



HEALTH ANNUAL STATEMENT

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

Solstice Healthplans of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 16878 Employer's ID Number 30-1190514
(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: Other
Is HMO Federally Qualified? Yes [] No []
Incorporated/Organized 04/02/2019 Commenced Business 09/30/2020
Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 7901 SW 6th Court, Suite 400
(Street and Number)
Plantation, FL, US 33324 954-370-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address PO Box 19199 Plantation, FL, US 33318
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 7901 SW 6th Court, Suite 400
(Street and Number)
Plantation, FL, US 33324 954-370-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.solsticebenefits.com
Statutory Statement Contact Kuldeep Badana 612-485-3007
(Name) (Area Code) (Telephone Number)
kuldeep_badana@optum.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

President Kenneth Mark Sheldon Treasurer Marilyn Victoria Hirsch #
Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

OTHER

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

DIRECTORS OR TRUSTEES

Michael Charles Brody Carlos Ferrera Kenneth Mark Sheldon
Thomas Patrick Wiffler

State of Texas State of Illinois State of Illinois
County of Harris County of Franklin County of Franklin

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.

Kenneth Mark Sheldon Mitchell Robert Davis Michael Charles Brody
President Chief Financial Officer Secretary

Subscribed and sworn to before me this 16 day of January 2025
Brenda Faye Scurlock
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 [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....



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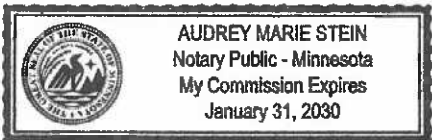
State of _____ State of Minnesota State of _____
County of _____ County of Hennepin County of _____

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Kenneth Mark Sheldon Mitchell Robert Davis Michael Charles Brody
President Chief Financial Officer Secretary

Subscribed and sworn to before me this _____ day of _____
Subscribed and sworn to before me this 12th day of February, 2025
Audrey Marie Stein
Subscribed and sworn to before me this _____ day of _____

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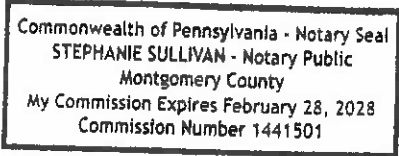
State of _____ State of _____ State of Pennsylvania
County of _____ County of _____ County of Montgomery

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Kenneth Mark Sheldon Mitchell Robert Davis Michael Charles Brody
President Chief Financial Officer Secretary

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 23rd day of January
_____ Stephanie Sullivan

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ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	79,885	0	79,885	79,756
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$290,133 , Schedule E - Part 1), cash equivalents (\$1,806 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	291,939	0	291,939	255,136
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	371,824	0	371,824	334,892
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	474	0	474	802
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	154	154	0	2,977
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	6,942	0	6,942	3,910
18.2 Net deferred tax asset	247	0	247	195
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	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	379,641	154	379,487	342,776
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	379,641	154	379,487	342,776
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	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	5,469	0	5,469	5,348
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses.....	118	0	118	151
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	0	0	0	0
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	4,714	0	4,714	4,248
9. General expenses due or accrued.....	25,884	0	25,884	2,443
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.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated.....	0	0	0	0
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.....	410	0	410	10,289
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	36,595	0	36,595	22,479
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	1	1
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	324,999	324,999
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	17,892	(4,703)
32. Less treasury stock, at cost: 32.10 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.20 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	342,892	320,297
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	379,487	342,776
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	15,708	11,309
2. Net premium income (including \$0 non-health premium income)	XXX.....	155,239	106,850
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	0	0
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.....	155,239	106,850
Hospital and Medical:			
9. Hospital/medical benefits	0	0	56,206
10. Other professional services	0	62,331	0
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	0	0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	0	62,331	56,206
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	62,331	56,206
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$4,883 cost containment expenses	0	12,509	12,006
21. General administrative expenses	0	47,414	40,820
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	122,254	109,032
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	32,985	(2,182)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	14,759	8,118
26. Net realized capital gains (losses) less capital gains tax of \$0	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	14,759	8,118
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	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX.....	47,744	5,936
31. Federal and foreign income taxes incurred	XXX.....	10,046	1,273
32. Net income (loss) (Lines 30 minus 31)	XXX	37,698	4,663
DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX.....		
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	320,297	315,608
34. Net income or (loss) from Line 32	37,698	4,663
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	52	26
39. Change in nonadmitted assets	(154)	0
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	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	0	0
47. Aggregate write-ins for gains or (losses) in surplus	(15,001)	0
48. Net change in capital and surplus (Lines 34 to 47)	22,595	4,689
49. Capital and surplus end of reporting period (Line 33 plus 48)	342,892	320,297
DETAILS OF WRITE-INS		
4701. Correction of Errors	(15,001)	0
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)	(15,001)	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	158,528	105,434
2. Net investment income	15,091	7,565
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	173,619	112,999
5. Benefit and loss related payments	62,210	53,324
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	55,637	51,506
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	9,090	4,022
10. Total (Lines 5 through 9)	126,937	108,852
11. Net cash from operations (Line 4 minus Line 10)	46,682	4,147
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	79,750
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	79,750
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)	0	(79,750)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(9,879)	11,453
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(9,879)	11,453
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)	36,803	(64,150)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	255,136	319,286
19.2 End of year (Line 18 plus Line 19.1)	291,939	255,136

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	155,239	0	0	0	0	155,239	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ 0 medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6)	155,239	0	0	0	0	155,239	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
9. Other professional services	62,331	0	0	0	0	62,331	0	0	0	0	0	0	0	XXX.
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
12. Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
15. Subtotal (Lines 8 to 14)	62,331	0	0	0	0	62,331	0	0	0	0	0	0	0	XXX.
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
17. Total medical and hospital (Lines 15 minus 16).....	62,331	0	0	0	0	62,331	0	0	0	0	0	0	0	XXX.
18. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
19. Claims adjustment expenses including \$ 4,883 cost containment expenses	12,509	0	0	0	0	12,509	0	0	0	0	0	0	0	0
20. General administrative expenses	47,414	0	0	0	0	47,414	0	0	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
22. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
23. Total underwriting deductions (Lines 17 to 22)	122,254	0	0	0	0	122,254	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	32,985	0	0	0	0	32,985	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX.
0502.														XXX.
0503.														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX.
1302.														XXX.
1303.														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	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	155,239	0	0	155,239
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	0	0	0	0
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	155,239	0	0	155,239
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	155,239	0	0	155,239

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	62,210	0	0	0	0	62,210	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	62,210	0	0	0	0	62,210	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Net health care receivables (a)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	5,348	0	0	0	0	5,348	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	5,348	0	0	0	0	5,348	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	62,331	0	0	0	0	62,331	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	62,331	0	0	0	0	62,331	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	5,469	0	0	0	0	5,469	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
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	1,430	60,780	0	5,469	1,430	5,348
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	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	1,430	60,780	0	5,469	1,430	5,348
14. Health care receivables (a)	0	0	0	0	0	0
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	0	0	0	0	0	0
17. Totals (Lines 13 - 14 + 15 + 16)	1,430	60,780	0	5,469	1,430	5,348

(a) Excludes \$0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	0	0	0	0	0
2.	2020	0	0	0	0	0
3.	2021	XXX	0	0	0	0
4.	2022	XXX	XXX	44	47	47
5.	2023	XXX	XXX	XXX	51	52
6.	2024	XXX	XXX	XXX	XXX	61

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	0	0	0	0	0
2.	2020	0	0	0	0	0
3.	2021	XXX	1	0	0	0
4.	2022	XXX	XXX	47	47	47
5.	2023	XXX	XXX	XXX	56	52
6.	2024	XXX	XXX	XXX	XXX	66

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021	2	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022	92	47	9	19.1	56	60.9	0	0	56	60.9
4. 2023	107	52	13	25.0	65	60.7	0	0	65	60.7
5. 2024	155	61	11	18.0	72	46.5	5	0	77	49.7

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	0	0	0	0	0
2.	2020	0	0	0	0	0
3.	2021	XXX	0	0	0	0
4.	2022	XXX	XXX	44	47	47
5.	2023	XXX	XXX	XXX	51	52
6.	2024	XXX	XXX	XXX	XXX	61

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	0	0	0	0	0
2.	2020	0	0	0	0	0
3.	2021	XXX	1	0	0	0
4.	2022	XXX	XXX	47	47	47
5.	2023	XXX	XXX	XXX	56	52
6.	2024	XXX	XXX	XXX	XXX	66

