



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429
(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

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

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

Main Administrative Office 9800 Health Care Lane, MN006-W500
(Street and Number) Minnetonka, MN, US 55343, 952-931-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane, MN006-W500, Minnetonka, MN, US 55343
(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, 952-931-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com

Statutory Statement Contact Rachel Ivelisse Corona, 952-406-4923
(Name) rachel.corona@uhc.com, 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Scott Douglas Waulters Treasurer Marilyn Victoria Hirsch #
Secretary Bryn Searns Chief Financial Officer Alba McGinnis

OTHER

Nyle Brent Cottington, Vice President Heather Anastasia Lang, Assistant Secretary

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler Debra Joanne Sather Scott Douglas Waulters

State of _____ State of _____ State of _____
County of _____ 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 there from 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.

Alba McGinnis
Chief Financial Officer

Bryn Searns
Secretary

Scott Douglas Waulters
Chief Executive Officer and President

Subscribed and sworn to before me this
_____ day of _____

Subscribed and sworn to before me this
_____ day of _____

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing?..... Yes [] 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)	525,700,907	0	525,700,907	552,331,108
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 \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$102,775 , Schedule E - Part 1), cash equivalents (\$268,827,755 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	268,930,530	0	268,930,530	45,597,830
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)	1,824,993	0	1,824,993	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)	796,456,430	0	796,456,430	597,928,938
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	4,940,417	0	4,940,417	4,457,035
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	20,903,012	0	20,903,012	116,332,539
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 (\$2,576,065) and contracts subject to redetermination (\$106,178,765)	108,754,830	0	108,754,830	126,317,967
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	199,973	9,896	190,077	5,854,629
18.1 Current federal and foreign income tax recoverable and interest thereon	5,598,489	0	5,598,489	14,542,219
18.2 Net deferred tax asset	3,565,377	0	3,565,377	4,581,262
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	20,945,330
24. Health care (\$7,461,540) and other amounts receivable	20,405,561	12,944,020	7,461,541	7,698,614
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	960,824,089	12,953,916	947,870,173	898,658,533
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	960,824,089	12,953,916	947,870,173	898,658,533
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 16,266,026 reinsurance ceded)	205,271,221	0	205,271,221	186,056,290
2. Accrued medical incentive pool and bonus amounts	4,270,338	0	4,270,338	2,709,102
3. Unpaid claims adjustment expenses	2,152,045	0	2,152,045	1,935,832
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	98,360,938	0	98,360,938	154,260,796
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	4,717,260	0	4,717,260	4,779,451
8. Premiums received in advance	5,450,697	0	5,450,697	3,740,951
9. General expenses due or accrued	50,473,683	0	50,473,683	43,279,315
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	196,744	0	196,744	166,443
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	1,265,877	0	1,265,877	317,130
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	79,696,137	0	79,696,137	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	3,129,928	0	3,129,928	2,851,322
23. Aggregate write-ins for other liabilities (including \$ 4,328 current)	4,328	0	4,328	4,328
24. Total liabilities (Lines 1 to 23)	454,989,196	0	454,989,196	400,100,960
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	21,227,057	21,227,057
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	471,652,920	477,329,516
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	492,880,977	498,557,573
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	947,870,173	898,658,533
DETAILS OF WRITE-INS				
2301. Unclaimed Property	4,328	0	4,328	4,328
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4,328	0	4,328	4,328
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	3,581,617	4,408,395
2. Net premium income (including \$ 0 non-health premium income)	XXX.....	2,469,770,950	2,574,842,977
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	74,387,999	(52,736,831)
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.....	2,544,158,949	2,522,106,146
Hospital and Medical:			
9. Hospital/medical benefits	0	2,103,354,899	1,987,057,801
10. Other professional services	0	67,908,938	35,948,586
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	18,966,498	11,669,695
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	2,868,154	6,009,249
16. Subtotal (Lines 9 to 15)	0	2,193,098,489	2,040,685,331
Less:			
17. Net reinsurance recoveries	0	14,888,195	33,680,611
18. Total hospital and medical (Lines 16 minus 17)	0	2,178,210,294	2,007,004,720
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$ 66,687,843 cost containment expenses	0	77,592,801	99,496,390
21. General administrative expenses	0	230,442,502	251,880,557
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	2,486,245,597	2,358,381,667
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	57,913,352	163,724,479
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	22,831,345	25,357,433
26. Net realized capital gains (losses) less capital gains tax of \$ 241,704	0	909,268	658,198
27. Net investment gains (losses) (Lines 25 plus 26)	0	23,740,613	26,015,631
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	280
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.....	81,653,965	189,740,390
31. Federal and foreign income taxes incurred	XXX.....	16,932,805	39,541,922
32. Net income (loss) (Lines 30 minus 31)	XXX	64,721,160	150,198,468
DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX.....		
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Other Income	0	0	280
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	280

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	498,557,573	499,502,368
34. Net income or (loss) from Line 32	64,721,160	150,198,468
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
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(1,015,885)	1,154,911
39. Change in nonadmitted assets	5,618,129	(4,798,174)
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	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	(75,000,000)	(147,500,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(5,676,596)	(944,795)
49. Capital and surplus end of reporting period (Line 33 plus 48)	492,880,977	498,557,573
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,602,991,802	2,466,434,151
2. Net investment income	25,382,542	29,451,938
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,628,374,344	2,495,886,089
5. Benefit and loss related payments	2,152,753,103	2,019,904,245
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	294,611,829	370,890,554
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	8,230,779	67,002,327
10. Total (Lines 5 through 9)	2,455,595,711	2,457,797,126
11. Net cash from operations (Line 4 minus Line 10)	172,778,633	38,088,963
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	121,275,385	137,969,411
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	2,002	1,188
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	121,277,387	137,970,599
13. Cost of investments acquired (long-term only):		
13.1 Bonds	96,599,944	76,393,363
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	1,827,111	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	98,427,055	76,393,363
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)	22,850,332	61,577,236
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	75,000,000	147,500,000
16.6 Other cash provided (applied)	102,703,735	37,938,260
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	27,703,735	(109,561,740)
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)	223,332,700	(9,895,541)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	45,597,830	55,493,371
19.2 End of year (Line 18 plus Line 19.1)	268,930,530	45,597,830

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	0	0	0	0
2. Comprehensive (hospital and medical) group	0	0	0	0
3. Medicare Supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	0	0	0	0
8. Title XIX - Medicaid	2,499,192,327	0	29,421,377	2,469,770,950
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)	2,499,192,327	0	29,421,377	2,469,770,950
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	2,499,192,327	0	29,421,377	2,469,770,950

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	Federal Employees Health Benefits Plan	8	9	10	11	12	13	14
		2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only			Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Payments during the year:														
1.1	Direct	2,177,872,030	0	0	0	0	0	0	0	2,177,872,030	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	26,425,844	0	0	0	0	0	0	0	26,425,844	0	0	0	0	0
1.4	Net	2,151,446,186	0	0	0	0	0	0	0	2,151,446,186	0	0	0	0	0
2.	Paid medical incentive pools and bonuses	1,306,918	0	0	0	0	0	0	0	1,306,918	0	0	0	0	0
3.	Claim liability December 31, current year from Part 2A:														
3.1	Direct	221,537,247	0	0	0	0	0	0	0	221,537,247	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	16,266,026	0	0	0	0	0	0	0	16,266,026	0	0	0	0	0
3.4	Net	205,271,221	0	0	0	0	0	0	0	205,271,221	0	0	0	0	0
4.	Claim reserve December 31, current year from Part 2D:														
4.1	Direct	4,717,260	0	0	0	0	0	0	0	4,717,260	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	4,717,260	0	0	0	0	0	0	0	4,717,260	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current year	4,270,338	0	0	0	0	0	0	0	4,270,338	0	0	0	0	0
6.	Net health care receivables (a)	(4,743,215)	0	0	0	0	0	0	0	(4,743,215)	0	0	0	0	0
7.	Amounts recoverable from reinsurers December 31, current year														
8.	Claim liability December 31, prior year from Part 2A:														
8.1	Direct	213,859,966	0	0	0	0	0	0	0	213,859,966	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	27,803,675	0	0	0	0	0	0	0	27,803,675	0	0	0	0	0
8.4	Net	186,056,291	0	0	0	0	0	0	0	186,056,291	0	0	0	0	0
9.	Claim reserve December 31, prior year from Part 2D:														
9.1	Direct	4,779,451	0	0	0	0	0	0	0	4,779,451	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	4,779,451	0	0	0	0	0	0	0	4,779,451	0	0	0	0	0
10.	Accrued medical incentive pools and bonuses, prior year	2,709,102	0	0	0	0	0	0	0	2,709,102	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	2,190,230,335	0	0	0	0	0	0	0	2,190,230,335	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	14,888,195	0	0	0	0	0	0	0	14,888,195	0	0	0	0	0
12.4	Net	2,175,342,140	0	0	0	0	0	0	0	2,175,342,140	0	0	0	0	0
13.	Incurred medical incentive pools and bonuses	2,868,154	0	0	0	0	0	0	0	2,868,154	0	0	0	0	0

(a) Excludes \$ 3,747,662 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

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											
1.	Reported in Process of Adjustment:													
1.1	Direct	51,570,710	0	0	0	0	0	0	51,570,710	0	0	0	0	0
1.2	Reinsurance assumed	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
1.4	Net	51,570,710	0	0	0	0	0	0	51,570,710	0	0	0	0	0
2.	Incurred but Unreported:													
2.1	Direct	169,960,216	0	0	0	0	0	0	169,960,216	0	0	0	0	0
2.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Reinsurance ceded	16,266,026	0	0	0	0	0	0	16,266,026	0	0	0	0	0
2.4	Net	153,694,190	0	0	0	0	0	0	153,694,190	0	0	0	0	0
3.	Amounts Withheld from Paid Claims and Capitations:													
3.1	Direct	6,321	0	0	0	0	0	0	6,321	0	0	0	0	0
3.2	Reinsurance assumed	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
3.4	Net	6,321	0	0	0	0	0	0	6,321	0	0	0	0	0
4.	TOTALS:													
4.1	Direct	221,537,247	0	0	0	0	0	0	221,537,247	0	0	0	0	0
4.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3	Reinsurance ceded	16,266,026	0	0	0	0	0	0	16,266,026	0	0	0	0	0
4.4	Net	205,271,221	0	0	0	0	0	0	205,271,221	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	0	0	0	0	0	0
8. Title XIX - Medicaid	177,029,809	1,974,416,376	8,582,910	201,405,571	185,612,719	190,835,742
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)	177,029,809	1,974,416,376	8,582,910	201,405,571	185,612,719	190,835,742
14. Health care receivables (a)	6,986,510	9,092,957	0	578,432	6,986,510	21,401,113
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	786,370	520,548	2,666,165	1,604,173	3,452,535	2,709,101
17. Totals (Lines 13 - 14 + 15 + 16)	170,829,669	1,965,843,967	11,249,075	202,431,312	182,078,744	172,143,730

(a) Excludes \$ 3,747,662 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	143,384	141,432	140,861	140,705	140,724
2. 2020	2,418,991	2,571,823	2,576,989	2,577,128	2,576,332
3. 2021	XXX	2,568,838	2,745,876	2,751,425	2,750,684
4. 2022	XXX	XXX	2,398,648	2,555,266	2,556,806
5. 2023	XXX	XXX	XXX	1,857,754	2,035,548
6. 2024	XXX	XXX	XXX	XXX	1,974,937

Section B - Incurred Health Claims - Title XIX

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	147,408	141,432	140,861	140,705	140,724
2. 2020	2,635,269	2,584,407	2,576,989	2,577,128	2,576,332
3. 2021	XXX	2,780,226	2,756,845	2,751,425	2,750,684
4. 2022	XXX	XXX	2,592,892	2,566,590	2,556,806
5. 2023	XXX	XXX	XXX	2,039,975	2,046,797
6. 2024	XXX	XXX	XXX	XXX	2,177,947

12.XI

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

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. 2020	3,181,189	2,576,332	103,985	4.0	2,680,317	84.3	0	0	2,680,317	84.3
2. 2021	3,268,301	2,750,684	115,514	4.2	2,866,198	87.7	0	0	2,866,198	87.7
3. 2022	3,210,591	2,556,806	114,413	4.5	2,671,219	83.2	0	0	2,671,219	83.2
4. 2023	2,556,301	2,035,548	110,424	5.4	2,145,972	83.9	11,249	113	2,157,334	84.4
5. 2024	2,573,580	1,974,937	67,062	3.4	2,041,999	79.3	203,010	2,039	2,247,048	87.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	143,384	141,432	140,861	140,705	140,724
2. 2020	2,418,991	2,571,823	2,576,989	2,577,128	2,576,332
3. 2021	XXX	2,568,838	2,745,876	2,751,425	2,750,684
4. 2022	XXX	XXX	2,398,648	2,555,266	2,556,806
5. 2023	XXX	XXX	XXX	1,857,754	2,035,548
6. 2024	XXX	XXX	XXX	XXX	1,974,937

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	147,408	141,432	140,861	140,705	140,724
2. 2020	2,635,269	2,584,407	2,576,989	2,577,128	2,576,332
3. 2021	XXX	2,780,226	2,756,845	2,751,425	2,750,684
4. 2022	XXX	XXX	2,592,892	2,566,590	2,556,806
5. 2023	XXX	XXX	XXX	2,039,975	2,046,797
6. 2024	XXX	XXX	XXX	XXX	2,177,947

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. 2020	3,181,189	2,576,332	103,985	4.0	2,680,317	84.3	0	0	2,680,317	84.3
2. 2021	3,268,301	2,750,684	115,514	4.2	2,866,198	87.7	0	0	2,866,198	87.7
3. 2022	3,210,591	2,556,806	114,413	4.5	2,671,219	83.2	0	0	2,671,219	83.2
4. 2023	2,556,301	2,035,548	110,424	5.4	2,145,972	83.9	11,249	113	2,157,334	84.4
5. 2024	2,573,580	1,974,937	67,062	3.4	2,041,999	79.3	203,010	2,039	2,247,048	87.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

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	Medicare Supplement										
		Total	Individual	Group										
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)	69,021,262	0	0	0	0	0	0	0	69,021,262	0	0	0	0
5.	Aggregate write-ins for other policy reserves	29,339,676	0	0	0	0	0	0	0	29,339,676	0	0	0	0
6.	Totals (gross)	98,360,938	0	0	0	0	0	0	0	98,360,938	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)	98,360,938	0	0	0	0	0	0	0	98,360,938	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	4,717,260	0	0	0	0	0	0	0	4,717,260	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)	4,717,260	0	0	0	0	0	0	0	4,717,260	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)	4,717,260	0	0	0	0	0	0	0	4,717,260	0	0	0	0
DETAILS OF WRITE-INS														
0501.	Ohio Department of Jobs and Family Services - Pay for Performance Program	29,339,676	0	0	0	0	0	0	0	29,339,676	0	0	0	0
0502.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0503.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	29,339,676	0	0	0	0	0	0	0	29,339,676	0	0	0	0
1101.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)	1,939,511	270,521	2,607,533	0	4,817,565
2. Salary, wages and other benefits	37,427,678	5,220,371	50,320,020	0	92,968,069
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	8,858,497	0	8,858,497
4. Legal fees and expenses	503,838	70,275	677,646	0	1,251,759
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	4,793,644	656,023	6,394,940	0	11,844,607
7. Traveling expenses	629,083	87,744	845,756	0	1,562,583
8. Marketing and advertising	1,743,622	243,198	2,344,174	0	4,330,994
9. Postage, express and telephone	1,371,521	191,298	1,843,911	0	3,406,730
10. Printing and office supplies	2,631,317	367,013	3,537,617	0	6,535,947
11. Occupancy, depreciation and amortization	705,832	98,449	948,940	0	1,753,221
12. Equipment	317,471	44,280	426,817	0	788,568
13. Cost or depreciation of EDP equipment and software	4,147,357	578,469	5,575,823	0	10,301,649
14. Outsourced services including EDP, claims, and other services	3,732,026	1,998,795	3,248,404	0	8,979,225
15. Boards, bureaus and association fees	51,063	7,122	149,865	0	208,050
16. Insurance, except on real estate	905,315	126,272	1,217,131	0	2,248,718
17. Collection and bank service charges	227,869	31,783	306,354	0	566,006
18. Group service and administration fees	625,352	87,223	960,656	0	1,673,231
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	68,997	15,317	113,684	0	197,998
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	128,795,070	0	128,795,070
23.4 Payroll taxes	1,724,917	382,931	2,842,110	0	4,949,958
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	299,602	299,602
25. Aggregate write-ins for expenses	3,141,430	427,874	8,427,554	0	11,996,858
26. Total expenses incurred (Lines 1 to 25)	66,687,843	10,904,958	230,442,502	299,602	(a) 308,334,905
27. Less expenses unpaid December 31, current year	1,849,594	302,450	50,362,235	111,448	52,625,727
28. Add expenses unpaid December 31, prior year	1,448,924	486,908	43,096,598	182,717	45,215,147
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)	66,287,173	11,089,416	223,176,865	370,871	300,924,325
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	3,141,430	427,874	8,427,554	0	11,996,858
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,141,430	427,874	8,427,554	0	11,996,858

(a) Includes management fees of \$ 131,999,603 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 257,598	..... 257,753
1.1 Bonds exempt from U.S. tax	(a) 0	..... 0
1.2 Other bonds (unaffiliated)	(a) 15,134,827	..... 14,949,122
1.3 Bonds of affiliates	(a) 0	..... 0
2.1 Preferred stocks (unaffiliated)	(b) 0	..... 0
2.11 Preferred stocks of affiliates	(b) 0	..... 0
2.2 Common stocks (unaffiliated) .....	..... 0	..... 0
2.21 Common stocks of affiliates .....	..... 0	..... 0
3. Mortgage loans	(c) 0	..... 0
4. Real estate	(d) 0	..... 0
5. Contract Loans .....	..... 0	..... 0
6. Cash, cash equivalents and short-term investments	(e) 7,951,190	..... 7,951,190
7. Derivative instruments	(f) 0	..... 0
8. Other invested assets .....	..... (2,118)	..... (2,118)
9. Aggregate write-ins for investment income .....	..... 0	..... 0
10. Total gross investment income	23,341,497	23,155,947
11. Investment expenses	(g) 299,602	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 0	
13. Interest expense	(h) 25,000	
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)	324,602	
17. Net investment income (Line 10 minus Line 16)	22,831,345	
DETAILS OF WRITE-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	..... 0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	..... 0	..... 0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	..... 0	..... 0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	..... 0	..... 0

(a) Includes \$ 717,008 accrual of discount less \$ 3,820,738 amortization of premium and less \$ 504,534 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 \$ 844,933 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	..... 0	0	..... 0	..... 0	..... 0
1.1 Bonds exempt from U.S. tax .....	..... 0	0	..... 0	..... 0	..... 0
1.2 Other bonds (unaffiliated) .....	..... 1,148,970	0	..... 1,148,970	..... 0	..... 0
1.3 Bonds of affiliates .....	..... 0	0	..... 0	..... 0	..... 0
2.1 Preferred stocks (unaffiliated) .....	..... 0	0	..... 0	..... 0	..... 0
2.11 Preferred stocks of affiliates .....	..... 0	0	..... 0	..... 0	..... 0
2.2 Common stocks (unaffiliated) .....	..... 0	0	..... 0	..... 0	..... 0
2.21 Common stocks of affiliates .....	..... 0	0	..... 0	..... 0	..... 0
3. Mortgage loans .....	..... 0	0	..... 0	..... 0	..... 0
4. Real estate .....	..... 0	0	..... 0	..... 0	..... 0
5. Contract loans .....	..... 0	0	..... 0	..... 0	..... 0
6. Cash, cash equivalents and short-term investments .....	..... 2,002	0	..... 2,002	..... 0	..... 0
7. Derivative instruments .....	..... 0	0	..... 0	..... 0	..... 0
8. Other invested assets .....	..... 0	0	..... 0	..... 0	..... 0
9. Aggregate write-ins for capital gains (losses) .....	..... 0	0	..... 0	..... 0	..... 0
10. Total capital gains (losses) .....	..... 1,150,972	0	..... 1,150,972	..... 0	..... 0
DETAILS OF WRITE-INS			.....	.....	.....
0901. ....	.....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	0	..... 0	..... 0	..... 0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	..... 0	0	..... 0	..... 0	..... 0

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	9,896	8,362	(1,534)
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	12,944,020	18,563,683	5,619,663
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	12,953,916	18,572,045	5,618,129
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	12,953,916	18,572,045	5,618,129
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	331,464	315,584	297,985	288,765	282,369	3,581,617
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	331,464	315,584	297,985	288,765	282,369	3,581,617
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 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

UnitedHealthcare Community Plan 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 Three Rivers Holdings, Inc. Three Rivers Holdings, Inc. 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 March 29, 2004, as a health insuring corporation and operations commenced in October 2005. The Company is licensed as a health insuring corporation by the Ohio 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 is licensed to do business in the state of Ohio.

The Company has a contract with the State of Ohio Department of Medicaid to provide health care services to Medicaid, Expansion, and Aged, Blind, and Disabled, including Partners for Kids eligible beneficiaries in Ohio. The current contract is effective through June 30, 2025, and is subject to annual renewal provisions thereafter.

The Company also serves as a plan sponsor under an Integrated Care Delivery System Plan, "MyCare Ohio", offering a Medicare-Medicaid Plan under contracts with the Centers for Medicare and Medicaid Services and the Ohio Department of Medicaid. A Medicare-Medicaid Plan provides dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization through a three-way contract. The contract is effective through June 30, 2025, and is subject to annual renewal provisions thereafter.

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, 2024	December 31, 2023
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 64,721,160	\$ 150,198,468
(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>\$ 64,721,160</u>	<u>\$ 150,198,468</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 492,880,977	\$ 498,557,573
(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>\$ 492,880,977</u>	<u>\$ 498,557,573</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 rebates), aggregate health claim reserves, risk corridor, 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 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 generally accepted accounting principles in the United States of America ("GAAP").

The Company has deemed the following to be significant differences between statutory practices and GAAP:

- Certain debt investments categorized as available-for-sale or held-to-maturity under GAAP are presented at the lower of book/adjusted carrying value or fair value in accordance with the NAIC designations in the financial statements, whereas under GAAP, these investments are shown at fair value or book/adjusted carrying value, respectively.
- Cash, cash equivalents, and short-term investments in the financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date. The Company reported \$0 short-term investments as of December 31, 2024 and 2023, respectively.
- Outstanding checks are required to be netted against cash balances in the financial statements, whereas under GAAP, outstanding checks are presented as other liabilities.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures manual. The statutory basis statements of cash flows are prepared in accordance with the National Association of Insurance Commissioners' Annual Statement Instructions.
- The NAIC SAP provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax basis of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets, and tax basis of liabilities (see Note 9). In addition, under the NAIC SAF, the net change in deferred tax assets and/or liabilities is recorded directly to unassigned funds (surplus) in the financial statements, whereas under GAAP, the net change in deferred tax assets is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under the NAIC SAP, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the financial statements, whereas under GAAP, such assets are included in the balance sheet.
- Reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under GAAP.
- Certain assets, including certain aged premium receivables and certain health care receivables are considered nonadmitted assets under the NAIC SAP and are excluded from the financial statements and charged directly to unassigned funds surplus.

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

(1-2) Bonds 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 Investment Analysis Office of the NAIC 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 are valued and reported using market prices published by the Securities Valuation Office of the NAIC ("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) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets;
- (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 (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses, 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, claims adjustment expenses 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 premium deficiency reserves calculation (see Note 30);
- (11) Claims adjustment expenses 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 management 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 claims adjustment expenses and general administrative expenses to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2024 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 claims adjustment expenses 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 are 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, Optum Rx, Inc. Health care and other amounts receivable also include receivables for amounts due to the Company for provider advances and claim overpayments to providers, hospitals and other health care organizations. 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

- Bonds include U.S. government and agency securities, state, and agency municipal securities, city and county municipal securities, and corporate debt securities with a maturity of greater than one year at the time of purchase;
- 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 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 in the financial statements. The Company has not recognized any realized capital gains or losses on sales of investments in 2024 or 2023;

- 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 capital gains tax, in the financial statements. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition (see Note 5).

Other Assets

- **Premiums and Considerations** — The Company reports uncollected premium balances from its insured members, Centers for Medicare and Medicaid Services and the Ohio Department of Medicaid 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 the Centers for Medicare and Medicaid Services risk corridor receivables, the Centers for Medicare and Medicaid Services risk adjustment receivables for the Medicare Plans, and the Ohio Department of Medicaid pay for performance program receivables with the Ohio Department of Medicaid.

Premium adjustments for the Centers for Medicare and Medicaid Services risk corridor programs are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the Centers for Medicare and Medicaid Services risk adjustment and the Ohio Department of Medicaid pay for performance program are accounted for as premium adjustments 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 2024 and 2023. 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, 2024; 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, net of ceded reinsurance, 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 includes the Ohio Department of Medicaid risk corridor and the Ohio Department of Medicaid pay for performance premiums program, sanction payables and estimated medical loss ratio rebates payable on the Medicaid Plans.

Premium adjustments for the Ohio Department of Medicaid risk corridor and estimated medical loss ratio rebates are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the Ohio Department of Medicaid pay for performance premiums program are accounted for as premium adjustments subject to redetermination (see Note 24).

- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the financial statements.
- **Amounts due to Parent, Subsidiaries, and Affiliates** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts owed as amounts due to parent, subsidiaries, and affiliates.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Restricted Cash Reserves** — The Company is in compliance with the state of Ohio regulatory deposit requirements as of December 31, 2024 and 2023, respectively, for qualification purposes as a domestic 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 Ohio Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$1,700,000, and shall maintain total admitted assets equal to at least 110% of liabilities of the Company.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a health insuring corporation 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 risk-based capital formula, or the level needed to avoid action pursuant to the trend test in the risk-based capital formula.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2024 and 2023.

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in 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 Medicaid plan is subject to experience rated rebates, including medical loss ratios and risk corridor programs, risk adjustment program, and performance guarantees based on various utilization measures. The Company records premium adjustments for the changes to the estimates for experience rated rebates and risk corridor programs which are reflected in reserve for rate credit and for risk adjustment program and performance guarantees which are reflected in net premium income in the financial statements (see Note 24). Net premium income also includes amounts paid by the Ohio Department of Medicaid on a per member basis in exchange for the provision and administration of medical benefits under the Medicaid Program, Partners for Kids payments, and maternity payments. Premiums are contractual and are recognized in the coverage period in which members are entitled to receive services, except in the case of maternity payments. Maternity income is billed on contractual rates and recognized as income as each birth case is identified by the Company.

Net premium income also includes amounts paid jointly by the Ohio Department of Medicaid and Centers for Medicare and Medicaid Services for the Medicare Plans program elements for members enrolled in the Medicare-Medicaid plan. Net premium income is recognized ratably over the period in which eligible individuals are entitled to receive health care 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. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses 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 or (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 business is subject to normal claims fluctuations and environmental issues.

Direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, from members and the Centers for Medicare and Medicaid Services related to the Medicare Plans as a percentage of total direct premiums written and total uncollected premiums, including receivables for contracts subject to redetermination, are 63% and 48% as of December 31, 2024 and 69% and 64% as of December 31, 2023, respectively.

Direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, from the state of Ohio, as a percentage of total direct premiums written and total uncollected premiums, including receivables for contracts subject to redetermination, are 37% and 52% as of December 31, 2024 and 31% and 36% as of December 31, 2023, respectively.

Recently Issued Accounting Standards

In May 2024, the NAIC revised Statement of Statutory Accounting Principles ("SSAP") No. 107, *Risk-Sharing Provisions of the Affordable Care Act* to remove the federal Affordable Care Act disclosure on the transitional reinsurance program and the risk corridor program. (see Note 24), effective for annual 2024. The Company early adopted the revision in 2024.

The Company reviewed all other recently issued guidance in 2024 and 2023 that has been adopted for 2024 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, 2024 and 2023.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Company was not party to a business combination during the years ended December 31, 2024 and 2023, 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 2024 and 2023.

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. The gross realized gains and losses on sales of long-term investments were \$1,243,867 and \$92,215, respectively, for 2024 and \$1,238,442 and \$326,316, respectively, for 2023. The gross realized gains and losses on sales of short-term investments were \$2,443 and \$0, respectively, for 2024 and \$615 and \$0, respectively, for 2023. The net realized gains and losses are included in net realized capital gains (losses) less capital gains tax in the financial statements. Total proceeds on the sale of long-term investments were \$79,164,029 and \$94,016,520 and for short-term investments were \$22,989,221 and \$11,564,059 in 2024 and 2023, respectively.

As of December 31, 2024 and 2023, 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 \$268,930,530 and \$45,597,830 respectively, are disclosed in the table below:

	2024					
	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	\$ 147,537,565	\$ 18,809	\$ 2,051,015	\$ 14,103,291	\$ 131,402,068	
State and agency municipal securities	56,883,588	—	300,186	2,897,776	53,685,626	
City and county municipal securities	59,515,672	—	448,156	2,306,870	56,760,646	
Corporate debt securities	261,764,088	44,294	1,020,894	14,382,003	246,405,485	
Other invested assets	1,824,994	—	—	—	1,824,994	
 Total bonds	 \$ 527,525,907	 \$ 63,103	 \$ 3,820,251	 \$ 33,689,940	 \$ 490,078,819	
	2024					
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value	
Less than one year	\$ 32,625,081	\$ 426	\$ 5,080	\$ 267,169	\$ 32,353,258	
One to five years	200,275,498	51,496	166,532	8,280,944	191,879,518	
Five to ten years	108,360,953	2,322	635,899	11,030,249	96,697,127	
Over ten years	186,264,375	8,859	3,012,740	14,111,578	169,148,916	
 Total bonds	 \$ 527,525,907	 \$ 63,103	 \$ 3,820,251	 \$ 33,689,940	 \$ 490,078,819	
	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	\$ 142,626,457	\$ 107,748	\$ 147,015	\$ 12,578,895	\$ 130,008,295	
State and agency municipal securities	59,991,715	66,574	8,562	2,950,536	57,099,191	
City and county municipal securities	54,012,018	107,826	29,342	2,399,715	51,690,787	
Corporate debt securities	295,700,918	317,086	297,013	18,328,827	277,392,164	
 Total Bonds	 \$ 552,331,108	 \$ 599,234	 \$ 481,932	 \$ 36,257,973	 \$ 516,190,437	

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-related loan-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$175,882,755 and fair value of \$159,887,731.

