ]

5.1

Does the reporting entity have stop-loss reinsurance? .....

Yes [   ] No [ X ]

5.2

If no, explain:  
UnitedHealthcare of Ohio, Inc. is not required to have stop loss reinsurance .....

5.3

Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ 0

5.32 Medical Only ..... \$ 0

5.33 Medicare Supplement ..... \$ 0

5.34 Dental & Vision ..... \$ 0

5.35 Other Limited Benefit Plan ..... \$ 0

5.36 Other ..... \$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreements. ....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [ X ] No [   ]

7.2

If no, give details .....

.....

8.

Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 113,662

8.2 Number of providers at end of reporting year ..... 91,637

9.1

Does the reporting entity have business subject to premium rate guarantees? .....

Yes [   ] No [ X ]

9.2

If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$..... 0

9.22 Business with rate guarantees over 36 months ..... \$..... 0

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

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ ..... 649,569

10.22 Amount actually paid for year bonuses.....\$ ..... 17,060

10.23 Maximum amount payable withholds.....\$ ..... 0

10.24 Amount actually paid for year withholds.....\$ ..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, ..... Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? .... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio

11.4 If yes, show the amount required. .... \$ 1,200,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

Ohio Statutes Title 17, section 1751.28 .....

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

1
Name of Service Area
Kectucky: Boone; Boyd; Campbell; Grant: Greenup; Kenton .....
Ohio: Statewide .....
.....

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

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ ..... 0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

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

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

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

15.2 Total Incurred Claims .....\$ ..... 0

15.3 Number of Covered Lives ..... 0

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

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

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

FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	47,565,879	17,255,937	25,264,665	31,546,638	36,108,690
2. Total liabilities (Page 3, Line 24) .....	30,182,482	6,448,144	6,309,952	9,587,645	8,861,941
3. Statutory minimum capital and surplus requirement .....	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
4. Total capital and surplus (Page 3, Line 33) .....	17,383,397	10,807,793	18,954,713	21,958,993	27,246,749
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	71,890,675	23,645,455	29,701,545	39,966,903	53,508,354
6. Total medical and hospital expenses (Line 18) .....	51,631,594	19,223,298	24,082,592	28,925,459	41,812,481
7. Claims adjustment expenses (Line 20) .....	2,407,812	848,265	983,800	1,074,399	1,899,093
8. Total administrative expenses (Line 21) .....	10,412,717	2,756,767	2,259,045	4,659,604	4,462,525
9. Net underwriting gain (loss) (Line 24) .....	7,438,552	817,125	2,376,108	5,307,441	5,334,255
10. Net investment gain (loss) (Line 27) .....	1,288,890	263,158	33,819	159,837	1,108,843
11. Total other income (Lines 28 plus 29) .....	(3,112)	9,954	5,177	(2,365)	(163)
12. Net income or (loss) (Line 32) .....	6,890,756	830,417	1,920,379	4,116,311	5,157,721
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	26,949,256	2,156,951	(2,491,905)	7,111,420	4,288,160
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	17,383,397	10,807,793	18,954,713	21,958,993	27,246,749
15. Authorized control level risk-based capital .....	2,435,108	1,139,971	1,291,630	1,113,331	1,858,348
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	19,298	3,594	4,021	5,298	8,095
17. Total members months (Column 6, Line 7) .....	158,870	44,989	53,286	74,690	106,631
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	71.8	81.3	81.1	72.4	78.1
20. Cost containment expenses .....	2.3	2.1	2.2	1.4	2.3
21. Other claims adjustment expenses .....	1.0	1.5	1.2	1.2	1.2
22. Total underwriting deductions (Line 23) .....	89.7	96.5	92.0	86.7	90.0
23. Total underwriting gain (loss) (Line 24) .....	10.3	3.5	8.0	13.3	10.0
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	192,524	1,374,570	1,633,670	4,060,549	3,617,918
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	1,719,589	2,235,705	1,932,405	3,381,584	4,263,258
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

Yes [   ] No [   ]

If no, please explain: .....

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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	AL	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2.	Alaska .....	AK	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3.	Arizona .....	AZ	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4.	Arkansas .....	AR	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5.	California .....	CA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6.	Colorado .....	CO	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7.	Connecticut .....	CT	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8.	Delaware .....	DE	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9.	District of Columbia	DC	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10.	Florida .....	FL	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11.	Georgia .....	GA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12.	Hawaii .....	HI	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
13.	Idaho .....	ID	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
14.	Illinois .....	IL	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
15.	Indiana .....	IN	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16.	Iowa .....	IA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17.	Kansas .....	KS	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.	Kentucky .....	KY	L.....8,318,897	.....0	.....0	.....0	.....0	.....0	.....0	8,318,897	.....0
19.	Louisiana .....	LA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
20.	Maine .....	ME	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
21.	Maryland .....	MD	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
22.	Massachusetts .....	MA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
23.	Michigan .....	MI	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
24.	Minnesota .....	MN	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
25.	Mississippi .....	MS	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
26.	Missouri .....	MO	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
27.	Montana .....	MT	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
28.	Nebraska .....	NE	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
29.	Nevada .....	NV	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
30.	New Hampshire .....	NH	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
31.	New Jersey .....	NJ	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
32.	New Mexico .....	NM	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
33.	New York .....	NY	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
34.	North Carolina .....	NC	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
35.	North Dakota .....	ND	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
36.	Ohio .....	OH	L.....63,604,427	(127,558)	.....0	.....0	.....0	.....0	.....0	63,476,869	.....0
37.	Oklahoma .....	OK	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
38.	Oregon .....	OR	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
39.	Pennsylvania .....	PA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
40.	Rhode Island .....	RI	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
41.	South Carolina .....	SC	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
42.	South Dakota .....	SD	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
43.	Tennessee .....	TN	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
44.	Texas .....	TX	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
45.	Utah .....	UT	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
46.	Vermont .....	VT	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
47.	Virginia .....	VA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
48.	Washington .....	WA	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
49.	West Virginia .....	WV	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
50.	Wisconsin .....	WI	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
51.	Wyoming .....	WY	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
52.	American Samoa ....	AS	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
53.	Guam .....	GU	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
54.	Puerto Rico .....	PR	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
55.	U.S. Virgin Islands ..	VI	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
56.	Northern Mariana Islands .....	MP	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
57.	Canada .....	CAN	N.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
58.	Aggregate Other Aliens .....	OT	XXX.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
59.	Subtotal .....	XXX	71,923,324	(127,558)	.....0	.....0	.....0	.....0	.....0	71,795,766	.....0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
61.	Totals (Direct Business)	XXX	71,923,324	(127,558)	0	0	0	0	0	71,795,766	0
DETAILS OF WRITE-INS											
58001.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2

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..... 55

(b) Explanation of basis of allocation by states, premiums by state, etc.  
Premiums are allocated by state based on geographic market.

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%

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

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

All Savers Insurance Company  
35-1665915  
NAIC No. 62406  
INS  
(IN) BU 57210 100%

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

Change Healthcare Holdco, Inc. (4)  
92-1410925  
(DE) BU 41586 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  
35-1744596  
NAIC No. 73130  
INS  
(CA) BU 57220 100%

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

Change Healthcare Intermediate Holdings, 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  
75-1617703  
NAIC No. 69087  
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%

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%

USHEALTH Life Insurance Company  
75-2583080  
(Turks & Caicos) BU 57422 100%

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

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

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

UnitedHealthcare of Pennsylvania, Inc.  
25-1756858  
NAIC No. 95220  
HMO  
(PA) BU 50453 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 Administrators, LLC  
26-4163593  
(DE) BU 57551 100%

USHEALTH Advisors, L.L.C.  
26-3887598  
(TX) BU 57550 100%

The Chesapeake Life Insurance Company  
52-0676508  
NAIC No. 61832  
INS  
(OK) BU 57420 100%

UnitedHealthcare Life Insurance Company  
86-0207231  
NAIC No. 97179  
INS  
(WI) BU 35320 100%

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

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

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%

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%

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%

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%

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%

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%

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%

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%

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%

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%

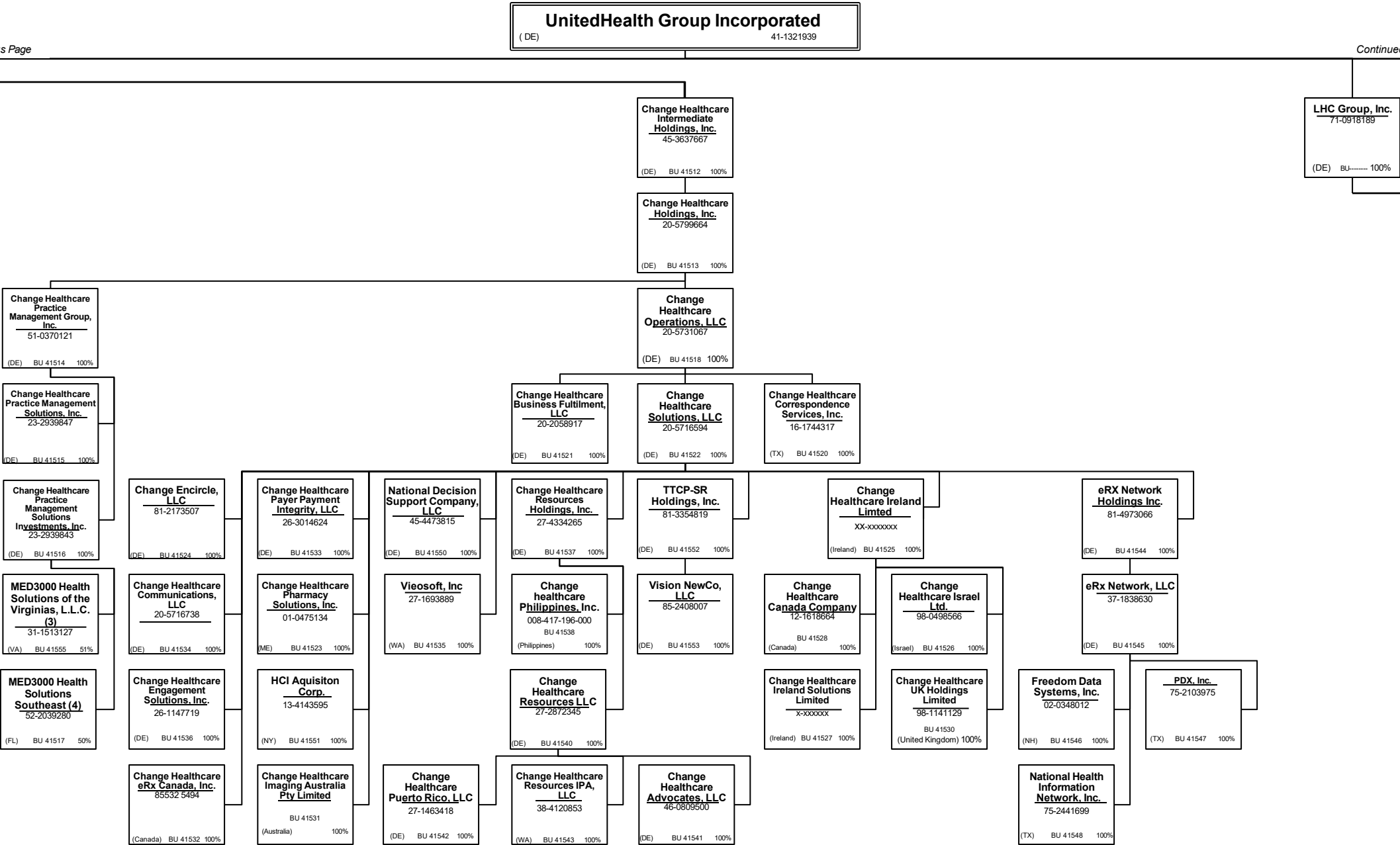
Post-Acute Care Center for Research, LLC  
30-0844501  
(DE) BU-----100%

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

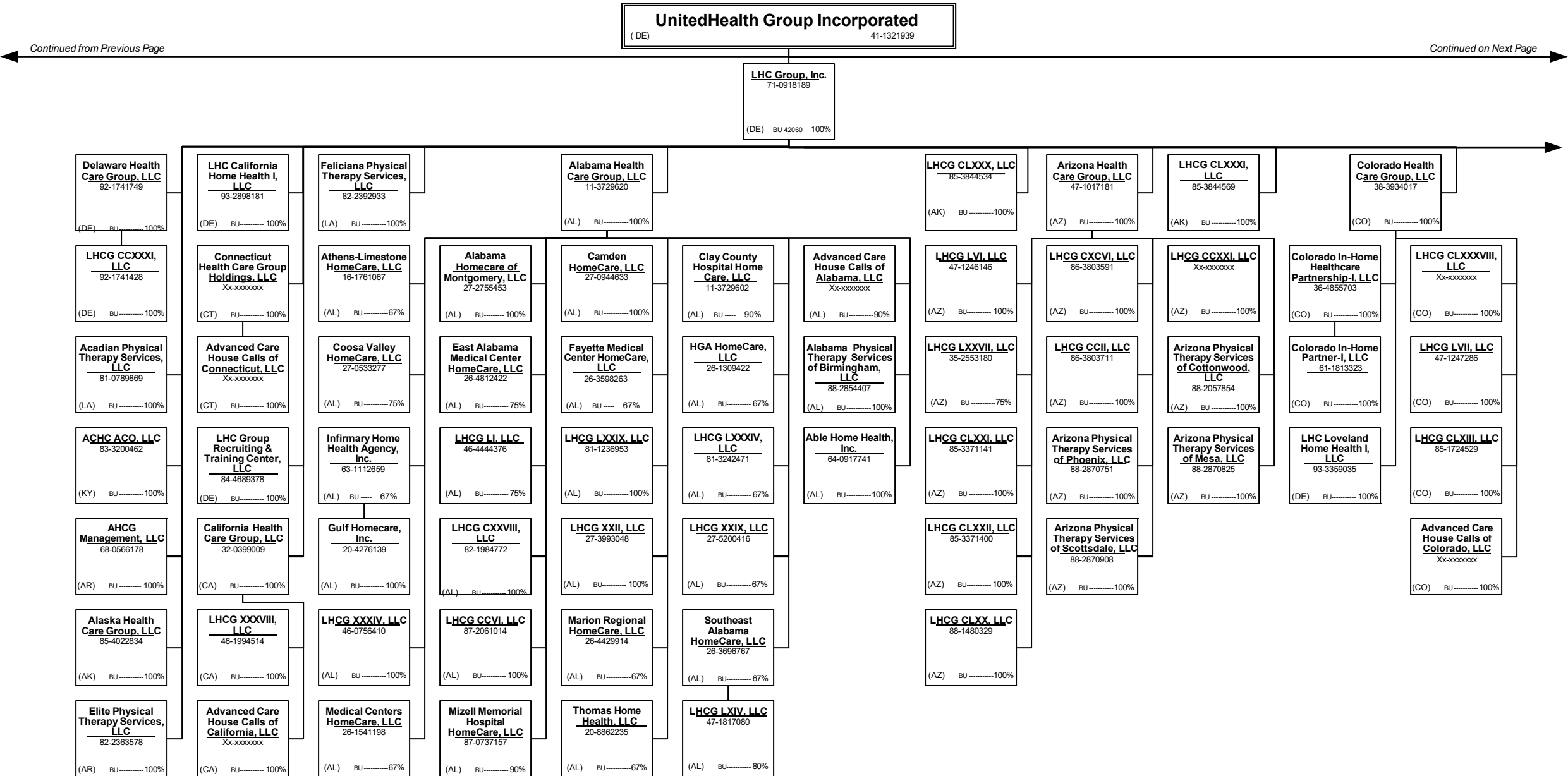
IHD Holdings, LLC  
84-4865867  
(DE) BU 42053 100%

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

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 CXC VII, LLC  
86-3859120  
(IN) BU 100%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHCG CXXXII, LLC  
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%