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims 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	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021	2	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022	92	47	9	19.1	56	60.9	0	0	56	60.9
4. 2023	107	52	13	25.0	65	60.7	0	0	65	60.7
5. 2024	155	61	11	18.0	72	46.5	5	0	77	49.7

UNDERWRITING AND INVESTMENT EXHIBIT

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

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

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$0 for occupancy of own building)	150	234	1,117	0	1,501
2. Salary, wages and other benefits	2,890	4,515	21,548	0	28,953
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	0	0	0
4. Legal fees and expenses	39	61	290	0	390
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services ...	363	567	2,708	0	3,638
7. Traveling expenses	49	76	362	0	487
8. Marketing and advertising	135	210	1,004	0	1,349
9. Postage, express and telephone	106	165	790	0	1,061
10. Printing and office supplies	203	317	1,515	0	2,035
11. Occupancy, depreciation and amortization	54	85	406	0	545
12. Equipment	25	38	183	0	246
13. Cost or depreciation of EDP equipment and software	320	500	2,388	0	3,208
14. Outsourced services including EDP, claims, and other services	172	269	1,282	0	1,723
15. Boards, bureaus and association fees	4	6	29	0	39
16. Insurance, except on real estate	70	109	521	0	700
17. Collection and bank service charges	18	27	1,885	0	1,930
18. Group service and administration fees	48	75	360	0	483
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	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	1,571	0	1,571
23.3 Regulatory authority licenses and fees	0	0	7,690	0	7,690
23.4 Payroll taxes	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	1,110	1,110
25. Aggregate write-ins for expenses	237	372	1,765	0	2,374
26. Total expenses incurred (Lines 1 to 25)	4,883	7,626	47,414	1,110	(a)61,033
27. Less expenses unpaid December 31, current year	46	72	25,751	133	26,002
28. Add expenses unpaid December 31, prior year	0	151	2,443	0	2,594
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)	4,837	7,705	24,106	977	37,625
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	237	372	1,765	0	2,374
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)	237	372	1,765	0	2,374

(a) Includes management fees of \$48,942 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a)3,729	3,731
1.1	Bonds exempt from U.S. tax	(a)0	0
1.2	Other bonds (unaffiliated)	(a)0	0
1.3	Bonds of affiliates	(a)0	0
2.1	Preferred stocks (unaffiliated)	(b)0	0
2.11	Preferred stocks of affiliates	(b)0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c)0	0
4.	Real estate	(d)0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e)12,138	12,138
7	Derivative instruments	(f)0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	15,867	15,869
11.	Investment expenses		(g)1,110
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)0
13.	Interest expense		(h)0
14.	Depreciation on real estate and other invested assets		(i)0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		1,110
17.	Net investment income (Line 10 minus Line 16)		14,759
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$129 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
- (e) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (f) Includes \$0 accrual of discount less \$0 amortization of premium.
- (g) Includes \$.0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.
- (i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	154	0	(154)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	154	0	(154)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	154	0	(154)
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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	0	0	0	0	0	0
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.....	936	1,474	1,330	1,273	1,197	15,708
7. Total	936	1,474	1,330	1,273	1,197	15,708
DETAILS OF WRITE-INS						
0601. Dental	936	1,474	1,330	1,273	1,197	15,708
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)	936	1,474	1,330	1,273	1,197	15,708

SOLSTICE HEALTHPLANS 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

Solstice Healthplans of Ohio, Inc. (the “Company”), licensed as a health insuring corporation, offers its enrollees a variety of dental services through a network of selected independent dentists. The Company is a wholly owned subsidiary of Solstice Administration Services, Inc. Solstice Administration Services, Inc. is a wholly owned subsidiary of Solstice Benefits Inc., with the ultimate parent as 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 April 02, 2019, as a health insuring corporation, and operations commenced in September 2020. The Company is licensed as a health insuring corporation in Ohio by the Ohio Department of Insurance. The Company has entered into contracts with dentists, and other health care provider organizations to deliver health care services for all enrollees.

The Company operates a system of dental benefit plans in Ohio. The Company markets its plans principally to private and government employers and union trusts. Dental services are provided through a network of selected independent dentists who are responsible for each member’s individual dental care.

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’ Accounting Practices and Procedures manual 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 National Association of Insurance Commissioners’ Accounting Practices and Procedures manual, also known as 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 #	2024	2023
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 37,698	\$ 4,663
(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>\$ 37,698</u>	<u>\$ 4,663</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 342,892	\$ 320,297
(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>\$ 342,892</u>	<u>\$ 320,297</u>

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

The preparation of these financial statements in conformity with the National Association of Insurance Commissioners’ Annual Statement Instructions and the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual 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 dental benefit expenses and claims unpaid. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted.

C. Accounting Policy

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

The Company has deemed the following to be significant differences between statutory practices and generally accepted accounting principles:

- Certain debt investments categorized as available-for-sale or held-to-maturity under generally accepted accounting principles are presented at the lower of book/adjusted carrying value or fair value in accordance with the National Association of Insurance Commissioners' designations in the financial statements, whereas under generally accepted accounting principles, 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 generally accepted accounting principles, 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 no short-term investments as of December 31, 2024 and 2023, respectively.
- 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 National Association of Insurance Commissioners' Accounting Practices and Procedures manual 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 National Association of Insurance Commissioners' Accounting Practices and Procedures manual, the net change in deferred tax assets and/or liabilities is recorded directly to unassigned funds (surplus) in the financial statements, whereas under generally accepted accounting principles, the net change in deferred tax assets and/or liabilities 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 National Association of Insurance Commissioners' Accounting Practices and Procedures manual, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the financial statements, whereas under generally accepted accounting principles, such assets are included in the balance sheet.
- Certain assets, including certain aged premium receivables and certain deferred tax assets are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures and are excluded from the financial statements and charged directly to unassigned funds (surplus).
- Comprehensive income and its components are not separately presented in the financial statements, whereas under generally accepted accounting principles, it is a requirement to present comprehensive income and its components in the financial statements.

Accounting policy disclosures that are required by the National Association of Insurance Commissioners' Annual Statement instructions are as follows:

- (1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet National Association of Insurance Commissioners designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet National Association of Insurance Commissioners' designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the National Association of Insurance Commissioners identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office in accordance with the National Association of Insurance Commissioners' Valuation of Securities manual prepared by the Securities Valuation Office or an external pricing service;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;
- (6) The Company holds no loan-backed securities;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;

- (10) Premium deficiency reserves 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 not 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) The Company does not have any health care or other amounts receivable as of December 31, 2024 and 2023;

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

ASSETS

Cash and Invested Assets

- Bonds include securities with a maturity of greater than one year at the time of purchase;
- Cash represents cash held by the Company in operating accounts. Claims and other payments are made from the operating accounts daily;
- Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition.
- 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).

LIABILITIES

- **Claims Unpaid** — The Company contracts with various independent dentists to provide services to covered enrollees. The Company reimburses general dentistry providers on a capitated basis, and specialty providers on a utilization basis. Claims unpaid include amounts owed under the capitation arrangement but not paid as of the end of the reporting period, claims processed but not yet paid, estimates for claims received but not yet processed, and estimates for the costs of dental care services enrollees have received, but for which claims have not yet been submitted.

The estimates for incurred but not reported claims are developed using actuarial methods based upon historical submission and payment data, cost trends, customers and product mix, seasonality, utilization of dental services, contracted service rates, and other relevant factors including product changes. The 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 the years ended December 31, 2024 and 2023. Management believes the amount of claims unpaid is the best estimate for the Company's liability for unpaid claims as of December 31, 2024; however, actual claim payments may differ from those established estimates.

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 \$250,000.

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** — Net premium income includes dental revenue derived from managed dental care plans. Dental revenue is recognized in the period in which enrollees are entitled to receive services.
- **Dental Benefit Expenses** — Dental benefit expenses include claims and capitation paid, claims processed but not yet paid, estimates for claims received but not yet processed, and estimates for the costs of dental care services enrollees have received but for which claims have not yet been submitted.
- **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 management 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 management 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 to be reported in the financial statements.

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.

The Company has no commercial customers that individually exceed 10% of total direct premiums written for the years ended December 31, 2024 and 2023, respectively.

Recently Issued Accounting Standards

In May 2024, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles 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 chose to early adopt the revision during quarter 2 of 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 have been recorded during the years ended December 31, 2024 and 2023.