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, 2024 and 2023:

	2024					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 51,939,723	\$ 2,051,015	\$ 76,359,267	\$ 14,103,291	\$ 128,298,990	\$ 16,154,306
State and agency municipal securities	12,215,401	300,186	41,470,225	2,897,776	53,685,626	3,197,962
City and county municipal securities	17,279,295	448,156	39,481,351	2,306,870	56,760,646	2,755,026
Corporate debt securities	32,589,897	1,020,894	197,102,275	14,382,003	229,692,172	15,402,897
 Total bonds	 \$ 114,024,316	 \$ 3,820,251	 \$ 354,413,118	 \$ 33,689,940	 \$ 468,437,434	 \$ 37,510,191
	2023					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 19,272,341	\$ 147,015	\$ 89,233,050	\$ 12,578,895	\$ 108,505,391	\$ 12,725,910
State and agency municipal securities	2,849,444	8,562	47,175,066	2,950,536	50,024,510	2,959,098
City and county municipal securities	6,544,154	29,342	37,970,910	2,399,715	44,515,064	2,429,057
Corporate debt securities	16,613,146	297,013	229,746,159	18,328,827	246,359,305	18,625,840
 Total bonds	 \$ 45,279,085	 \$ 481,932	 \$ 404,125,185	 \$ 36,257,973	 \$ 449,404,270	 \$ 36,739,905

The unrecognized unrealized losses on investments in U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities at December 31, 2024 and 2023, 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, 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 this review, the Company recorded other-than-temporary impairments of \$0 and \$63,270 as of December 31, 2024 and 2023, respectively, which are included in net realized capital gains less taxes in the financial statements.

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) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any other-than-temporary impairments on loan-backed securities as of December 31, 2024.
- (3) The Company had no load-backed securities with an other-than-temporary impairments as of December 31, 2024. The table below represents the loan-backed securities with an other-than-temporary impairment for the year ended December 31, 2023, presented by CUSIP:

2023							
1	2	3	4	5	6	7	
CUSIP	Book/Adjusted Carrying Value Amortized Cost before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-than-Temporary Impairment	Amortized Cost After Other-than-Temporary Impairment	Fair Value at Time of OTTI		Date of Financial Statement Where Reported
12625XAA5	\$ 100,221	\$ 91,250	\$ 8,971	\$ 91,250	\$ 91,250		6/30/2023
12625XAA5	606,362	552,062	54,299	552,062	552,062		6/30/2023
Total	XXX	XXX	\$ 63,270	XXX	XXX		XXX

- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the loan-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2024 and 2023:

December 31,
2024

The aggregate amount of unrealized losses:

1. Less than 12 months	\$ 2,069,338
2. 12 months or longer	13,963,819

The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months	54,226,779
2. 12 months or longer	92,819,289

December 31,
2023

The aggregate amount of unrealized losses:

1. Less than 12 months	\$ 196,131
2. 12 months or longer	13,344,899

The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months	29,918,287
2. 12 months or longer	116,009,648

(5) The Company believes that it will continue to collect timely the principal and interest due on its loan-backed securities that have an amortized cost in excess of fair value. The unrealized losses were primarily caused by interest rate changes and not by unfavorable changes in the credit quality associated with these securities that impacted the assessment on collectability of principal and interest. At each reporting period, the Company evaluates available-for-sale debt securities for any credit-related impairment when the fair value of the investment is less than its amortized cost. The Company evaluated the expected cash flows and the underlying credit quality and credit ratings of the issuers, noting no significant credit deterioration since purchase. As of December 31, 2024, the unrealized loss on any security that the Company classified as available-for-sale was not material to the Company's investment portfolio. Any other securities in an unrealized loss position as of December 31, 2024, the Company considers to be temporary.

- 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, 2024 and 2023, are presented below:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted From Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 Minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
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	3,496,135	3,456,069	40,066	—	3,496,135	<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	\$ 3,496,135	\$ 3,456,069	\$ 40,066	\$ —	\$ 3,496,135	<1%	<1%

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

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

(2-4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2024 or 2023.

- 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 National Association of Insurance Commissioners' designation of 5GI as of December 31, 2024 and 2023.

- 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, 2024.

R. Reporting Entity's Share of Cash Pool by Asset Type

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$429,960 and \$407,660 as of December 31, 2024 and 2023, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2024:

Asset Type	Percent Share
(1) Cash	3%
(2) Cash Equivalents	51%
(3) Short-Term Investments	46%
(4) Total	100%

S. Reporting Net Negative (Disallowed) Interest Maintenance Reserve

(1–5) — Not applicable.

T. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable.**6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

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

7. INVESTMENT INCOME

A. The Company excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.

B. There were no investment income amounts excluded from the financial statements.

C. The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued, and admitted interest income due and accrued amounts as of December 31, 2024 and 2023:

2024		
Interest Income Due And Accrued:		
1. Gross	\$	4,940,417
2. Nonadmitted	—	
3. Admitted	4,940,417	
2023		
Interest Income Due And Accrued:		
1. Gross	\$	4,457,035
2. Nonadmitted	—	
3. Admitted	4,457,035	

D. The Company has no aggregated deferred interest as of December 31, 2024 or 2023.

E. The Company has no paid-in-kind interest as of December 31, 2024 or 2023.

8. DERIVATIVE INSTRUMENTS

A–B. The Company has no derivative instruments.

9. INCOME TAXES

The corporate alternative minimum tax 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 corporate alternative minimum tax 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 Incorporated which constitutes a controlled group. The controlled group's expected federal income tax will exceed the corporate alternative minimum tax 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 corporate alternative minimum tax.

A. Deferred Tax Asset/Liability**(1)** The components of the net deferred tax asset at December 31, 2024 and 2023 are as follows:

	2024			2023			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7+8) Total
(a) Gross deferred tax assets	\$ 3,598,815	\$ —	\$ 3,598,815	\$ 4,643,990	\$ —	\$ 4,643,990	\$ (1,045,175)	\$ —	\$ (1,045,175)
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	3,598,815	—	3,598,815	4,643,990	—	4,643,990	(1,045,175)	—	(1,045,175)
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax asset (1c - 1d)	3,598,815	—	3,598,815	4,643,990	—	4,643,990	(1,045,175)	—	(1,045,175)
(f) Deferred tax liabilities	33,438	—	33,438	62,728	—	62,728	(29,290)	—	(29,290)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 3,565,377</u>	<u>\$ —</u>	<u>\$ 3,565,377</u>	<u>\$ 4,581,262</u>	<u>\$ —</u>	<u>\$ 4,581,262</u>	<u>\$ (1,015,885)</u>	<u>\$ —</u>	<u>\$ (1,015,885)</u>

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

Admission Calculation Components SSAP No. 101	2024			2023			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	\$ 3,598,815	\$ —	\$ 3,598,815	\$ 4,643,990	\$ —	\$ 4,643,990	\$ (1,045,175)	\$ —	\$ (1,045,175)
(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	73,397,340	XXX	XXX	74,096,447	XXX	XXX	(699,107)
(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>\$ 3,598,815</u>	<u>\$ —</u>	<u>\$ 3,598,815</u>	<u>\$ 4,643,990</u>	<u>\$ —</u>	<u>\$ 4,643,990</u>	<u>\$ (1,045,175)</u>	<u>\$ —</u>	<u>\$ (1,045,175)</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:

	2024	2023
(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	\$ 489,315,600	\$ 493,976,311

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2024 and 2023 is presented below:

Impact of Tax-Planning Strategies	2024		2023		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 - 3) Ordinary	6 (Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 3,598,815	\$ —	\$ 4,643,990	\$ —	\$ (1,045,175)	\$ —
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)	\$ 3,598,815	\$ —	\$ 4,643,990	\$ —	\$ (1,045,175)	\$ —
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, 2024 and 2023.

C. Significant Components of Income Taxes

(1) The current federal income taxes incurred for the years ended December 31, 2024 and 2023 are as follows:

	1 2024	2 2023	3 (Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 16,932,805	\$ 39,541,922	\$ (22,609,117)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	16,932,805	39,541,922	(22,609,117)
(d) Federal income tax on net capital gains (losses)	241,704	191,857	49,847
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	—	—	—
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 17,174,509</u>	<u>\$ 39,733,779</u>	<u>\$ (22,559,270)</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, 2024 and 2023, are as follows:

	1 2024	2 2023	3 (Col 1 - 2) Change
2. Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 649,564	\$ 586,741	\$ 62,823
(2) Unearned premium reserve	228,929	157,120	71,809
(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	2,720,322	3,900,129	(1,179,807)
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	—	—	—
(99) Subtotal (sum of 2a1 through 2a13)	<u>3,598,815</u>	<u>4,643,990</u>	<u>(1,045,175)</u>
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	<u>—</u>	<u>—</u>	<u>—</u>
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>3,598,815</u>	<u>4,643,990</u>	<u>(1,045,175)</u>
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	<u>—</u>	<u>—</u>	<u>—</u>
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	<u>—</u>	<u>—</u>	<u>—</u>
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>—</u>	<u>—</u>	<u>—</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>3,598,815</u>	<u>4,643,990</u>	<u>(1,045,175)</u>
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	33,438	62,728	(29,290)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>33,438</u>	<u>62,728</u>	<u>(29,290)</u>
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	<u>—</u>	<u>—</u>	<u>—</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>33,438</u>	<u>62,728</u>	<u>(29,290)</u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 3,565,377</u>	<u>\$ 4,581,262</u>	<u>\$ (1,015,885)</u>

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2024 and 2023.

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 or (loss) before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2024 and 2023 is as follows:

	2024		2023	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 17,198,090	21 %	\$ 39,885,772	21 %
Tax-exempt interest	(204,558)	—	(300,337)	—
Other current year items	17,055	—	1,050	—
Tax effect of nonadmitted assets	1,179,807	1	(1,007,617)	(1)
			\$ —	—
Total statutory income taxes	\$ 18,190,394	22 %	\$ 38,578,868	20 %
 Federal income taxes incurred	 \$ 16,932,805	 21 %	 \$ 39,541,922	 21 %
Capital gains tax	241,704	—	191,857	—
Change in net deferred income tax	1,015,885	1	(1,154,911)	(1)
Total statutory income taxes	\$ 18,190,394	22 %	\$ 38,578,868	20 %

E. At December 31, 2024, the Company had no net operating loss carryforwards.

Current federal income taxes recoverable of \$5,598,489 and \$14,542,219 as of December 31, 2024 and 2023, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$8,230,779 and \$67,002,327 in 2024 and 2023, respectively.

Federal income taxes incurred of \$17,174,509 and \$39,733,779 for 2024 and 2023, 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 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 National Association of Insurance Commissioners' 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. Internal Revenue Service 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 Internal Revenue Service under its Compliance Assurance Program. UnitedHealth Group Incorporated is no longer subject to income tax examinations prior to the 2015 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, 2024 and 2023, the Company's portion was \$429,960 and \$407,660, 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 dividends of \$75,000,000 and \$147,500,000 in 2024 and 2023, respectively, to its parent (see Note 13).

Effective April 1, 2023, the Company entered into a new subordinated revolving credit agreement with UnitedHealthCare Services, Inc. at an Interest rate of Fed Funds Target Rate - Upper Bound plus 50 basis points. The Company's subordinated credit agreement limit equals \$250,000,000. 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 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 Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties* that are not included in National Association of Insurance Commissioner Statutory Statement Schedule Y—Part 2 Summary Of Insurer's Transactions With Any Affiliates.
- D. At December 31, 2024 and 2023, the Company reported a (payable)/receivable of \$(79,696,137) and \$20,945,330, respectively, (to)/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. .
- 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 general administrative expenses, claims adjustment expenses, 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, 2024 and 2023, which meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties*, regardless of the effective date of the contract:

	2024	2023
United Behavioral Health	\$ 274,859,576	\$ 268,912,222
United HealthCare Services, Inc.	140,080,774	159,752,697
Optum Rx, Inc.	23,667,416	15,748,664
Optum Insight, Inc.	(1,780,998)	10,550,289

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

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.

Optum Rx, 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.

OptumInsight, Inc. provides services that may include, but are not limited to, coordination of benefits and data mining, Retrospective Fraud and Waste Abuse, subrogation and audit services. All recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis.

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.
- G. The Company is part of an insurance holding company system with UnitedHealth Group 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 2024 and 2023.

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 management agreement (see Note 10).

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

A-B. The Company has 1,000 shares authorized and 1,000 shares issued and outstanding of \$1 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, Three Rivers Holdings, 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 ordinary cash dividends of \$75,000,000, \$50,000,000, and \$97,500,00 on June 13, 2024, December 22, 2023, and June 12, 2023, respectively, to Three Rivers Holdings, Inc., which was approved by the Ohio Department of Insurance and recorded as a reduction to unassigned 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 surplus, excluding the net income and dividends represented (or reduced) by each item below is as follows:

	2024	2023
Net deferred income taxes	3,565,377	4,581,262
Nonadmitted assets	<u>(12,953,916)</u>	<u>(18,572,045)</u>
Total	<u><u>\$ (9,388,539)</u></u>	<u><u>\$ (13,990,783)</u></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 Centers for Medicare and Medicaid Services, 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.

On February 14, 2017, the Department of Justice announced its decision to pursue certain claims within a lawsuit initially asserted against the Company and filed under seal by a whistleblower in 2011. The whistleblower's complaint, which was unsealed on February 15, 2017, alleges that the Company made improper risk adjustment submissions and violated the False Claims Act. On February 12, 2018, the court granted in part and denied in part the Company's motion to dismiss. In May 2018, the Department of Justice moved to dismiss the Company's counterclaims, which were filed in March 2018, and moved for partial summary judgment. In March 2019, the court denied the government's motion for partial summary judgment and dismissed the Company's counterclaims without prejudice. The Company cannot reasonably estimate the outcome that may result from this matter given its procedural status.

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, 2024 and 2023, except as disclosed in Note 5 and Note 20.

15. LEASES

A–B. According to the Agreement between the Company and United HealthCare Services, Inc. (see Note 10), United HealthCare Services, Inc. is responsible for operating leases for the rental of office facilities and equipment. 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 2024 and 2023.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program under MyCare Ohio is a partially insured plan. The Company recorded a receivable of \$147,421 and \$5,566,017 as of December 31, 2024 and December 31, 2023, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies. The Company also recorded a receivable of \$41,318 and \$67,519 as of December 31, 2024 and December 31, 2023, respectively, for the Medicare Part D coverage gap discount program. The receivables and payables are recorded in amounts receivable relating to uninsured plans and liability for amounts held under uninsured plans, respectively, in the financial statements.

The Inflation Reduction Act was signed into law in 2022 and created a one-year subsidy for 2023 labeled as the Inflation Reduction Act Subsidy Amounts ("IRASA"). The Company recorded a receivable of \$1,338 and \$2,005 as of December 31, 2024 and December 31, 2023 for the temporary retrospective subsidy be paid to Part D plans for the reduction in cost sharing and elimination of the deductible for ACIP-recommended vaccines and covered insulin products during the 2023 plan year related to IRASA. The IRASA was only available for 2023.

The Company participates in administering hospital incentive pass through payments received from the Ohio Department of Medicaid to pay incentive payments to members of the Ohio Hospital Association. There is no risk to the Company as a result of these transactions. The Company has a hospital incentive payable of \$0 and \$1,373,957 as of December 31, 2024 and December 31, 2023, respectively, which is included in liability for amounts held under uninsured plans in the financial statements.

The Company participates in the Care Innovation and Community Improvement Program in which it administers Community Improvement Program directed payments received from the Ohio Department of Medicaid to pay quality improvement and bonus payments to both public and nonprofit hospital agencies. There is no risk to the Company as a result of these transactions. The Company recorded a Community Improvement Program (payable)/receivable of \$(926,235) and \$219,088 as of December 31, 2024 and December 31, 2023, respectively, which is included in the liability for amounts held under uninsured plans and amounts receivable relating to uninsured plans, respectively, in the financial statements.

The Ohio Department of Medicaid provides funding to support Maternal Care Providers initiatives for the Enhanced Maternal Program in which the Company participates. The Enhanced Maternal Program targets geographic areas with high infant mortality rates and provides guidelines to the Maternal Care Providers for the purposes of developing strategies and systems that will provide enhanced maternal case management and reduce infant mortality rates. Maternal Care Providers are responsible for partnering with Maternal & Infant Support Program Coordinating Entities to improve population health, coordinate with care management entities, coordinate activities for justice-involved individuals, develop and implement a Quality Assessment and Performance Improvement program, and participate in external quality review activities. There is no risk to the Company as a result of these transactions. The Company recorded a payable of \$775,644 and \$1,294,919 as of December 31, 2024 and December 31, 2023, 2023, respectively, which is included in liability for amounts held under uninsured plans in the financial statements.

The American Rescue Act of 2021 is a federal COVID-19 recovery program to help cover increased expenditures, replenish lost revenue, and mitigate economic harm from the COVID-19 pandemic. The American Rescue Act program also includes additional behavioral health relief payments for hospice and other licensed practitioners. The Company participates in administering hospital directed payments received from the Ohio Department of Medicaid to provide COVID relief to both public and nonprofit hospital agencies. There is no risk to the Company as a result of these transactions. The Company recorded an American Rescue Act payable of \$586,412 and \$182,446 as of December 31, 2024 and December 31, 2023, respectively, which is included in liability for amounts held under uninsured plans in the financial statements.

Premier Health is an Ohio Department of Health funded program that will provide comprehensive treatment to help patients with substance use disorders. Directed payments are allocated monthly to participating health systems based on historical utilization. Upon completion of the rating period, an annual reconciliation will be performed against actual utilization for participating health systems. The total monthly payments will not exceed average commercial reimbursement for physician fees. There is no risk to the Company as a result of these pass-through payments. The Company recorded a payable of \$23,772 and \$0 as of December 31, 2024 and December 31, 2023, respectively, which is included in liability for amounts held under uninsured plans in the financial statements.

The Universal Hospital program is an added payment amount for members receiving physician and other covered professional services. Directed payments are allocated monthly to participating health systems based on historical utilization. The total monthly payments will not exceed average commercial reimbursement for physician fees. There is no risk to the Company as a result of these pass-through payments. The Company recorded a payable of \$817,865 and \$0 as of December 31, 2024 and December 31, 2023, respectively, which is included in liability for amounts held under uninsured plans in the financial statements.

The payments processed for each of the programs as of December 31, 2024 and December 31, 2023 are summarized in the table below:

	December 31, 2024	December 31, 2023
Hospital Additional Payment Program	\$ 235,213,528	\$ 287,023,526
Care Innovation and Community Improvement Program	\$ 21,893,488	\$ 34,860,854
Universal Hospital Program	\$ 8,861,265	\$ —
Comprehensive Primary Care Program	\$ 8,440,637	\$ 9,117,507
Enhanced Maternal Program	\$ 1,320,158	\$ 1,425,806
Premier Health Program	\$ 1,172,457	\$ —
University of Toledo Medical Center	\$ 1,081,652	\$ —
Comprehensive Maternal Care Program	\$ 608,505	\$ 153,185
American Rescue Act Program	\$ 89,960	\$ 10,303,197
Hospital Incentive Program	\$ —	\$ 17,343,431
Total payments	\$ 278,681,651	\$ 360,227,506

All programs listed in the table above are subject to the annual Health Insuring Corporation tax with the exception of the Comprehensive Maternal Care Program, the Comprehensive Primary Care Program, the American Rescue Act program, Hospital Additional Payment program, Premier Health program, and the Universal Hospital Program as no additional tax funding is received from the state of Ohio for these programs.

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 2024 and 2023.

20. FAIR VALUE MEASUREMENTS

The National Association of Insurance Commissioner Practices and Procedures manual defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

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

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

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

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

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

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

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following table presents information about the Company's financial assets that are measured and reported at fair value at December 31, 2024 and 2023, 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, 2024				Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)			
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	260,191,724	—	—	—	—	260,191,724
Qualified cash pool	429,960	—	—	—	—	429,960
Separate account assets	—	—	—	—	—	—
Total assets at fair value/NAV	\$ 260,621,684	\$ —	\$ —	\$ —	\$ —	\$ 260,621,684
b. Liabilities at fair value:						
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

Description for Each Class of Asset or Liability	December 31, 2023			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
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	28,044,617	—	—	—	28,044,617
Qualified cash pool	407,660	—	—	—	407,660
Other invested assets	—	—	—	—	—
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	\$ 28,452,277	\$ —	\$ —	\$ —	\$ 28,452,277
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, 2024 or 2023.
- (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, 2024 and 2023 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	December 31, 2024			Net Asset Value (NAV)	Not Practicable (Carrying Value)
			(Level 1)	(Level 2)	(Level 3)		
U.S. government and agency securities	\$ 131,402,068	\$ 147,537,565	\$ 11,469,845	\$ 119,932,223	\$ —	\$ —	\$ —
State and agency municipal securities	53,685,626	56,883,588	—	53,685,626	—	—	—
City and county municipal securities	56,760,646	59,515,672	—	56,760,646	—	—	—
Corporate debt securities	246,405,472	261,764,082	—	246,405,472	—	—	—
Cash equivalents	268,827,755	268,827,755	268,827,755	—	—	—	—
Other invested assets	1,824,994	1,824,994	—	—	1,824,994	—	—
Total bonds and cash equivalents	\$ 758,906,561	\$ 796,353,656	\$ 280,297,600	\$ 476,783,967	\$ 1,824,994	\$ —	\$ —
December 31, 2023							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets				Net Asset Value (NAV)	Not Practicable (Carrying Value)
			(Level 1)	(Level 2)	(Level 3)		
U.S. government and agency securities	\$ 130,008,294	\$ 142,626,457	\$ 11,402,609	\$ 118,605,685	\$ —	\$ —	\$ —
State and agency municipal securities	57,099,191	59,991,715	—	57,099,191	—	—	—
City and county municipal securities	51,690,787	54,012,018	—	51,690,787	—	—	—
Corporate debt securities	277,392,164	295,700,918	—	277,392,164	—	—	—
Cash equivalents	45,166,260	45,166,260	45,166,260	—	—	—	—
Total bonds and cash equivalents	\$ 561,356,696	\$ 597,497,368	\$ 56,568,869	\$ 504,787,827	\$ —	\$ —	\$ —

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, 2024 and 2023.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2024 and 2023.

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 2024 and 2023.

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) The investment policy for the Company limits investments in loan-backed securities, which includes sub-prime issuers. Further, the policy limits investments in private-issuer mortgage securities to 10% of the portfolio, which also includes sub-prime issuers. The exposure to unrealized losses on sub-prime issuers is due to changes in market prices. There are no realized losses due to not receiving anticipated cash flows. The investments covered have an NAIC designation of 1 and/or 2.
- (2) The Company has no direct exposure through investments in sub-prime mortgage loans.
- (3) The Company has no direct exposure through other investments.
- (4) The Company has no underwriting exposure to sub-prime mortgage risk through mortgage guaranty or financial guaranty insurance coverage.

G. Retained Assets

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

H. Insurance-Linked Securities Contracts

As of December 31, 2024, 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 03, 2025, 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, 2024, 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, an affiliate of the Company, to provide insolvency protection for its enrollees. Reinsurance premiums, which are calculated on a percentage of member premium income, of \$2,589,166 and \$2,562,288 in 2024 and 2023, respectively, are netted against net premium income in the financial statements. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company has a reinsurance agreement with an affiliated entity, UnitedHealthcare Insurance Company, to cover certain inpatient hospital claims in excess of defined limits. Reinsurance premiums, which are calculated on a per member per month basis, of \$26,832,211 and \$31,632,812 in 2024 and 2023 respectively, are netted against net premium income in the financial statements. Reinsurance recoveries of \$14,888,195 and \$33,680,611 in 2024 and 2023 respectively, are included in net reinsurance recoveries incurred in the financial statements. There were \$0 of recoveries on paid claims related to this agreement which are included in amounts recoverable from reinsurers and \$16,266,027 and \$27,803,675 for estimated recoveries on unpaid losses which are recorded as a reduction to claims unpaid in 2024 and 2023, respectively, in the financial statements. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

The Company does not have any unaffiliated reinsurance agreements in place as of December 31, 2024 or 2023.

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

	2024	2023
Premiums:		
Direct	\$ 2,499,192,327	\$ 2,609,038,076
Assumed	—	—
Ceded	<u>29,421,377</u>	<u>34,195,099</u>
Net premium income	<u><u>\$ 2,469,770,950</u></u>	<u><u>\$ 2,574,842,977</u></u>
Hospital and medical expenses:		
Direct	\$ 2,193,098,489	\$ 2,040,685,331
Assumed	—	—
Ceded	<u>14,888,195</u>	<u>33,680,611</u>
Net hospital and medical expenses	<u><u>\$ 2,178,210,294</u></u>	<u><u>\$ 2,007,004,720</u></u>

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, 2024.

(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 2024 and 2023, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2024 or 2023.

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 provisions 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 Statement of Statutory Accounting Principles No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.

(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 generally accepted accounting principles accounting treatment were not the same.

(6) The Company’s ceded reinsurance contracts which are not subject to A-791 and not yearly renewable term reinsurance, are treated the same for generally accepted accounting principles 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 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. The Company has Medicare Part D risk-corridor amounts from Centers of Medicare and Medicaid Services under the MyCare Ohio contract which are subject to a retrospectively rated feature. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by the Centers of Medicare and Medicaid Services. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D direct premiums written subject to the retrospectively rated feature was \$11,096,292 and \$7,099,778, representing 0.4% and 0.3% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

The Company has risk-adjustment amounts from the Centers of Medicare and Medicaid Services which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health scores based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to the redetermination feature was \$214,944,273 and \$236,015,636 representing, 8.6% and 9.0% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

The Medicaid contract with the State of Ohio includes an Aged, Blind, and Disabled program which is subject to retrospective rating features. The Company estimates accrued retrospective premium adjustments for its aged, blind & disabled program based on contract with the Ohio Department of Medicaid. The total amount of direct premiums written from the Medicaid contract for which a portion is subject to the retrospectively rated feature was \$286,835,285 and \$282,878,935, representing 11.5% and 10.8% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

The Medicaid and MyCare Ohio contracts include a provision for which a stated percentage of total direct premiums written can be eligible for a performance guarantee payment, based on various quality measures. The total amount of direct premiums written from the Medicaid and MyCare Ohio contracts for which a portion is subject to the redetermination feature was \$2,490,637,124 and \$2,539,230,654, representing 99.7% and 97.3% of total direct premiums written, as of December 31, 2024 and December 31, 2022, respectively.

The Centers of Medicare and Medicaid Services has released the final Medicaid Managed Care Rule which is subject to each State's administration elections. This rule is the first major update to the Medicaid Managed Care regulations in more than a decade, which includes a medical loss ratio requirement. Pursuant to the regulations, premiums associated with the Company's Medicaid line of business are subject to retrospectively rated features based on the actual medical loss ratio experienced on this product. The calculation is pursuant to the Medicaid Managed Care guidance. The total amount of direct premiums written for the Medicaid line of business for which a portion is subject to the retrospectively rated and redetermination features was \$1,568,558,420 and \$1,798,261,637, representing 62.8% and 68.9% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

Effective January 1, 2020, the Ohio Department of Medicaid implemented a risk corridor arrangement within the current year Medicaid Managed Care contract as a risk mitigation in recognition of claims cost uncertainty attributable to the COVID-19 pandemic. Under this approach, the risk corridor is a 2-sided risk mitigation strategy calculated based on the difference between the medical loss ratio assumed in the Medicaid Managed Care contract capitation rates and actual medical loss ratio results. The total amount of direct premiums written for the Medicaid line of business for which a portion is subject to the retrospectively rated features was \$1,568,558,420 and \$1,798,261,637 representing 62.8% and 68.9% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

The MyCare Ohio contract with the state of Ohio includes medical loss ratio rebates. The rebate period is over the contract period. The Company estimates accrued retrospective premium adjustments for its MyCare Ohio business based on medical loss ratio experienced on the MyCare Ohio line of business. The formula is based on net income before taxes. The total amount of direct premiums from the MyCare Ohio contract for which a portion is subject to the retrospectively rated features was \$930,633,908 and \$810,776,439, representing 37.2% and 31.1% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

The Company is subject to a Hepatitis C Risk Pool arrangement with the Ohio Department of Medicaid where the amount of the pool is determined by the projected Hepatitis C cost incorporated into the current year rates, and the funds are redistributed among the plans based on relative actual Hepatitis C costs. The total Medicaid direct premiums written subject to this retrospective rating feature were \$2,320,429,023 and \$2,336,841,472 representing 92.9% and 89.6% of total direct premiums written as of December 31, 2024 and December 31, 2023, respectively.

D. Pursuant to the Medicaid Managed Care Rule, based on the state of Ohio's election, the Company is required to maintain specific medical loss ratios on the Medicaid line of business. The Company has \$0 and \$36,180,968 accrued in a medical loss ratios as of December 31, 2024 and December 31, 2023, respectively.

Pursuant to the Medicaid Managed Care Rule, based on the State's election and state contractual medical loss ratio requirements, the Company is required to maintain specific medical loss ratios on its MyCare Ohio population. The Company accrued \$0 and \$4,400,000 for MyCare Ohio medical loss rebates as of December 31, 2024 and December 31, 2023.

E. Risk-Sharing Provisions of the Affordable Care Act

(1-3) The Company did not write accident and health premiums in 2024 and 2023 subject to the risk-sharing provisions of the Affordable Care Act.

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 (excluding provider loans and advances not yet expensed) and reinsurance recoverables for the years ended December 31, 2024 and 2023:

	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (193,544,843)	\$ (193,544,843)
Paid claims — net of health care receivables* and reinsurance recoveries collected	1,971,476,420	181,276,683	2,152,753,103
End of year claim reserve	<u>203,009,744</u>	<u>11,249,075</u>	<u>214,258,819</u>

Incurred claims excluding the change in health care recoverables as presented below	2,174,486,164	(1,019,085)	2,173,467,079
Beginning of year health care receivables*	—	21,401,114	21,401,114
End of year health care receivables*	<u>(9,671,389)</u>	<u>(6,986,510)</u>	<u>(16,657,899)</u>
Total incurred claims	<u>\$ 2,164,814,775</u>	<u>\$ 13,395,519</u>	<u>\$ 2,178,210,294</u>

*Health care receivables excludes provider loans and advances not yet expensed of \$3,747,662 and \$4,861,183 for 2024 and 2023, respectively.

	2023		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (205,211,920)	\$ (205,211,920)
Paid claims — net of health care receivables* and reinsurance recoveries collected	1,857,753,506	162,150,739	2,019,904,245
End of year claim reserve	<u>182,221,660</u>	<u>11,323,183</u>	<u>193,544,843</u>

Incurred claims excluding the change in health care recoverables as presented below	2,039,975,166	(31,737,998)	2,008,237,168
Beginning of year health care receivables*	—	20,168,666	20,168,666
End of year health care receivables*	<u>(11,380,064)</u>	<u>(10,021,050)</u>	<u>(21,401,114)</u>
Total incurred claims	<u>\$ 2,028,595,102</u>	<u>\$ (21,590,382)</u>	<u>\$ 2,007,004,720</u>

*Health care receivables excludes provider loans and advances not yet expensed of \$4,861,183 and \$3,700,585 for 2023 and 2022, respectively.