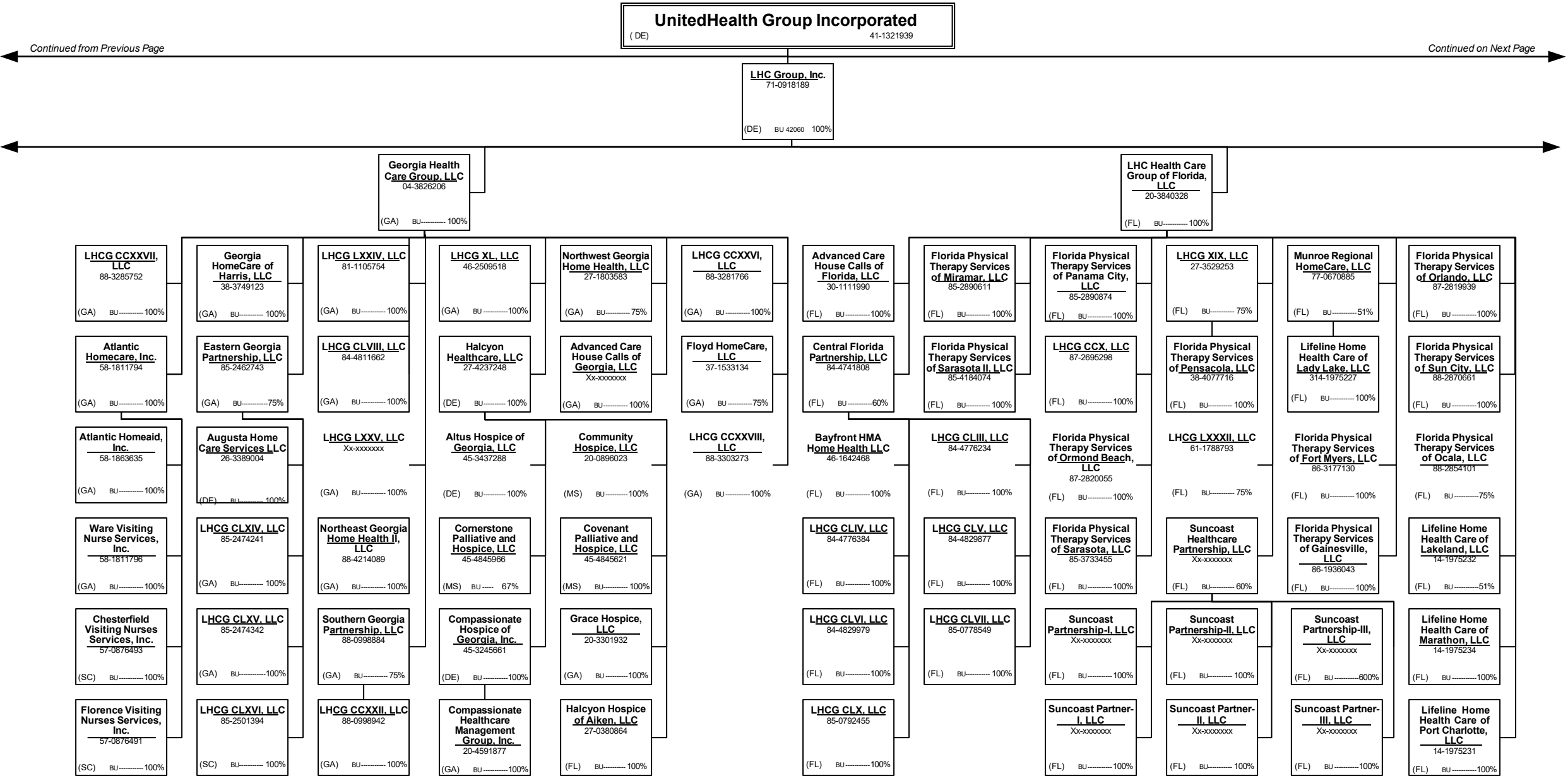
Twin Lakes Home  
Health Agency,  
LLC  
27-1000828  
(KY) BU 75%

Lifeline Home  
Health Care of  
Somerset, LLC  
51-0588594  
(KY) BU 100%

Lifeline Home  
Health Care of  
Russellville, LLC  
51-0588600  
(KY) BU 100%



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%

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

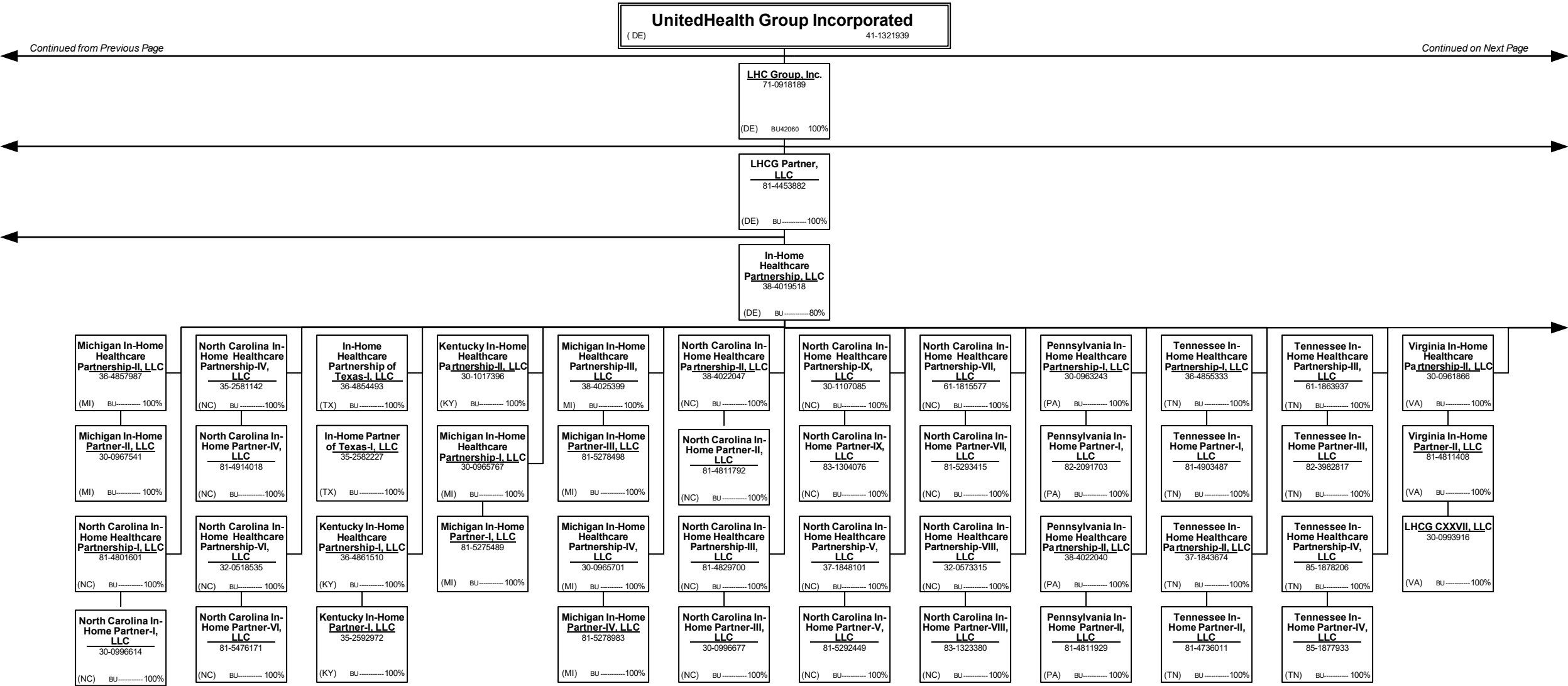
(MS) BU 100%

Primary Care at Home of Louisiana IV, LLC

82-3253877

(LA) BU 100%

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



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

40.7

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%

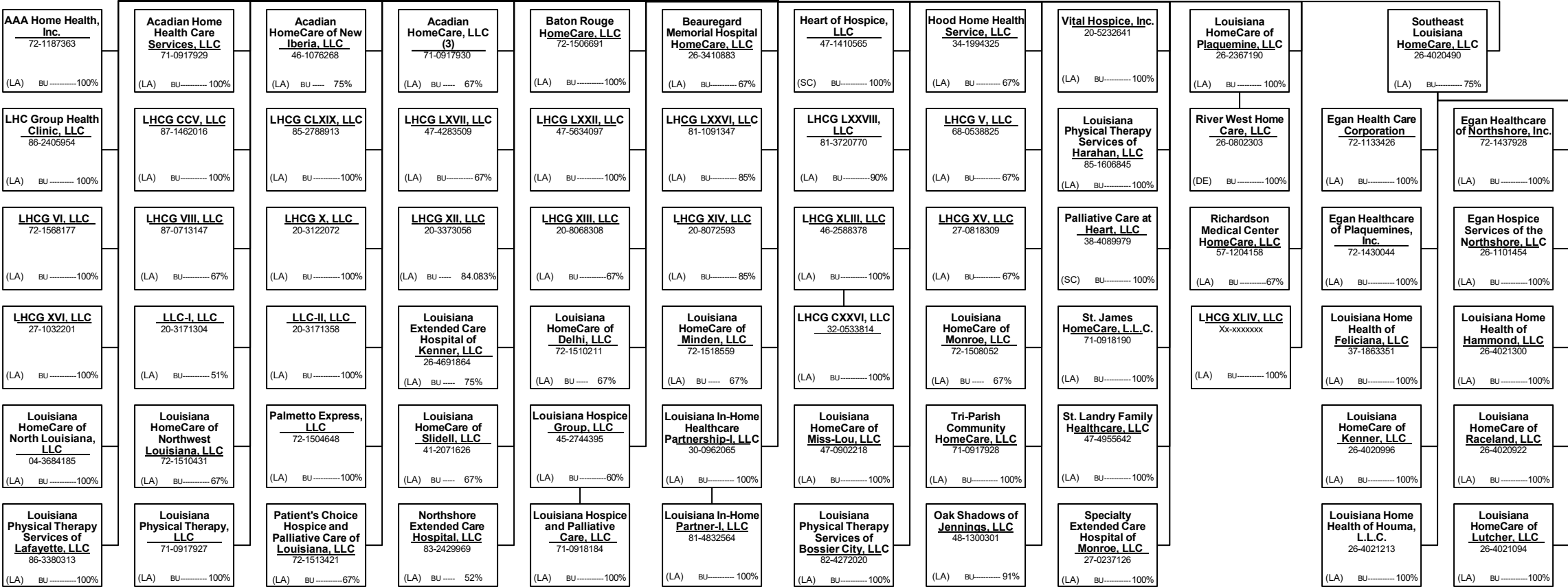
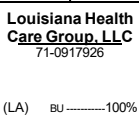
LHCG CVII, LLC  
82-2044952  
(LA) BU----- 100%

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



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-xxxxxxx  
(VA) BU 100%

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

Advanced Care House Calls of Washington, LLC  
Xx-xxxxxxx  
(WA) BU 100%

St. Mary's Medical Center Home Health Services, LLC  
26-0730248  
(WV) BU 67%

LHCG LXXXIX, LLC  
81-5300843  
(WV) BU 100%

Housecalls Home Health and Hospice, LLC  
37-1533130  
(WV) BU 100%

Home Care Plus, Inc.  
55-0668235  
(WV) BU 100%

LHCG XXI, LLC  
27-3529180  
(ID) BU 100%

LHCG CXCI, LLC  
86-2320979  
(MA) BU 100%

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

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

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

LHCG LXXX, LLC  
Xx-xxxxxxx  
(VA) BU 100%

LHCG LXIII, LLC  
61-1739528  
(WA) BU 100%

LHCG CLXXXV, LLC  
85-3845250  
(WA) BU 100%

Wetzel County HomeCare, LLC  
26-0274385  
(WV) BU 100%

LHCG XCI, LLC  
81-5322329  
(OH) BU 100%

West Virginia HomeCare, LLC  
26-3043290  
(WV) BU 83.3%

LHCG LII, LLC  
46-4704340  
(WV) BU 100%

Advanced Care House Calls of Idaho, LLC  
Xx-xxxxxxx  
(ID) BU 100%

Massachusetts Physical Therapy Services of Framingham, LLC  
88-2854292  
(MA) BU 100%