During the preparation of the 2024 financial statements, the Company identified there was no accrual established for the estimated cost of an Ohio Department of Insurance financial exam. As the financial exam period spans several years, pursuant to Statements of Statutory Accounting Principles No. 5R, *Liabilities, Contingencies and Impairment of Assets*, the Company should have established an estimated per year accrual based on the number of years outstanding since the Company received its certificate of authority. The Company has estimated that total ending capital and surplus was overstated by \$15,001 as of December 31, 2023. The cumulative effect of this error was corrected by the Company in accordance with Statements of Statutory Accounting Principles No. 3, *Accounting Changes and Corrections of Error*, and is reflected in the financial statements as correction of error for the year ended December 31, 2024.

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. There were no realized gains and losses on the sales of the investments for the years ended December 31, 2024 and 2023. There were no proceeds on the sale of investments for the years ended December 31, 2024 and 2023.

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 \$291,939 and \$255,136 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	\$ 79,885	\$ 263	\$ —	\$ —	\$ 80,148
Total bonds	\$ 79,885	\$ 263	\$ —	\$ —	\$ 80,148

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	\$ 79,885	\$ 263	\$ —	\$ —	\$ 80,148
Total bonds	\$ 79,885	\$ 263	\$ —	\$ —	\$ 80,148

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	\$ 79,756	\$ 529	\$ —	\$ —	\$ 80,285
Total bonds	\$ 79,756	\$ 529	\$ —	\$ —	\$ 80,285

The unrecognized unrealized losses on investments in U.S. government and agency 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, no other-than-temporary impairments were recorded by the Company as of December 31, 2024 and 2023

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

D. Loan-Backed Securities

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

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

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

(1) Restricted assets, including pledged securities as of December 31, 2024 and 2023, are presented below:

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b. Collateral held under security lending agreements	—	—	—	—	—	— %	— %
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %
d. Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g. Placed under option contracts	—	—	—	—	—	— %	— %
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	—	—	—	—	—	— %	— %
i. FHLB capital stock	—	—	—	—	—	— %	— %
j. On deposit with states	79,885	79,756	129	—	79,885	21 %	21 %
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n. Other restricted assets	—	—	—	—	—	— %	— %
o. Total restricted assets	<u>\$ 79,885</u>	<u>\$ 79,756</u>	<u>\$ 129</u>	<u>\$ —</u>	<u>\$ 79,885</u>	<u>21 %</u>	<u>21 %</u>

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

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

- S. 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	\$	474
2. Nonadmitted		—
3. Admitted		474

2023		
Interest Income Due And Accrued:		
1. Gross	\$	802
2. Nonadmitted		—
3. Admitted		802

- 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	\$ 247	\$ —	\$ 247	\$ 195	\$ —	\$ 195	\$ 52	\$ —	\$ 52
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	247	—	247	195	—	195	52	—	52
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax asset (1c - 1d)	247	—	247	195	—	195	52	—	52
(f) Deferred tax liabilities	—	—	—	—	—	—	—	—	—
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 247</u>	<u>\$ —</u>	<u>\$ 247</u>	<u>\$ 195</u>	<u>\$ —</u>	<u>\$ 195</u>	<u>\$ 52</u>	<u>\$ —</u>	<u>\$ 52</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:

	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
Admission Calculation Components SSAP No. 101									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 247	\$ —	\$ 247	\$ 195	\$ —	\$ 195	\$ 52	\$ —	\$ 52
(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	51,397	XXX	XXX	47,649	XXX	XXX	3,748
(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>\$ 247</u>	<u>\$ —</u>	<u>\$ 247</u>	<u>\$ 195</u>	<u>\$ —</u>	<u>\$ 195</u>	<u>\$ 52</u>	<u>\$ —</u>	<u>\$ 52</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	\$ 342,645	\$ 317,657

(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	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 247	\$ —	\$ 195	\$ —	\$ 52	\$ —
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)	\$ 247	\$ —	\$ 195	\$ —	\$ 52	\$ —
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	2	3
	2024	2023	(Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 10,046	\$ 1,273	\$ 8,773
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	10,046	1,273	8,773
(d) Federal income tax on net capital gains (losses)	—	—	—
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	—	—	—
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 10,046</u>	<u>\$ 1,273</u>	<u>\$ 8,773</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	2	3
	2024	2023	(Col 1 - 2) Change
2. Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 17	\$ 17	\$ —
(2) Unearned premium reserve	198	178	20
(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	32	—	32
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	—	—	—
(99) Subtotal (sum of 2a1 through 2a13)	247	195	52
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	247	195	52
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	247	195	52
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	—	—	—
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	—	—	—
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	—	—	—
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 247</u>	<u>\$ 195</u>	<u>\$ 52</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	\$ 10,026	21 %	\$ 1,247	21 %
Tax effect of nonadmitted assets	(32)	—	—	—
Total statutory income taxes	<u>\$ 9,994</u>	<u>21 %</u>	<u>\$ 1,247</u>	<u>21 %</u>
Federal income taxes incurred	\$ 10,046	21 %	\$ 1,273	21 %
Change in net deferred income tax	(52)	—	(26)	—
Total statutory income taxes	<u>\$ 9,994</u>	<u>21 %</u>	<u>\$ 1,247</u>	<u>21 %</u>

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

Current federal income taxes recoverable of \$6,942 and \$3,910 as of December 31, 2024 and 2023, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$9,090 and \$4,022 in 2024 and 2023, respectively.

Federal income taxes incurred of \$6,058 and \$1,273 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. 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 statute of limitation on the pre-acquisition 2021 tax year federal and state short period tax returns ends on April 15, 2025. 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.

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

The Company holds a \$2,000,000 subordinated credit agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate - Upper Bound plus 50 basis points. This credit agreement is subordinate to the claims of non-affiliated creditors and loans from non-affiliated lenders of the borrowers. This credit agreement is revolving, unless terminated by either party. No amounts were outstanding under the line of credit as of December 31, 2024 and 2023. There was no interest paid or accrued on all borrowings throughout the year as of December 31, 2024 and 2023, respectively.

- 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. The Company had amounts due to parent, subsidiaries and affiliates of \$410 and \$10,289 as of December 31, 2024 and 2023, respectively, which are included in the financial statements. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.
- E. The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) per member per month; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in 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 HealthCare Services, Inc.	\$ 48,942	\$ 42,745

- 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 management 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.
- 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 990 shares authorized and 1 share 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, Solstice Administration Services, Inc.
- C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Ohio Department of Insurance.
- D. The Company paid no dividends and no infusions were received during 2024 or 2023.

- E. The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.
- F. There are no restrictions placed on the Company's unassigned funds (surplus).
- G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- H. The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- I. The Company does not have any special surplus funds.
- J. The portion of unassigned funds (surplus), excluding net income (loss) represented (or reduced) by each item below is as follows:

	2024	2023
Net deferred income taxes	\$ 247	\$ 195
Nonadmitted assets	(154)	—
Total	\$ 93	\$ 195

- 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.

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.

15. LEASES

A–B. According to the management 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–C. The Company does not have any uninsured or partially insured accident and health plans.

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

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

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following tables present information about the Company’s financial assets that are measured and reported at fair value at December 31, 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	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	1,806	—	—	—	1,806
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 1,806</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 1,806</u>
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

Description for Each Class of Asset or Liability	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	76,000	—	—	—	76,000
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 76,000</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 76,000</u>
b. Liabilities at fair value:					
Derivative liabilities	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- (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:

2024							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 80,148	\$ 79,885	\$ 80,148	\$ —	\$ —	\$ —	\$ —
Cash equivalents	1,806	1,806	1,806	—	—	—	—
Total bonds and cash equivalents	<u>\$ 81,954</u>	<u>\$ 81,691</u>	<u>\$ 81,954</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
2023							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 80,285	\$ 79,756	\$ 80,285	\$ —	\$ —	\$ —	\$ —
Cash equivalents	76,000	76,000	76,000	—	—	—	—
Total bonds and cash equivalents	<u>\$ 156,285</u>	<u>\$ 155,756</u>	<u>\$ 156,285</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

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

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

21. OTHER ITEMS

A. Unusual or Infrequent Items

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

(1–4) The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2024 and 2023.

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 February 28, 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

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

E. **Reinsurance Credit** — Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A–C. The Company does not have any retrospectively rated contracts or contracts subject to redetermination as of December 31, 2024 or 2023.