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable (excluding provider loans and advances not yet expensed), as of December 31, 2023 was \$172,143,729. As of December 31, 2024, \$181,276,683 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 (excluding provider loans and advances not yet expensed) are now \$4,262,565, as a result of re-estimation of unpaid claims. Therefore, there has been \$13,395,519 unfavorable prior year development since December 31, 2023 to December 31, 2024. The primary drivers consist of unfavorable development of \$34,979,635 from mental health risk corridor, unfavorable development of \$23,588,663 in retroactivity for inpatient, outpatient, physician, and pharmacy claims offset by favorable development in capitation of \$66,295,334. At December 31, 2023, the Company recorded \$21,590,382 of favorable development related to a change in the provision for adverse deviations in experience of \$12,239,552, favorable development of \$10,268,118 primarily driven by mental health risk corridor and favorable development of \$3,407,758 in provider settlements, offset by \$5,941,992 in risk share. 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 reserve for rate credits in the financial statements.

The Company incurred claims adjustment expenses of \$77,592,801 and \$99,496,390 in 2024 and 2023, 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 claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2024 and 2023:

	2024	2023
Total claims adjustment expenses	\$ 77,592,801	\$ 99,496,390
Less: current year unpaid claims adjustment expenses	(2,152,044)	(1,935,832)
Add: prior year unpaid claims adjustment expenses	1,935,832	2,127,871
 Total claims adjustment expenses paid	 <u>\$ 77,376,589</u>	 <u>\$ 99,688,429</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 claims adjustment expenses in 2024.

26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. The Company did not have any intercompany pooling arrangements in 2024 or 2023.

27. STRUCTURED SETTLEMENTS

A–B. The Company did not have structured settlements in 2024 or 2023.

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 Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables* 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 Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, 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
12/31/2024	\$ 4,454,169	\$ 1,461,111	\$ —	\$ —	\$ —
9/30/2024	4,491,991	4,603,402	2,917,399	—	—
6/30/2024	4,388,826	4,433,090	3,440,953	732,728	—
3/31/2024	4,344,048	4,457,888	3,479,032	777,492	36,852
 12/31/2023	 \$ 5,030,786	 \$ 4,928,949	 \$ 4,451,452.00	 \$ 517,146	 \$ (39,591)
9/30/2023	5,382,915	5,273,872	4,780,930	441,778	\$ 46,951
6/30/2023	5,587,578	5,406,489	4,965,686	463,839	\$ (27,233)
3/31/2023	5,518,805	5,531,684	4,830,819	697,731	(1,010)
 12/31/2022	 5,578,114	 5,440,967	 5,007,017	 427,619	 6,273
9/30/2022	6,091,243	5,692,858	5,337,622	348,423	3,443
6/30/2022	6,171,452	5,884,574	5,200,334	670,942	9,615
3/31/2022	6,364,040	6,027,504	5,249,490	741,111	33,039

Of the amount reported as health care and other amounts receivable, \$6,045,074 and \$6,894,065 relate to pharmacy rebates receivable as of December 31, 2024 and 2023, respectively.

B. The Company has nonadmitted all risk-sharing receivables from the financial statements.

The Company also admitted \$1,416,466 and \$804,549 of provider receivables resulting from claim overpayments as of December 31, 2024 and December 31, 2023, respectively, which are included in health care and other receivables in the financial statements.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2024 or 2023.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any premium deficiency reserves as of December 31, 2024 or 2023. The analysis of premium deficiency reserves was completed as of December 31, 2024 and 2023. The Company did consider anticipated investment income when calculating the premium deficiency reserves.

The following table summarizes the Company's premium deficiency reserves as of December 31, 2024 and 2023:

2024		
1. Liability carried for premium deficiency reserves	\$	—
2. Date of the most recent evaluation of this liability	<hr/> 12/31/2024	
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2023		
1. Liability carried for premium deficiency reserves	\$	—
2. Date of the most recent evaluation of this liability	<hr/> 12/31/2023	
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, 2024 and 2023, 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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000731766

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2023

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. 12/31/2018

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). 06/01/2020

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
 If yes, complete and file the merger history data file with the NAIC.

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control 0.0 %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan 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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank, Inc.	Salt Lake City, 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?
 Kevin P. Donnelly, Vice President of Actuarial Services of the Community and State division of United HealthCare Services, Inc., of which UnitedHealthcare Community Plan of Ohio, Inc. is an affiliate, 9800 Health Care Lane, Minnetonka, MN 55343.
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company ... N/A
 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 [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan 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 [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$	0
22.22 Amount paid as expenses	\$ 0
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 2024 OF THE UnitedHealthcare Community Plan 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	\$ 3,496,135
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 []
If no, attach a description with this statement.

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

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

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

27.41 Special accounting provision of SSAP No. 108	Yes [] No []
27.42 Permitted accounting practice	Yes [] No []
27.43 Other accounting guidance	Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [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
PNC Bank	The Tower at PNC Plaza 300 Fifth Avenue Pittsburgh, PA 15222

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan 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 []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
PNC	N/A	03/31/2024	Plan is being consolidated

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. This includes both primary and sub-advisors. 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
BNY Mellon Asset Management North America	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 []

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 []

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
105764	BNY Mellon Asset Management North America	ME7YUCK4NF1W8VM8SP25	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 []

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 2024 OF THE UnitedHealthcare Community Plan 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	533,906,978	496,459,883	(37,447,095)
31.2 Preferred stocks	0	0	0
31.3 Totals	533,906,978	496,459,883	(37,447,095)

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

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

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

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

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

.....

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

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? 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 2024 OF THE UnitedHealthcare Community Plan 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 [X]
39.22 Immediately converted to U.S. dollars Yes [] No [X]

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

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

OTHER

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

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

1 Name	2 Amount Paid
.....

41.1 Amount of payments for legal expenses, if any? \$ 0

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

1 Name	2 Amount Paid
.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ 0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
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:	<table border="0"> <tr> <td style="width: 50px;">1</td> <td style="width: 50px;">2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table>	1	2	Current Year	Prior Year
1	2					
Current Year	Prior Year					
2.1	Premium Numerator	2,544,158,949 2,522,106,146				
2.2	Premium Denominator	2,544,158,949 2,522,106,146				
2.3	Premium Ratio (2.1/2.2)	1.000 1.000				
2.4	Reserve Numerator	312,619,757 347,805,640				
2.5	Reserve Denominator	312,619,757 347,805,641				
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]				
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
5.2	If no, explain:					
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical \$ 0 5.32 Medical Only \$ 1,050,000 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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
7.2	If no, give details					
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 60,584 8.2 Number of providers at end of reporting year 58,537				
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
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 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ 4,270,338
10.22 Amount actually paid for year bonuses.....	\$ 1,389,341
10.23 Maximum amount payable withholds.....	\$ 6,321
10.24 Amount actually paid for year withholds.....	\$ 82,421

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.13 An Individual Practice Association (IPA), or,	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.14 A Mixed Model (combination of above)?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] 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. \$ 1,700,000

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

11.6 If the amount is calculated, show the calculation

Ohio Statutes Title 17, Chapter 1751, section 28, paragraph 4 requires the Company's net worth to be equal to or greater than \$1,700,000. ...

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

1 Name of Service Area	
Ohio - Statewide	

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

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 []

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 []

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

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

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 []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare Community Plan of Ohio, Inc.
FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	947,870,173	898,658,533	893,922,939	917,826,294	820,722,370
2. Total liabilities (Page 3, Line 24)	454,989,196	400,100,960	394,420,571	495,772,161	434,695,615
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	492,880,977	498,557,573	499,502,368	422,054,133	386,026,755
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,544,158,949	2,522,106,146	3,173,411,697	3,231,292,033	3,145,603,023
6. Total medical and hospital expenses (Line 18)	2,178,210,294	2,007,004,720	2,563,806,402	2,726,137,423	2,601,313,906
7. Claims adjustment expenses (Line 20)	77,592,801	99,496,390	106,162,195	113,805,702	114,755,609
8. Total administrative expenses (Line 21)	230,442,502	251,880,557	267,764,230	247,881,993	275,854,333
9. Net underwriting gain (loss) (Line 24)	57,913,352	163,724,479	235,678,871	155,631,915	141,514,175
10. Net investment gain (loss) (Line 27)	23,740,613	26,015,631	14,335,916	10,441,343	9,900,156
11. Total other income (Lines 28 plus 29)	0	280	0	18,486	0
12. Net income or (loss) (Line 32)	64,721,160	150,198,468	197,524,107	138,696,772	107,405,183
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	172,778,633	38,088,963	180,585,318	190,966,744	247,657,986
Risk-Based Capital Analysis					
14. Total adjusted capital	492,880,977	498,557,573	499,502,368	422,054,133	386,026,755
15. Authorized control level risk-based capital	61,965,733	36,527,834	79,624,742	64,061,832	69,866,922
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	282,369	331,464	386,769	387,472	360,111
17. Total members months (Column 6, Line 7)	3,581,617	4,408,395	4,692,340	4,512,265	4,076,884
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	85.6	79.6	80.8	84.4	82.7
20. Cost containment expenses	2.6	3.0	2.5	2.5	2.5
21. Other claims adjustment expenses	0.4	1.0	0.8	1.0	1.1
22. Total underwriting deductions (Line 23)	97.7	93.5	92.6	95.2	95.5
23. Total underwriting gain (loss) (Line 24)	2.3	6.5	7.4	4.8	4.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	182,078,744	163,452,871	183,293,483	158,765,368	140,810,270
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	172,143,730	185,043,253	201,518,405	195,096,816	156,159,582
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in 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: _____

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
2. Alaska	AK	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
3. Arizona	AZ	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
4. Arkansas	AR	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
5. California	CA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
6. Colorado	CO	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
7. Connecticut	CT	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
8. Delaware	DE	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
9. District of Columbia	DC	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
10. Florida	FL	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
11. Georgia	GA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
12. Hawaii	HI	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
13. Idaho	ID	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
14. Illinois	IL	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
15. Indiana	IN	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
16. Iowa	IA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
17. Kansas	KS	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
18. Kentucky	KY	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
19. Louisiana	LA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
20. Maine	ME	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
21. Maryland	MD	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
22. Massachusetts	MA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
23. Michigan	MI	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
24. Minnesota	MN	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
25. Mississippi	MS	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
26. Missouri	MO	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
27. Montana	MT	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
28. Nebraska	NE	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
29. Nevada	NV	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
30. New Hampshire	NH	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
31. New Jersey	NJ	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
32. New Mexico	NM	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
33. New York	NY	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
34. North Carolina	NC	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
35. North Dakota	ND	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
36. Ohio	OH	.....L.....	214,944,273	2,284,248,055	.....0.....	.....0.....	.....0.....	.....0.....	2,499,192,328	.....0.....
37. Oklahoma	OK	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
38. Oregon	OR	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
39. Pennsylvania	PA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
40. Rhode Island	RI	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
41. South Carolina	SC	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
42. South Dakota	SD	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
43. Tennessee	TN	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
44. Texas	TX	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
45. Utah	UT	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
46. Vermont	VT	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
47. Virginia	VA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
48. Washington	WA	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
49. West Virginia	WV	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
50. Wisconsin	WI	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
51. Wyoming	WY	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
52. American Samoa	AS	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
53. Guam	GU	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
54. Puerto Rico	PR	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
55. U.S. Virgin Islands	VI	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
56. Northern Mariana Islands	MP	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
57. Canada	CAN	.....N.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
58. Aggregate Other Aliens	OT	....XXX....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
59. Subtotal .....		....XXX....	.....0.....	214,944,273	2,284,248,055	.....0.....	.....0.....	.....0.....	2,499,192,328	.....0.....
60. Reporting Entity Contributions for Employee Benefit Plans .....		....XXX....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
61. Totals (Direct Business)		....XXX....	.....0.....	214,944,273	2,284,248,055	.....0.....	.....0.....	.....0.....	2,499,192,328	.....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.....
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		....XXX....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 4. Q - Qualified - Qualified or accredited reinsurer.....0

2. R - Registered - Non-domiciled RRGs.....0 5. N - None of the above - Not allowed to write business in the state.....56

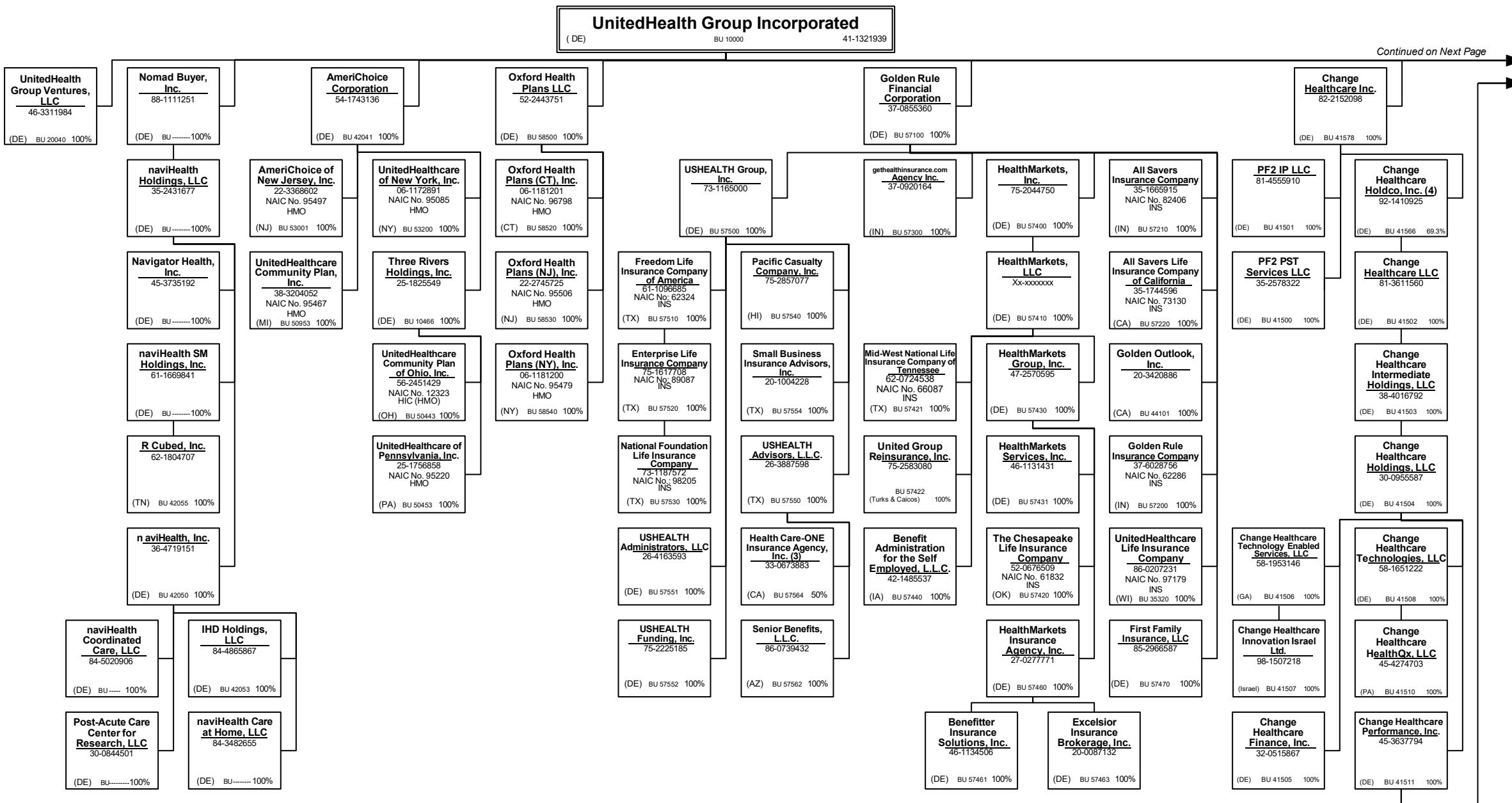
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

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

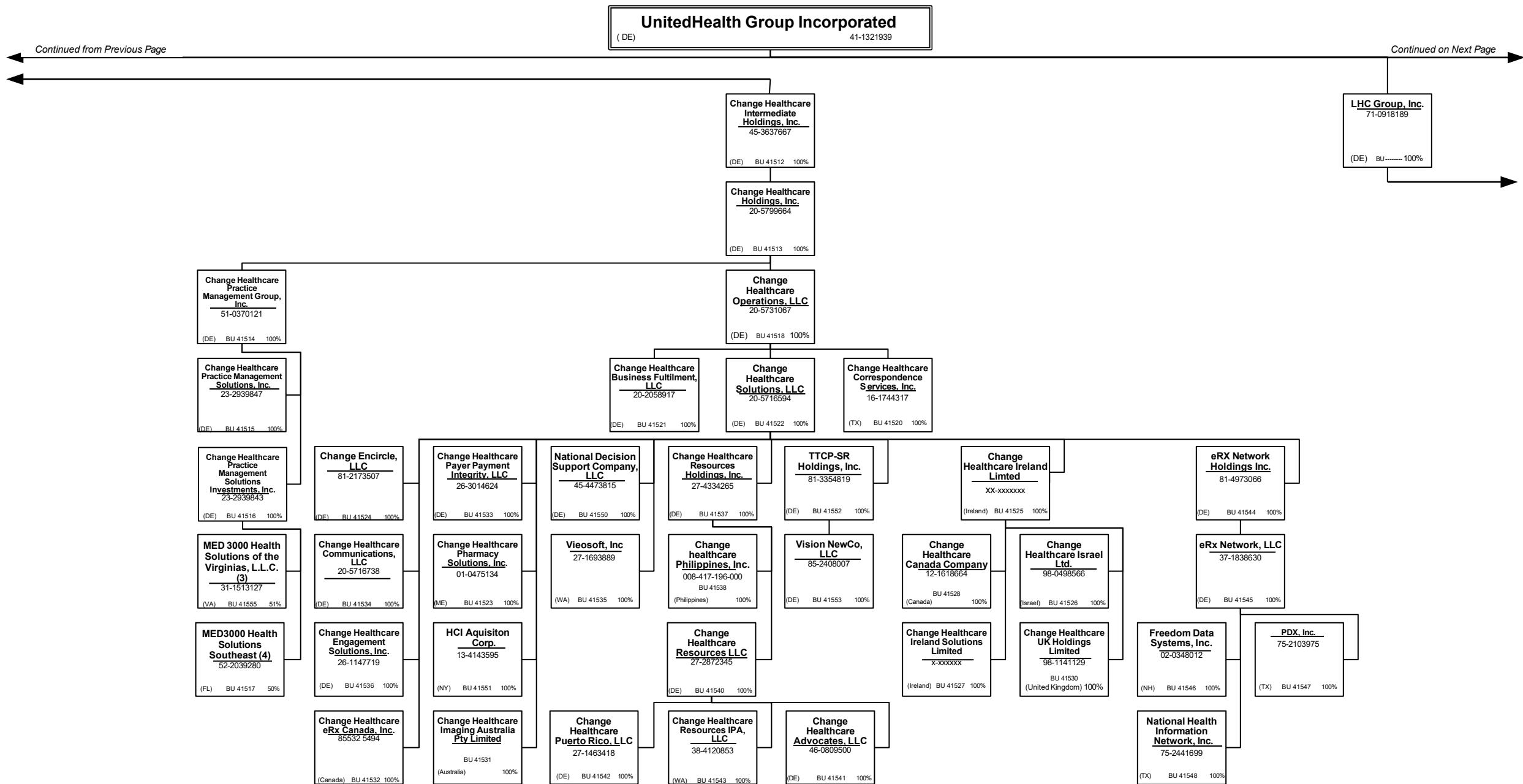
Premiums allocated by state based upon Geographic Market.

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

PART 1 - ORGANIZATIONAL CHART



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

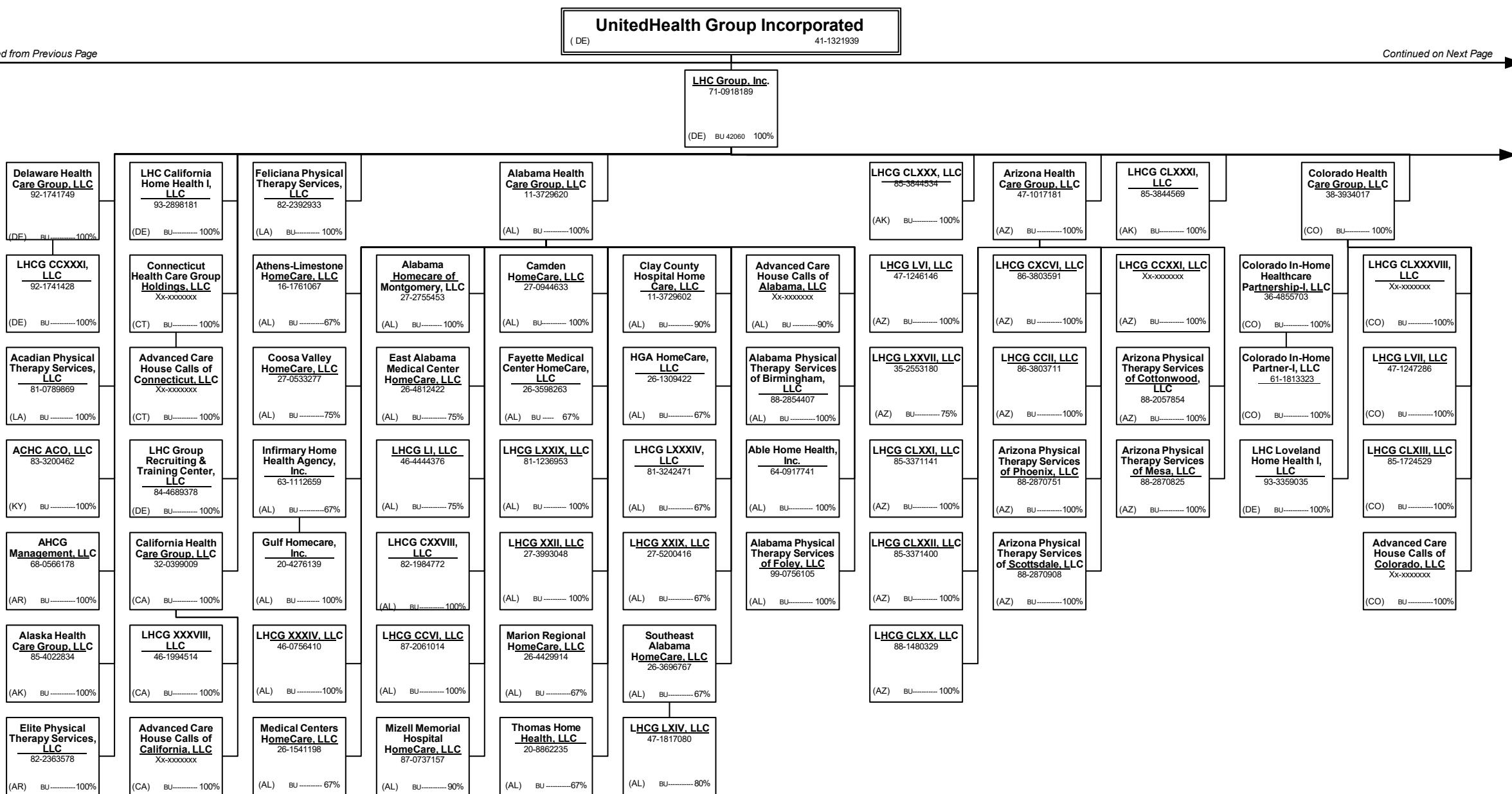


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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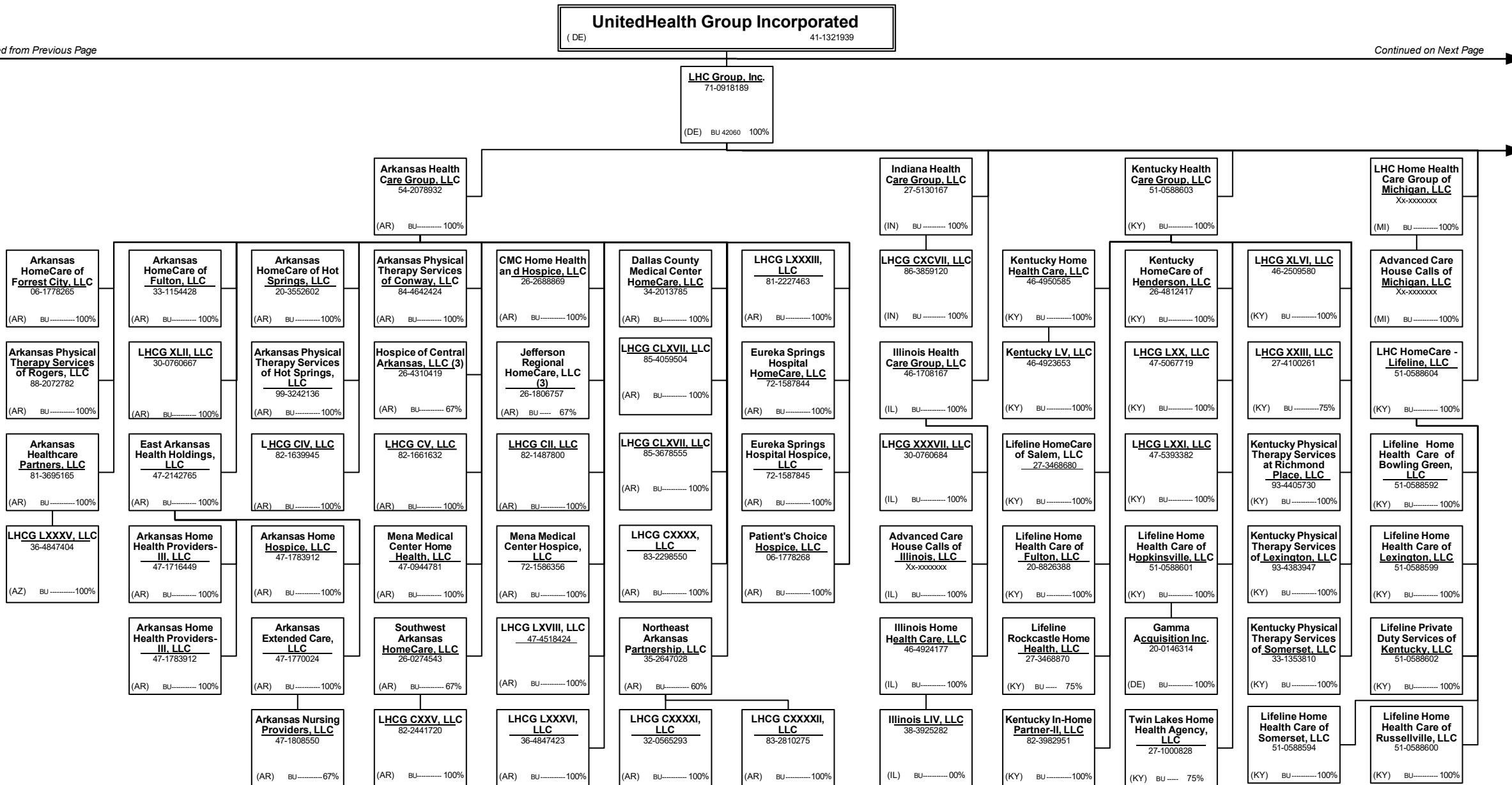
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