Texas Physical Therapy Services of Burleson, LLC  
88-2072971  
(TX) BU 100%

Home Care Connections, Inc.  
33-1025322  
(TX) BU 100%

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

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-xxxxxxx  
(TX) BU 100%

LHCG CCXXXV, LLC  
92-3828235  
(TX) BU 100%

LHCG CXXXVII, LLC  
38-4052246  
(TX) BU 100%

Mountaineer HomeCare, LLC  
26-3042733  
(WV) BU 100%

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

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

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

UnitedHealth Group Incorporated

( DE )41-1321939

Continued from Previous Page

Continued on Next Page

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%

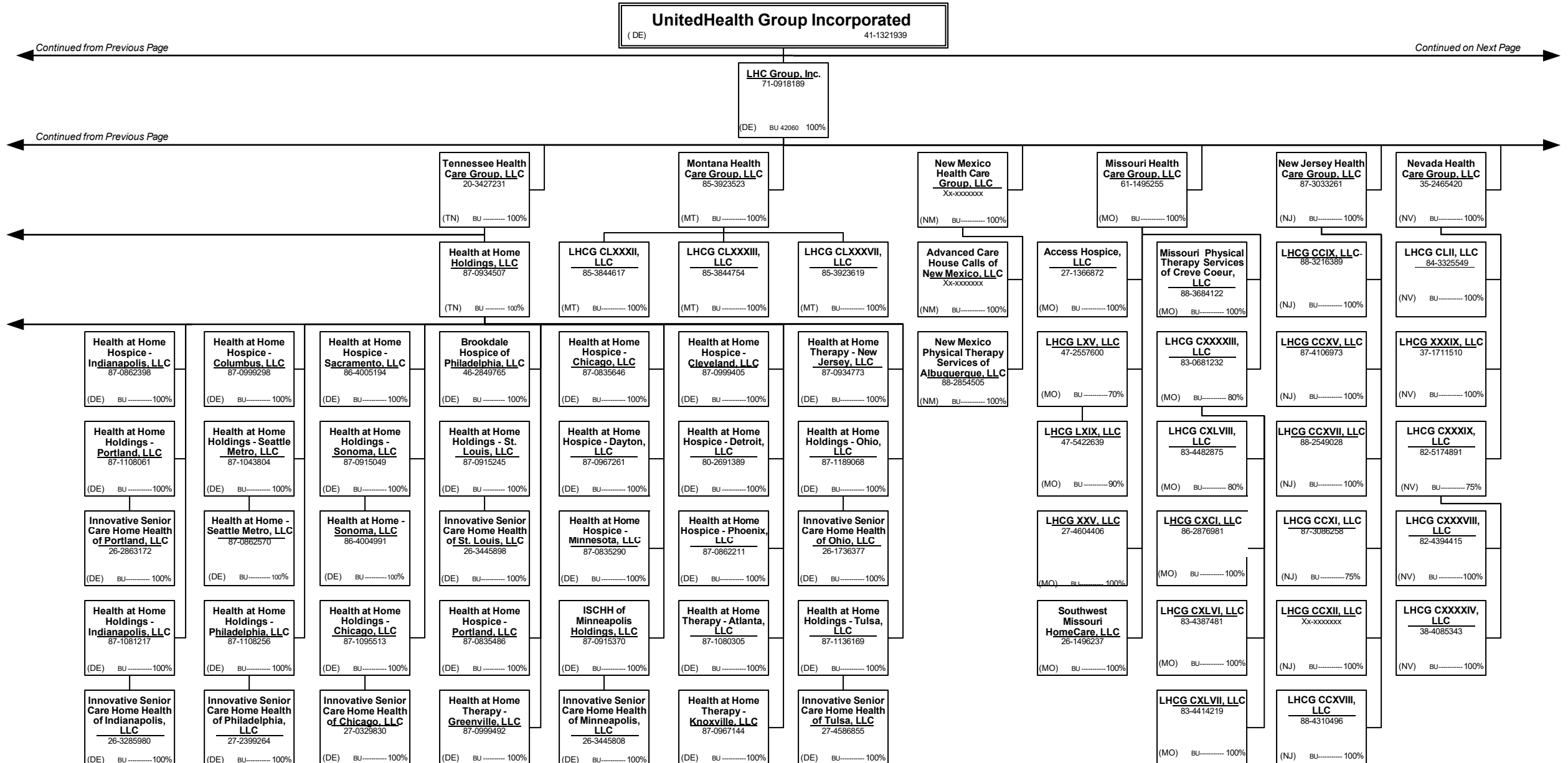
LHCG CCXXX, LLC

92-0578697

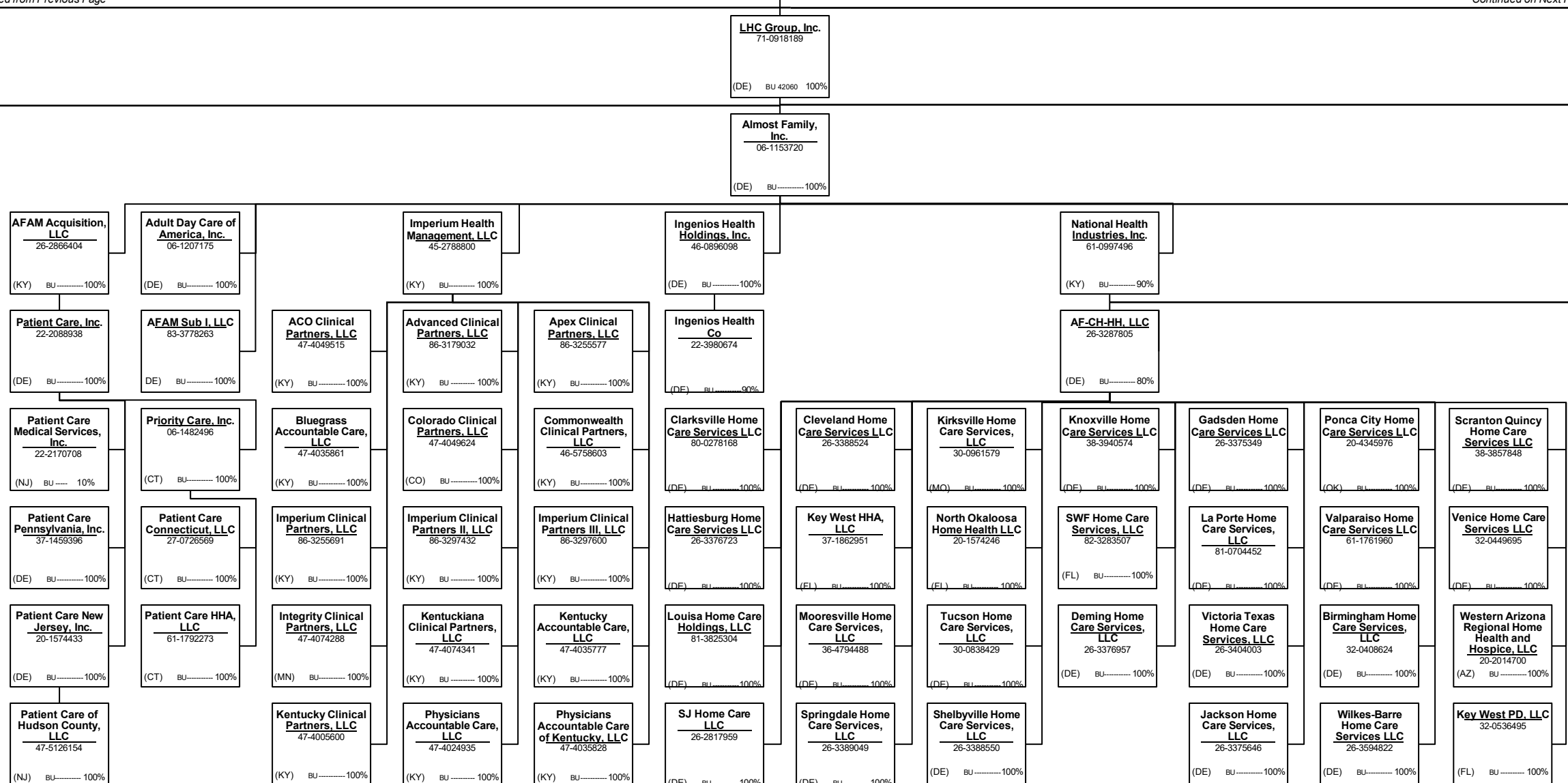
( TN )BU 100%



<b>UnitedHealth Group Incorporated</b> ( DE ) <span style="float: right;">41-1321939</span>
--



<b>UnitedHealth Group Incorporated</b> ( DE ) <span style="float: right;">41-1321939</span>
--



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

Continued from Previous Page

Continued on Next Page

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

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

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

AFAM Holding Co IV, LLC (4)  
92-2908587  
(OK) BU 80%

AFAM Holding Co III, LLC (4)  
86-3137505  
(DE) BU 80%

Almost Family PC of SW Florida, LLC  
26-1261522  
(FL) BU 100%

Caretenders Visiting Services of District 6, LLC  
30-0425709  
(KY) BU 100%

Caretenders Visiting Services of Orlando, LLC  
30-0425717  
(KY) BU 100%

Almost Family PC of Kentucky, LLC  
26-1259925  
(KY) BU 100%

Caretenders VS of Ohio, LLC  
26-3706241  
(OH) BU 100%

Caretenders VNA of Ohio, LLC  
27-3756374  
(OH) BU 100%

Caretenders VS of Western KY, LLC  
26-1258938  
(KY) BU 100%

Mederi Caretenders VS of Broward, LLC  
26-1264504  
(FL) BU 100%

NP Services of KY, LLC  
82-2998879  
(KY) BU 100%

Long Term Solutions, Inc.  
04-3485196  
(MA) BU 100%

Clinton Home Health & Hospice LLC  
45-4406745  
(OK) BU 100%

AFAM Holding Co V, LLC (4)  
93-2670946  
(DE) BU 80%

Almost Family PC of West Palm, LLC  
26-1263982  
(FL) BU 100%

Caretenders Visiting Services of District 7, LLC  
30-0425714  
(KY) BU 100%

Caretenders Visiting Services of Pinellas County, LLC  
20-5826531  
(FL) BU 100%

Caretenders of Jacksonville, LLC  
20-5890994  
(FL) BU 100%

IN Homecare Network North, LLC  
46-3020499  
(IN) BU 100%

Caretenders VS of Boston, LLC  
26-1258759  
(MA) BU 100%

HHA of Wisconsin, LLC  
37-1826396  
(WI) BU 100%

Mederi Caretenders VS of SE FL, LLC  
26-1264234  
(FL) BU 100%

NP Services of NC, LLC  
82-3026260  
(NC) BU 100%

LTS At Home, LLC  
85-1275334  
(DE) BU 100%

Woodward Home Care Services LLC  
26-3375945  
(DE) BU 100%

El Dorado Home Care Services, LLC  
26-4626302  
(DE) BU 100%

BHC Services, Inc.  
06-1137222  
(NY) BU 80%

Caretenders Visiting Services of Gainesville, LLC  
30-0425715  
(FL) BU 100%

Caretenders Visiting Services of Southern Illinois, LLC  
20-5826553  
(IL) BU 100%

Caretenders Visiting Services of St. Augustine, LLC  
20-2910357  
(FL) BU 100%

NP Services of IN, LLC  
82-3009527  
(IN) BU 100%

Caretenders VS of Central KY, LLC  
26-1259391  
(KY) BU 100%

Home Health of Jefferson Co, LLC  
38-4003190  
(KY) BU 60%

Mederi Caretenders VS of SW FL, LLC  
26-1264384  
(FL) BU 100%

NP Services of OH, LLC  
82-4255048  
(OH) BU 100%

Cambridge Home Health Care Holdings, Inc.  
20-0591577  
(DE) BU 100%

Berwick Home Care Services LLC  
26-3376776  
(DE) BU 100%

Caretenders of Cleveland, Inc.  
61-1306845  
(KY) BU 100%

Caretenders Visiting Services of Hernando County, LLC  
20-5826497  
(FL) BU 100%

Almost Family PC of Ft. Lauderdale, LLC  
26-1260724  
(FL) BU 100%

Caretenders Visiting Services of St. Louis, LLC  
20-5826598  
(MO) BU 100%

Caretenders VS of SE Ohio, LLC  
45-1139239  
(OH) BU 100%

Caretenders VS of Lincoln Trail, LLC  
26-3632764  
(KY) BU 100%

Illinois Home Care Holdings, LLC  
32-0505528  
(DE) BU 80%

Mederi Caretenders VS of Tampa, LLC  
26-1248096  
(FL) BU 100%

Princeton Home Health, LLC  
20-5081107  
(AL) BU 100%

Cambridge Home Health Care, Inc.  
34-1772291  
(OH) BU 100%

Almost Family ACO Services of Kentucky, LLC  
61-1166649  
(KY) BU 100%

Caretenders of Columbus, Inc.  
61-1302995  
(KY) BU 100%

Caretenders Visiting Services of Kentuckiana, LLC  
20-3021812  
(KY) BU 100%

Almost Family ACO Services of South Florida, LLC  
46-5765971  
(FL) BU 100%

Caretenders Visiting Services Employment Company, Inc.  
61-1326749  
(KY) BU 100%

Caretenders Visiting Services of Ocala, LLC  
20-4522444  
(FL) BU 100%

Caretenders VS of Louisville, LLC  
26-1264112  
(KY) BU 100%

IN HomeCare Network Central, LLC  
46-3029953  
(IN) BU 100%

Mederi Private Care, LLC  
83-4371904  
(FL) BU 100%

Midwest Hospice, LLC  
Xx-xxxxxxx  
(AR) BU 100%

Cambridge Home Health Care, Inc./ Private  
34-1772292  
(OH) BU 100%

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

UnitedHealth Group Incorporated

( DE )41-1321939

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

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  
( DE ) 41-1321939

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

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

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

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

SunCrest Healthcare, Inc.  
20-3701127  
(GA) BU -----100%

Substantively Controlled LHC Group Entities

HH Health System-Jackson, LLC  
87-2027148  
(AL) BU ----

SunCrest Home Health - Southside, LLC  
45-2283548  
(GA) BU -----60%

SunCrest Healthcare of West Tennessee, LLC  
37-1550880  
(TN) BU -----100%

SunCrest Companion Services, LLC  
26-3549012  
(TN) BU -----100%

Almost Family ACO Services of Tennessee, LLC  
47-0979130  
(TN) BU -----100%

BGR Acquisition, LLC  
51-0606314  
(FL) BU -----100%

SunCrest Healthcare of East Tennessee, LLC  
26-3548962  
(TN) BU -----100%

SunCrest Home Health of MO, Inc.  
27-0678903  
(MO) BU -----100%

SunCrest Healthcare of Middle TN, LLC  
71-1017674  
(TN) BU -----100%

SunCrest Outpatient Rehab Services, LLC  
26-1910553  
(TN) BU -----100%

SunCrest Home Health of AL, Inc.  
27-0678962  
(AL) BU -----100%

SunCrest Home Health of Manchester, Inc.  
27-3742641  
(TN) BU -----100%

SunCrest LBL Holdings, Inc.  
27-3742739  
(TN) BU -----100%

SunCrest Home Health of Claiborne County, Inc.  
45-1448026  
(TN) BU -----100%

SunCrest Home Health of Georgia, Inc.  
26-1911187  
(GA) BU -----100%

SunCrest Home Health of South GA, Inc.  
27-0678757  
(GA) BU -----100%

SunCrest Home Health of Nashville, Inc.  
27-2258905  
(TN) BU -----100%

SunCrest Telehealth Services, Inc.  
27-4199760  
(TN) BU -----100%

Trigg County Home Health, Inc.  
26-3539405  
(KY) BU -----100%

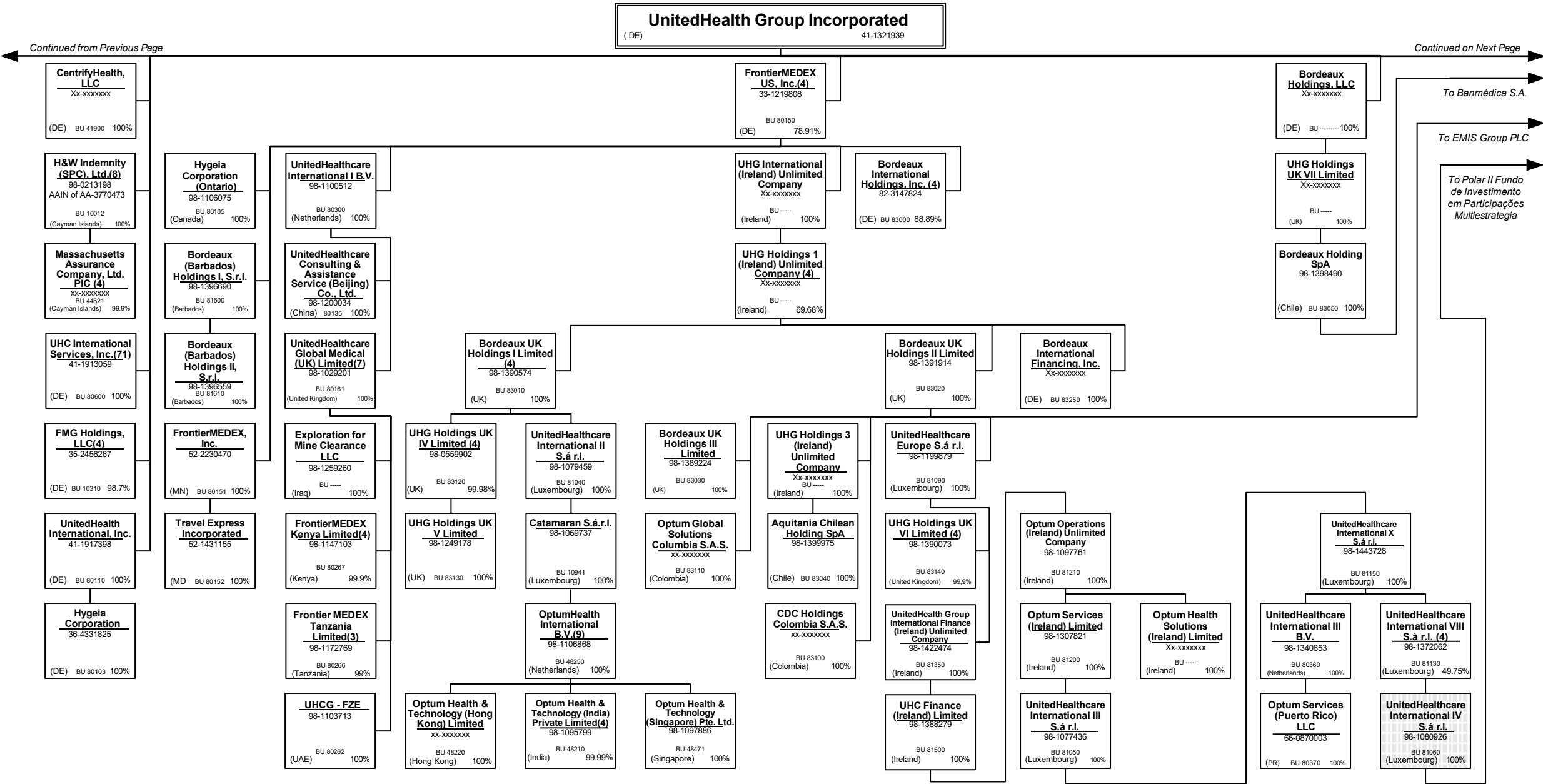
Tennessee Nursing Services of Morristown, Inc.  
62-1049414  
(TN) BU -----100%