D. The Company does not have any business subject to specific minimum medical loss ratio requirements as of December 31, 2024 and 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 dental benefit expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid for the years ended December 31, 2024 and 2023:

	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (5,348)	\$ (5,348)
Paid claims	60,780	1,430	62,210
End of year claim reserve	5,469	—	5,469
Total incurred claims	<u>\$ 66,249</u>	<u>\$ (3,918)</u>	<u>\$ 62,331</u>

	2023		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (2,466)	\$ (2,466)
Paid claims	50,267	3,057	53,324
End of year claim reserve	5,348	—	5,348
Total incurred claims	<u>\$ 55,615</u>	<u>\$ 591</u>	<u>\$ 56,206</u>

The liability for claims unpaid as of December 31, 2023 was \$5,348. As of December 31, 2024, \$1,430 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$0, as a result of re-estimation of unpaid claims. Therefore, there has been \$3,918 favorable prior year development since December 31, 2023 to December 31, 2024. The primary drivers consist of favorable development of \$3,234 in retroactivity for dental claims and favorable development as a result of a change in the provision for adverse deviations in experience of \$684. At December 31, 2023, the Company recorded \$591 unfavorable development. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

The Company incurred claims adjustment expenses of \$12,509 and \$12,006 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 management 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	\$ 12,509	\$ 12,006
Less: current year unpaid claims adjustment expenses	(118)	(151)
Add: prior year unpaid claims adjustment expenses	151	89
Total claims adjustment expenses paid	<u>\$ 12,542</u>	<u>\$ 11,944</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–B. The Company did not have any pharmacy rebates receivable or risk-sharing receivables in 2024 or 2023.

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 not 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	12/31/2024
3. Was anticipated investment income utilized in this calculation?	Yes ☐ No ☒
	2023
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	12/31/2023
3. Was anticipated investment income utilized in this calculation?	Yes ☐ No ☒

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.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

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

Yes [X] No []

1.2

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

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

1.3

State Regulating?

Ohio

1.4

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

Yes [X] No []

1.5

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

0000731766

2.1

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

Yes [] No [X]

2.2

If yes, date of change:

3.1

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

3.2

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

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4

By what department or departments?

3.5

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

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

3.6

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

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

4.1

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

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

4.2

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

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

5.1

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

Yes [] No [X]

5.2

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

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

6.1

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

Yes [] No [X]

6.2

If yes, give full information

7.1

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

Yes [] No [X]

7.2

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

0.0 %

1 Nationality	2 Type of Entity

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 [☒]
- 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 [☒] 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, Utah	...NO....	...NO....	...YES....	...NO....

- 8.5

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

Yes [☐] No [☒]
- 8.6

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

Yes [☐] No [☒] N/A [☐]
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
The Company has been granted an exemption by the Ohio Department of Insurance from filing the 2024 Audited Financial Statements.
- 10.1

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

Yes [☐] No [☒]
- 10.2

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

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

Yes [☒] No [☐]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
The Company has been granted an exemption by the Ohio Department of Insurance from filing the 2024 Audited Financial Statements and Actuarial Opinion.
- 10.5

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

Yes [☒] 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?
The Company has been granted an exemption by the Ohio Department of Insurance from filing the 2024 Actuarial Opinion.
- 12.1

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

Yes [☐] No [☒]

12.11

Name of real estate holding company ...

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$0
- 12.2

If yes, provide explanation
.....
13.

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

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

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

Yes [☐] No [☐]
- 13.3

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

Yes [☐] No [☐]
- 13.4

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

Yes [☐] No [☐] N/A [☐]
- 14.1

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

Yes [☒] 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 [☒]
- 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 [☒]
- 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 Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

- 15.1

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

Yes [] No [X]
- 15.2

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

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

BOARD OF DIRECTORS

16.

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

Yes [X] No []
17.

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

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

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

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

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

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

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

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

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

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

Yes [] No [X]
- 21.2

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

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

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

21.23 Leased from others\$ 0

21.24 Other\$ 0
- 22.1

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

Yes [X] No []
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ 0

22.22 Amount paid as expenses\$ 2,790

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 Solstice Healthplans 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 \$ 79,885

26.29 On deposit with other regulatory bodies \$ 0

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

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

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

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

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

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

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

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

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

Yes [] No [X]

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
---------------------------	--------------------------

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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.....

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	79,885	80,148	263
31.2 Preferred stocks	0	0	0
31.3 Totals	79,885	80,148	263

- 31.4 Describe the sources or methods utilized in determining the fair values:
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] 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 Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

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

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
- 41.1 Amount of payments for legal expenses, if any?\$0
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

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

Yes [] No [X]

1.2

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

\$ 0

1.3

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

\$ 0

1.31

Reason for excluding

.....

1.4

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

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

155,239

106,850

2.2

Premium Denominator

155,239

106,850

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

5,469

5,348

2.5

Reserve Denominator

5,469

5,348

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

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

Yes [] No [X]

3.2

If yes, give particulars:

.....

4.1

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

Yes [X] No []

4.2

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

Yes [] No []

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

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

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

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

.....

7.1

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

Yes [X] No []

7.2

If no, give details

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

7,567

8.2

Number of providers at end of reporting year

6,883

9.1

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

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months..

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses.....

\$

0

10.22

Amount actually paid for year bonuses.....

\$

0

10.23

Maximum amount payable withholds.....

\$

0

10.24

Amount actually paid for year withholds.....

\$

0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3

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

Ohio

11.4

If yes, show the amount required.

\$ 250,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

.....

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

1
Name of Service Area
State of Ohio
.....

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

0

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$

0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

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

14.2

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

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

15.

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

15.1

Direct Premium Written

\$

0

15.2

Total Incurred Claims

\$

0

15.3

Number of Covered Lives

.....

0

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

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

16.1

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

Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	379,487	342,776	323,204	318,114	271,225
2. Total liabilities (Page 3, Line 24)	36,595	22,479	7,596	1,964	0
3. Statutory minimum capital and surplus requirement	250,000	250,000	250,000	250,000	250,000
4. Total capital and surplus (Page 3, Line 33)	342,892	320,297	315,608	316,150	271,225
Income Statement (Page 4)					
5. Total revenues (Line 8)	155,239	106,850	91,614	1,845	0
6. Total medical and hospital expenses (Line 18)	62,331	56,206	45,550	1,211	0
7. Claims adjustment expenses (Line 20)	12,509	12,006	8,840	195	0
8. Total administrative expenses (Line 21)	47,414	40,820	39,075	6,918	4,666
9. Net underwriting gain (loss) (Line 24)	32,985	(2,182)	(1,851)	(6,479)	(4,666)
10. Net investment gain (loss) (Line 27)	14,759	8,118	1,165	55	(112)
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	37,698	4,663	(708)	(5,078)	(3,775)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	46,682	4,147	2,354	(565)	(4,292)
Risk-Based Capital Analysis					
14. Total adjusted capital	342,892	320,297	315,608	316,150	271,225
15. Authorized control level risk-based capital	26,288	26,229	26,202	29,292	696
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,197	936	826	36	0
17. Total members months (Column 6, Line 7)	15,708	11,309	9,623	119	0
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	40.2	52.6	49.7	65.6	0.0
20. Cost containment expenses	3.1	4.8	4.4	4.0	0.0
21. Other claims adjustment expenses	4.9	6.4	5.3	6.6	0.0
22. Total underwriting deductions (Line 23)	78.8	102.0	102.0	451.2	0.0
23. Total underwriting gain (loss) (Line 24)	21.2	(2.0)	(2.0)	(351.2)	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	1,430	3,057	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	5,348	2,466	1,013	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Solstice Healthplans of Ohio, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
States, etc.											
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	155,239	0	0	0	0	0	155,239	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	155,239	0	0	0	0	0	0	155,239	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61.	Totals (Direct Business)	XXX	155,239	0	0	0	0	0	0	155,239	0
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