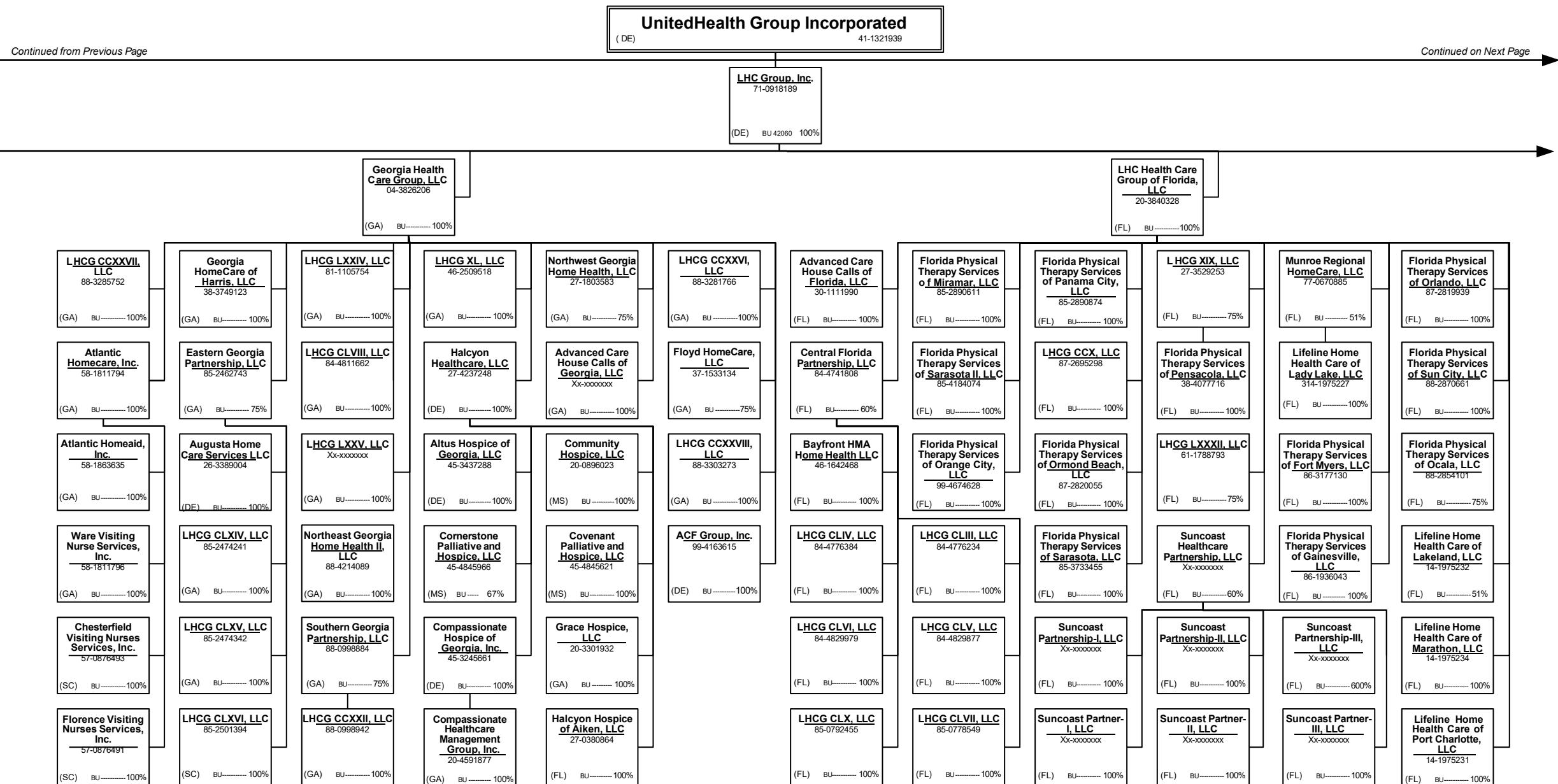
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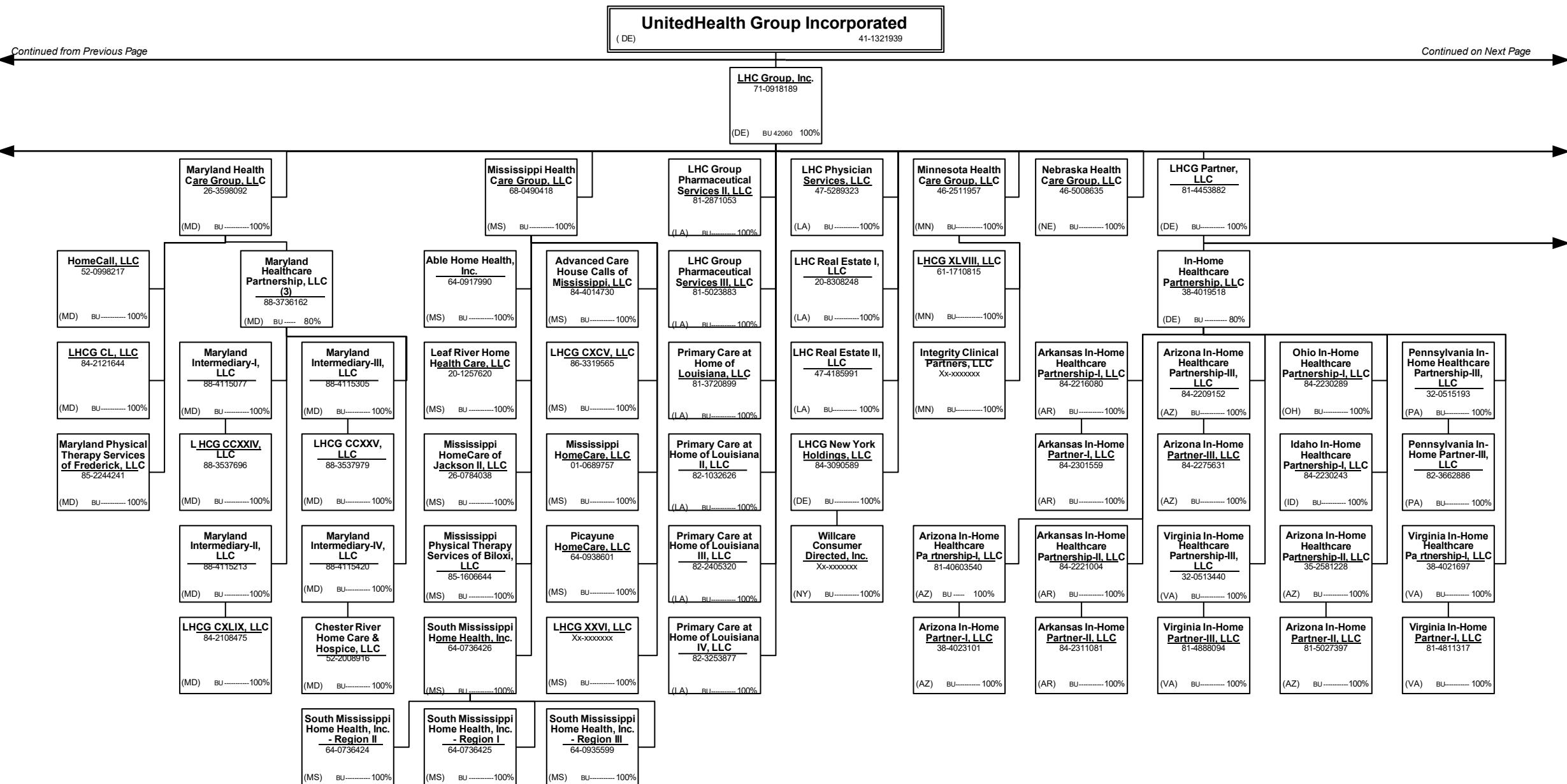
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



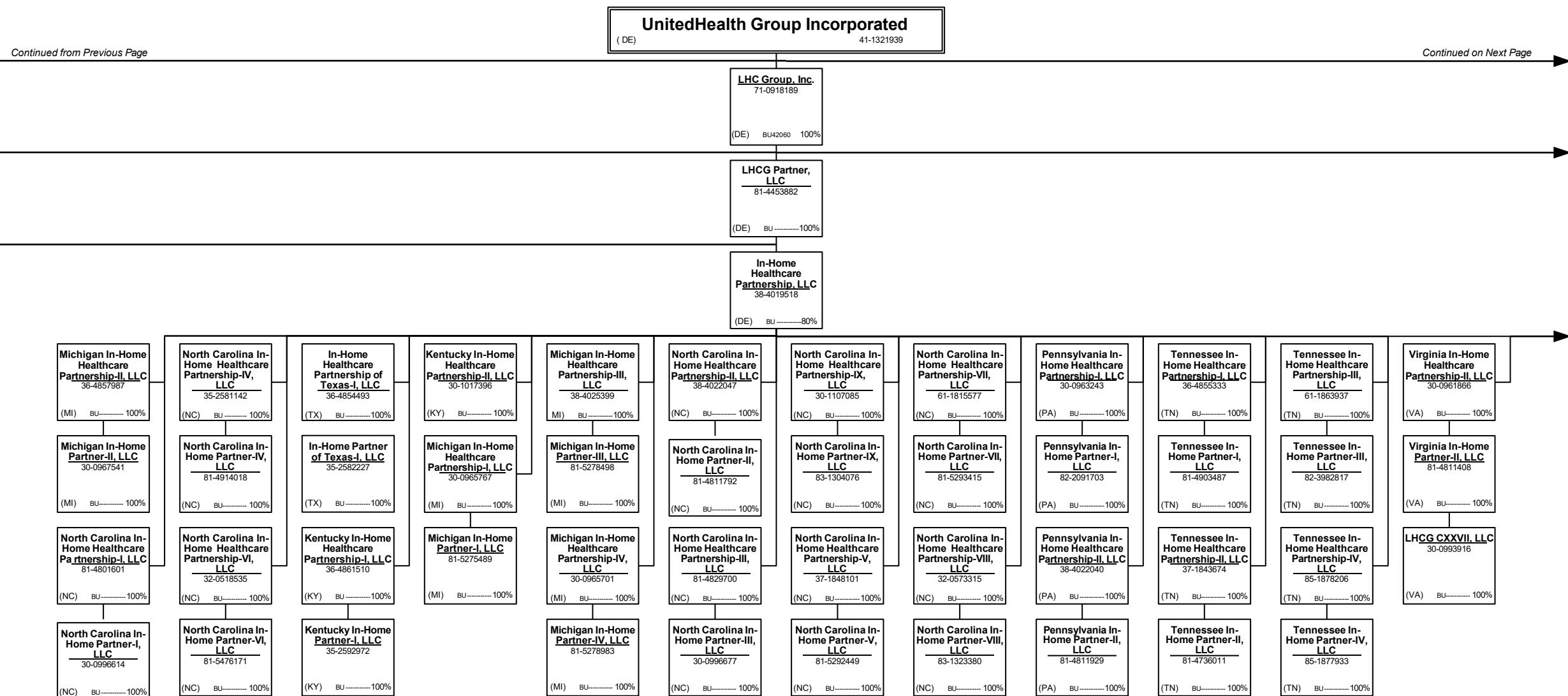
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PART 1 - ORGANIZATIONAL CHART



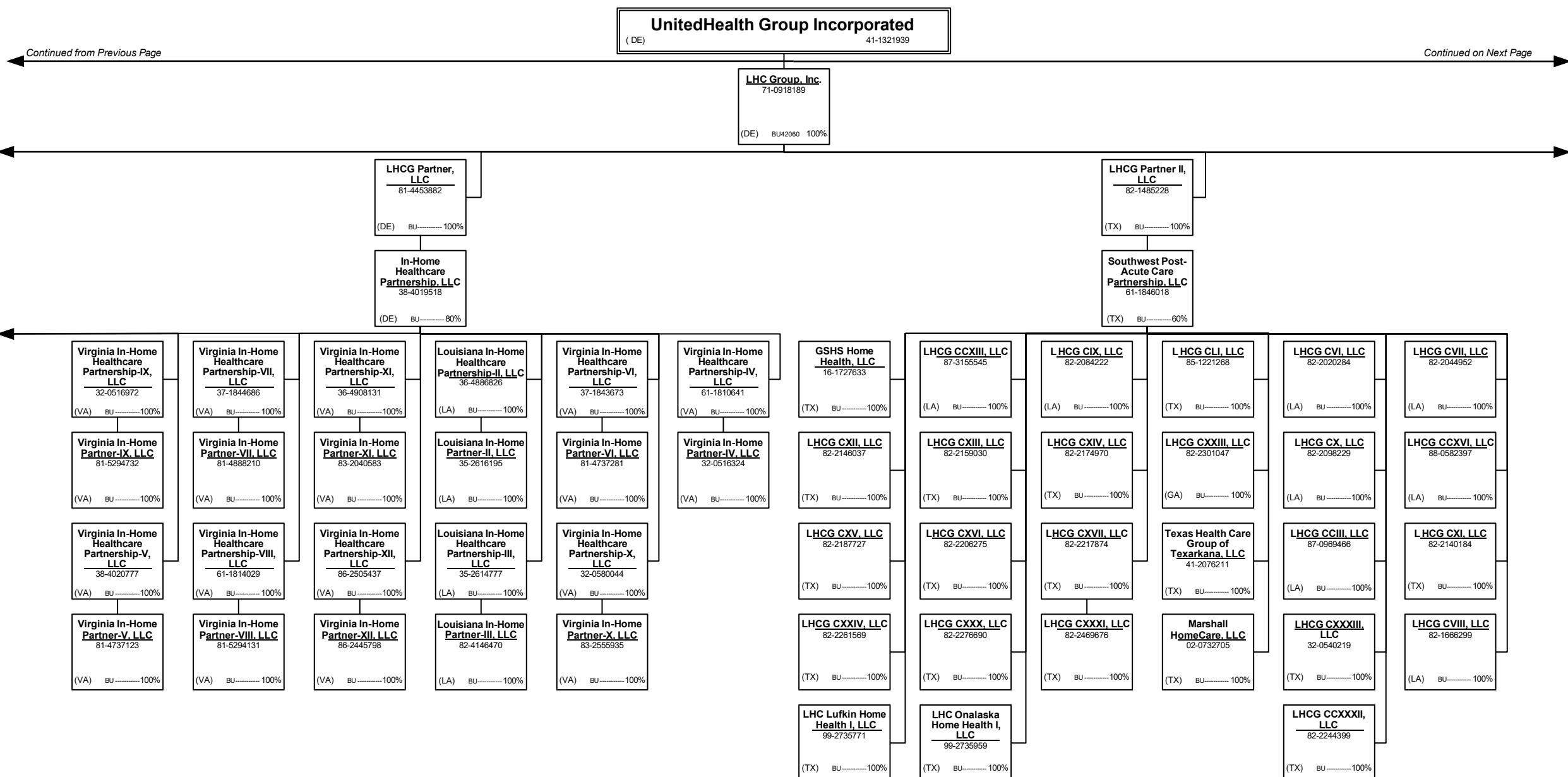
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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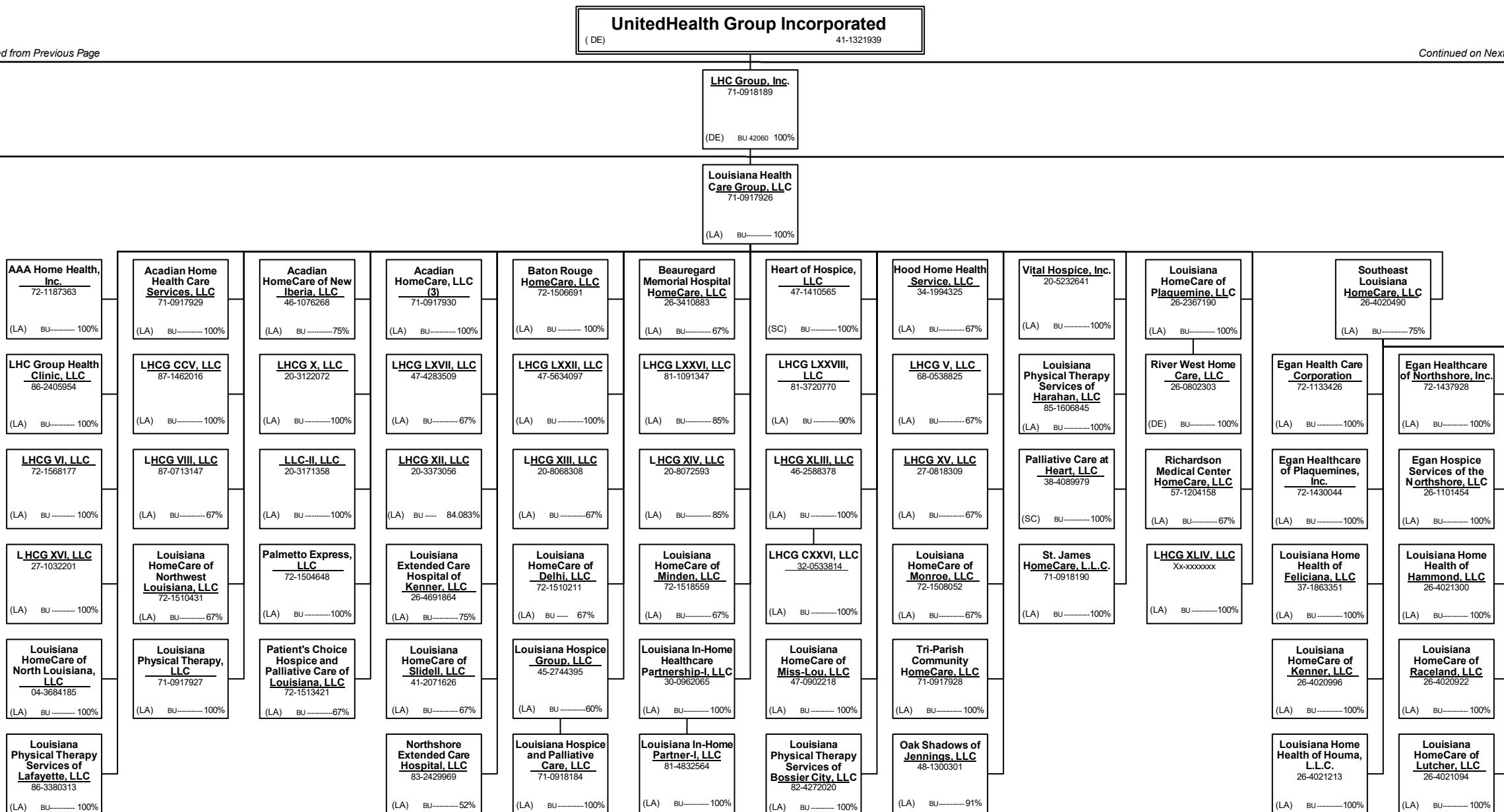


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

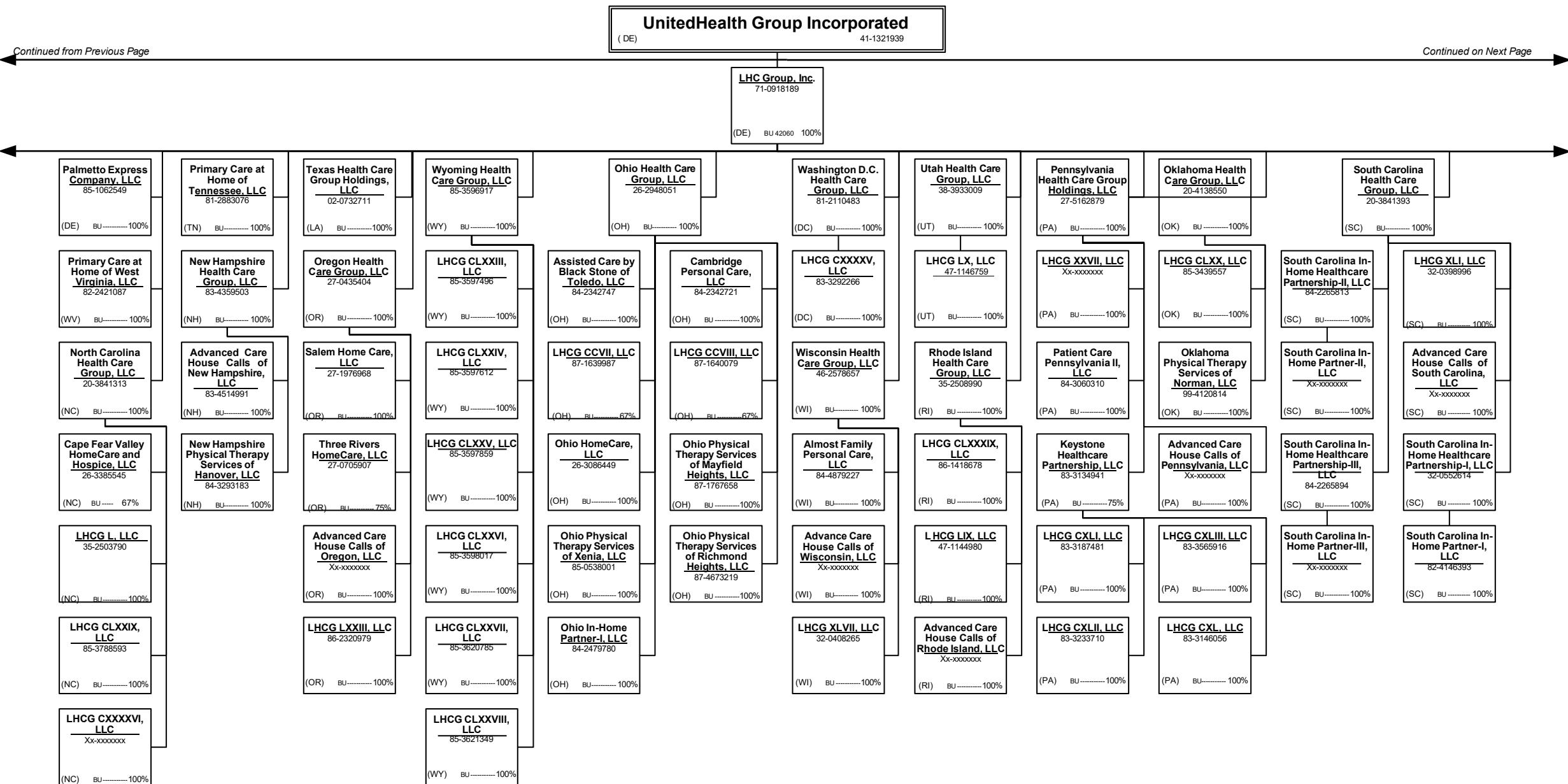
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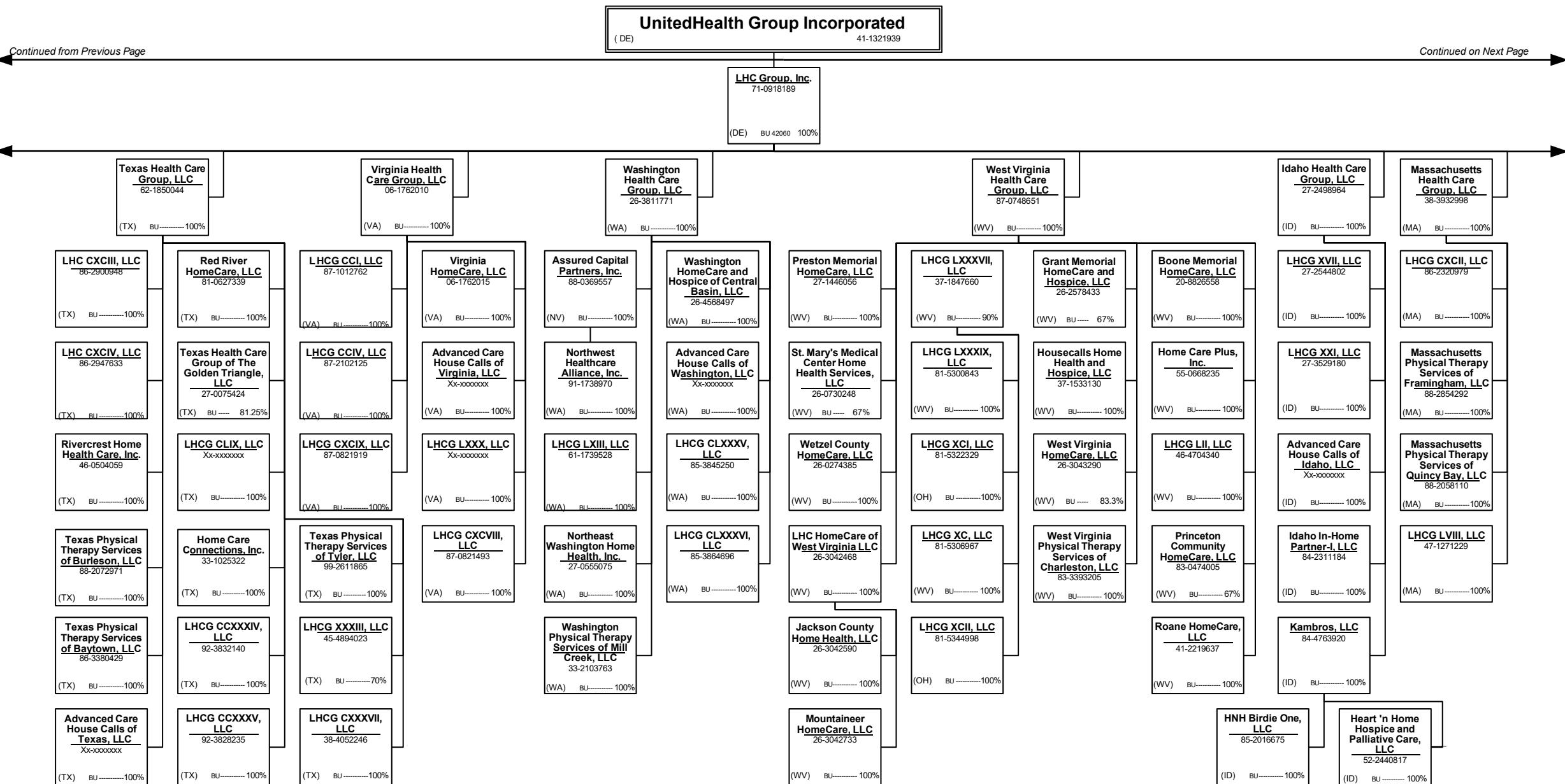
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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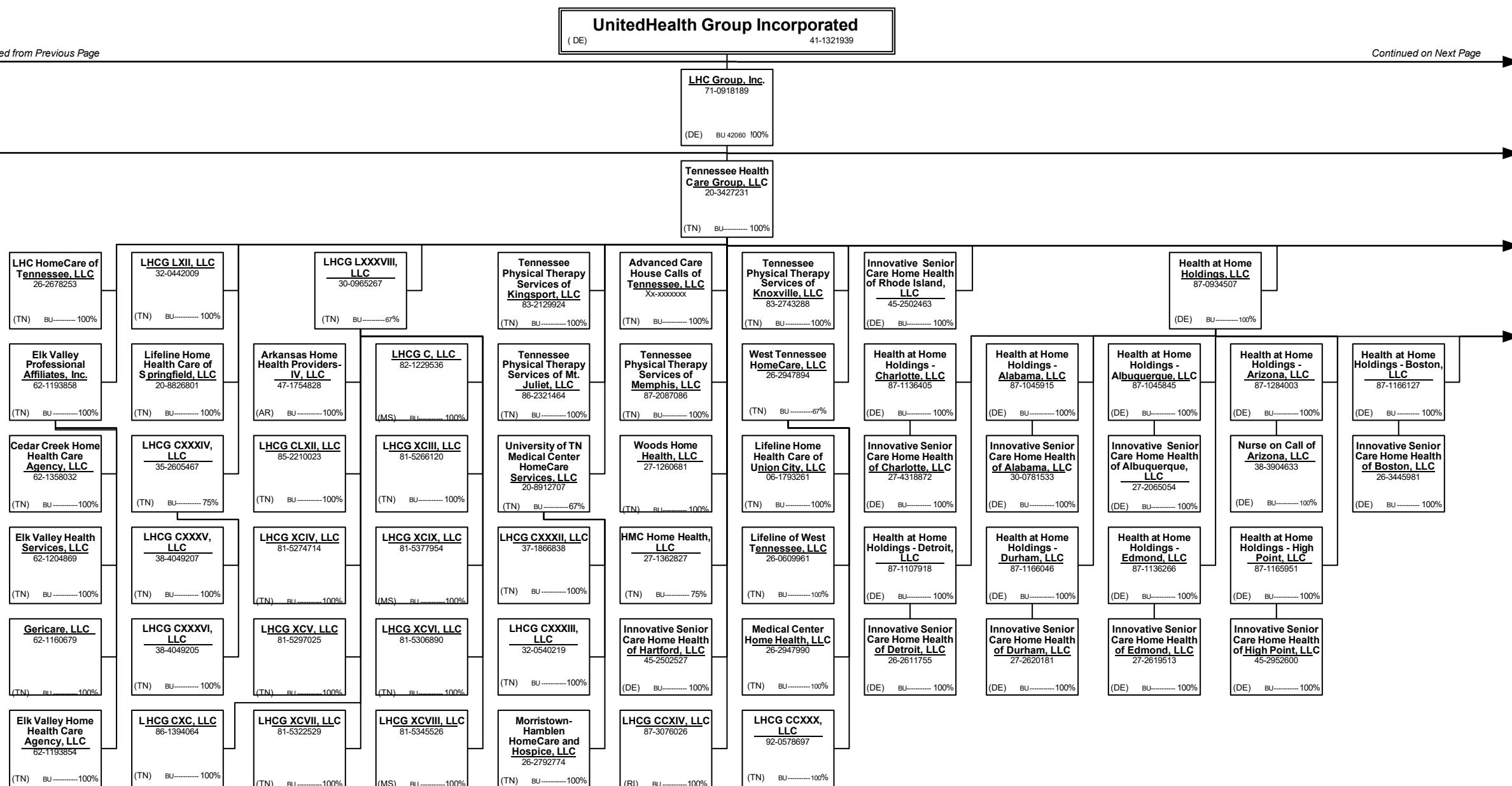
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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

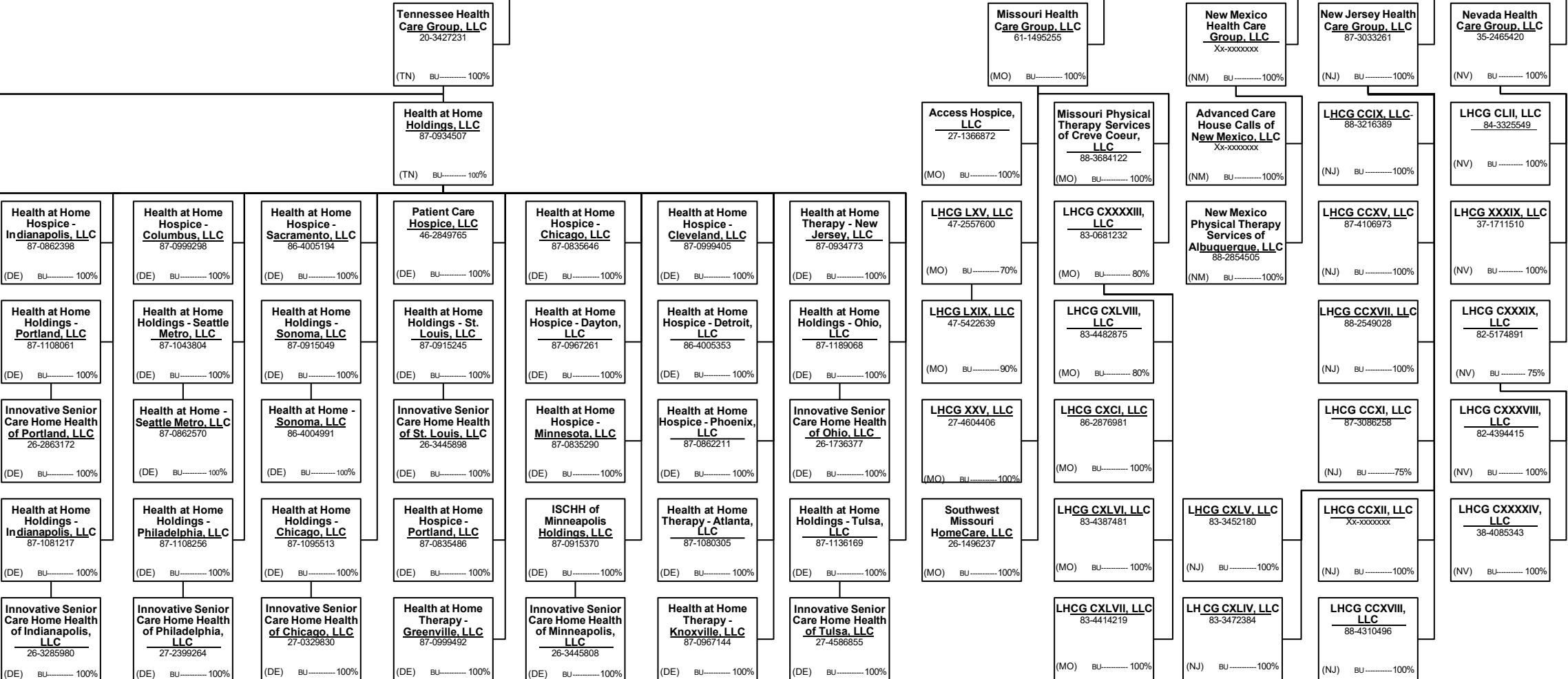
PART 1 - ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