LHCG CLXI, LLC  
85-0788038  
(GA) BU -----67%

SunCrest Outpatient Rehab Services of TN, LLC  
27-0311512  
(TN) BU -----100%

SunCrest Home Health of Tampa, LLC  
27-3742788  
(FL) BU -----100%

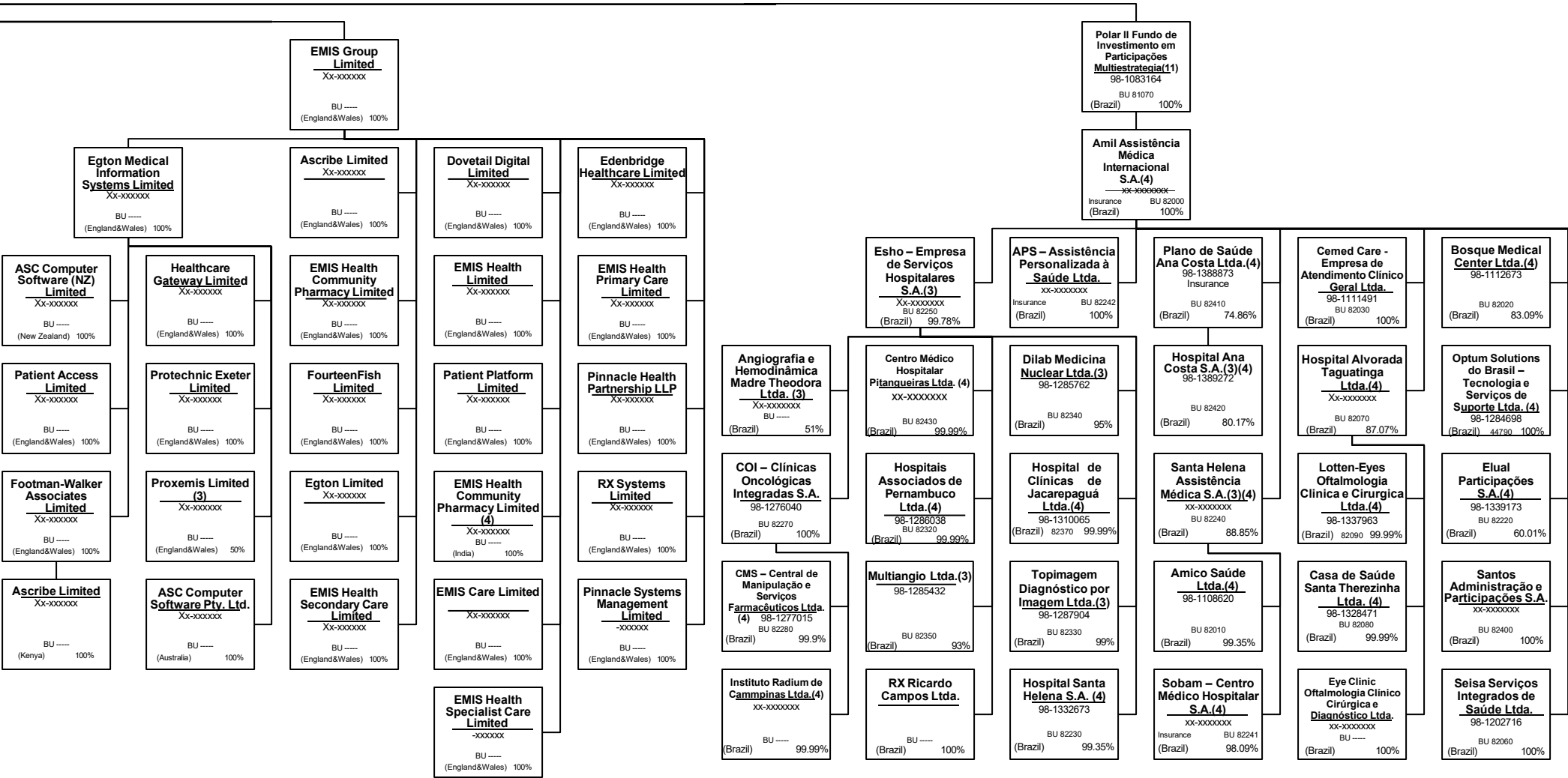
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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

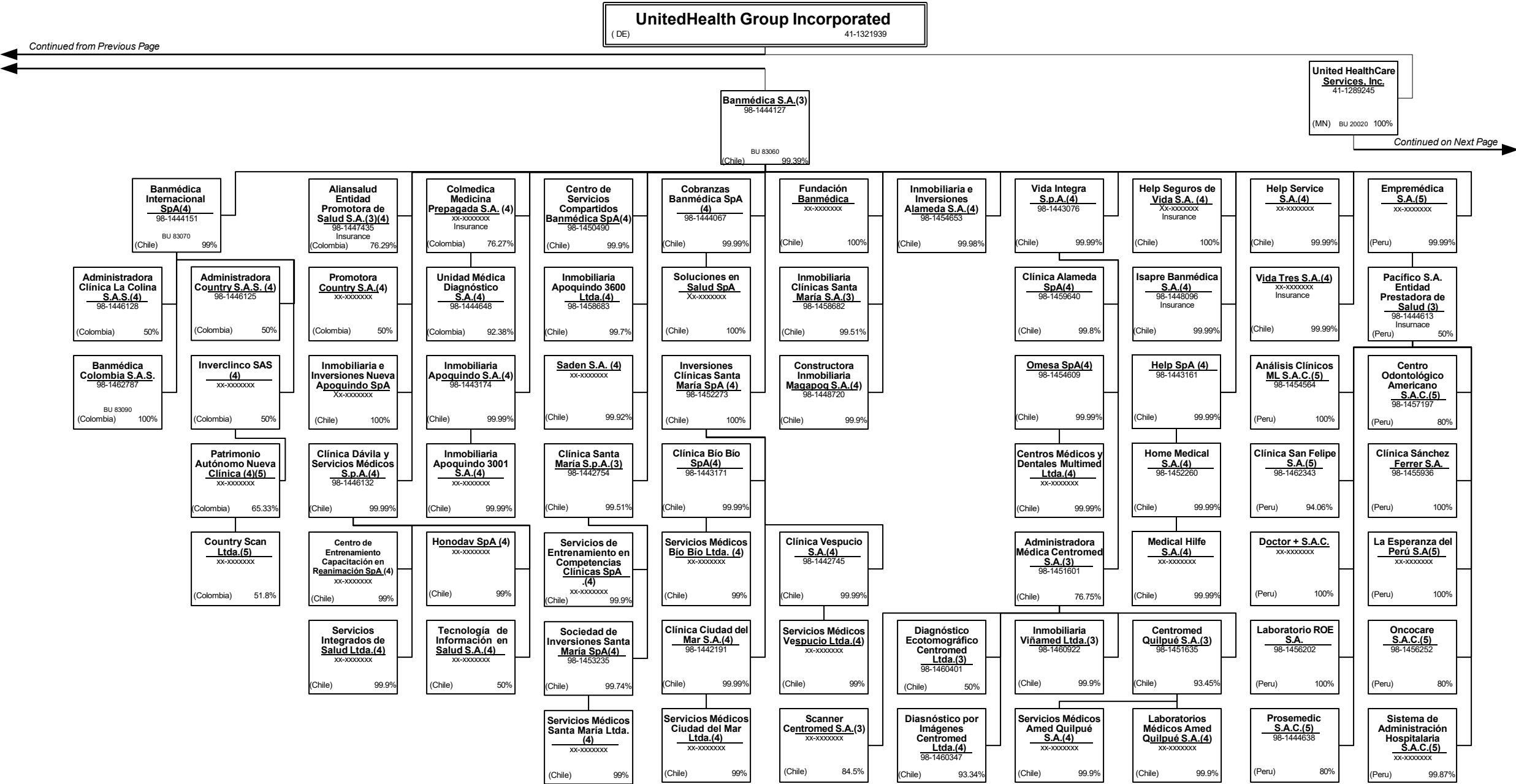
UnitedHealth Group Incorporated

( DE )41-1321939

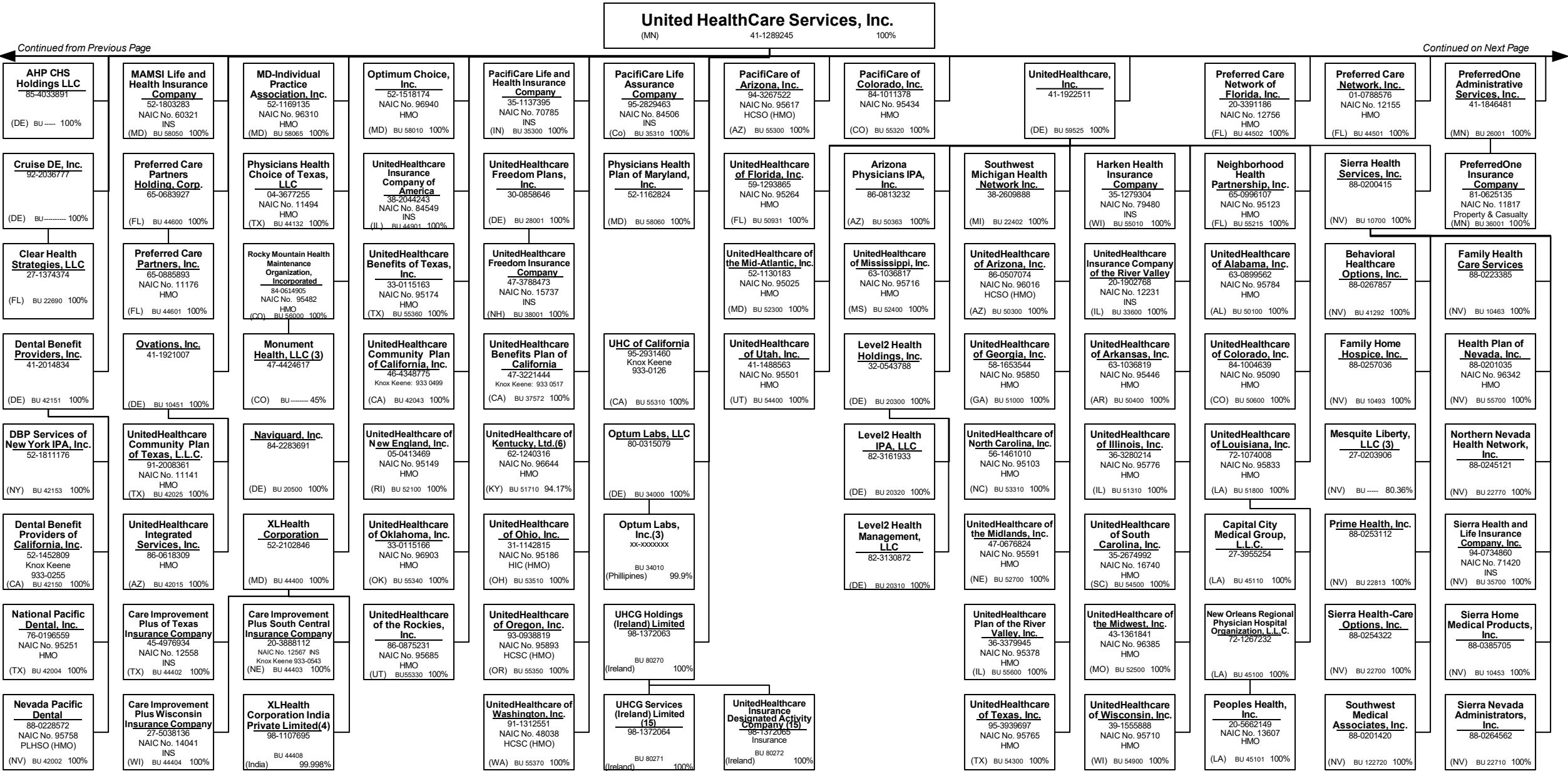




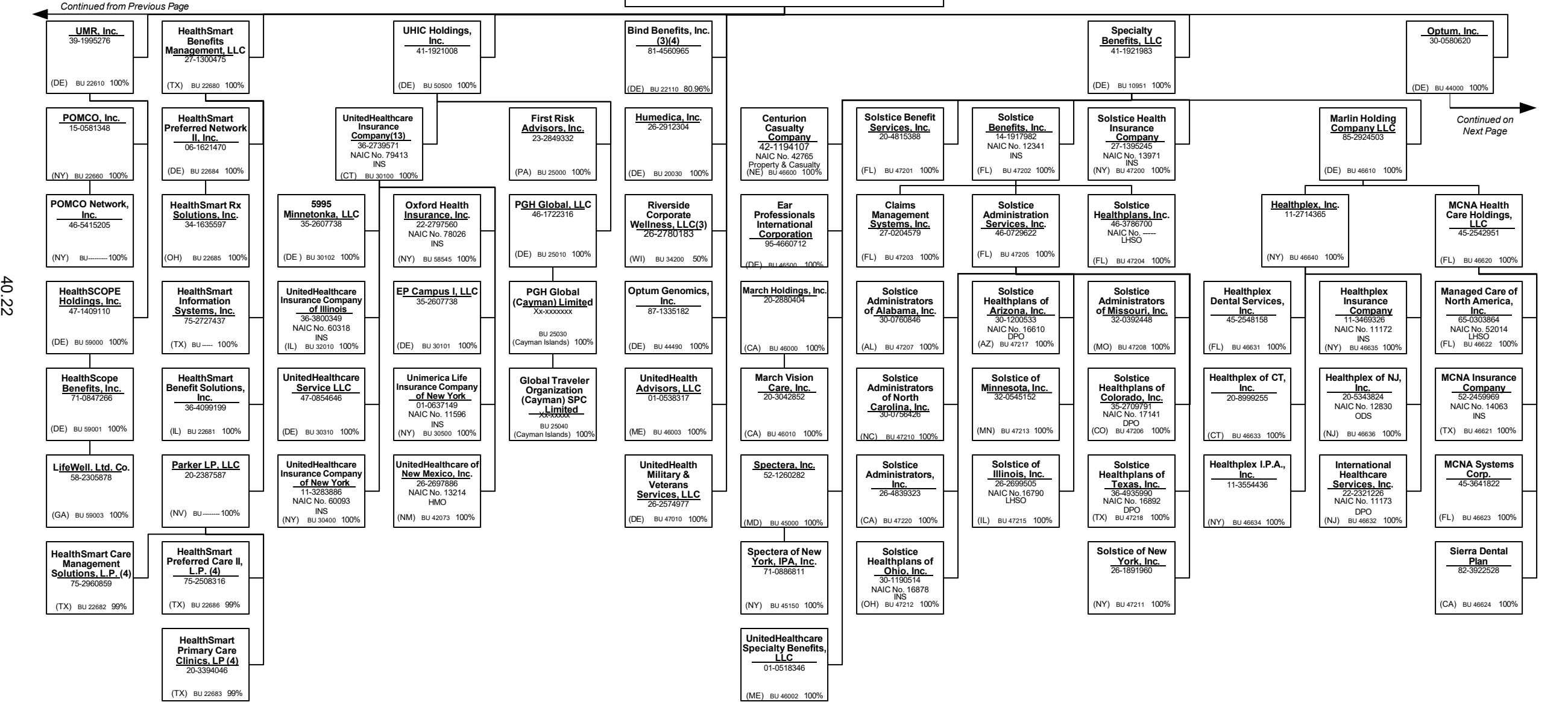
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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