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

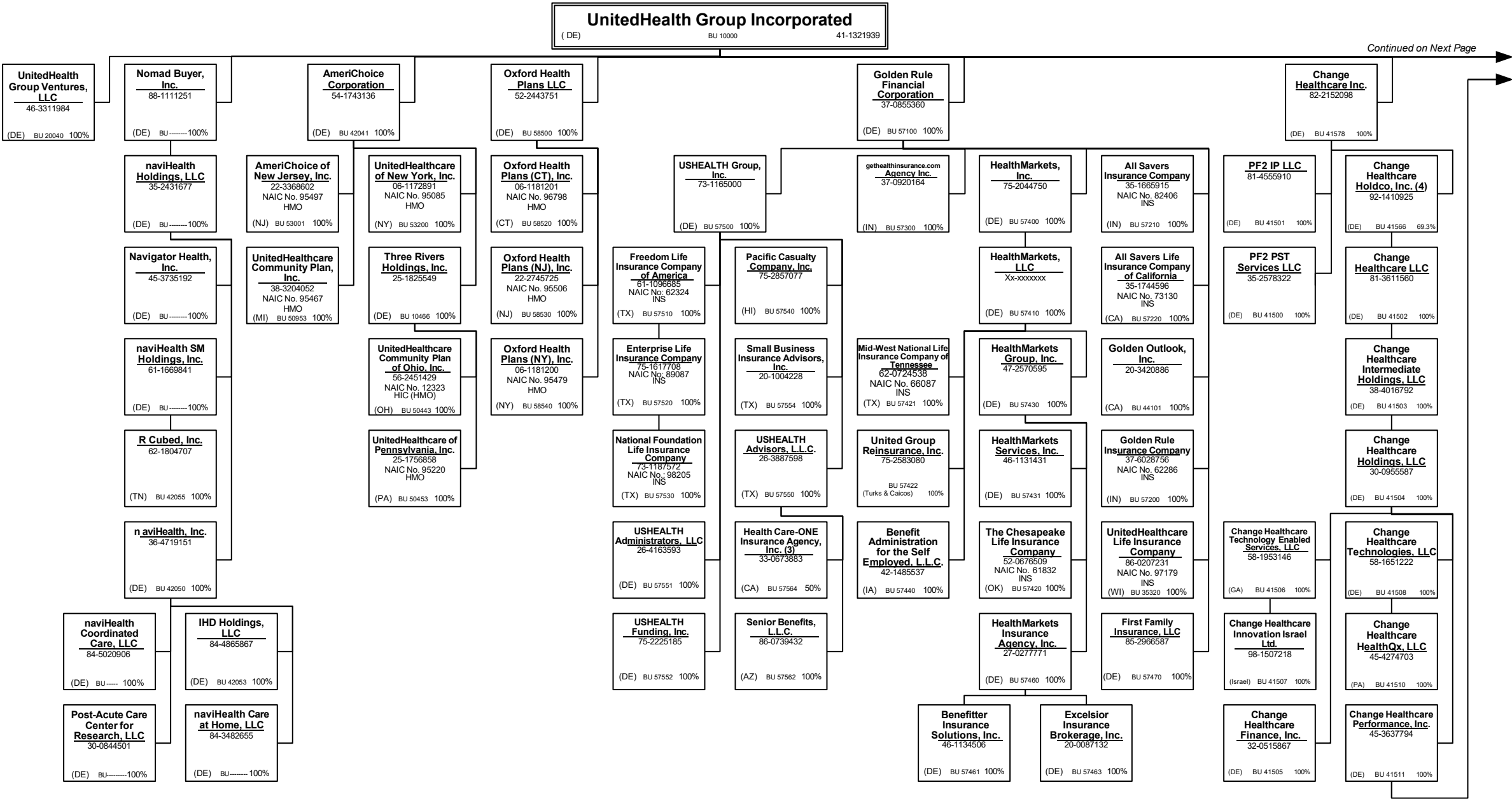
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

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

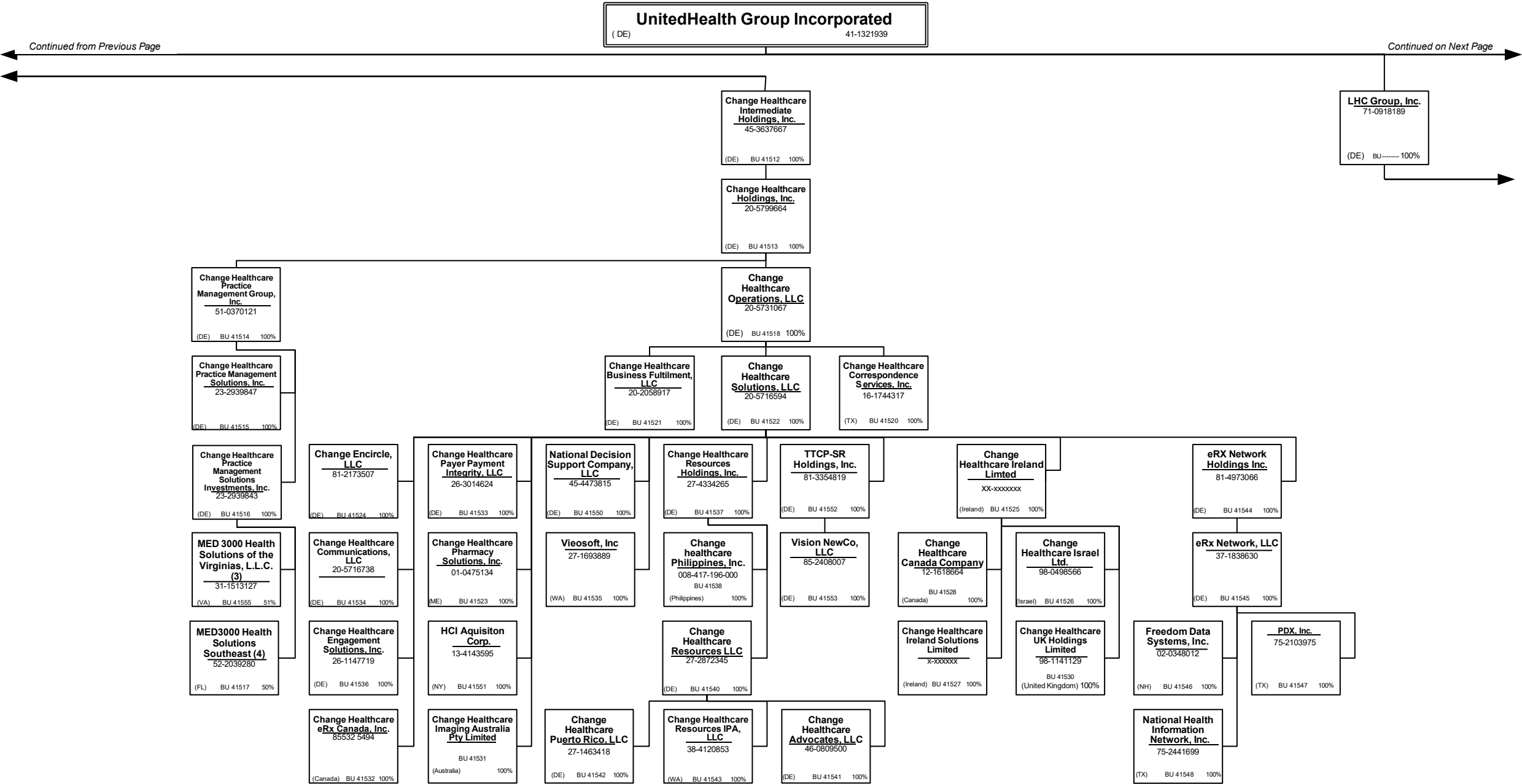
5. N - None of the above - Not allowed to write business in the state..... 56