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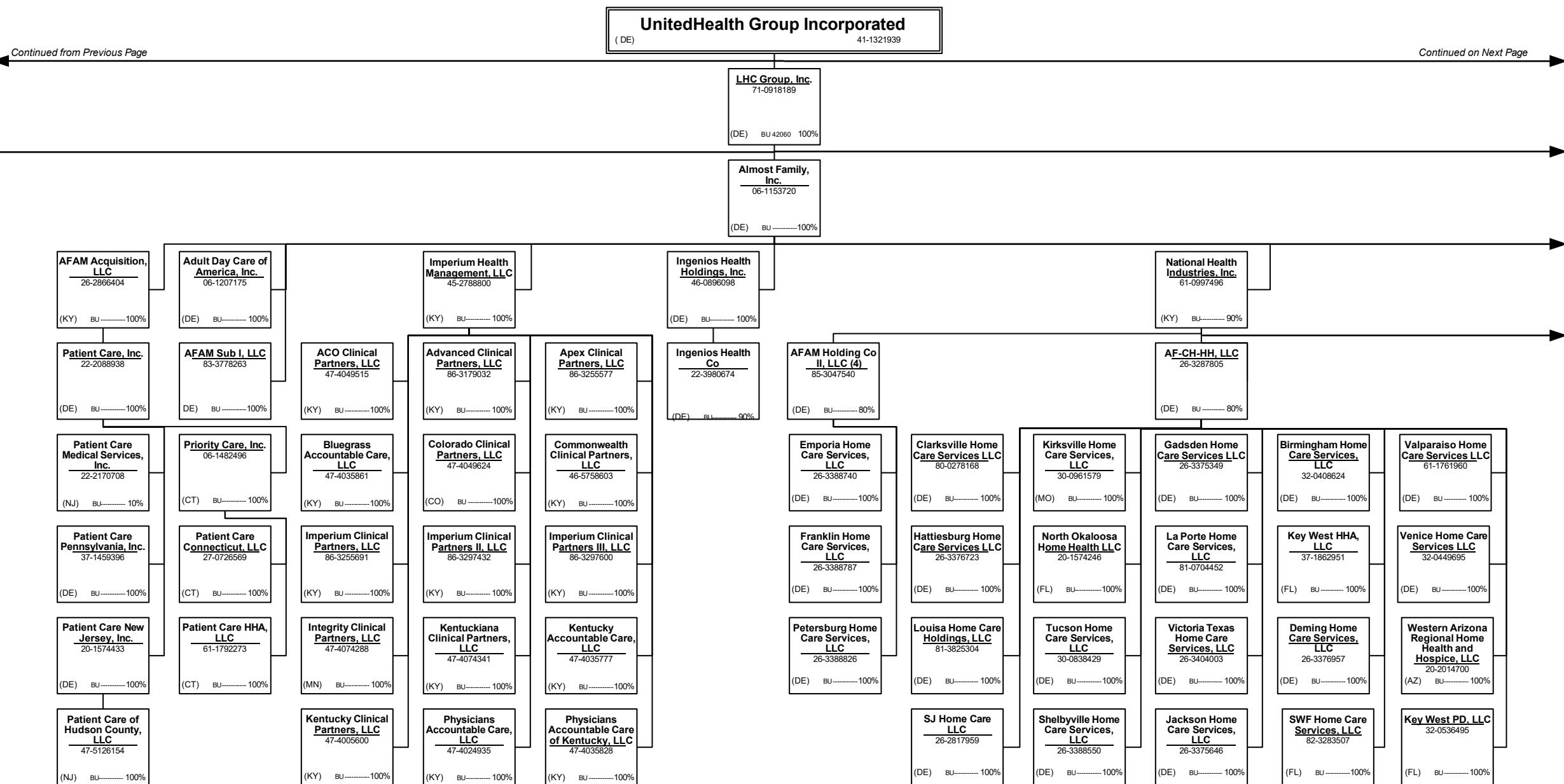
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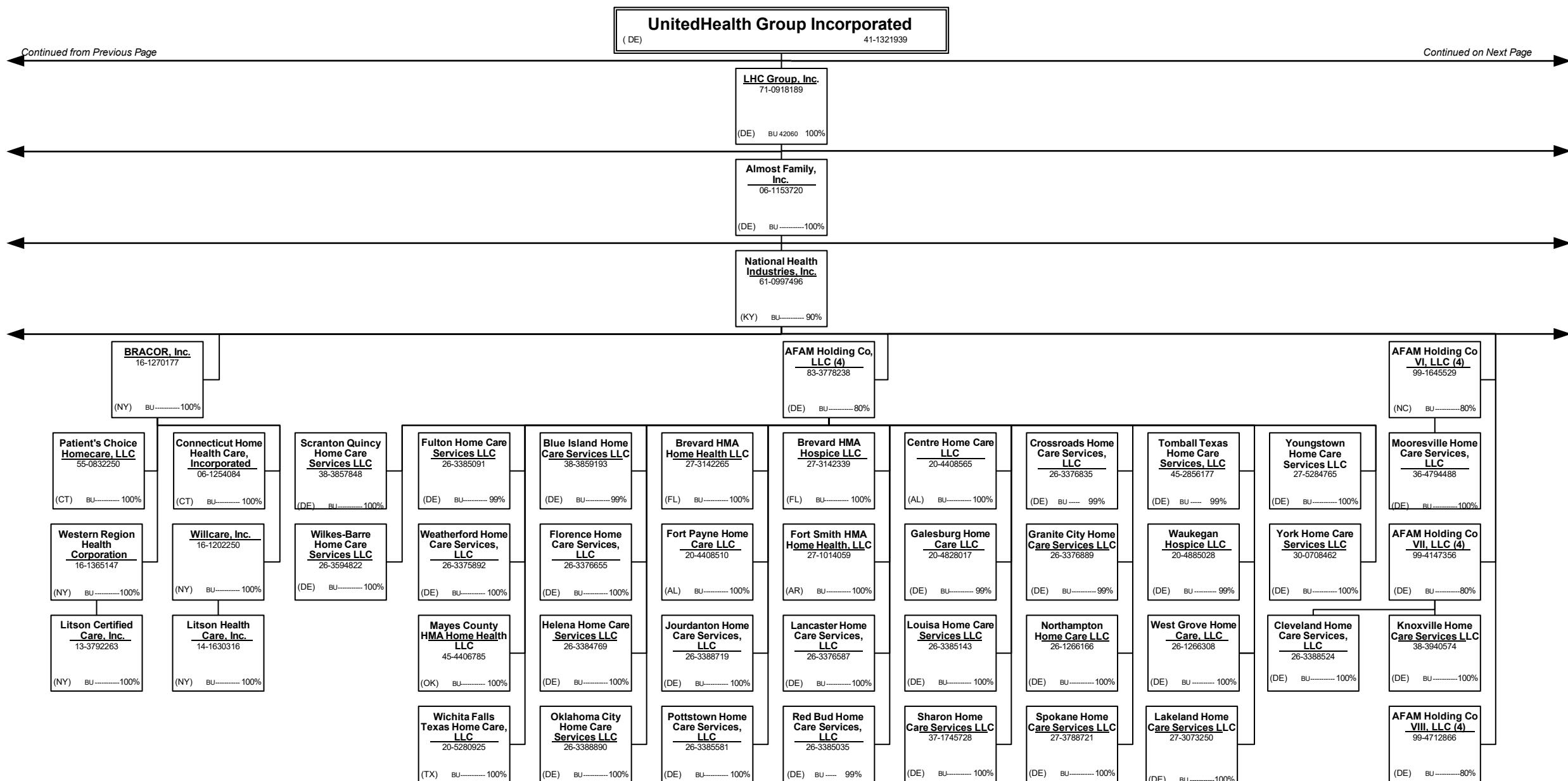
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PART 1 - ORGANIZATIONAL CHART



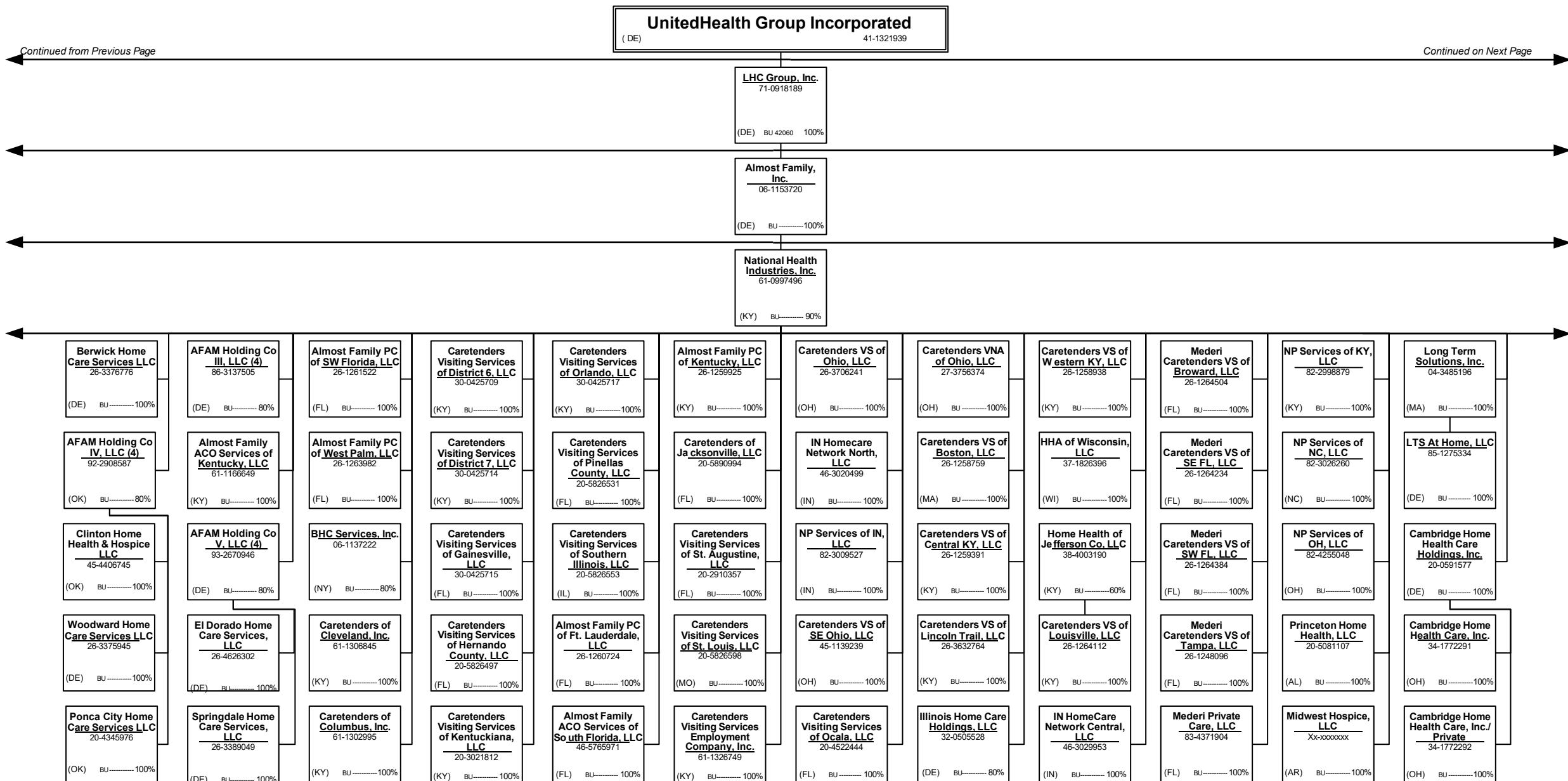
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PART 1 - ORGANIZATIONAL CHART



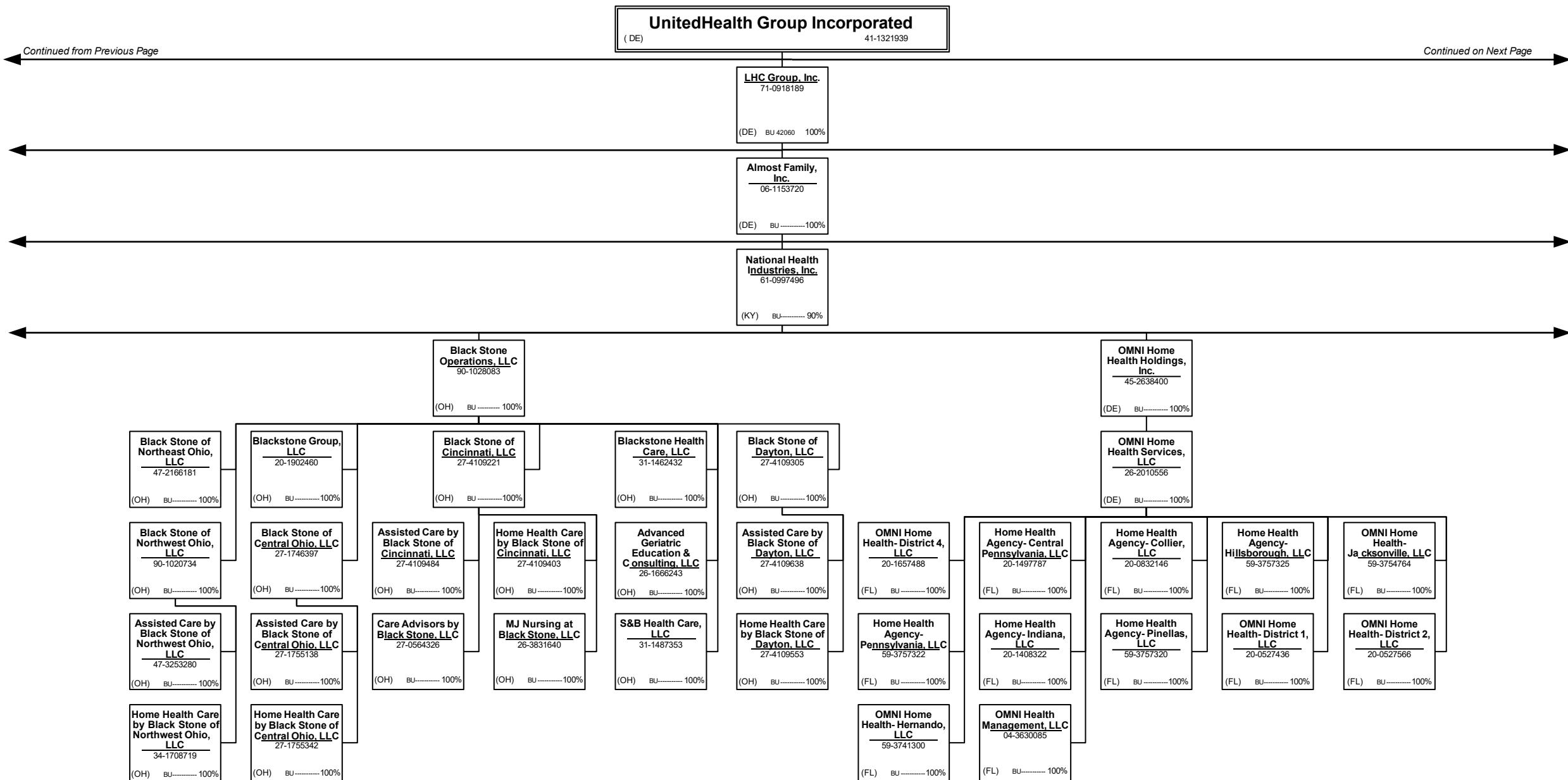
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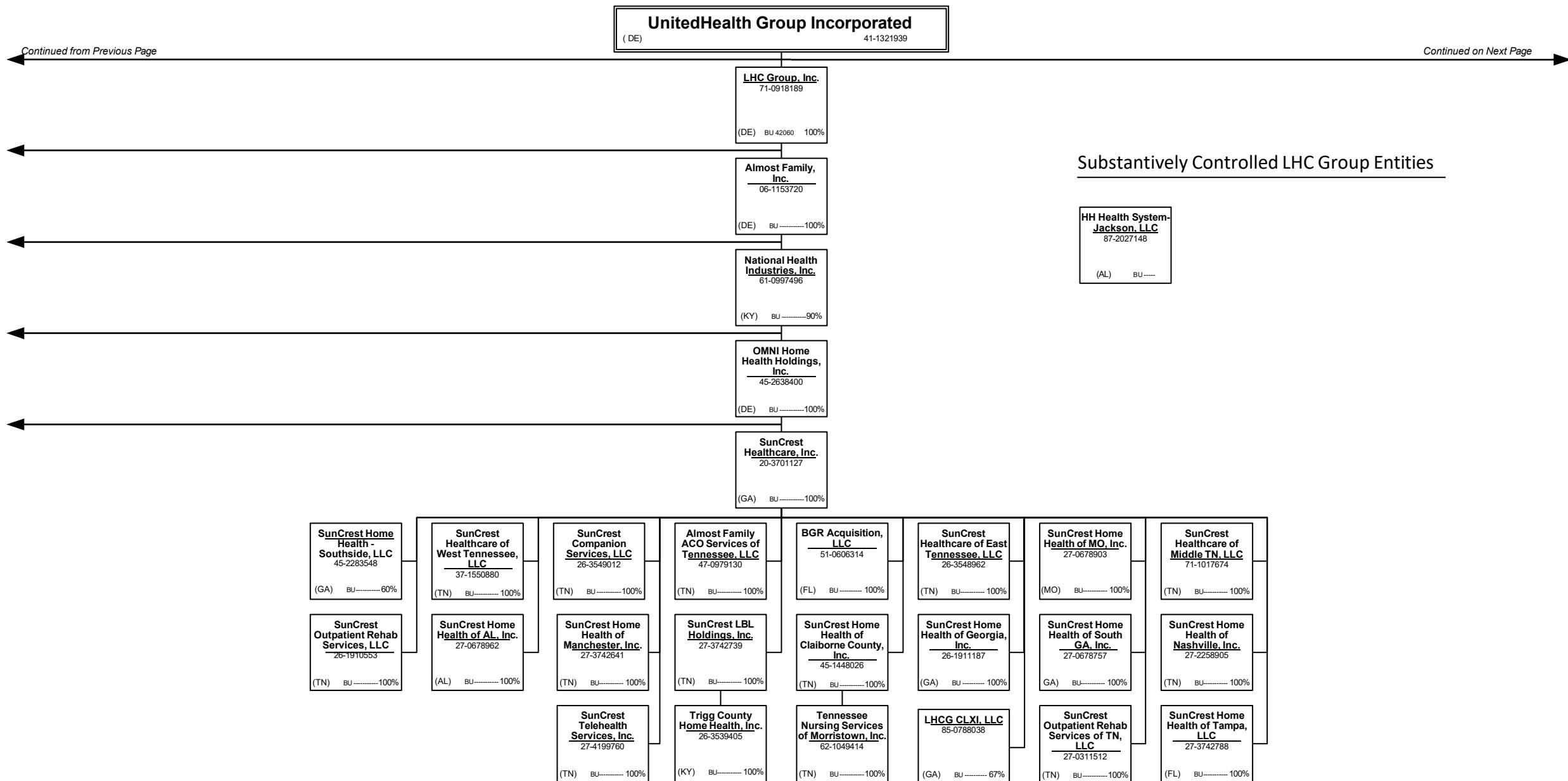
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PART 1 - ORGANIZATIONAL CHART



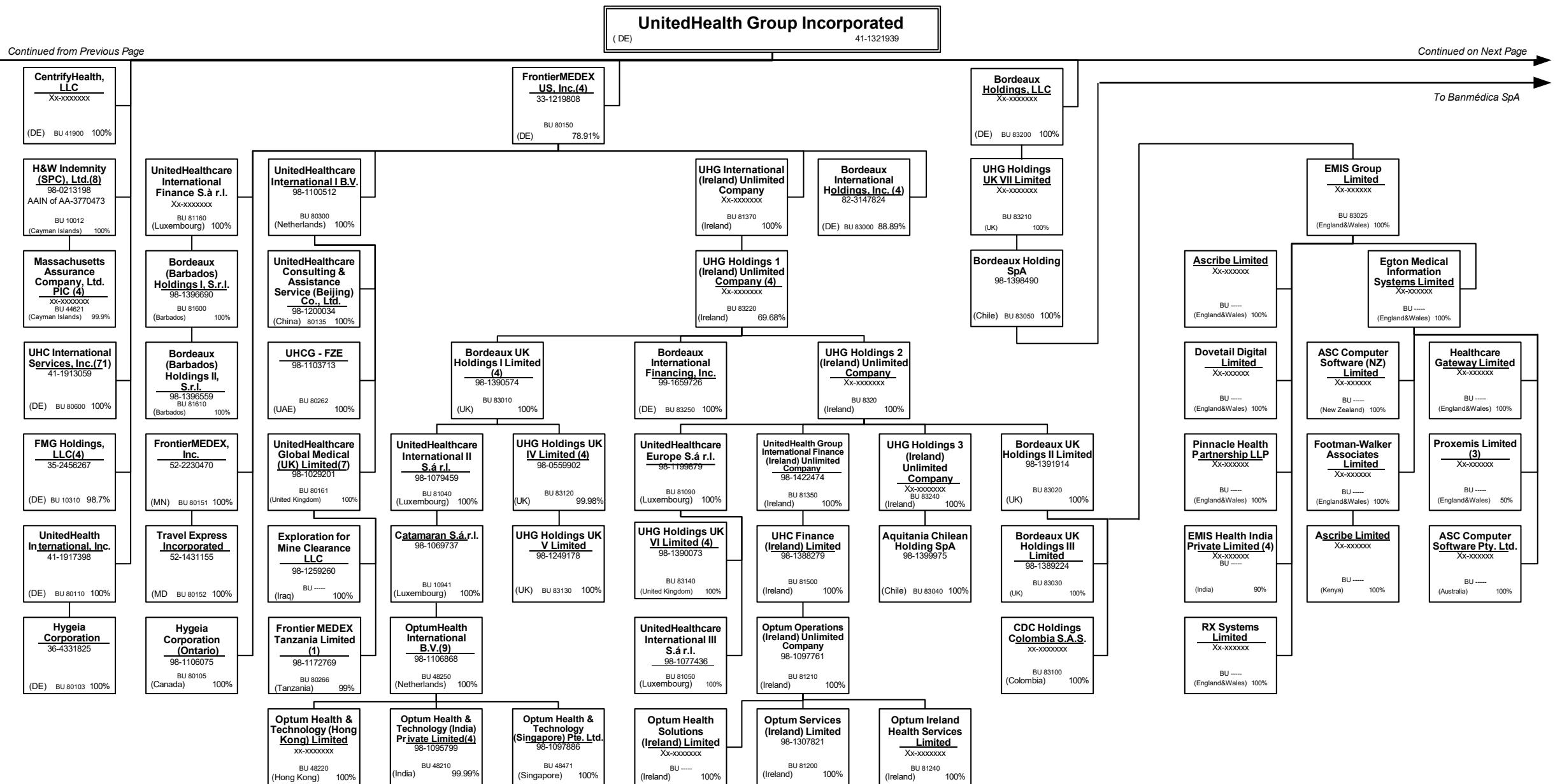
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PART 1 - ORGANIZATIONAL CHART



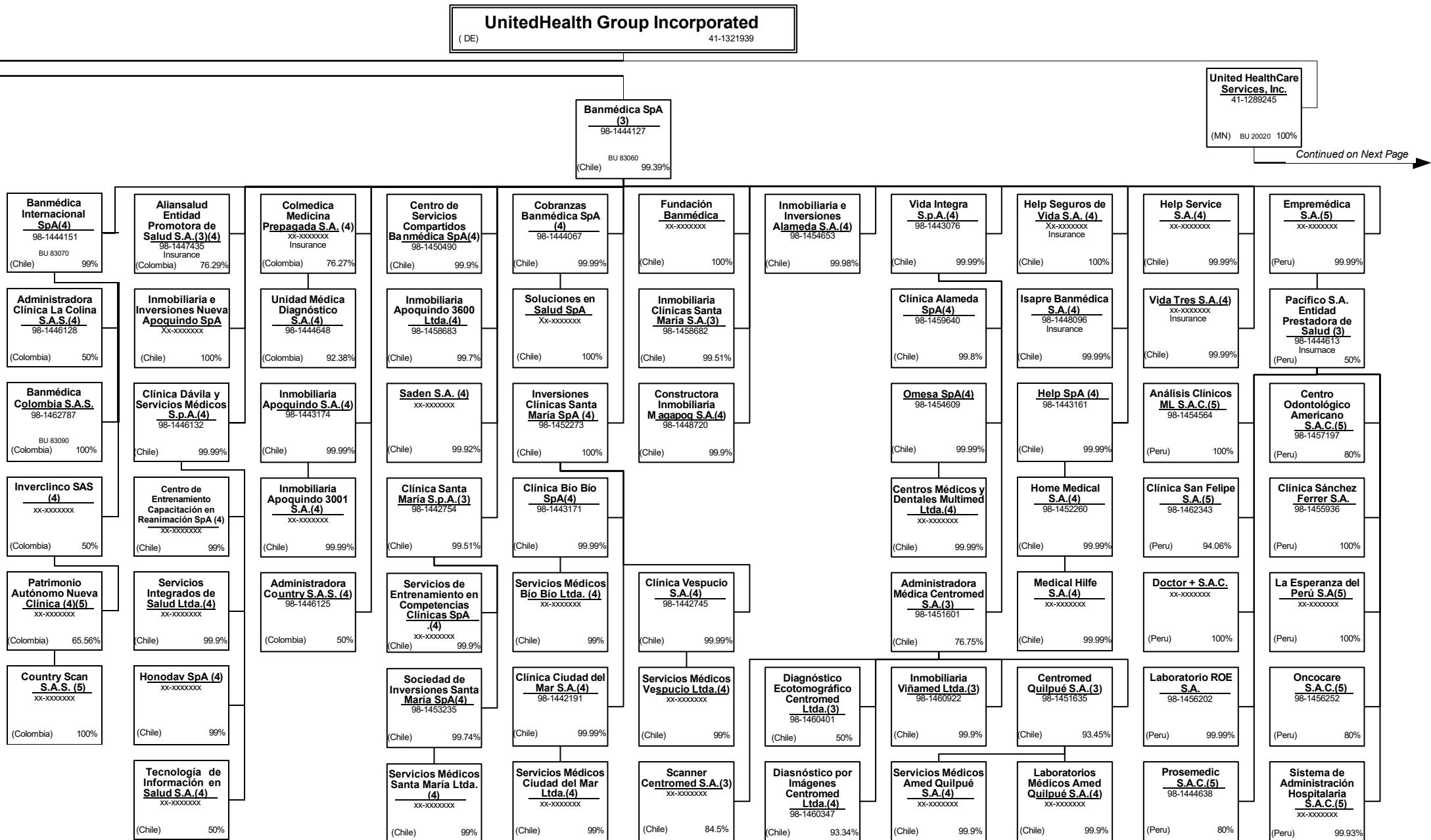
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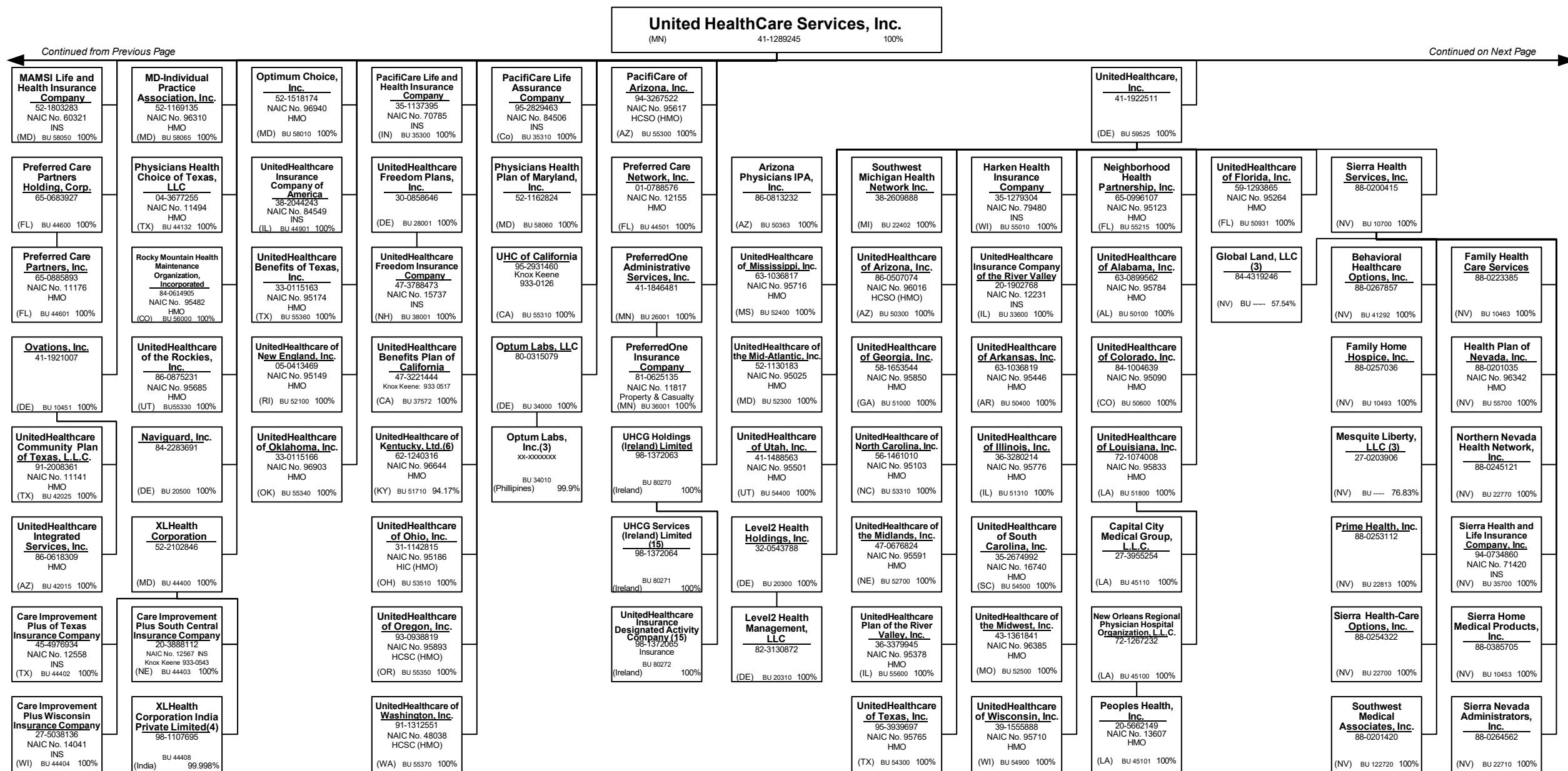