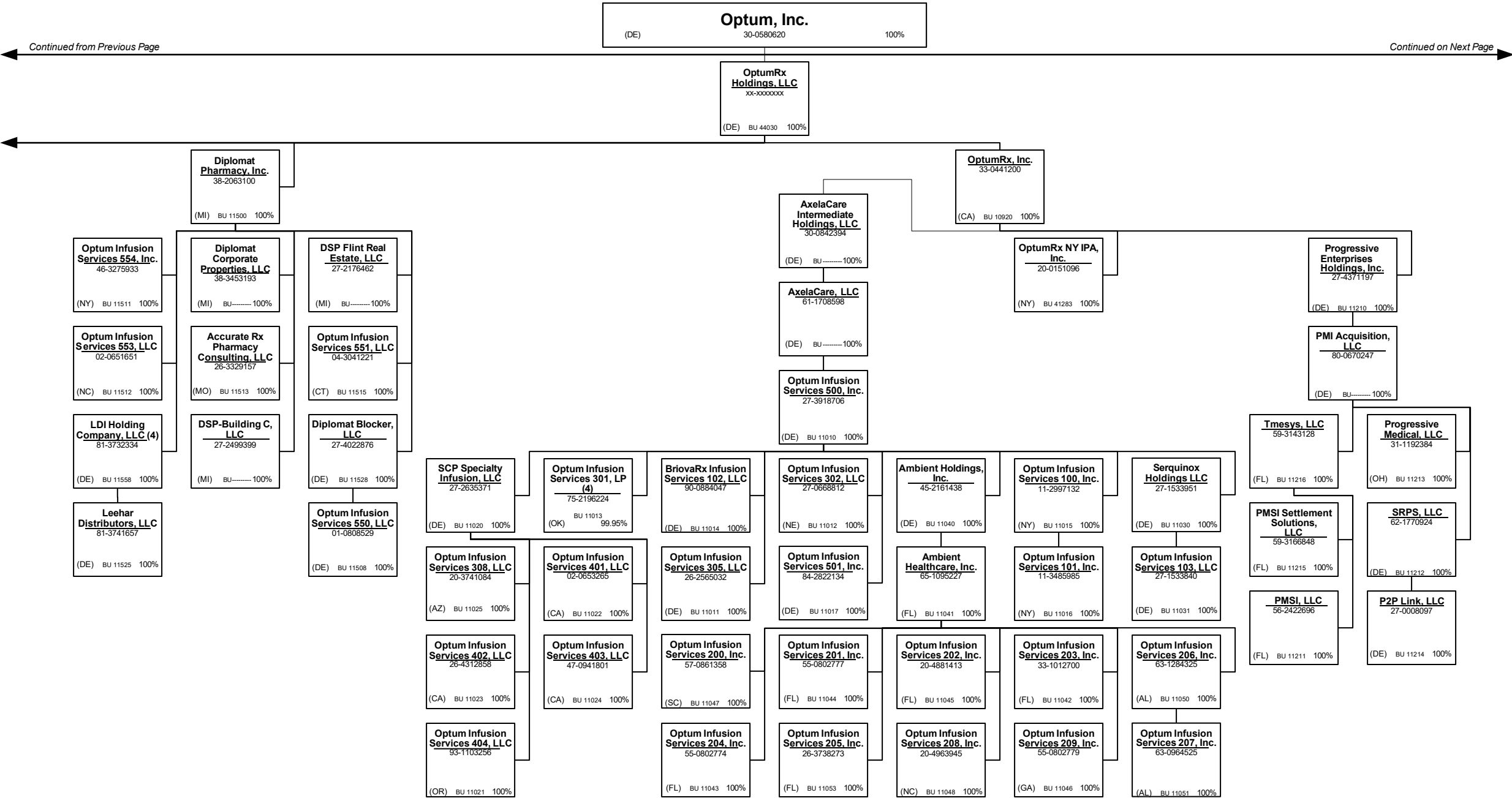
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



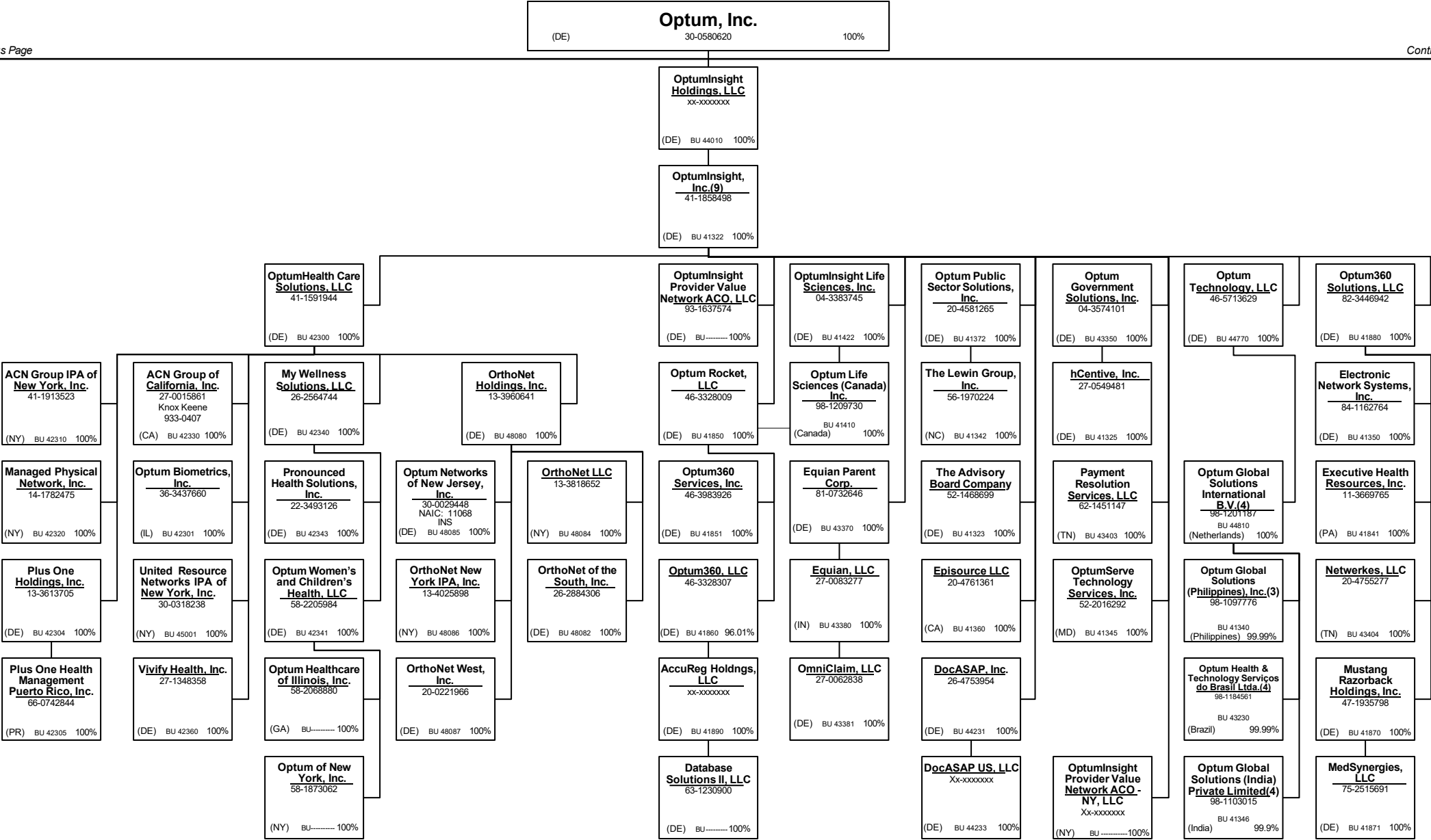
## 40.23



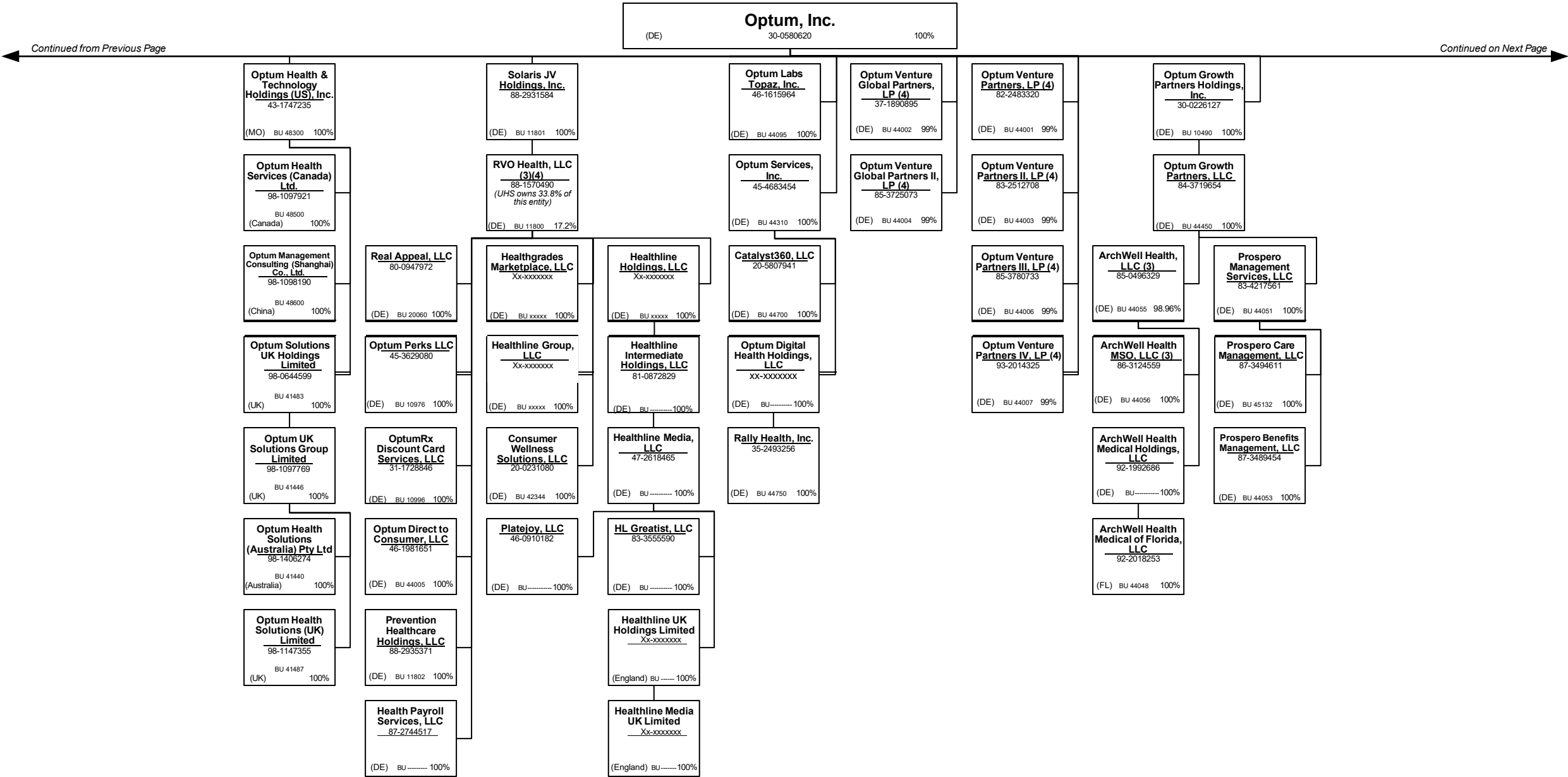
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



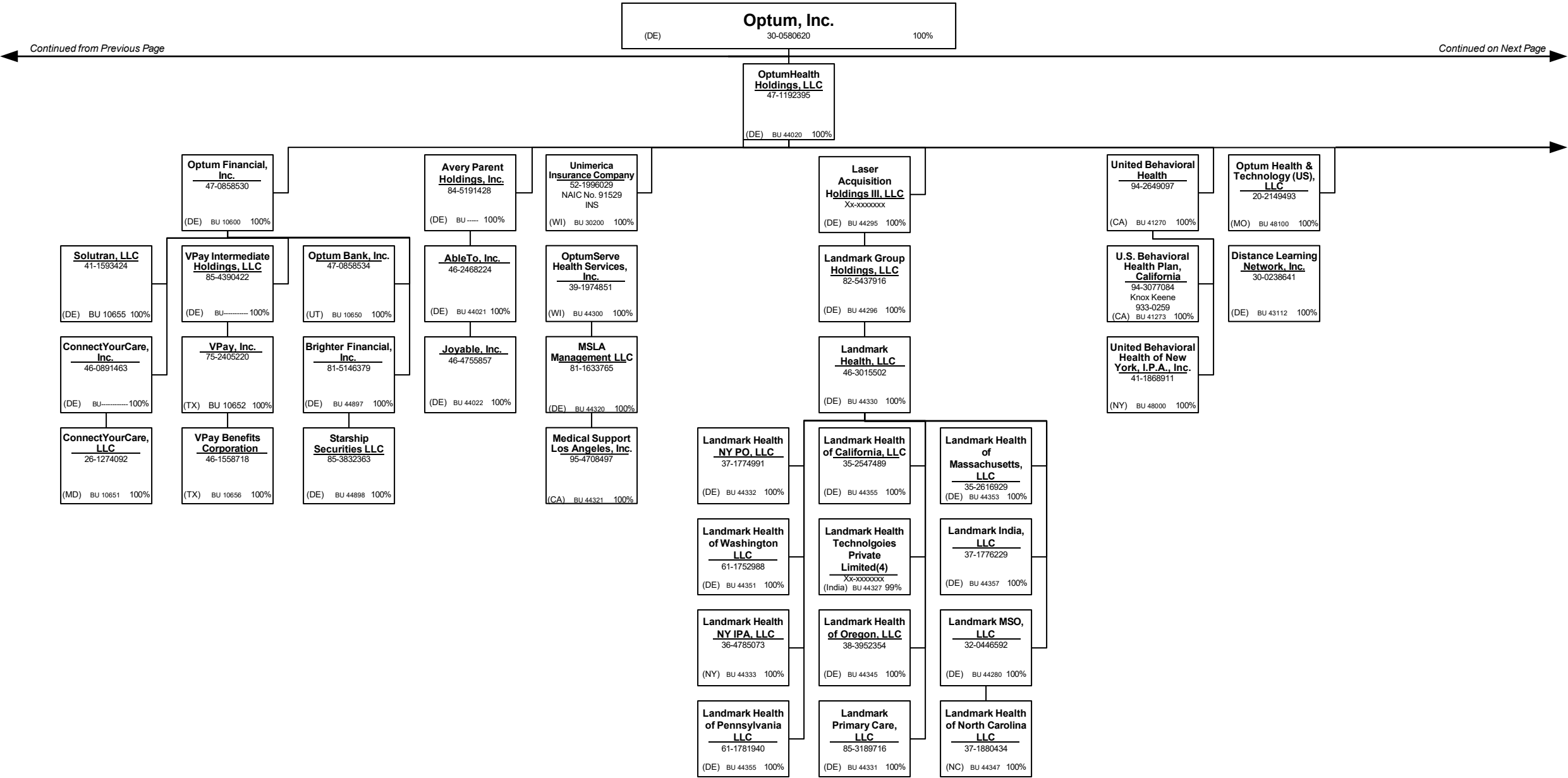
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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