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

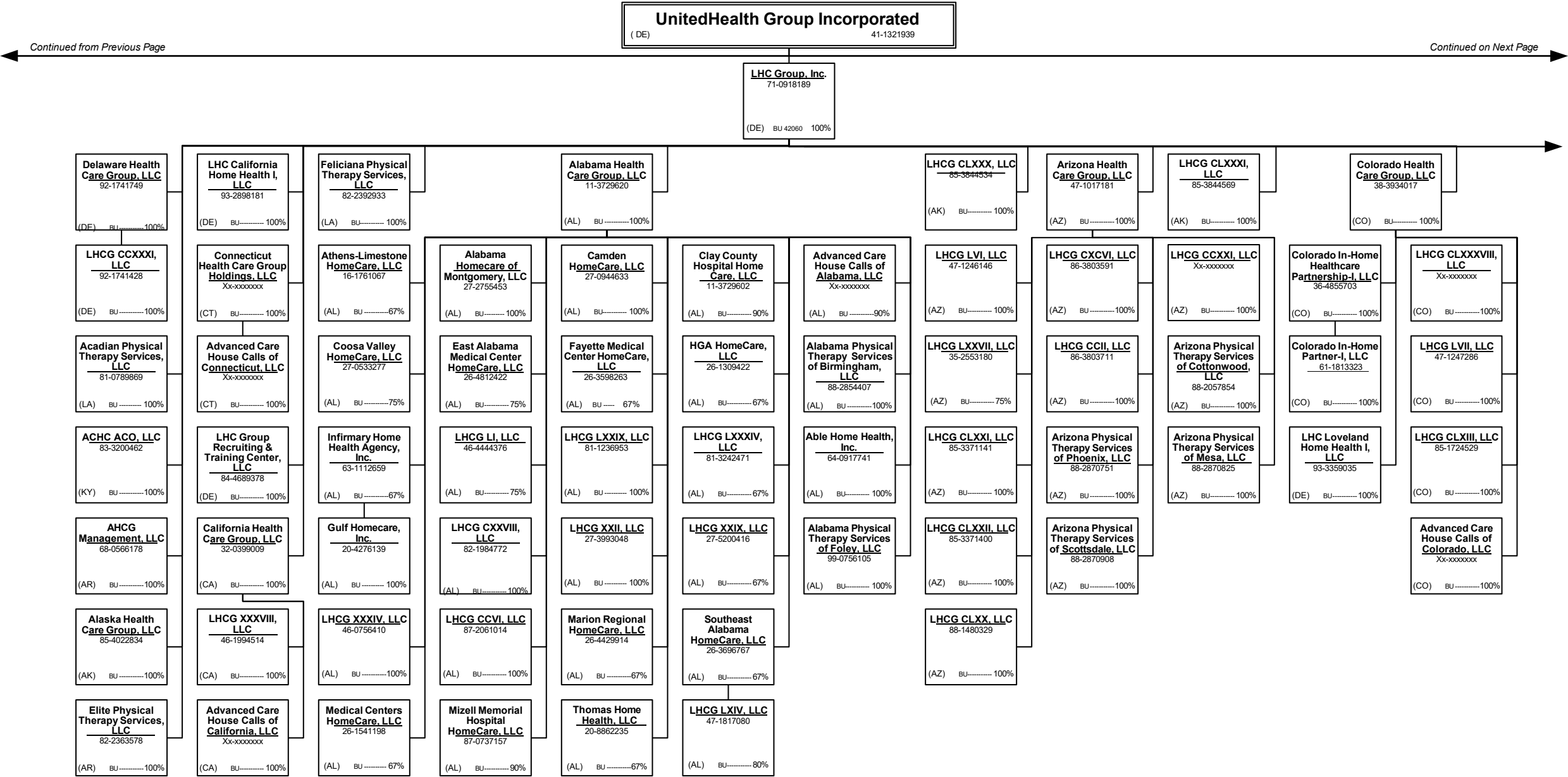
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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



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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

Arkansas Health Care Group, LLC

54-2078932

(AR) BU----- 100%

Indiana Health Care Group, LLC

27-5130167

(IN) BU----- 100%

Kentucky Health Care Group, LLC

51-0588603

(KY) BU----- 100%

LHC Home Health Care Group of Michigan, LLC

Xx-xxxxxxx

(MI) BU----- 100%

Arkansas HomeCare of Forrest City, LLC

06-1778265

(AR) BU-----100%

Arkansas HomeCare of Fulton, LLC

33-1154428

(AR) BU----- 100%

Arkansas HomeCare of Hot Springs, LLC

20-3552602

(AR) BU-----100%

Arkansas Physical Therapy Services of Conway, LLC

84-4642424

(AR) BU----- 100%

CMC Home Health and Hospice, LLC

26-2688869

(AR) BU-----100%

Dallas County Medical Center HomeCare, LLC

34-2013785

(AR) BU----- 100%

LHCG LXXXIII, LLC

81-2227463

(AR) BU-----100%

LHCG CXCVII, LLC

86-3859120

(IN) BU----- 100%

Kentucky Home Health Care, LLC

46-4950585

(KY) BU-----100%

Kentucky HomeCare of Henderson, LLC

26-4812417

(KY) BU----- 100%

LHCG XLVI, LLC

46-2509580

(KY) BU-----100%

Advanced Care House Calls of Michigan, LLC

Xx-xxxxxxx

(MI) BU----- 100%

Arkansas Physical Therapy Services of Rogers, LLC

88-2072782

(AR) BU-----100%

LHCG XLII, LLC

30-0760667

(AR) BU----- 100%

Arkansas Physical Therapy Services of Hot Springs, LLC

99-3242136

(AR) BU----- 100%

Hospice of Central Arkansas, LLC (3)

26-4310419

(AR) BU----- 67%

Jefferson Regional HomeCare, LLC (3)

26-1806757

(AR) BU----- 67%

LHCG CLXVII, LLC

85-4059504

(AR) BU----- 100%

Eureka Springs Hospital HomeCare, LLC

72-1587844

(AR) BU-----100%

Illinois Health Care Group, LLC

46-1708167

(IL) BU----- 100%

Kentucky LV, LLC

46-4923653

(KY) BU-----100%

LHCG LXX, LLC

47-5067719

(KY) BU----- 100%

LHCG XXIII, LLC

27-4100261

(KY) BU-----75%

LHC HomeCare - Lifeline, LLC

51-0588604

(KY) BU----- 100%

Arkansas Healthcare Partners, LLC

81-3695165

(AR) BU-----100%

East Arkansas Health Holdings, LLC

47-2142765

(AR) BU----- 100%

LHCG CIV, LLC

82-1639945

(AR) BU-----100%

LHCG CV, LLC

82-1661632

(AR) BU----- 100%

LHCG CII, LLC

82-1487800

(AR) BU-----100%

LHCG CLXVII, LLC

85-3678555

(AR) BU----- 100%

Eureka Springs Hospital Hospice, LLC

72-1587845

(AR) BU-----100%

LHCG XXXVII, LLC

30-0760684

(IL) BU----- 100%

Lifeline HomeCare of Salem, LLC

27-3468680

(KY) BU-----100%

LHCG LXXI, LLC

47-5393382

(KY) BU----- 100%

Kentucky Physical Therapy Services at Richmond Place, LLC

93-4405730

(KY) BU-----100%

Lifeline Home Health Care of Bowling Green, LLC

51-0588592

(KY) BU----- 100%

LHCG LXXXV, LLC

36-4847404

(AZ) BU-----100%

Arkansas Home Health Providers-III, LLC

47-1716449

(AR) BU----- 100%

Arkansas Home Hospice, LLC

47-1783912

(AR) BU-----100%

Mena Medical Center Home Health, LLC

47-0944781

(AR) BU----- 100%

Mena Medical Center Hospice, LLC

72-1586356

(AR) BU-----100%

LHCG CXXXX, LLC

83-2298550

(AR) BU----- 100%

Patient's Choice Hospice, LLC

06-1778268

(AR) BU-----100%

Advanced Care House Calls of Illinois, LLC

Xx-xxxxxxx

(IL) BU----- 100%

Lifeline Home Health Care of Fulton, LLC

20-8826388

(KY) BU-----100%

Lifeline Home Health Care of Hopkinsville, LLC

51-0588601

(KY) BU----- 100%

Kentucky Physical Therapy Services of Lexington, LLC

93-4383947

(KY) BU-----100%

Lifeline Home Health Care of Lexington, LLC

51-0588599

(KY) BU----- 100%

Arkansas Home Health Providers-III, LLC

47-1783912

(AR) BU----- 100%

Arkansas Extended Care, LLC

47-1770024

(AR) BU-----100%

Southwest Arkansas HomeCare, LLC

26-0274543

(AR) BU----- 67%

LHCG LXVIII, LLC

47-4518424

(AR) BU-----100%

Northeast Arkansas Partnership, LLC

35-2647028

(AR) BU----- 60%

Illinois Home Health Care, LLC

46-4924177

(IL) BU----- 100%

Lifeline Rockcastle Home Health, LLC

27-3468870

(KY) BU----- 75%

Gamma Acquisition Inc.