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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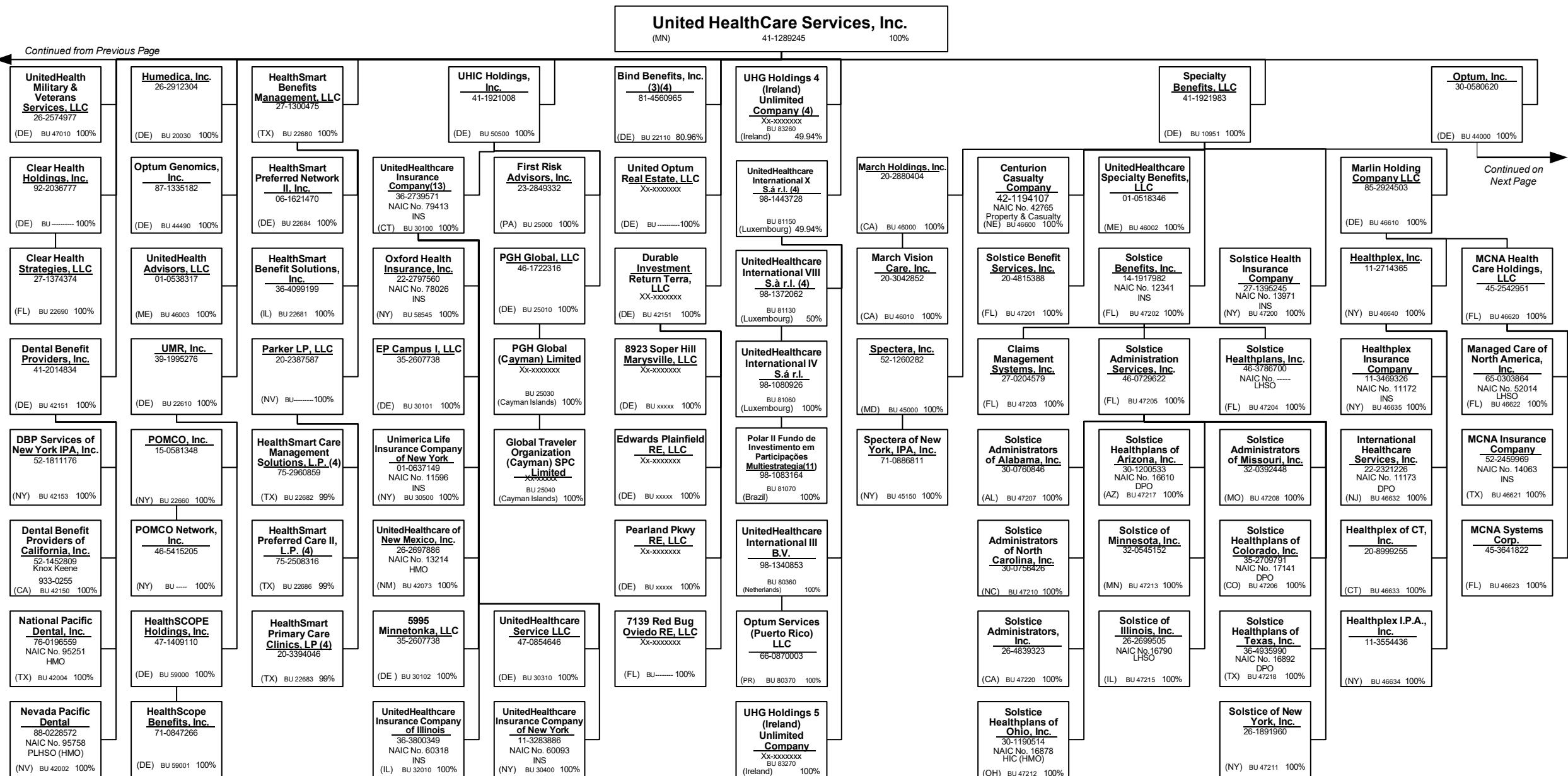


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PART 1 - ORGANIZATIONAL CHART

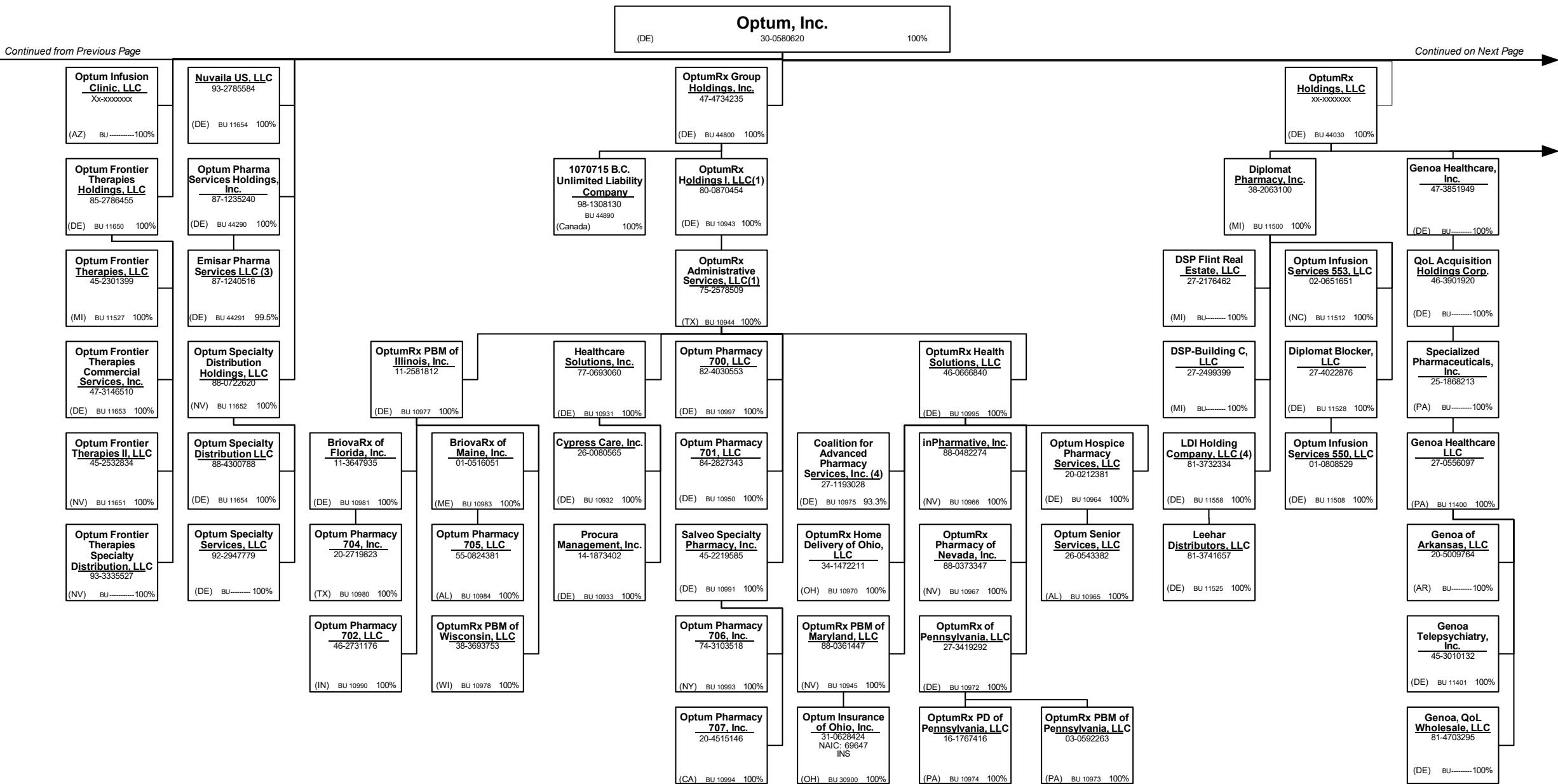


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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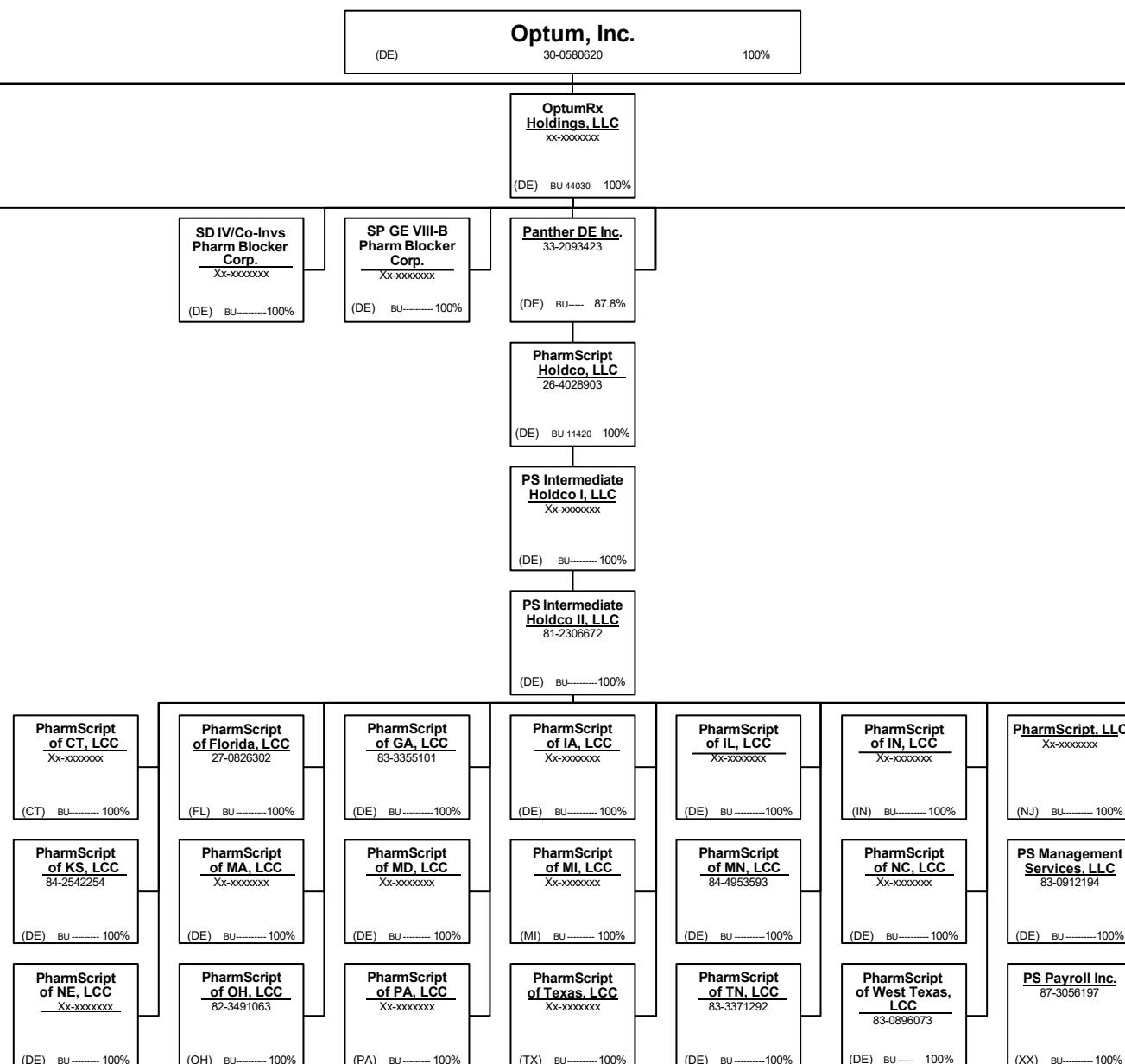


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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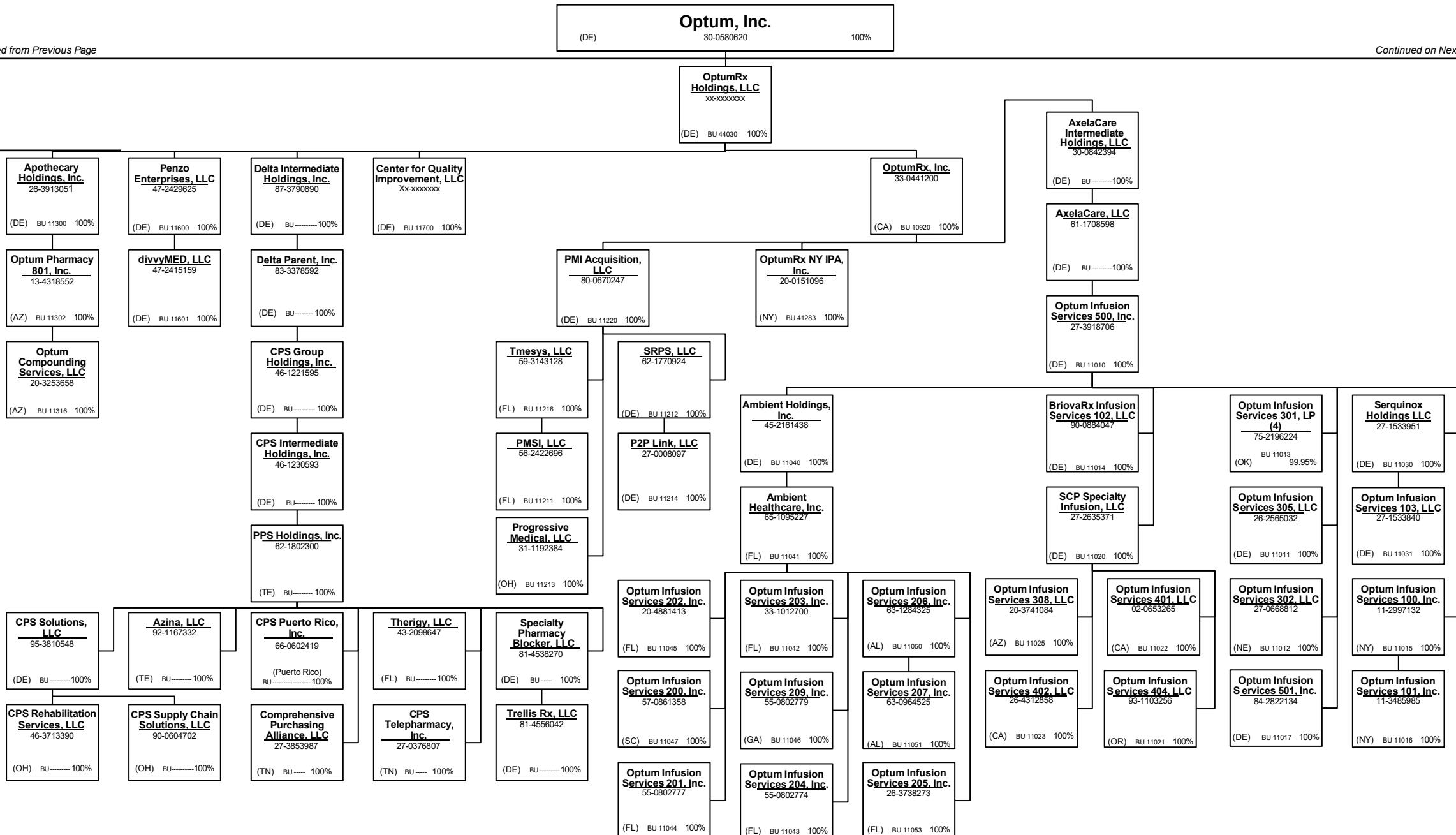
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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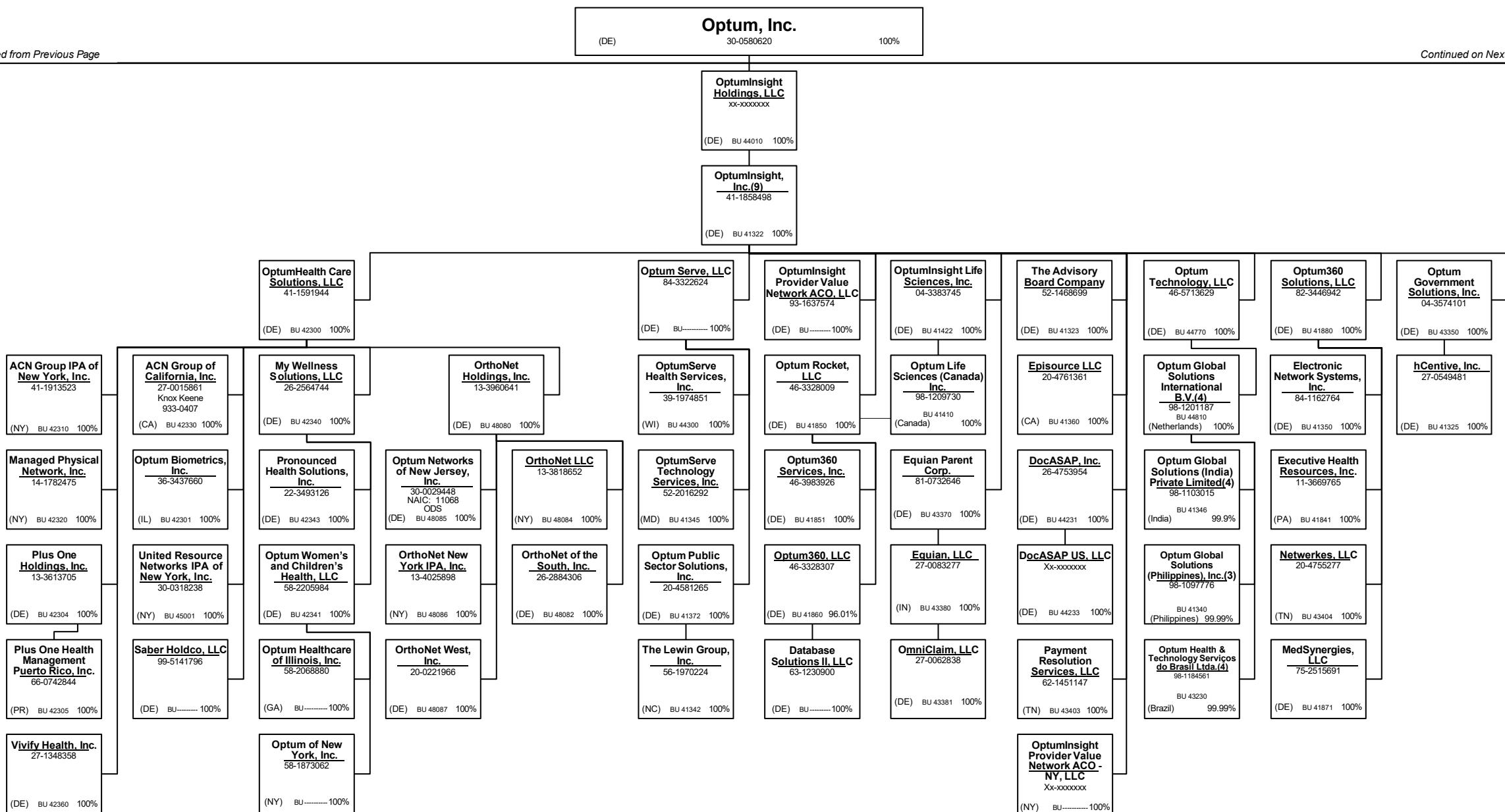


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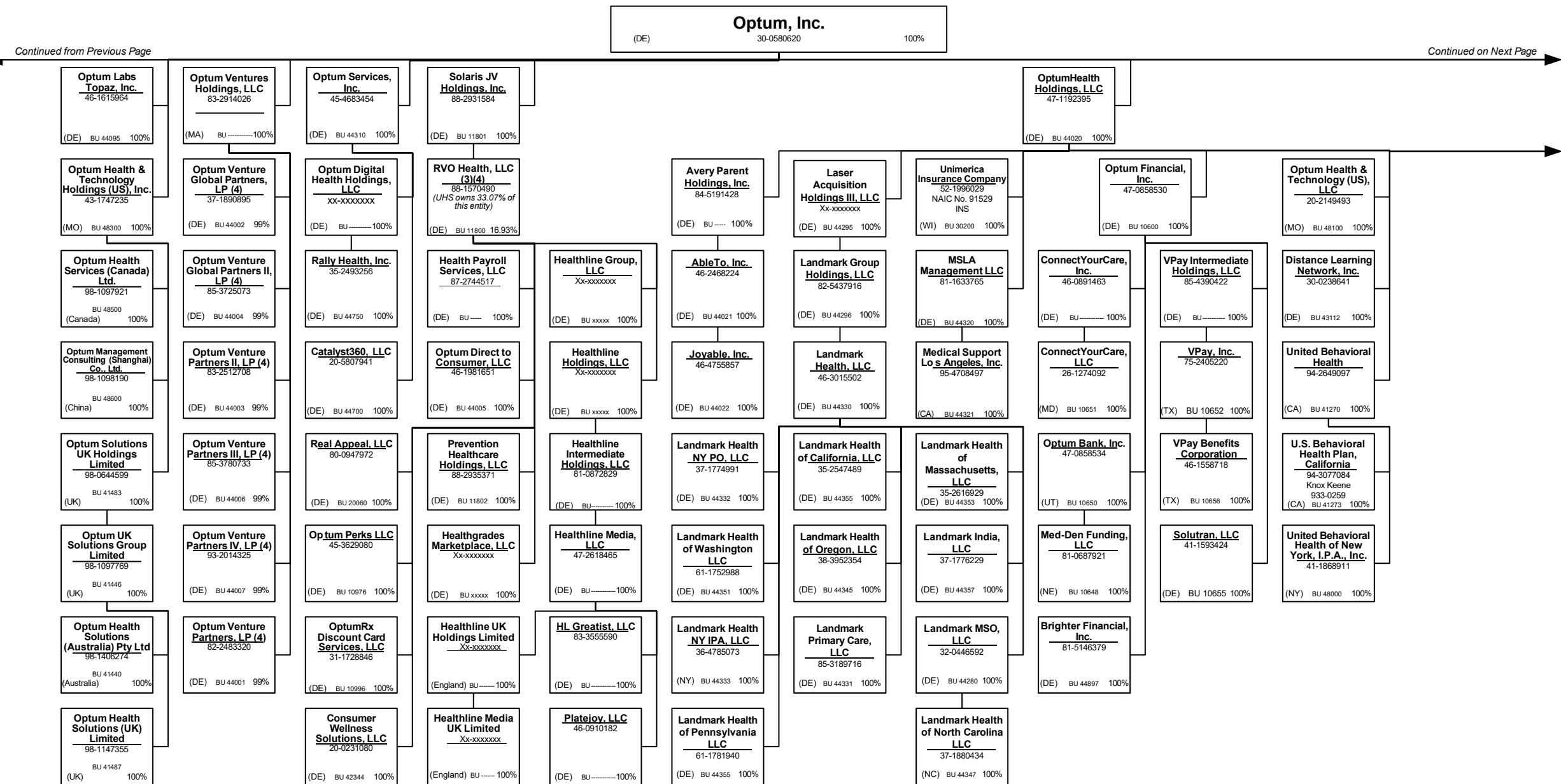
PART 1 - ORGANIZATIONAL CHART

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



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

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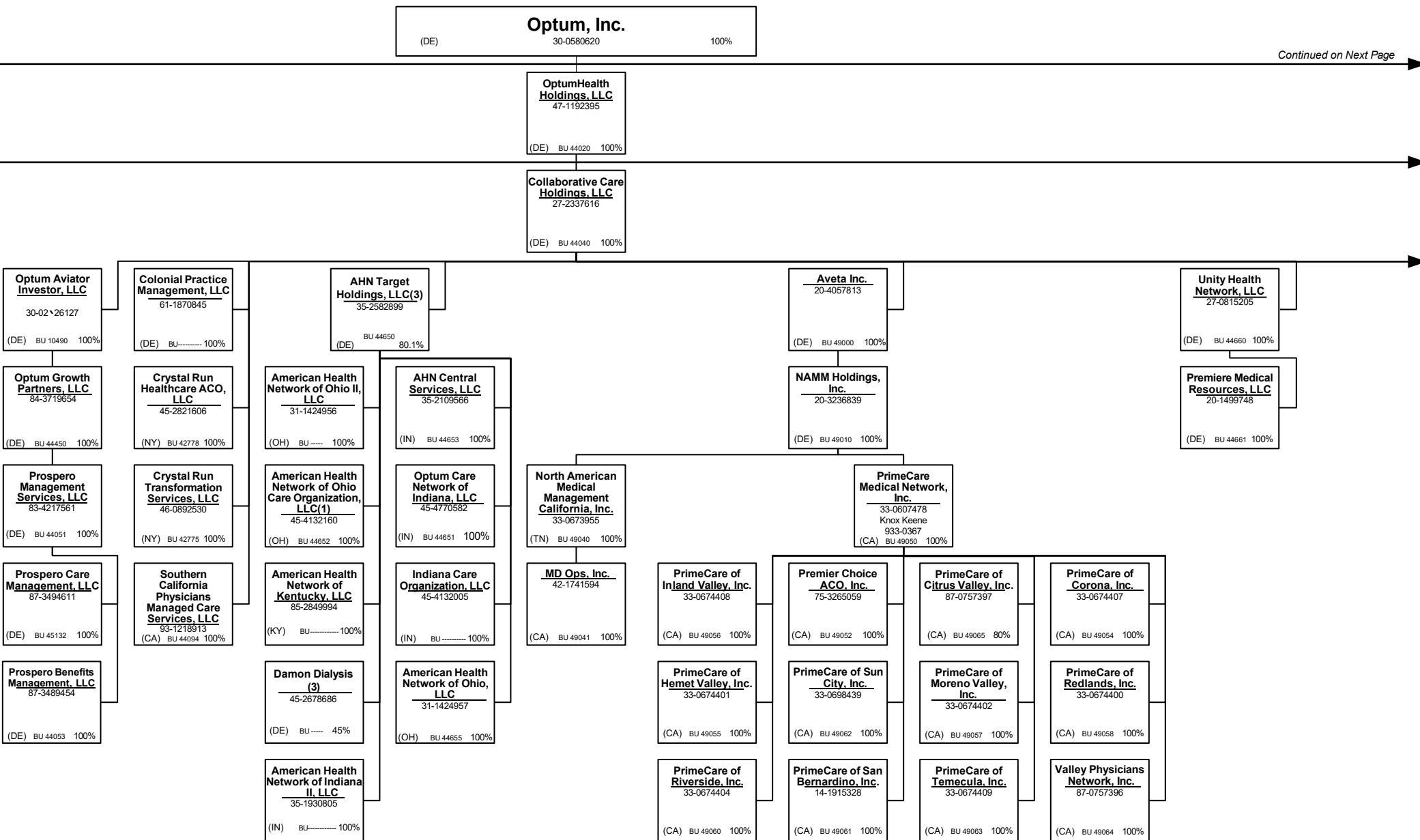
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

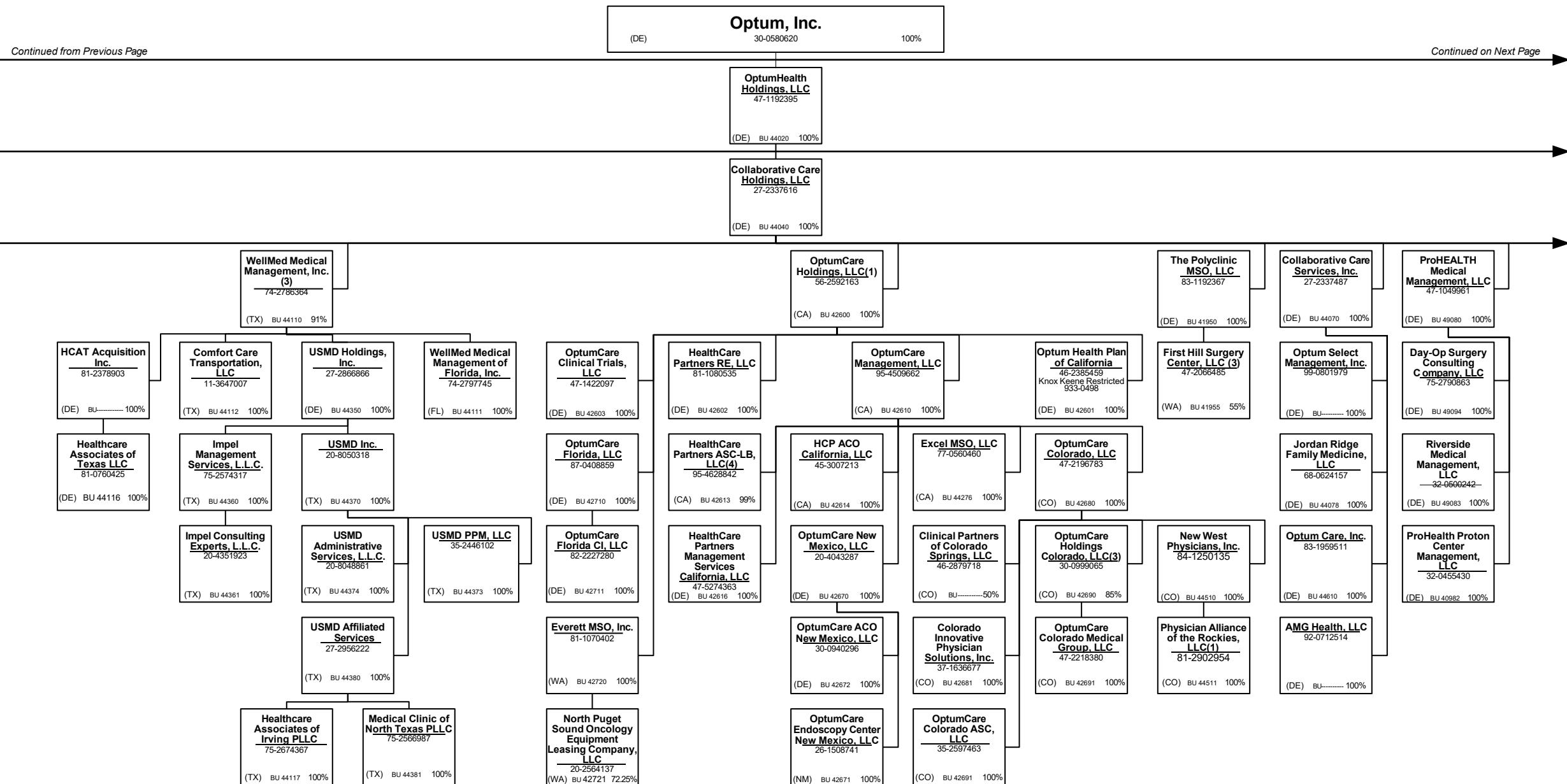
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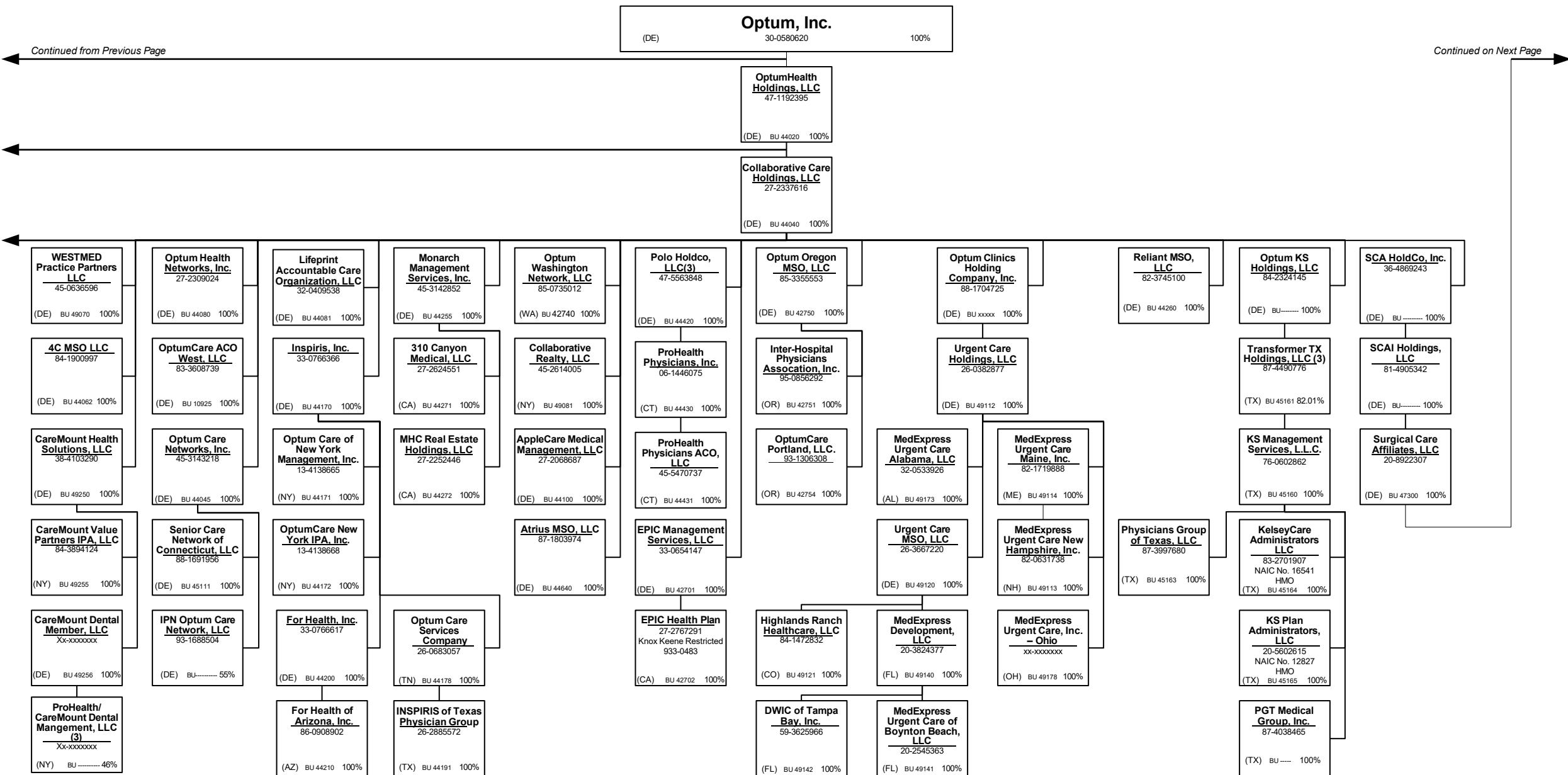