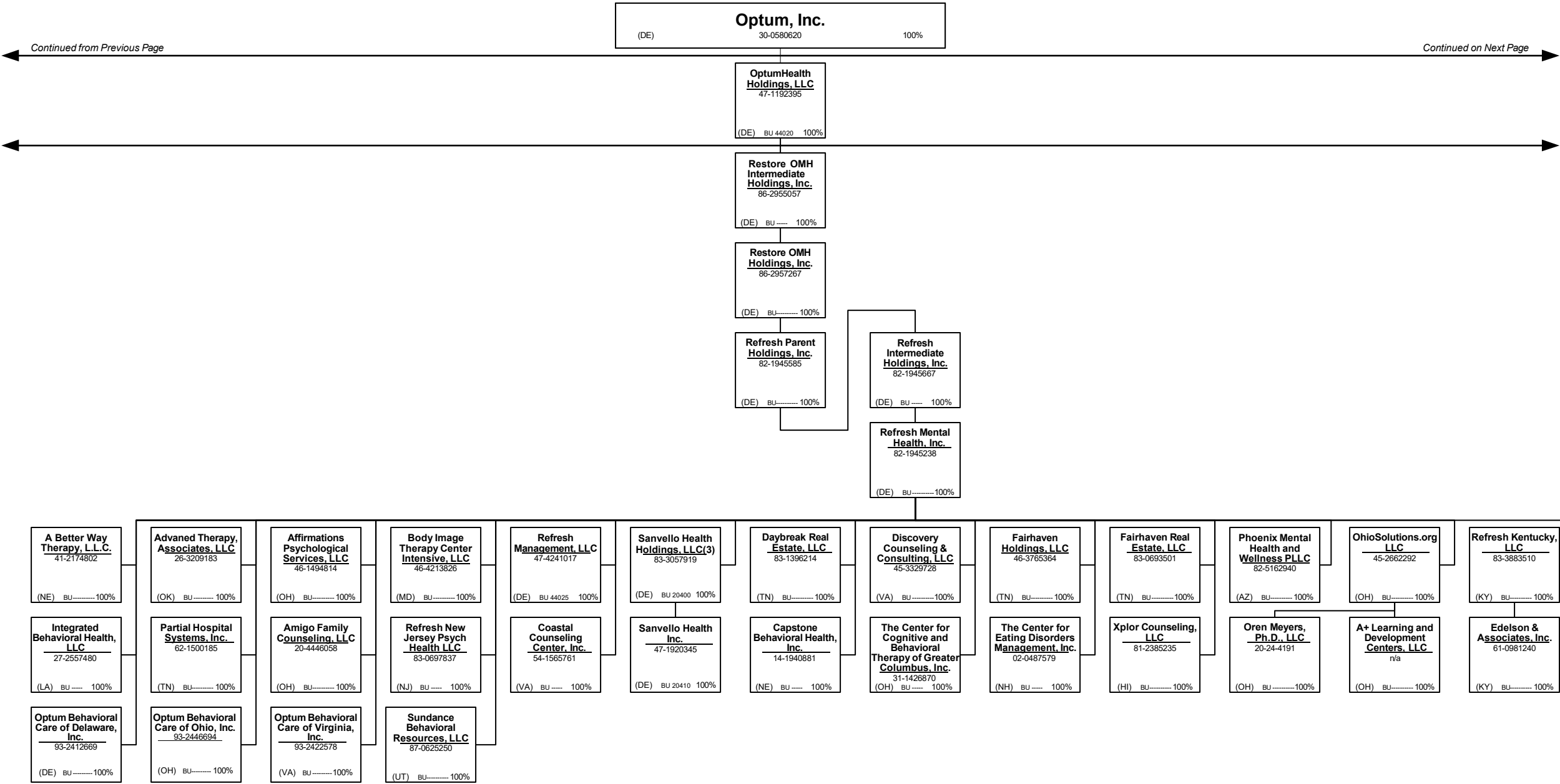


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

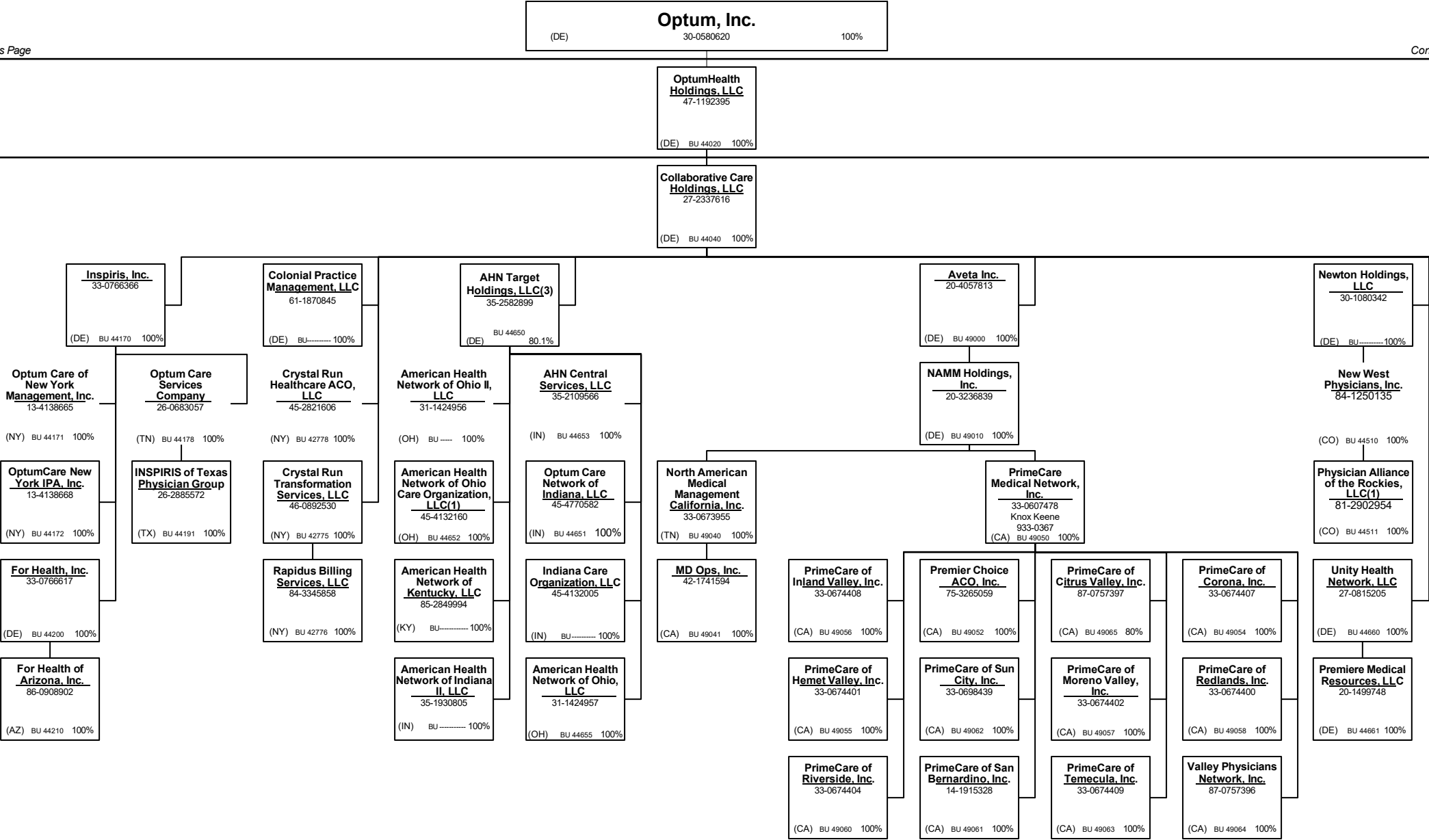




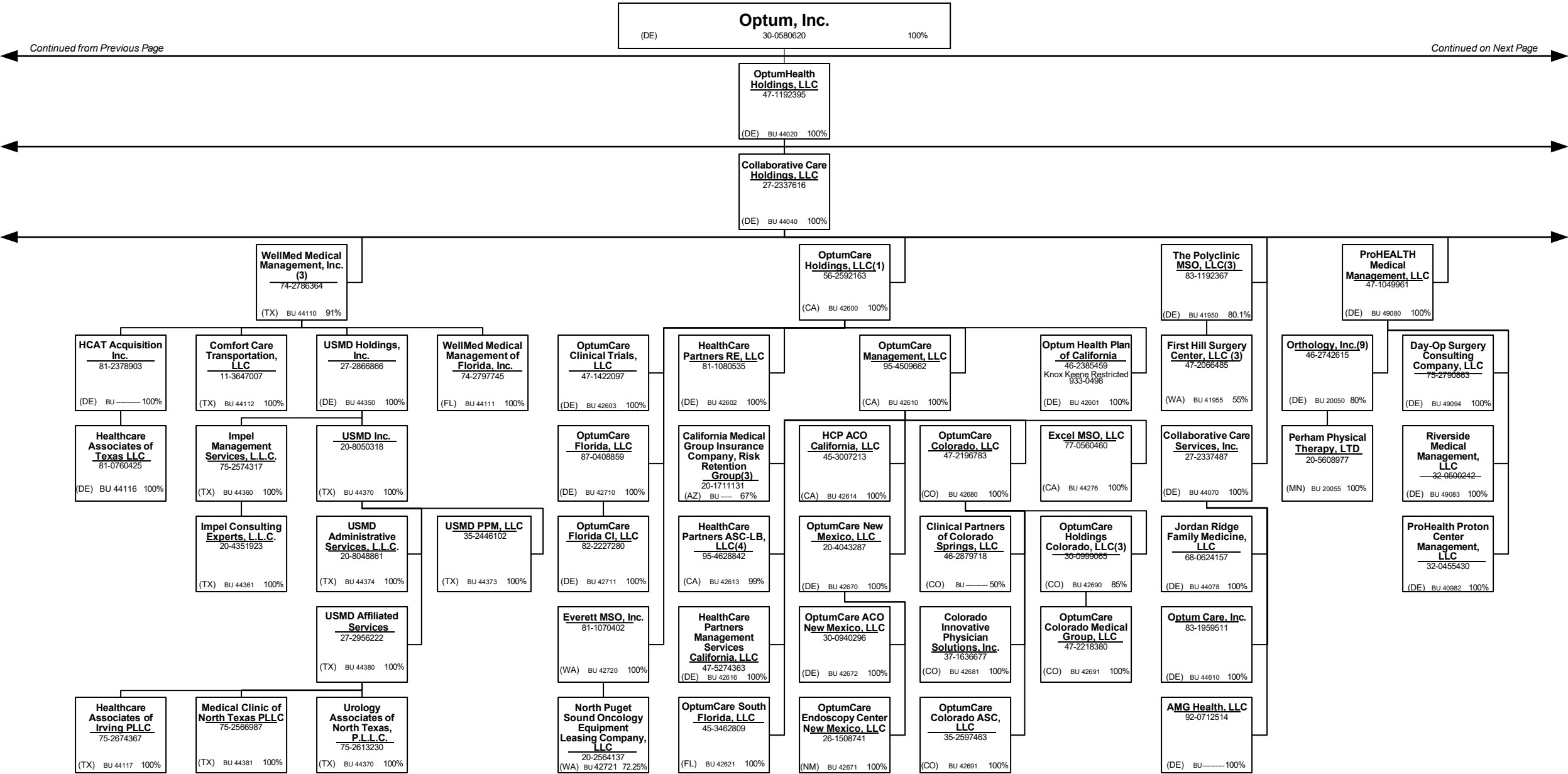
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



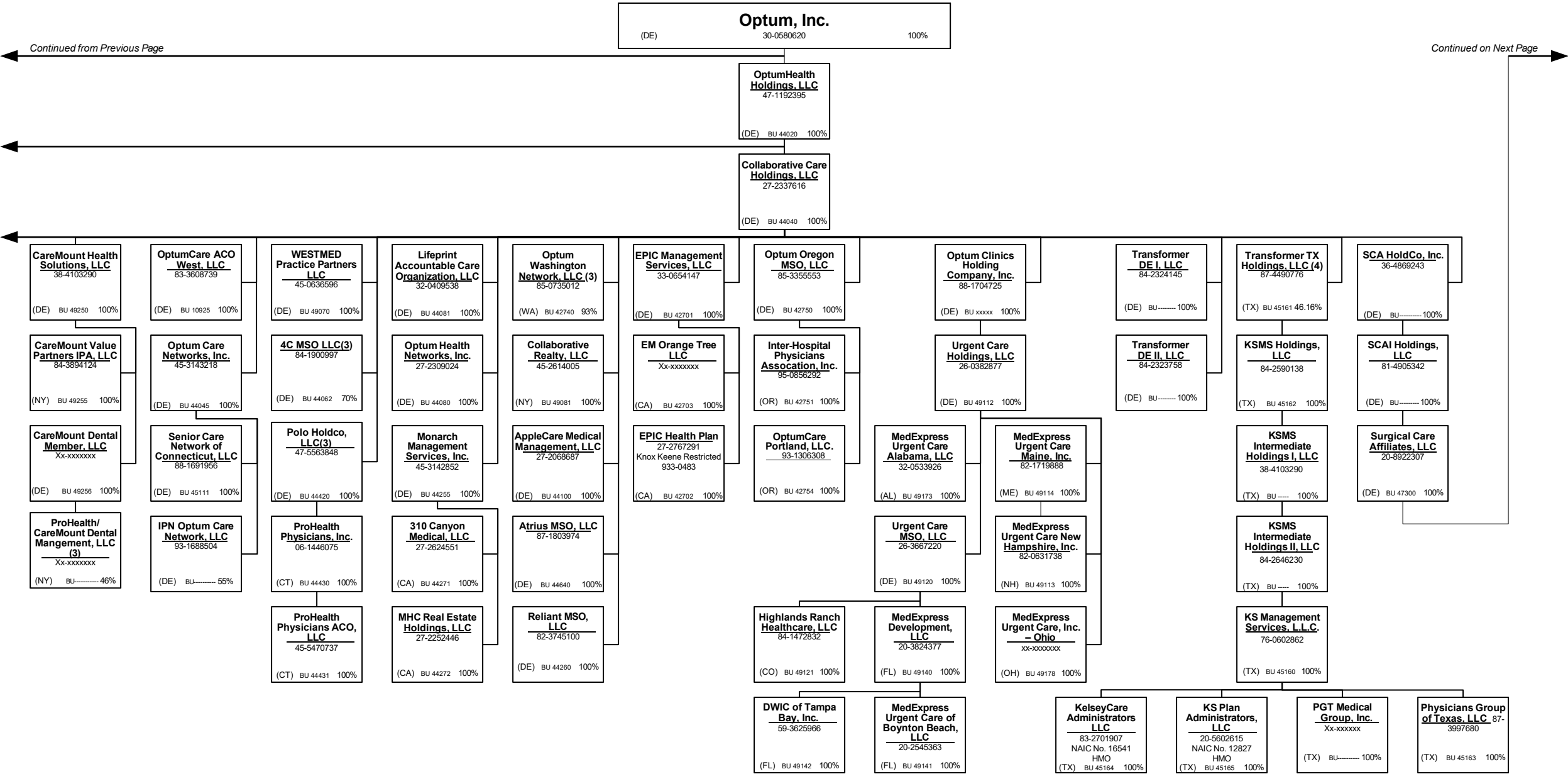
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