20-0146314

(DE) BU----- 100%

Kentucky Physical Therapy Services of Somerset, LLC

33-1353810

(KY) BU-----100%

Lifeline Private Duty Services of Kentucky, LLC

51-0588602

(KY) BU----- 100%

Arkansas Nursing Providers, LLC

47-1808550

(AR) BU-----67%

LHCG CXXV, LLC

82-2441720

(AR) BU----- 100%

LHCG LXXXVI, LLC

36-4847423

(AR) BU-----100%

LHCG CXXXXI, LLC

32-0565293

(AR) BU----- 100%

LHCG CXXXII, LLC

83-2810275

(AR) BU-----100%

Illinois LIV, LLC

38-3925282

(IL) BU-----00%

Kentucky In-Home Partner-II, LLC

82-3982951

(KY) BU-----100%

Twin Lakes Home Health Agency, LLC

27-1000828

(KY) BU----- 75%

Lifeline Home Health Care of Somerset, LLC

51-0588594

(KY) BU-----100%

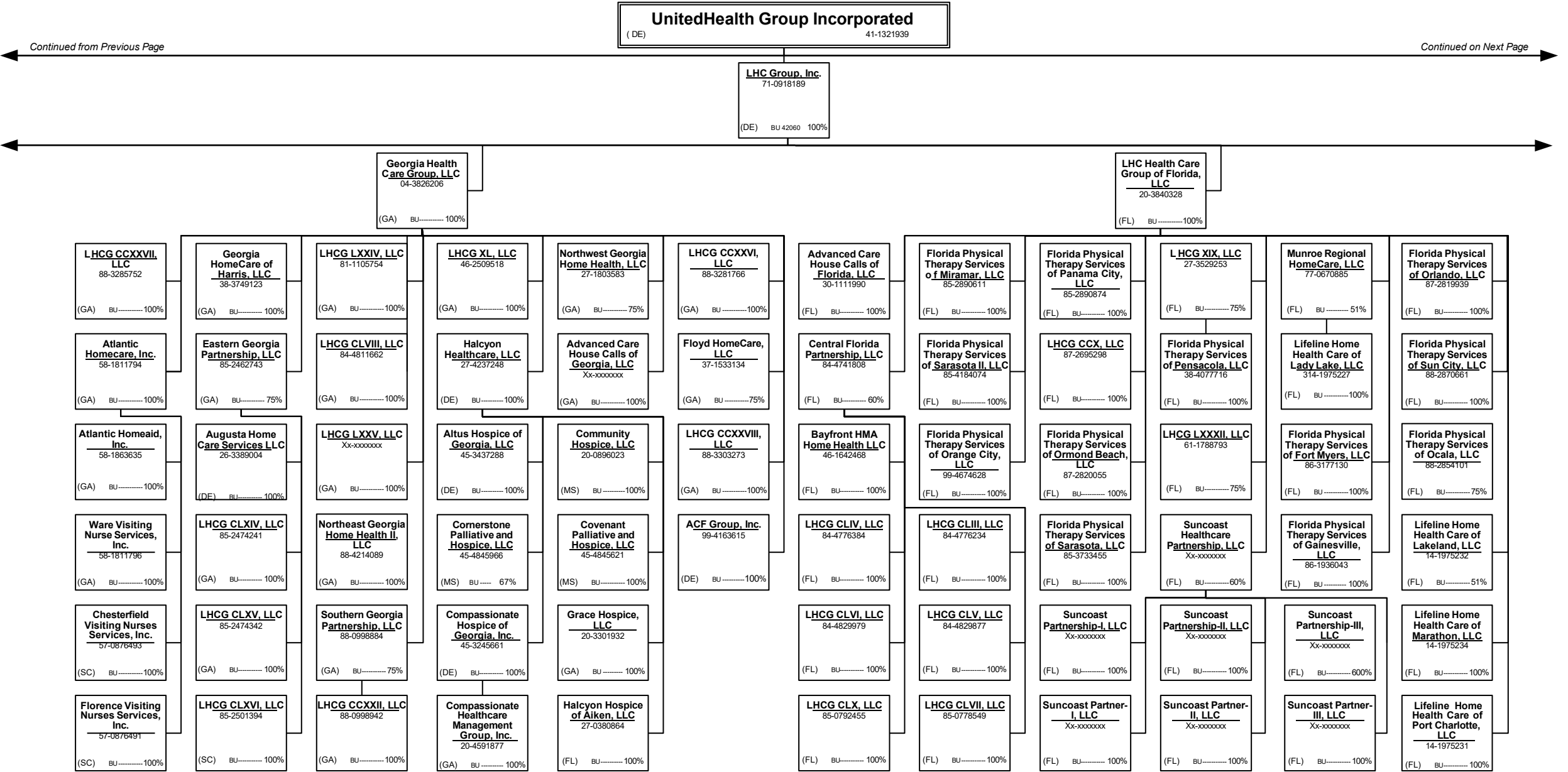
Lifeline Home Health Care of Russellville, LLC

51-0588600

(KY) BU----- 100%

40.3

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



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

UnitedHealth Group Incorporated

(DE)41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

Maryland Health Care Group, LLC

26-3598092

(MD) BU 100%

Mississippi Health Care Group, LLC

68-0490418

(MS) BU 100%

LHC Group Pharmaceutical Services II, LLC

81-2871053

(LA) BU 100%

LHC Physician Services, LLC

47-5289323

(LA) BU 100%

Minnesota Health Care Group, LLC

46-2511957

(MN) BU 100%

Nebraska Health Care Group, LLC

46-5008635

(NE) BU 100%

LHCG Partner, LLC

81-4453882

(DE) BU 100%

HomeCall, LLC

52-0998217

(MD) BU 100%

Maryland Healthcare Partnership, LLC (3)

88-3736162

(MD) BU 80%

Able Home Health, Inc.

64-0917990

(MS) BU 100%

Advanced Care House Calls of Mississippi, LLC

84-4014730

(MS) BU 100%

LHC Group Pharmaceutical Services III, LLC

81-5023883

(LA) BU 100%

LHC Real Estate I, LLC

20-8308248

(LA) BU 100%

LHCG XLVIII, LLC

61-1710815

(MN) BU 100%

In-Home Healthcare Partnership, LLC

38-4019518

(DE) BU 80%

LHCG CL, LLC

84-2121644

(MD) BU 100%

Maryland Intermediary-I, LLC

88-4115077

(MD) BU 100%

Maryland Intermediary-III, LLC

88-4115305

(MD) BU 100%

Leaf River Home Health Care, LLC

20-1257620

(MS) BU 100%

LHCG CXCV, LLC

86-3319565

(MS) BU 100%

Primary Care at Home of Louisiana, LLC

81-3720899

(LA) BU 100%

LHC Real Estate II, LLC

47-4185991

(LA) BU 100%

Integrity Clinical Partners, LLC

Xx-xxxxxxx

(MN) BU 100%

Arkansas In-Home Healthcare Partnership-I, LLC

84-2216080

(AR) BU 100%

Arizona In-Home Healthcare Partnership-III, LLC

84-2209152

(AZ) BU 100%

Ohio In-Home Healthcare Partnership-I, LLC

84-2230289

(OH) BU 100%

Pennsylvania In-Home Healthcare Partnership-III, LLC

32-0515193

(PA) BU 100%

Maryland Physical Therapy Services of Frederick, LLC

85-2244241

(MD) BU 100%

LHCG CCXXIV, LLC

88-3537696

(MD) BU 100%

LHCG CCXXV, LLC

88-3537979

(MD) BU 100%

Mississippi HomeCare of Jackson II, LLC

26-0784038

(MS) BU 100%

Mississippi HomeCare, LLC

01-0689757

(MS) BU 100%

Primary Care at Home of Louisiana II, LLC

82-1032626

(LA) BU 100%

LHCG New York Holdings, LLC

84-3090589

(DE) BU 100%

Arkansas In-Home Partner-I, LLC

84-2301559

(AR) BU 100%

Arizona In-Home Partner-III, LLC

84-2275631

(AZ) BU 100%

Idaho In-Home Healthcare Partnership-I, LLC

84-2230243

(ID) BU 100%

Pennsylvania In-Home Partner-III, LLC

82-3662886

(PA) BU 100%

Maryland Intermediary-II, LLC

88-4115213

(MD) BU 100%

Maryland Intermediary-IV, LLC

88-4115420

(MD) BU 100%

Mississippi Physical Therapy Services of Biloxi, LLC

85-1606644

(MS) BU 100%

Picayune HomeCare, LLC

64-0938601

(MS) BU 100%

Primary Care at Home of Louisiana III, LLC

82-2405320

(LA) BU 100%

Willcare Consumer Directed, Inc.

Xx-xxxxxxx

(NY) BU 100%

Arizona In-Home Healthcare Partnership-I, LLC

81-40603540

(AZ) BU 100%

Arkansas In-Home Healthcare Partnership-II, LLC

84-2221004

(AR) BU 100%

Virginia In-Home Healthcare Partnership-III, LLC

32-0513440

(VA) BU 100%

Arizona In-Home Healthcare Partnership-II, LLC

35-2581228

(AZ) BU 100%

Virginia In-Home Healthcare Partnership-I, LLC

38-4021697

(VA) BU 100%

LHCG CXLIX, LLC

84-2108475

(MD) BU 100%

Chester River Home Care & Hospice, LLC

52-2008916

(MD) BU 100%

South Mississippi Home Health, Inc.