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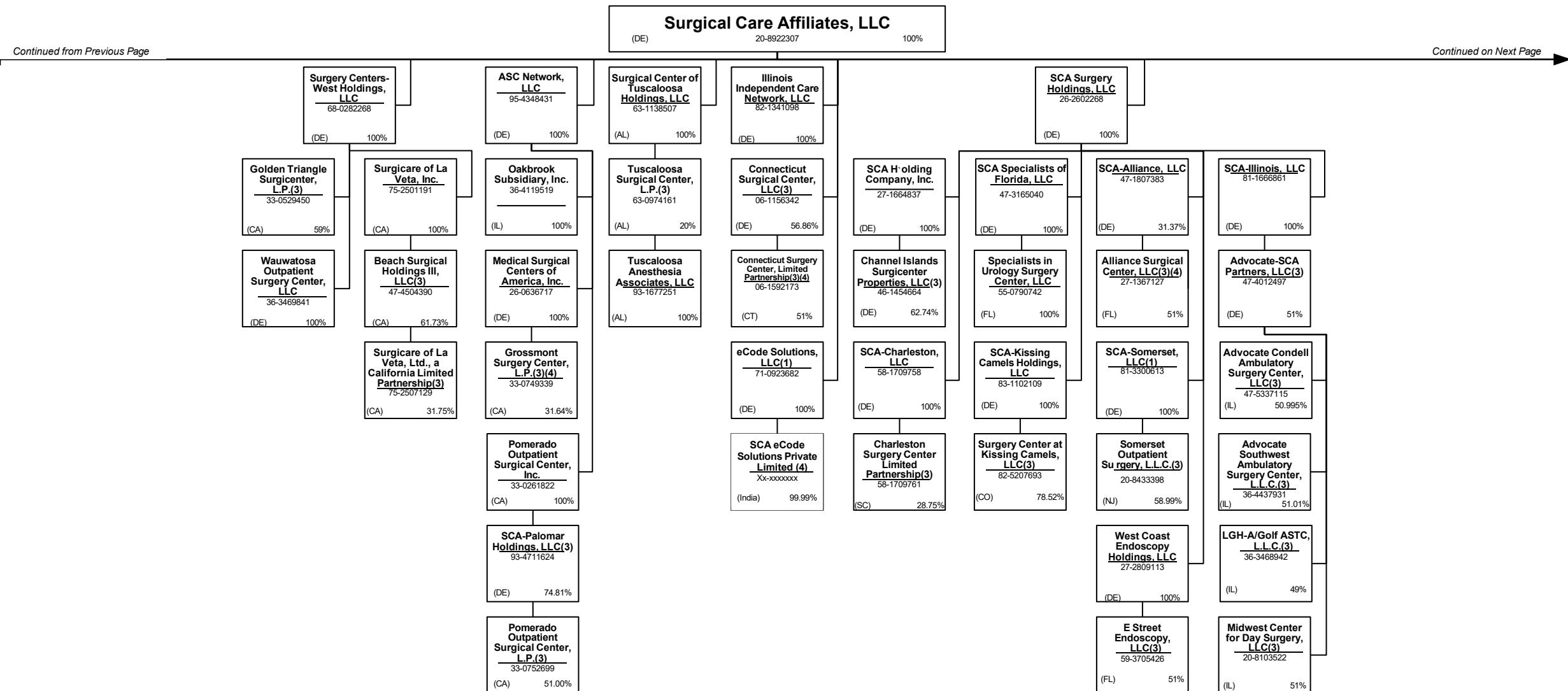
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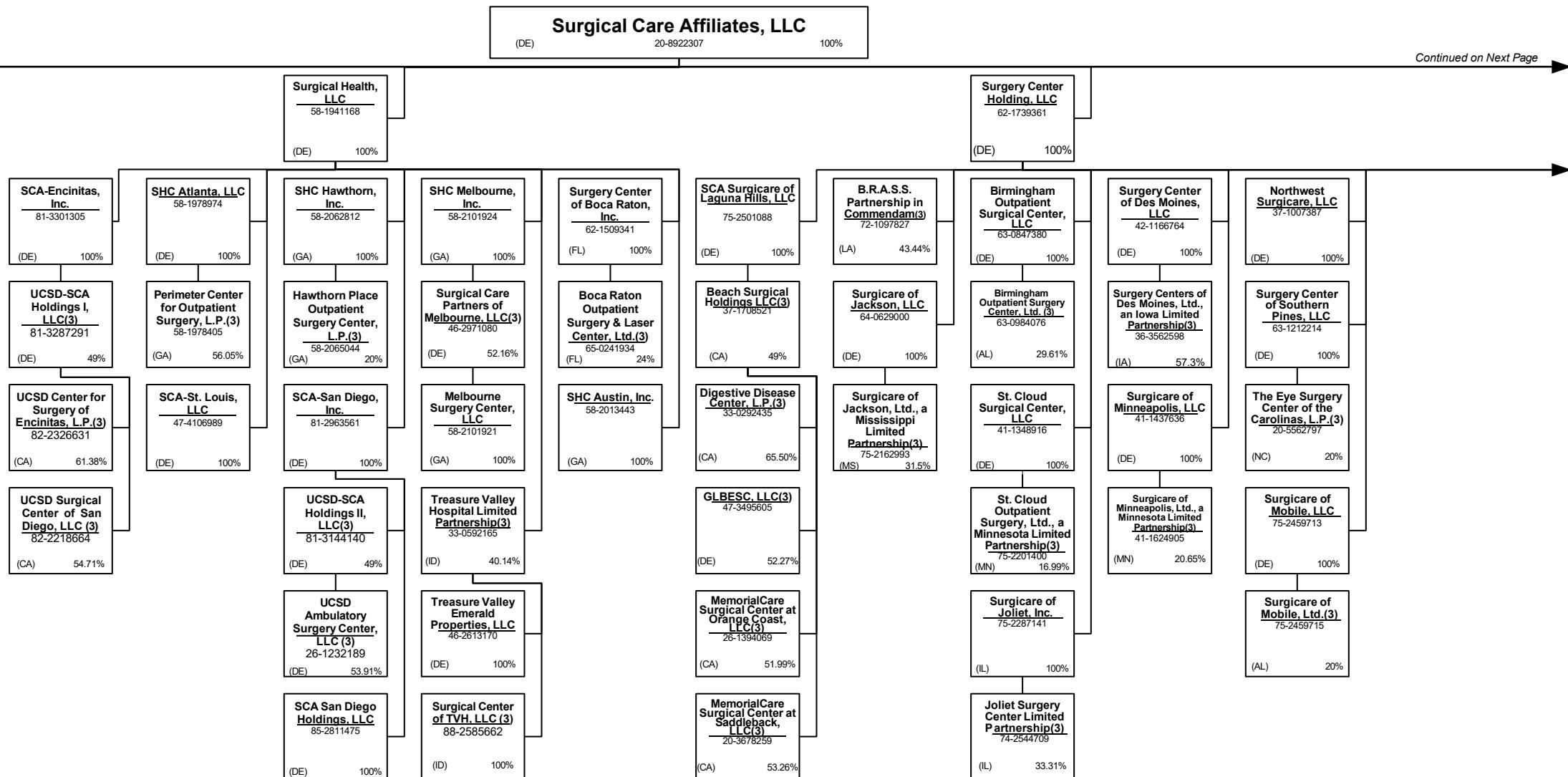
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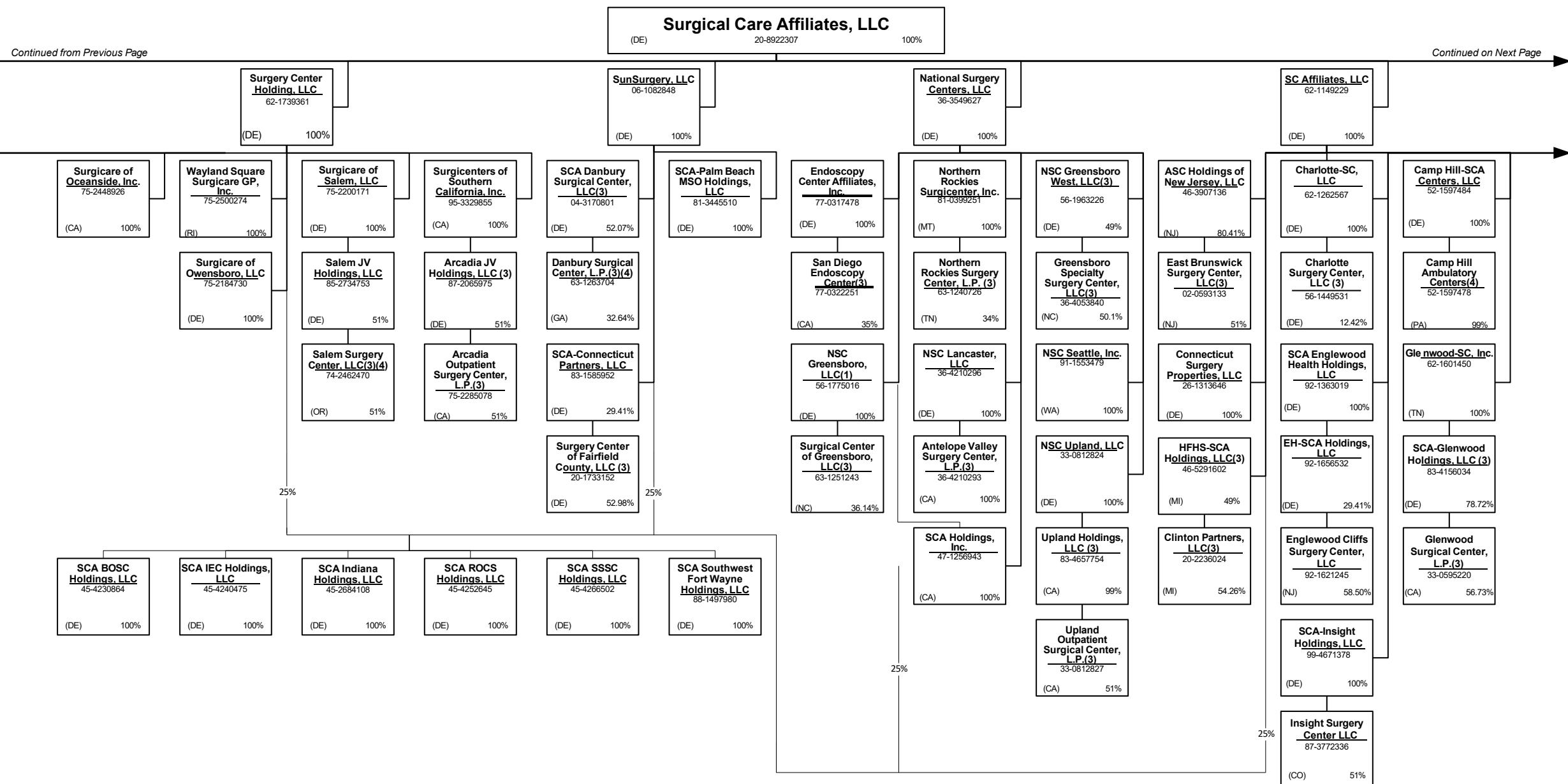
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

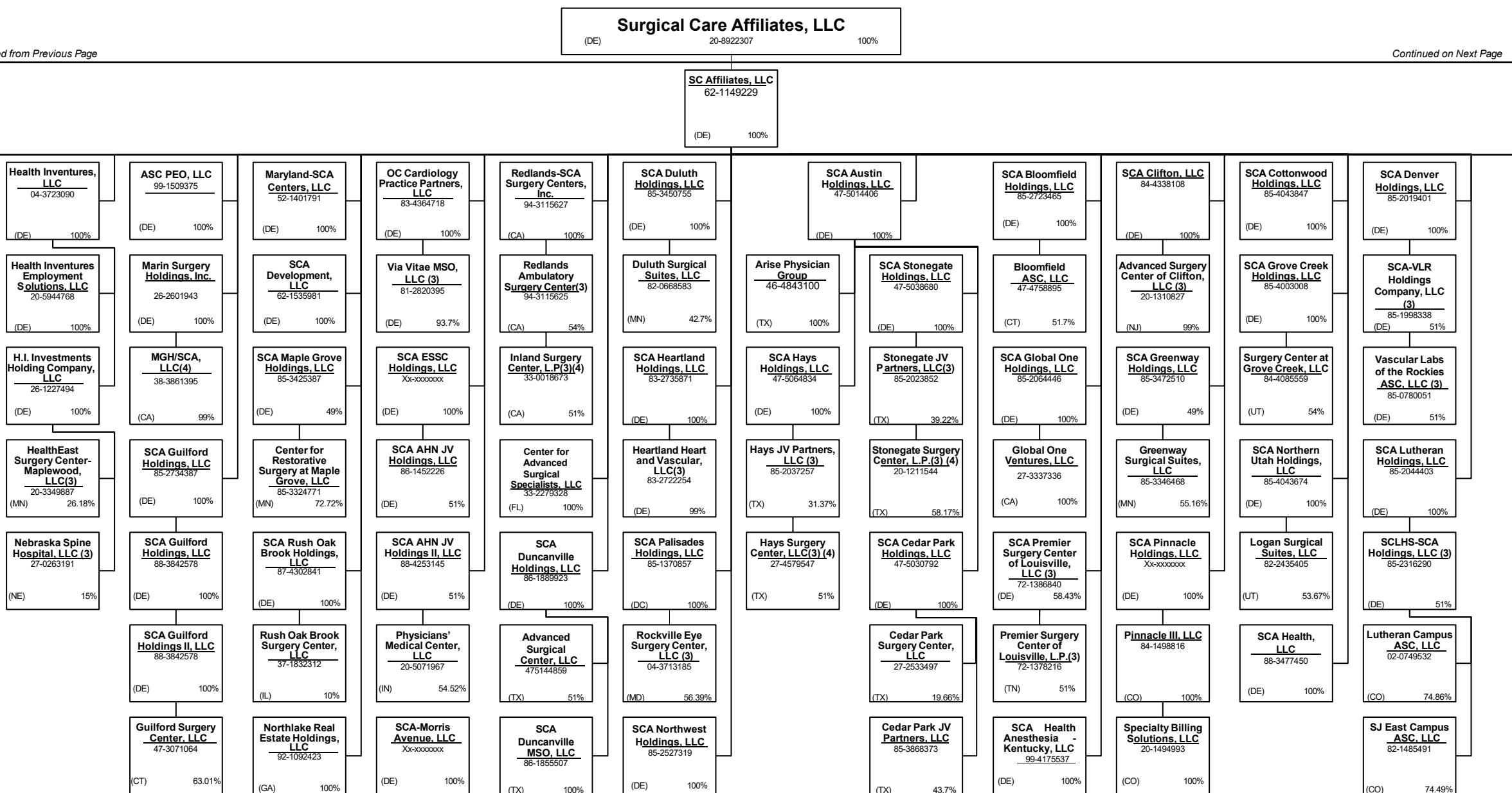


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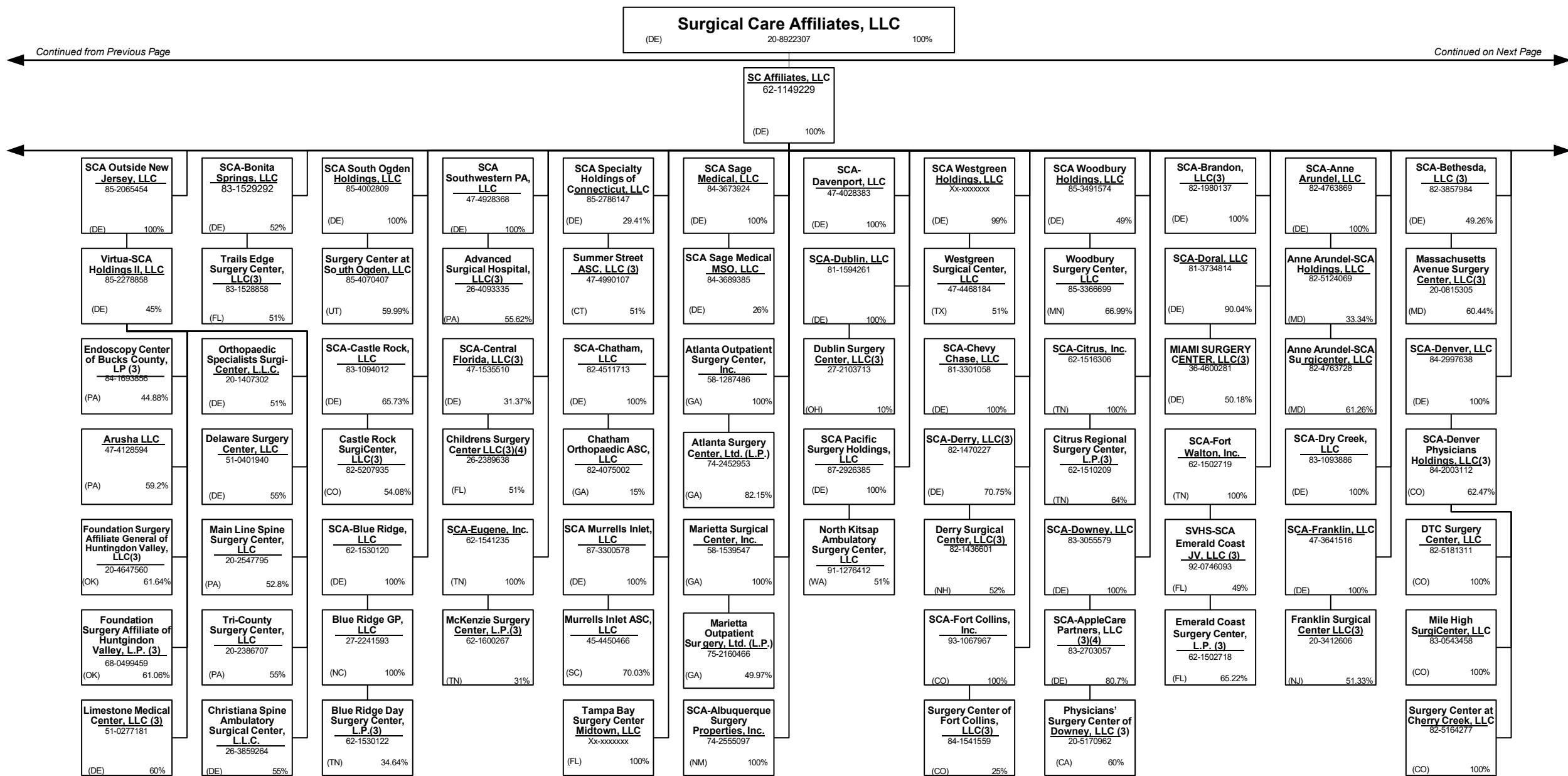
PART 1 - ORGANIZATIONAL CHART

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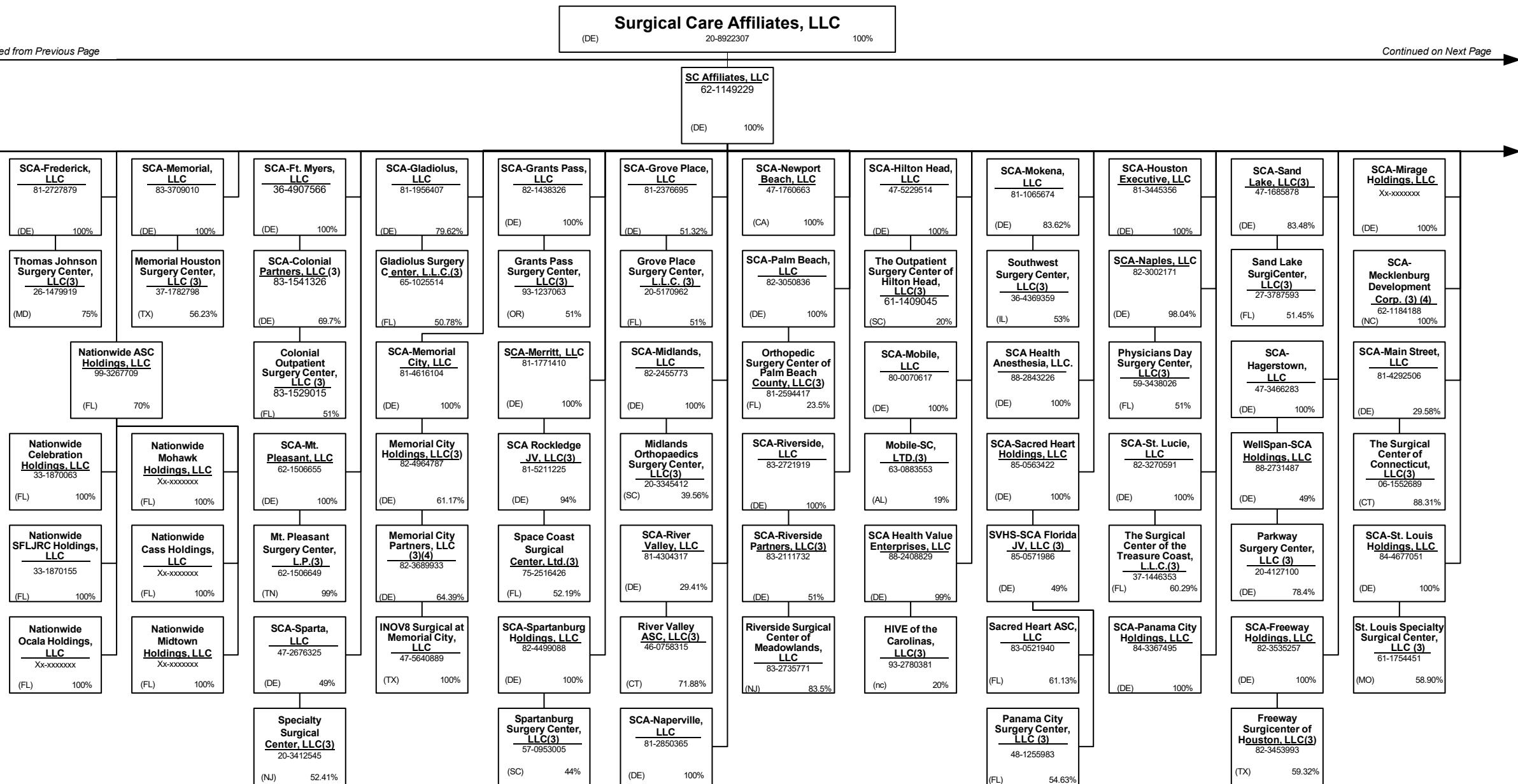
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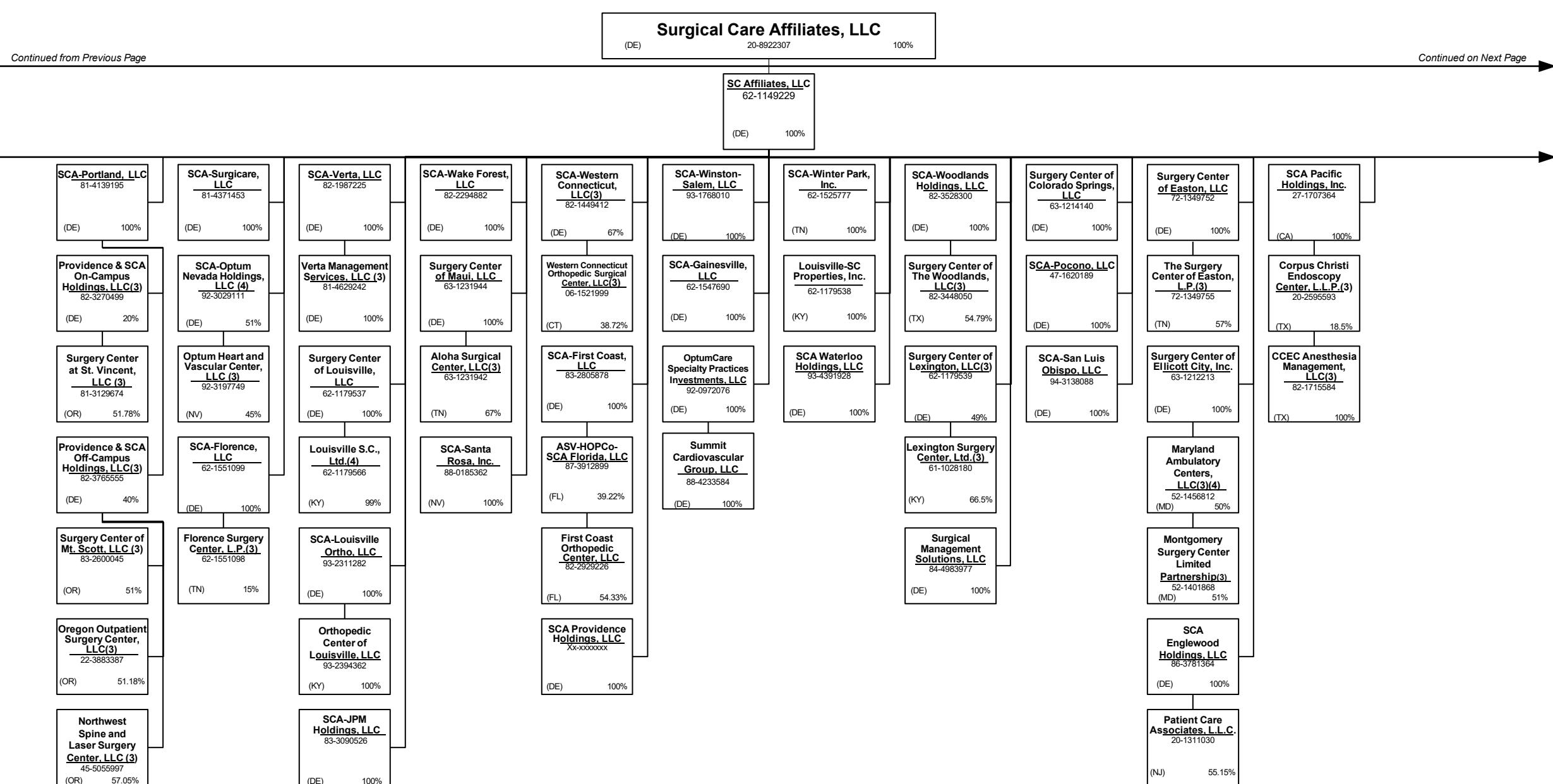


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PART 1 - ORGANIZATIONAL CHART