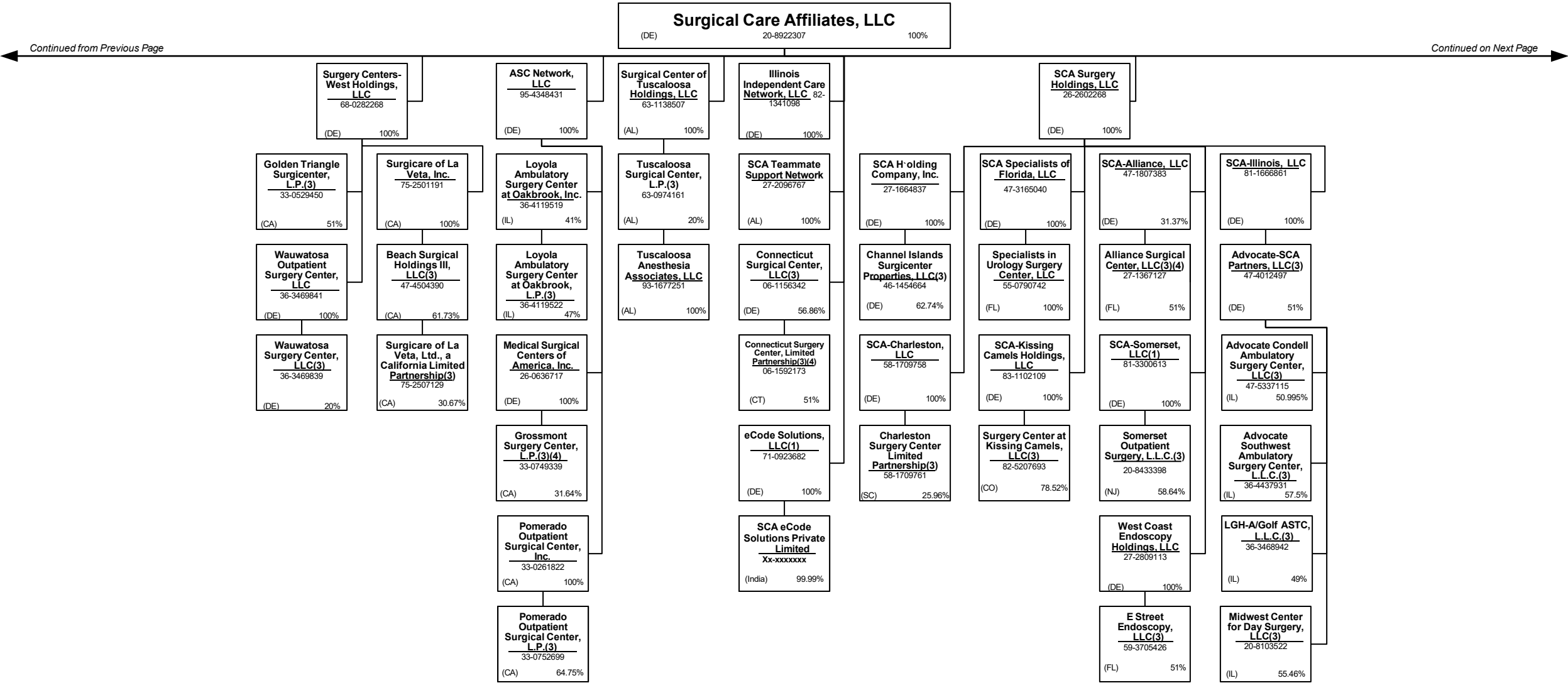
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



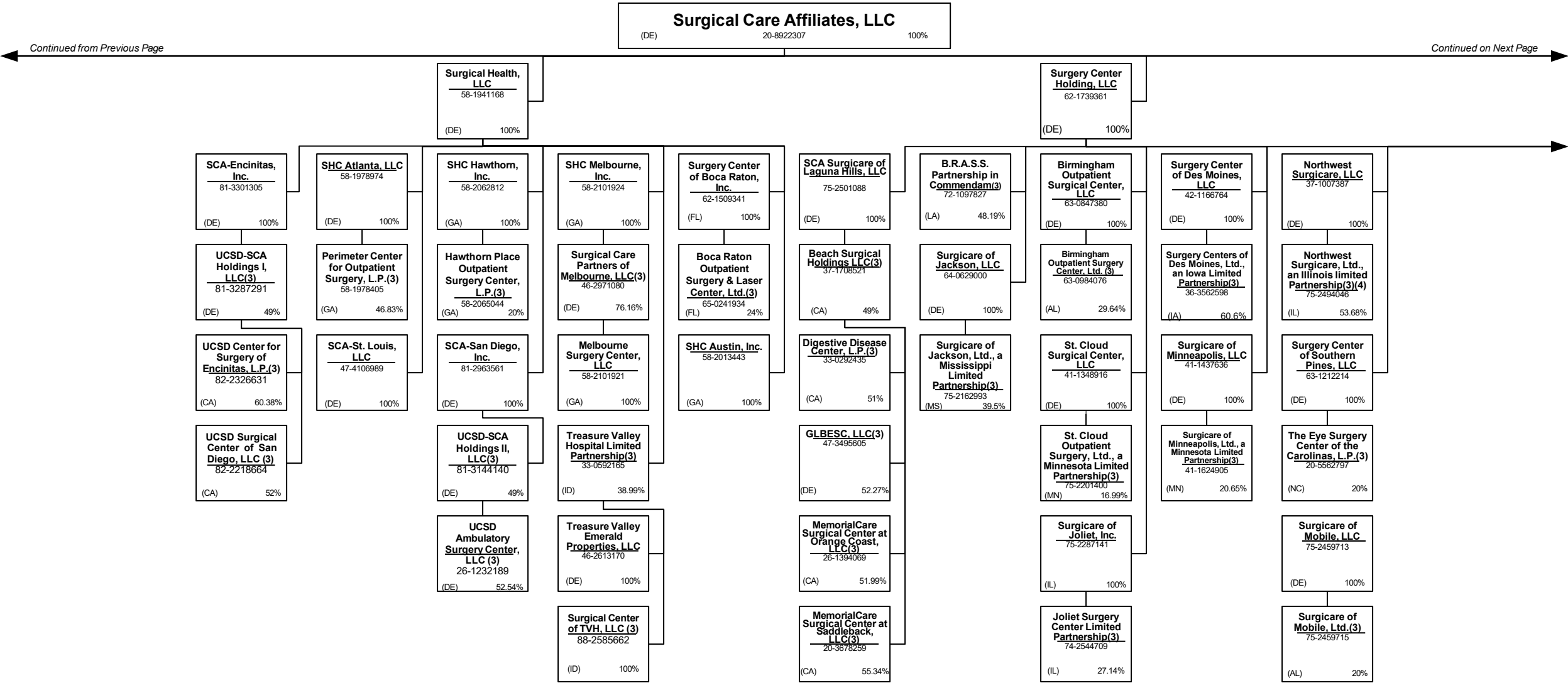
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



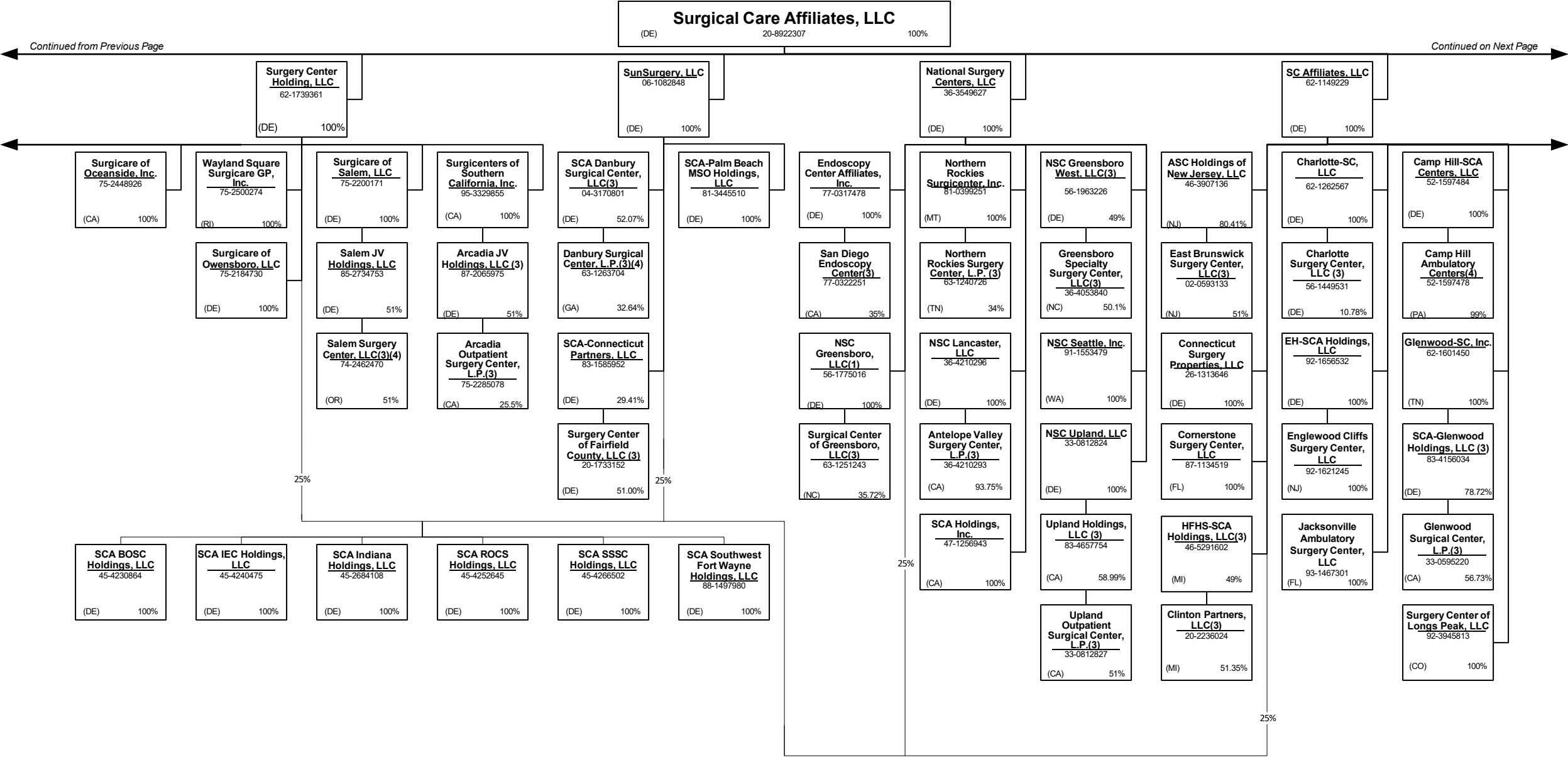
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



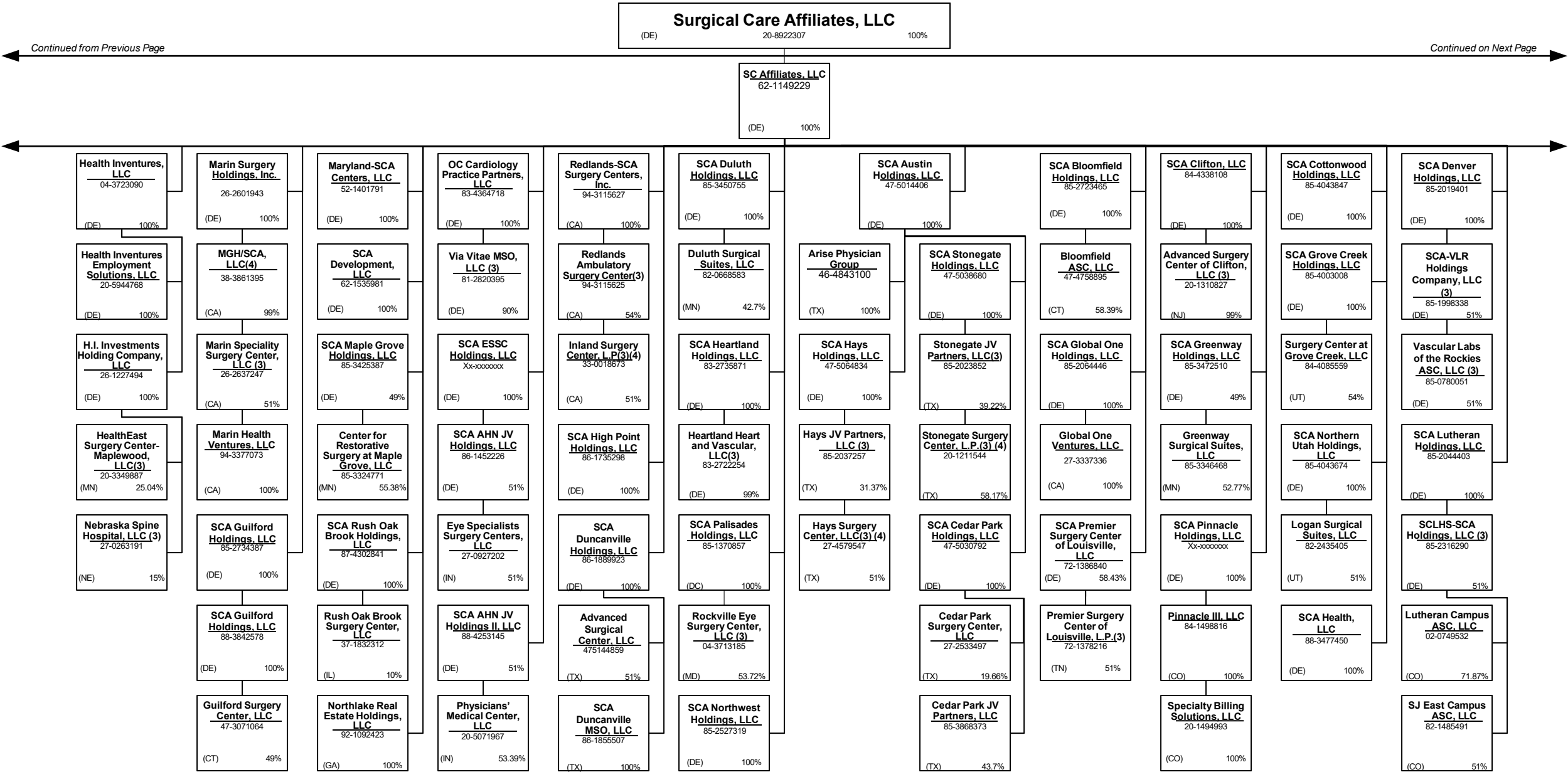
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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

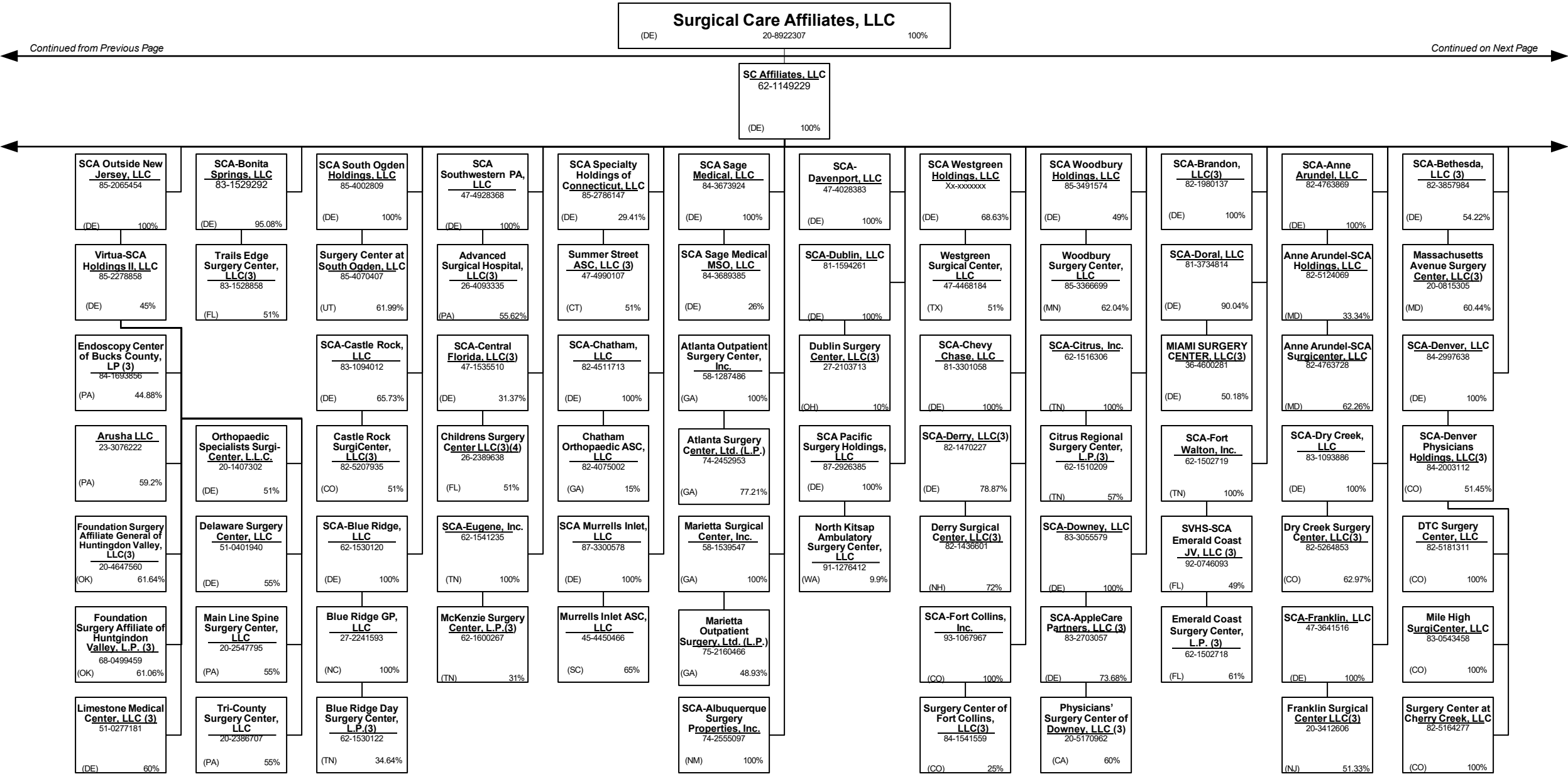


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



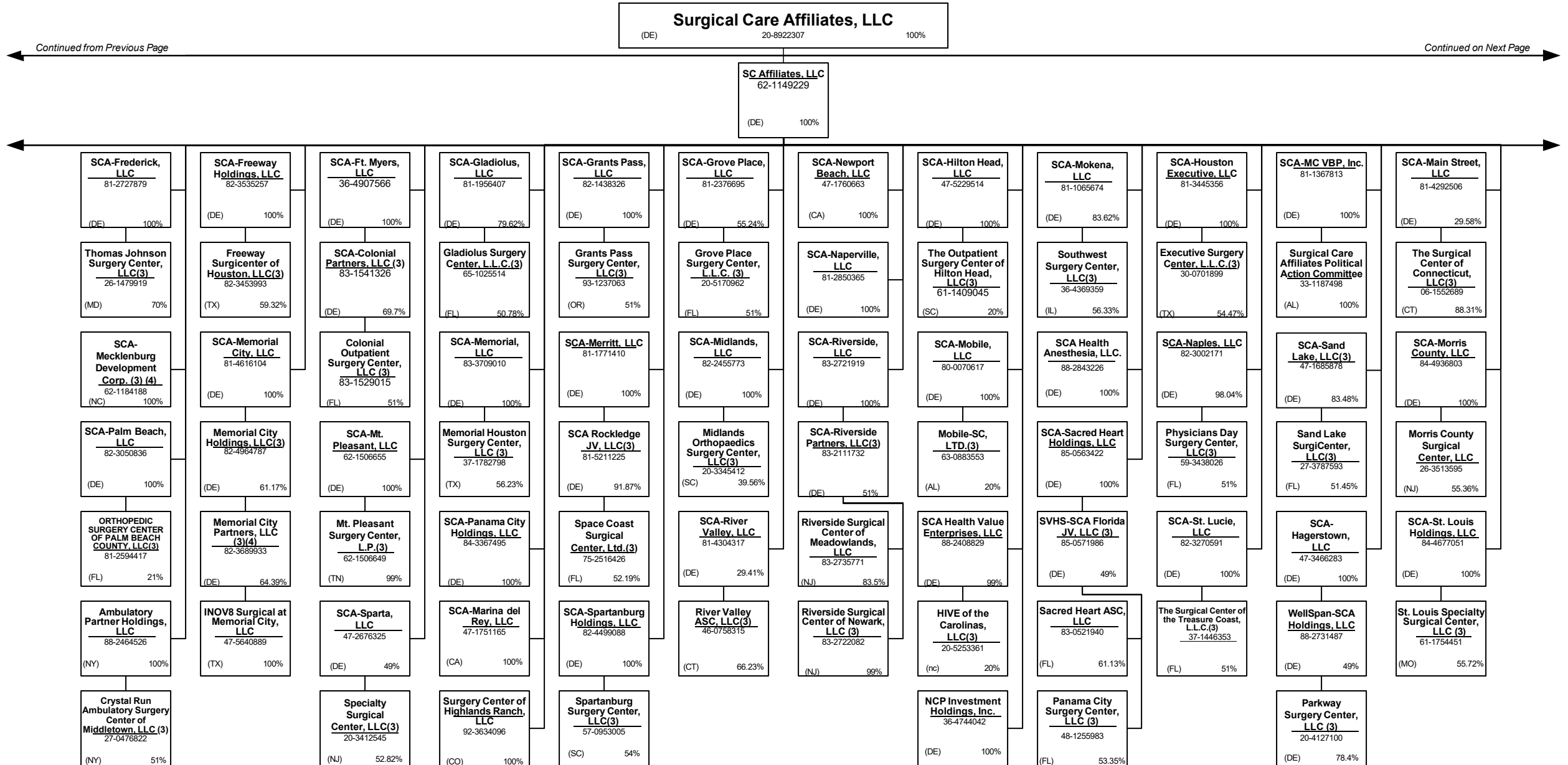


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

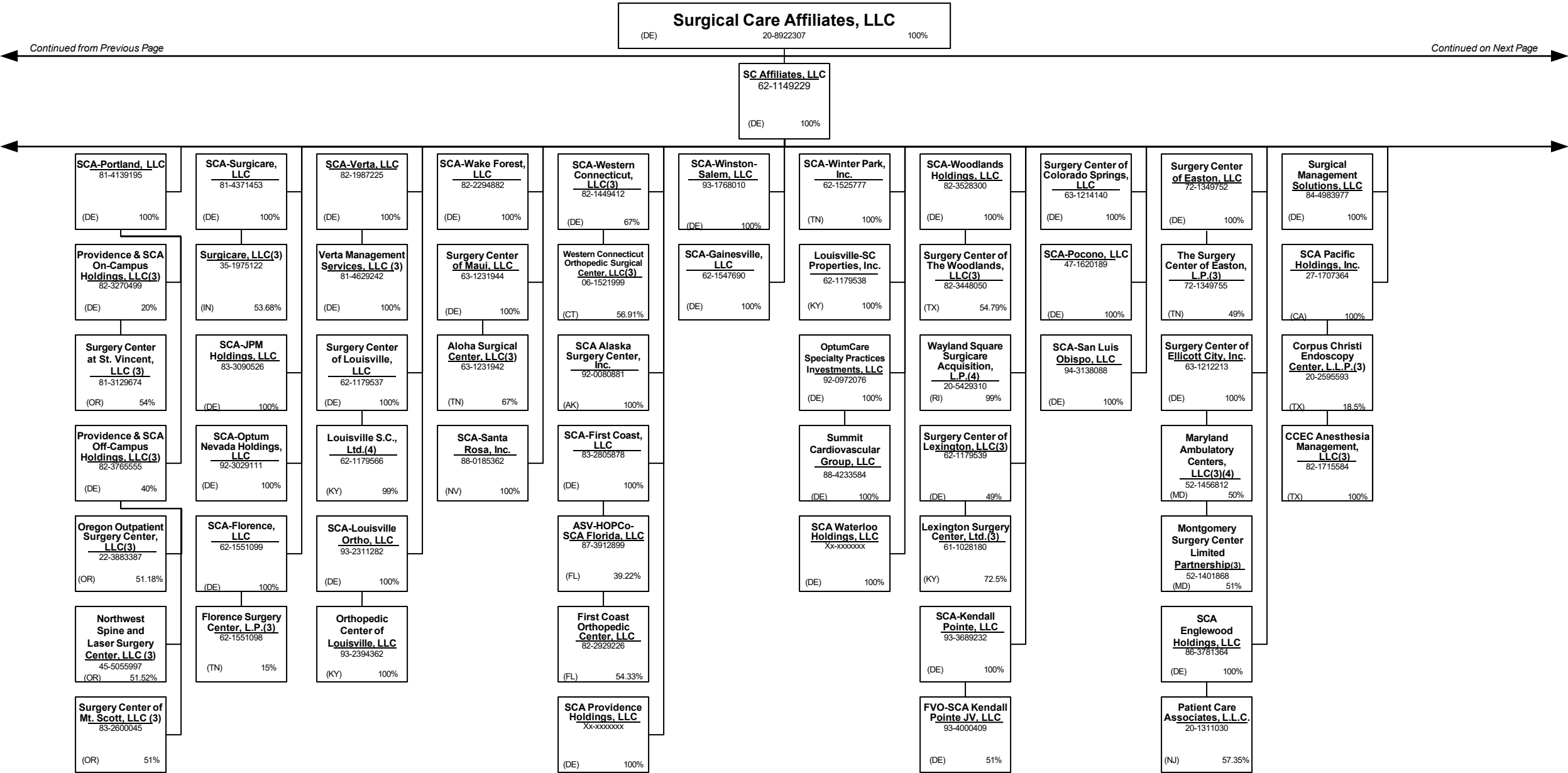


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

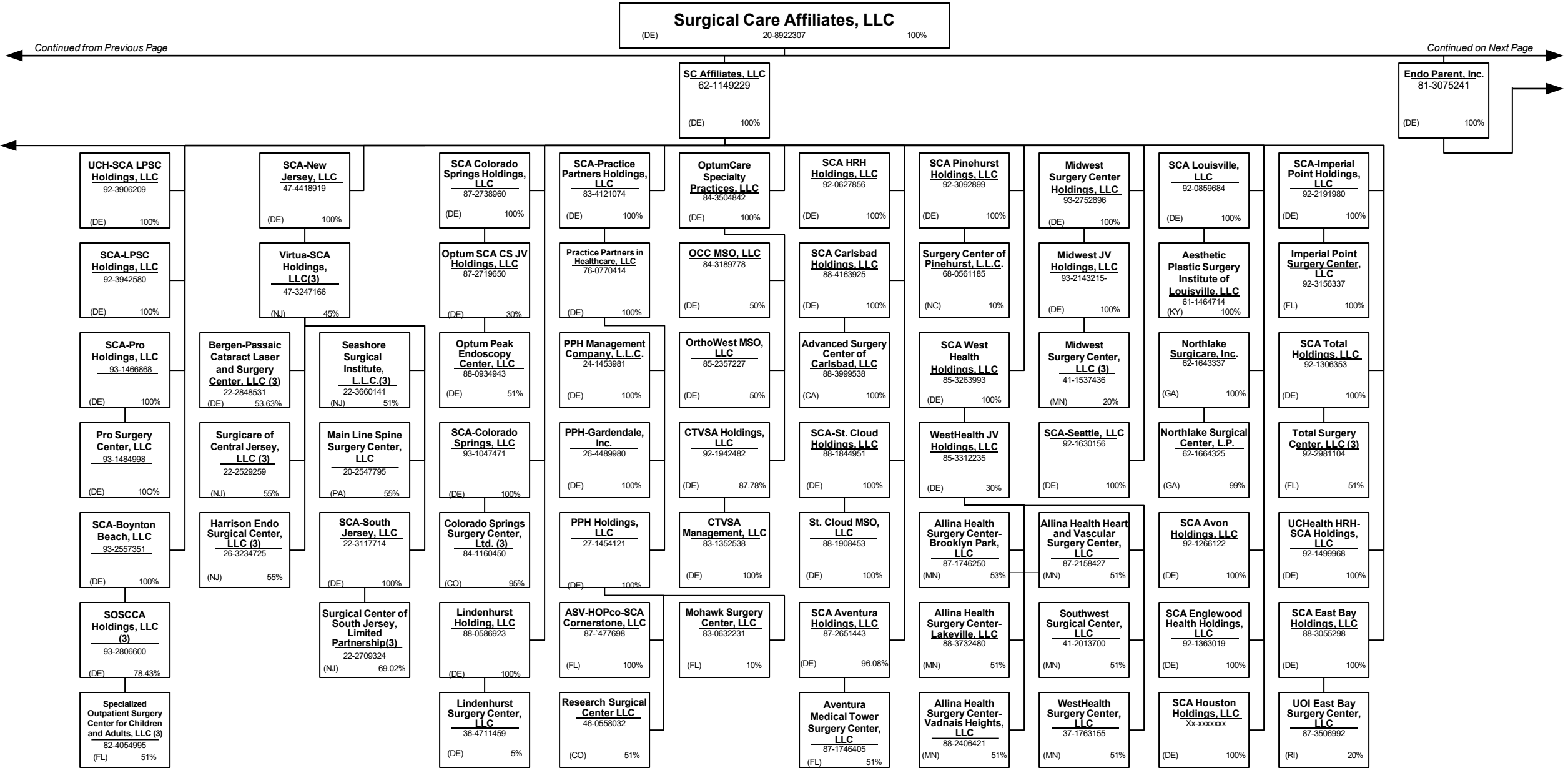
## PART 1 – ORGANIZATIONAL CHART



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



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



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

Surgical Care Affiliates, LLC

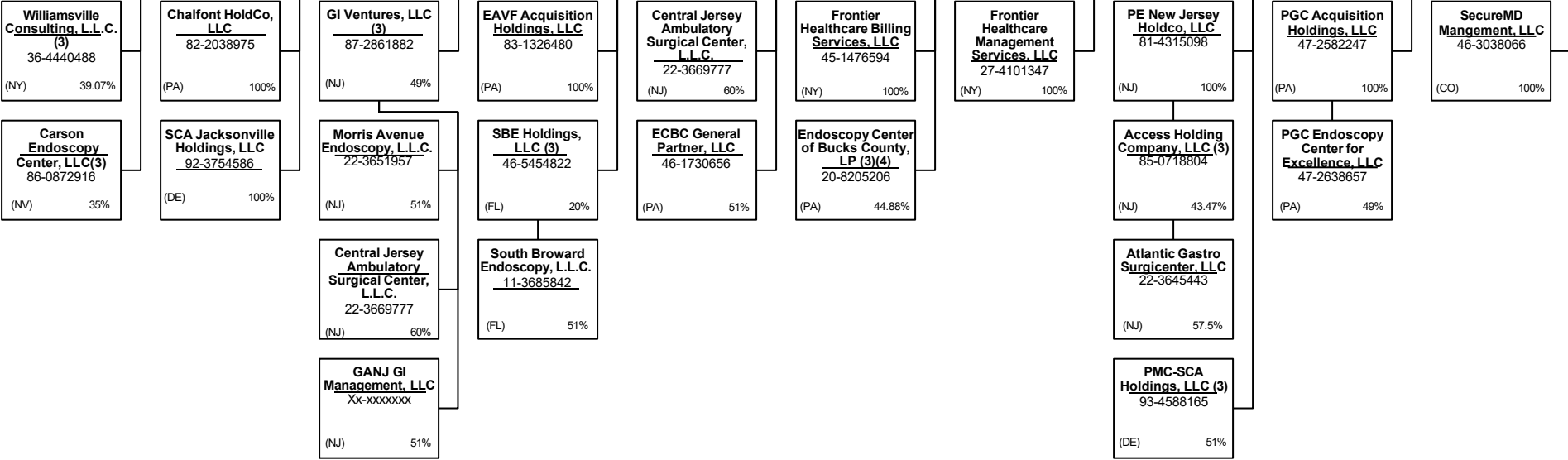
(DE)20-8922307100%

Physicians Endoscopy Intermediate Holdco, Inc.

(DE)26-2239018100%

Physicians Endoscpy, L.L.C.

(DE)91-1882702100%



40.40

Continued from previous page



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

Beneficially Owned Legal Entities

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

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

Beneficially Owned Legal Entities

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

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Miscellaneous Receivables .....	17	17	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	17	17	0	0

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

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Miscellaneous Losses .....	4	2	55,961	0	55,967
2505.	Professional Fees/Consulting .....	20,893	8,644	64,484	0	94,021
2506.	Sundry General Expenses .....	142,589	58,996	440,089	0	641,674
2597.	Summary of remaining write-ins for Line 25 from overflow page	163,486	67,642	560,534	0	791,662