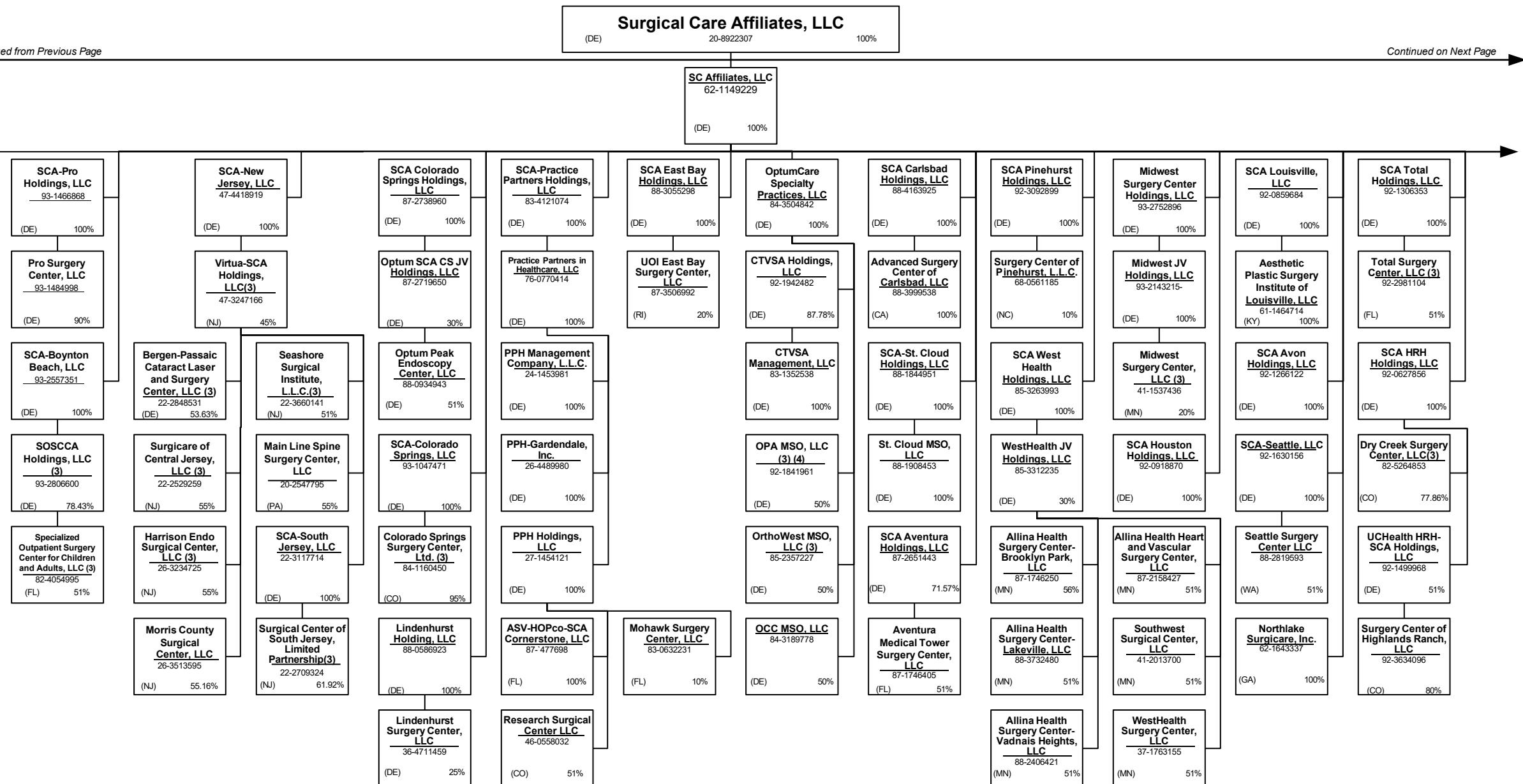


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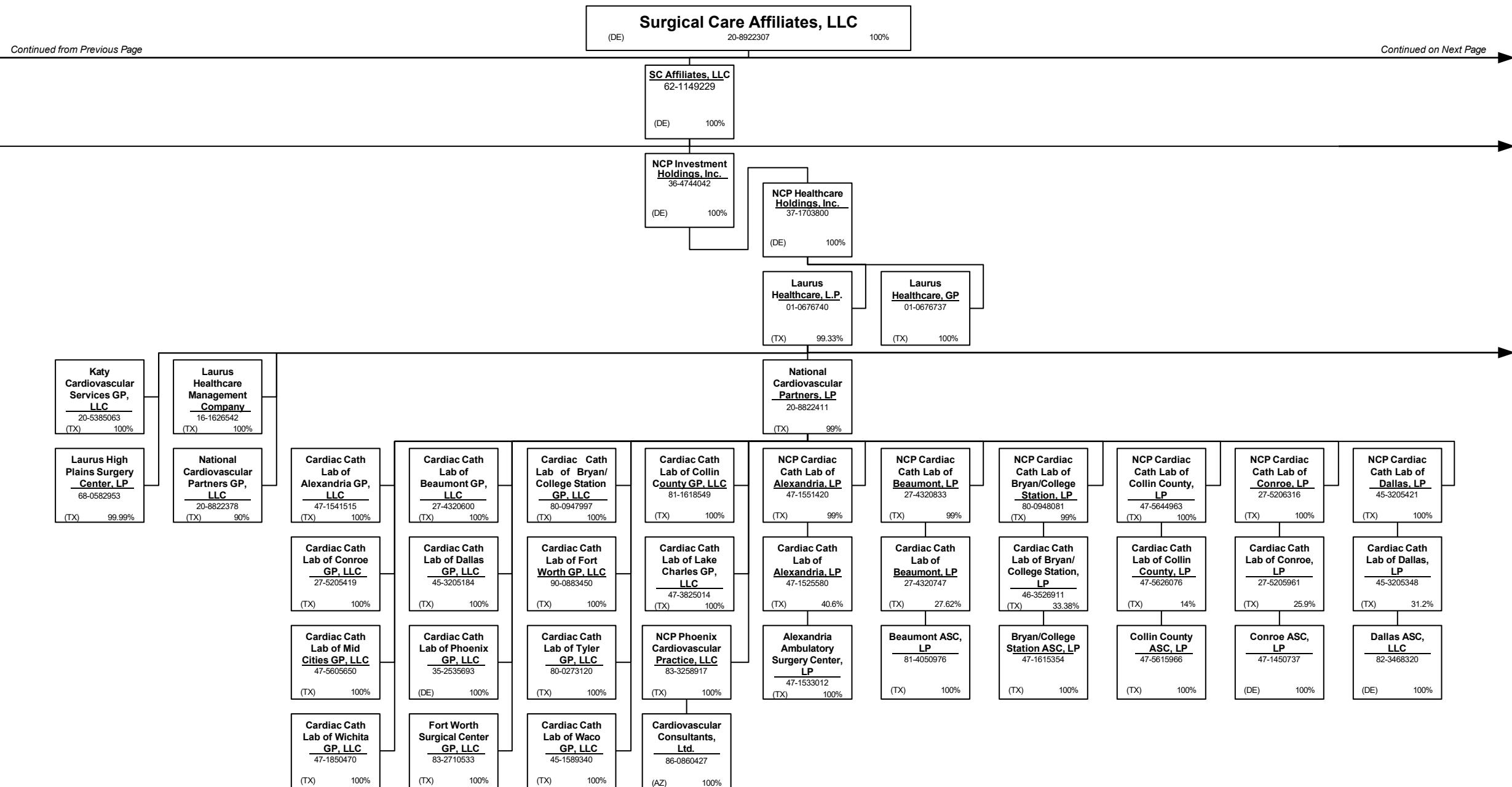


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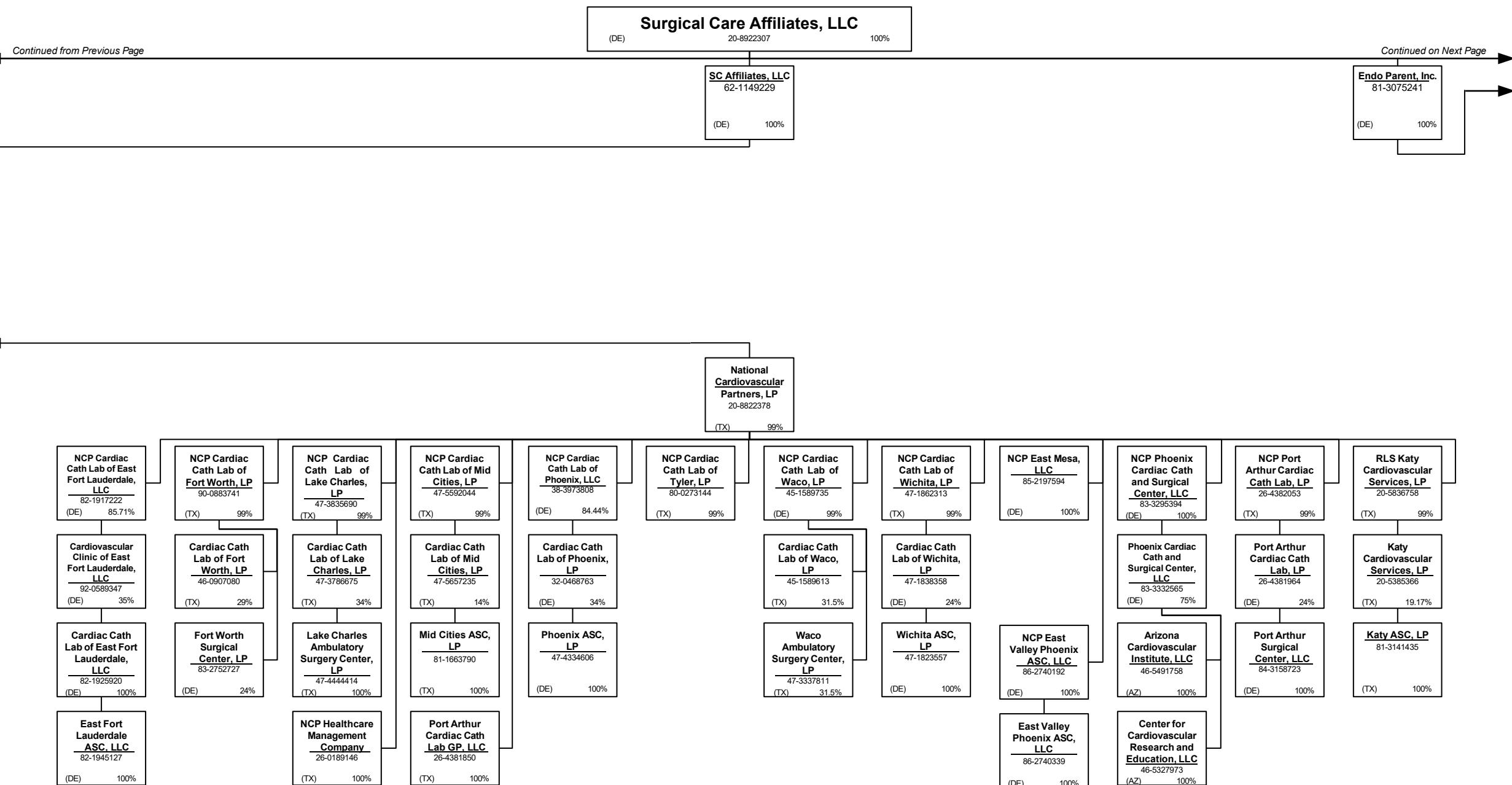
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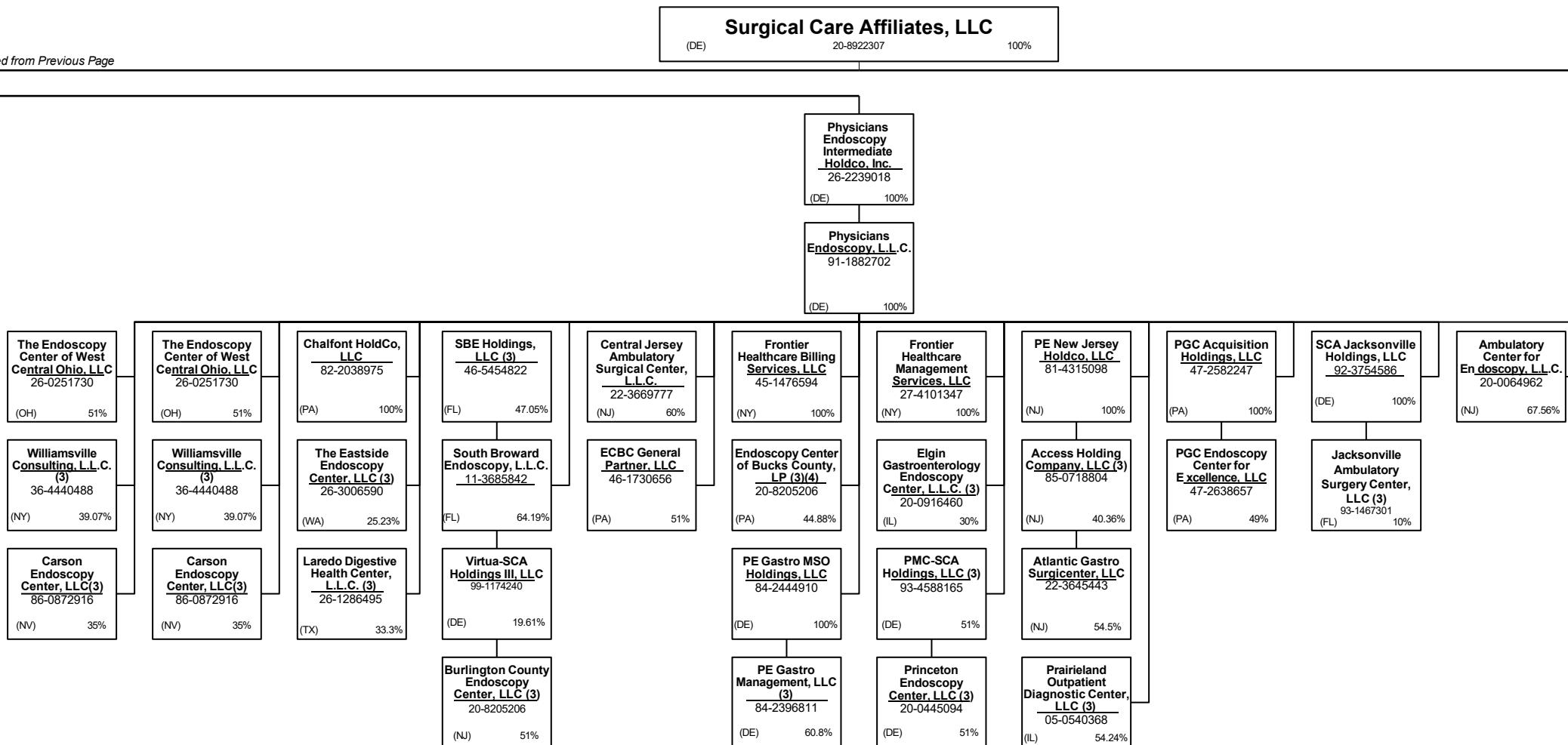
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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

PART 1 - ORGANIZATIONAL CHART

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Surgical Care Affiliates, LLC

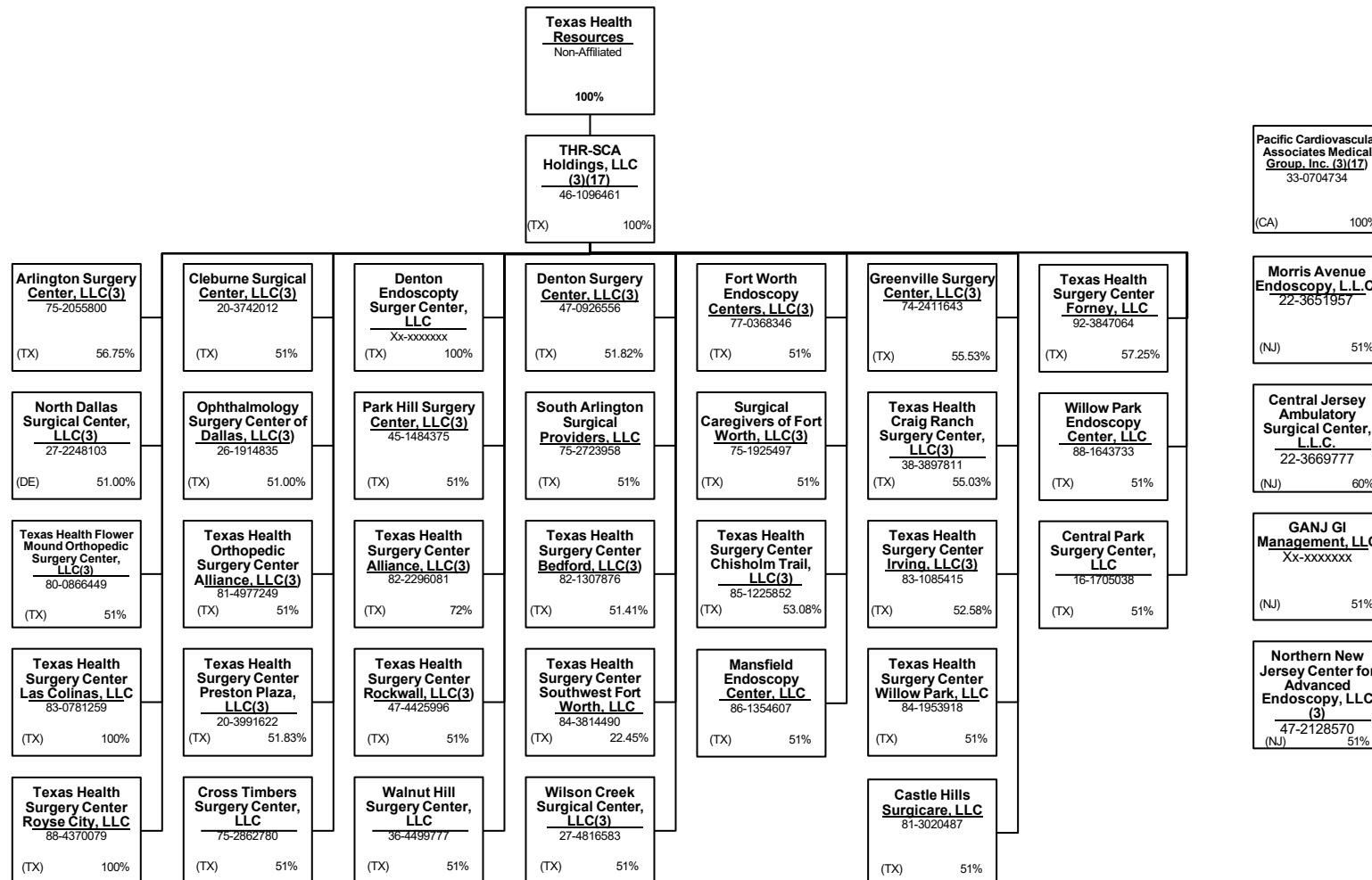
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Substantively Controlled Surgical Care Affiliate Entities



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

PART 1 - ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
A.G. Dikengil, Inc.	NJ	22-3149900	Cielo House, Inc.	CA	27-1655973
AbleTo Behavioral Health Services of Michigan, P.C.	MI	85-4328419	Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.	NC	20-3056794
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Colonial Family Practice, L.L.C.	SC	02-0626080
AbleTo Behavioral Health Services, PC	CT	47-5519672	Columbia Counseling Center P.A.	MD	52-2052733
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	Connect Medical, P.C.	NY	32-0551188
AbleTo Psychiatry Health Services, P.C.	MA	88-2290313	Crystal Run Healthcare Physicians LLP	NY	13-3843560
AHN Accountable Care Organization, LLC	IN	45-4171713	David C. Anderholm, M.D., P.A.	MN	41-1879063
AHN Surgery Center Holdings, LLC	IN	82-5224188	David Moen, M.D. P.C.	NY	81-5101448
Aleph Psychological Services, Inc.	CA	46-3477124	David R. Ferrell, M.D., P.C.	NV	45-2380022
Ambulatory Partner Holdings, LLC	NY	88-2464526	DBT and EMDR Specialists, P.A.	MN	47-3322541
American Health Network of Indiana, LLC	IN	35-2108729	Digestive Diseases Diagnostic & Treatment Center, LLC	NY	26-1319443
Angie Coil FNP, PLLC	AZ	81-2112951	Doc Martins, PLLC	AZ	20-0419099
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	Durable Medical Equipment, Inc.	MA	04-3106404
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	East Side Endoscopy, L.L.C.	NY	91-1665997
AppleCare Medical Group, Inc.	CA	33-0898174	Elite Focus Clinic, Inc., a Professional Corporation	CA	47-3861802
ARTA Western California, Inc.	CA	33-0658815	Empire Physicians' Medical Group, Inc.	CA	33-0181426
Astra Medical Clinic, PLLC	AZ	86-0882561	Endoscopy Center of Western New York, L.L.C.	NY	36-4427974
Atrius Health Ambulatory Surgery Center, LLC	MA	--	Eugene Center for Anxiety and Stress, LLC	OR	83-2740282
Atrius Health, Inc.	MA	04-3397450	Eugene Therapy, LLC	OR	90-0624377
Beaver Medical Group, P.C.	CA	33-0645967	Everett Physicians, Inc. P.S.	WA	81-1625636
Behavioral Solutions, P.C.	MA	04-3316367	Evolve, LLC	WI	61-1752488
Bexar Imaging Center, LLC	TX	22-3858211	Family Counseling Associates of Salem Andover LLC	NH	27-0820363
California Spring Holdings, PC	CA	81-0881243	Ferrell Physician Services, P.C.	NY	87-4007730
Carbondale Counseling Associates, PLLC	IL	47-1130641	First Step Services, PLLC	NC	51-0484581
Cardiothoracic & Vascular Surgical Associates, P.A.	FL	59-3338654	Five Rivers South L.L.C.	MN	92-0459013
CARE Clinics LLC	MN	46-4814778	Flagstaff Family Physicians, PLLC	AZ	86-0959327
CARE Free Counseling LLC	MN	88-0822778	Good Samaritan Medical Practice Association, Inc., A Medical Group	CA	95-3969271
CareMount Health Solutions ACO, LLC	NY	n/a	Great South Bay Endoscopy Center, LLC	NY	46-3055867
Carnegie Hill Endoscopy, LLC	NY	27-0385539	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
Carolina Behavioral Care, P.A.	NC	56-1780933	Gunn Behavioral Care of California, P.C.	CA	27-3237563
Carroll Counseling Center LLC	MD	52-2072546	Gunn Behavioral Holdco, P.C.	CA	92-3292446
Centers for Family Medicine, GP	CA	33-0483510	HealthCare Partners Affiliates Medical Group	CA	95-4526112

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 ASC-HB, LLC	CA	26-4247365	Landmark Medical of Ohio, Professional Corporation	OH	82-4864947
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Landmark Medical of Oregon, P.C.	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	Liberty Endoscopy Center, LLC	NY	46-4588779
Keys Counseling, Inc.	IN	30-0358493	Life Strategies Counseling, Inc.	AR	20-0468524
KS Pharm, LLC	TX	84-2355006	LifeSolutions Counseling Associates, P.C.	IN	26-3292877
KS SC, LLC	TX	84-2241460	Long Island Digestive Endoscopy Center, LLC	NY	45-4714972
Landmark Medical of Arkansas, P.A.	AR	85-0997438	Manhattan Endoscopy Center, LLC	NY	27-1510596
Landmark Medical of California, PC	CA	47-4553619	March Vision Care Group, Incorporated	CA	95-4874334
Landmark Medical of Connecticut, PC	CT	83-2295301	March Vision Care IPA, Inc.	NY	27-3115058
Landmark Medical of Florida, P.A.	FL	85-0838149	March Vision Care of Texas, Inc.	TX	45-4227915
Landmark Medical of Idaho, PC	ID	92-0496439	MAT-RX DEVELOPMENT, LLC.	TX	43-1967820
Landmark Medical of Kansas, P.A.	KS	82-4633545	Mat-Rx Fort Worth GP, L.L.C.	TX	35-2262695
Landmark Medical of Kentucky, P.S.C.	KY	82-4881602	ME Urgent Care Nebraska, Inc.	NE	81-0936574
Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732	MedExpress Employed Services, Inc.	DE	81-1265129
Landmark Medical of Massachusetts, PLLC	MA	81-5364097	MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
Landmark Medical of Michigan, P.C.	MI	86-3599871	MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
Landmark Medical of Mississippi, P.C.	MS	82-5084178	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Landmark Medical of Missouri, P.C.	MO	82-4857713	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Landmark Medical of New Hampshire, P.C.	NH	85-1174070	MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
Landmark Medical of North Carolina, P.C.	NC	82-4256752	MedExpress Primary Care Minnesota P.C.	MN	81-4396738

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 Oklahoma, P.C.	OK	83-1077265	MedExpress, Inc. – Delaware	DE	45-5436856
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858	Mental Health Resources, PLLC	TN	62-1396317
MedExpress Primary Care Texas, P.A.	TX	84-2500750	MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MHCH, Inc.	CA	80-0507474
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181	MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	Midtown Medical, L.P.	CA	83-2873776
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778	Mindscapes Counseling, PLLC	CT	47-2117693
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	Mobile Medical Services of New Jersey, PC	NJ	81-2977678
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280	Mobile Medical Services, P.C.	NY	30-0445773
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120	Monarch Health Plan, Inc.	CA	22-3935634
MedExpress Urgent Care California, P.C.	CA	82-0930142	Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812	NAMM Medical Group Holdings, Inc.	CA	56-2627070
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	NC Center For Resiliency, PLLC	NC	47-2693055
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614	New Perspectives Center for Counseling & Therapy, L.L.C.	OR	93-1173779
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472	New York Licensed Clinical Social Work, P.C.	NY	86-3891057
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	Northern California Physicians Network, Inc., a Professional Corporation	CA	81-1573604
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	Northlight Counseling Associates, Inc.	AZ	86-0646417
MedExpress Urgent Care Missouri P.C.	MO	47-3132625	Northwest Medical Group Alliance, LLC	WA	91-1699944
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	NPN IPA Washington, PLLC	WA	61-1855159
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	Oakland Psychological Clinic, P.C.	MI	38-2481929
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	OHR Physician Group, P.C.	OR	93-0979031
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706	Optum Behavioral Care of California, P.C.	CA	84-4887072
MedExpress Urgent Care Texas, P.A.	TX	47-5147441	Optum Behavioral Care of Colorado, P.C.	CO	93-2952612
MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Optum Behavioral Care of Connecticut, P.C.	CT	93-2339326
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Optum Behavioral Care of Kansas, P.A.	KS	93-3404672
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667	Optum Behavioral Care of New Jersey, P.C.	NJ	85-0666386
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572	Optum Behavioral Care of North Carolina, P.C.	NC	85-1959641
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101	Optum Behavioral Care of Texas, P.A.	TX	84-3152209
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908	Optum Behavioral Care Therapy Services of Illinois, P.C.	IL	99-4597708
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937	Optum Care Washington, PLLC	WA	91-0214500
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365	Optum Clinic, P.A.	TX	75-2778455
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138	Optum Everycare, P.C.	PR	66-1026448
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124	Optum Medical Care of New Jersey, P.C.	NJ	22-3624559

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

PART 1 - ORGANIZATIONAL CHART

Entity Name	Juris.	Beneficially Owned Legal Entities	Juris.	Federal Tax ID
		Entity Name		
Optum Medical Care, P.C.	NY	13-3544120	Prospero Medical Services New Jersey, P.C.	NJ 84-3844362
Optum Medical Group (Rhodes), P.C.	NV	88-0310956	Prospero Medical Services, P.A.	FL 87-2406404
Optum Medical Group II (Rhodes), P.C.	NV	86-0857176	Psychiatry Services of New York, P.C.	NY 85-0921665
Optum Medical Group, P.A.	KS	46-2662506	Psychiatry Specialists, S.C.	IL 27-3409538
Optum Medical Services of California, P.C.	CA	30-0826311	Psychological Healthcare, PLLC	NY 16-1484552
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Queens Endoscopy ASC, LLC	NY 27-4189294
Optum Medical Services, P.C.	NC	45-3866363	Red Oak Counseling, Ltd.	WI 20-0785644
Optum Urgent Care, PLLC	NY	46-1883579	Redlands Family Practice Medical Group, Inc.	CA 56-2627067
OptumCare Portland, LLC	OR	93-1306308	Refresh Canopy Cove, Inc.	FL 82-3603285
Oregon Healthcare Resources, LLC	OR	27-3674492	Refresh Connecticut, PLLC	CT 84-2663780
Ortho Physician Partners, P.C.	WA	93-3367856	Refresh Evolve, LLC	WI 83-4507157
OW Physician Partners, P.C.	CA	85-4386308	Refresh In-Home Counseling LLC	IL 82-5351068
Pacific Cardiovascular Associates Medical Group, Inc.	CA	33-0704734	Refresh Pennsylvania, LLC	PA 84-1756547
PE Healthcare Associates, LLC	NY	27-4496894	Reliant Medical Group The Endoscopy Center, LLC	MA 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.	RI 33-0999953
Physician United PLLC	AZ	84-3476733	Riverside Community Healthplan Medical Group, Inc.	CA 33-0055097
Physicians Medical Group of San Jose, Inc.	CA	94-2722082	Riverside Electronic Healthcare Resources, Inc.	CA 20-3420379
Physicians Medical Holdings	CA	86-2631012	Saad A. Shakir, M.D., Inc.	CA 77-0398259
Pilot Holdings, P.C.	CA	87-3931756	Saddleback Medical Group, Inc.	CA 33-0571462
Pinnacle Medical Group, Inc.	CA	33-0795271	San Bernardino Medical Group, Inc.	CA 95-3088615
Polyclinic Holdings, P.C.	WA	83-3042027	San Diego Physicians Medical Group, Inc.	CA 33-0457134
POLYCLINIC MANAGEMENT SERVICES COMPANY, LLC	WA	46-0508606	Sanvello Behavioral Health Services, P.A.	DE 84-1754732
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Saris Counseling, LLC	WI n/a
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253	Seattle Psychology, P.L.L.C.	WA 46-3238571
ProHEALTH Care Associates, L.L.P.	NY	11-3355604	Sequoia Physician Holdings, P.C.	CA 99-2070439
ProHEALTH Medical NY, P.C.	NY	47-1388406	Serenity Family and Psychological Counseling Center, P.C.	CA 45-3802527
ProHealth Physicians, P.C.	CT	06-1469068	Shark Holdings, P.C.	CA 87-3142148
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	Sherman Counseling Management, S.C.	WI 47-5082677
Prospero Health Partners Florida, Inc.	FL	85-0775386	Silicon Valley TMS of Monterey Bay, GP	CA 81-3200297
Prospero Health Partners New York, P.C.	NY	82-2400620	Southwest Internal Medicine Group, Roberto Ruiz, M.D., PLLC	AZ 86-0516447
Prospero Health Partners North Carolina, P.C.	NC	84-4569314	Spring Behavioral Health of New Jersey, LLC	NJ 82-3087236
Prospero Health Partners, P.C.	MN	84-3234753	Springfield Psychological, P.C.	PA 23-2833266

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
St. Vincent IPA Medical, L.P.	CA	95-4729595
Surgical Eye Experts, LLC	MA	65-1321064
Surprise Health Center, PLLC	AZ	86-1047772
Susan Albright P.L.C.	AZ	20-5176158
Talbert Medical Group, P.C.	CA	93-1172065
The Corvallis Clinic, P.C.	OR	93-1221257
The Polyclinic, PLLC	WA	91-0369070
The Potter's House Family & Children Treatment Center, LLC	GA	20-8357849
The Salveo Center, PLLC	WA	80-0281838
The Tabor Therapy Group, Inc.	IL	46-5461304
Triangle Counseling Agency, Inc.	NC	26-2552129
USMD Diagnostic Services, LLC	TX	27-2803133
USMD of Arlington GP, L.L.C.	TX	73-1662757
Warner Family Practice, P.C.	AZ	86-0462952
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC	TX	84-2193803
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2178104
WellMed Network Medicare ACO, LLC	TX	84-2204650
WellMed Network of Florida, Inc.	TX	35-2314192
WellMed Networks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
WellMed Texas Medicare ACO, LLC	TX	84-2219968
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
Yorktown ASO LLC	DE	99-1074356
Yorkville Endoscopy, LLC	NY	46-0857425

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.

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