64-0736426

(MS) BU 100%

LHCG XXVI, LLC

Xx-xxxxxxx

(MS) BU 100%

Primary Care at Home of Louisiana IV, LLC

82-3253877

(LA) BU 100%

Arizona In-Home Partner-I, LLC

38-4023101

(AZ) BU 100%

Arkansas In-Home Partner-II, LLC

84-2311081

(AR) BU 100%

Virginia In-Home Partner-III, LLC

81-4888094

(VA) BU 100%

Arizona In-Home Partner-II, LLC

81-5027397

(AZ) BU 100%

Virginia In-Home Partner-I, LLC

81-4811317

(VA) BU 100%

South Mississippi Home Health, Inc. - Region II

64-0736424

(MS) BU 100%

South Mississippi Home Health, Inc. - Region I

64-0736425

(MS) BU 100%

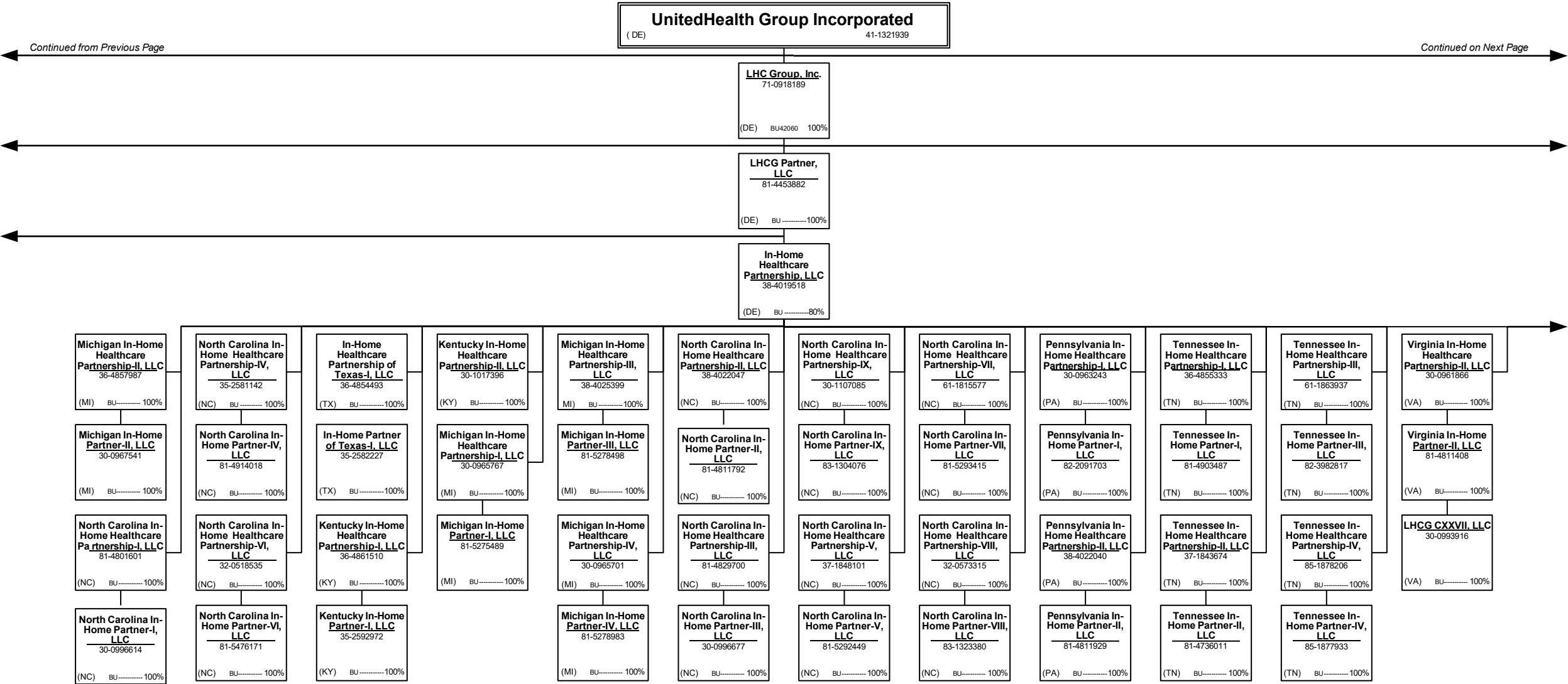
South Mississippi Home Health, Inc. - Region III

64-0935599

(MS) BU 100%

40.5

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



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

40.7

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE)BU42060100%

LHCG Partner, LLC

81-4453882

(DE)BU100%

In-Home Healthcare Partnership, LLC

38-4019518

(DE)BU80%

LHCG Partner II, LLC

82-1485228

(TX)BU100%

Southwest Post-Acute Care Partnership, LLC

61-1846018

(TX)BU60%

Virginia In-Home Healthcare Partnership-IX, LLC

32-0516972

(VA)BU100%

Virginia In-Home Partner-IX, LLC

81-5294732

(VA)BU100%

Virginia In-Home Healthcare Partnership-V, LLC

38-4020777

(VA)BU100%

Virginia In-Home Partner-V, LLC

81-4737123

(VA)BU100%

Virginia In-Home Healthcare Partnership-VII, LLC

37-1844686

(VA)BU100%

Virginia In-Home Partner-VII, LLC

81-4888210

(VA)BU100%

Virginia In-Home Healthcare Partnership-VIII, LLC

61-1814029

(VA)BU100%

Virginia In-Home Partner-VIII, LLC

81-5294131

(VA)BU100%

Virginia In-Home Healthcare Partnership-XI, LLC

36-4908131

(VA)BU100%

Virginia In-Home Partner-XI, LLC

83-2040583

(VA)BU100%

Virginia In-Home Healthcare Partnership-XII, LLC

86-2505437

(VA)BU100%

Virginia In-Home Partner-XII, LLC

86-2445798

(VA)BU100%

Louisiana In-Home Healthcare Partnership-II, LLC

36-4886826

(LA)BU100%

Louisiana In-Home Partner-II, LLC

35-2616195

(LA)BU100%

Louisiana In-Home Healthcare Partnership-III, LLC

35-2614777

(LA)BU100%

Louisiana In-Home Partner-III, LLC

82-4146470

(LA)BU100%

Virginia In-Home Healthcare Partnership-VI, LLC

37-1843673

(VA)BU100%

Virginia In-Home Partner-VI, LLC

81-4737281

(VA)BU100%

Virginia In-Home Healthcare Partnership-X, LLC

32-0580044

(VA)BU100%

Virginia In-Home Partner-X, LLC

83-2555935

(VA)BU100%

Virginia In-Home Healthcare Partnership-IV, LLC

61-1810641

(VA)BU100%

Virginia In-Home Partner-IV, LLC

32-0516324

(VA)BU100%

GSHS Home Health, LLC

16-1727633

(TX)BU100%

LHCG CXII, LLC

82-2146037

(TX)BU100%

LHCG CXV, LLC

82-2187727

(TX)BU100%

LHCG CXXIV, LLC

82-2261569

(TX)BU100%

LHC Lufkin Home Health I, LLC

99-2735771

(TX)BU100%

LHCG CCXIII, LLC

87-3155545

(LA)BU100%

LHCG CXIII, LLC

82-2159030

(TX)BU100%

LHCG CXVI, LLC

82-2206275

(TX)BU100%

LHCG CXXX, LLC

82-2276690

(TX)BU100%

LHC Onalaska Home Health I, LLC

99-2735959

(TX)BU100%

LHCG CIX, LLC

82-2084222

(LA)BU100%

LHCG CXIV, LLC

82-2174970

(TX)BU100%

LHCG CXVII, LLC

82-2217874

(TX)BU100%

LHCG CXXXI, LLC

82-2469676

(TX)BU100%

LHCG CLI, LLC

85-1221268

(TX)BU100%

LHCG CXXIII, LLC

82-2301047

(GA)BU100%

Texas Health Care Group of Texarkana, LLC

41-2076211

(TX)BU100%

Marshall HomeCare, LLC

02-0732705

(TX)BU100%

LHCG CVI, LLC

82-2020284

(LA)BU100%

LHCG CX, LLC

82-2098229

(LA)BU100%

LHCG CCIII, LLC

87-0969466

(LA)BU100%

LHCG CXXXIII, LLC

32-0540219

(TX)BU100%

LHCG CCXXXII, LLC

82-2244399

(TX)BU100%

LHCG CVII, LLC

82-2044952

(LA)BU100%

LHCG CCXVI, LLC

88-0582397

(LA)BU100%

LHCG CXI, LLC

82-2140184

(TX)BU100%

LHCG CVIII, LLC

82-1666299

(LA)BU100%

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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

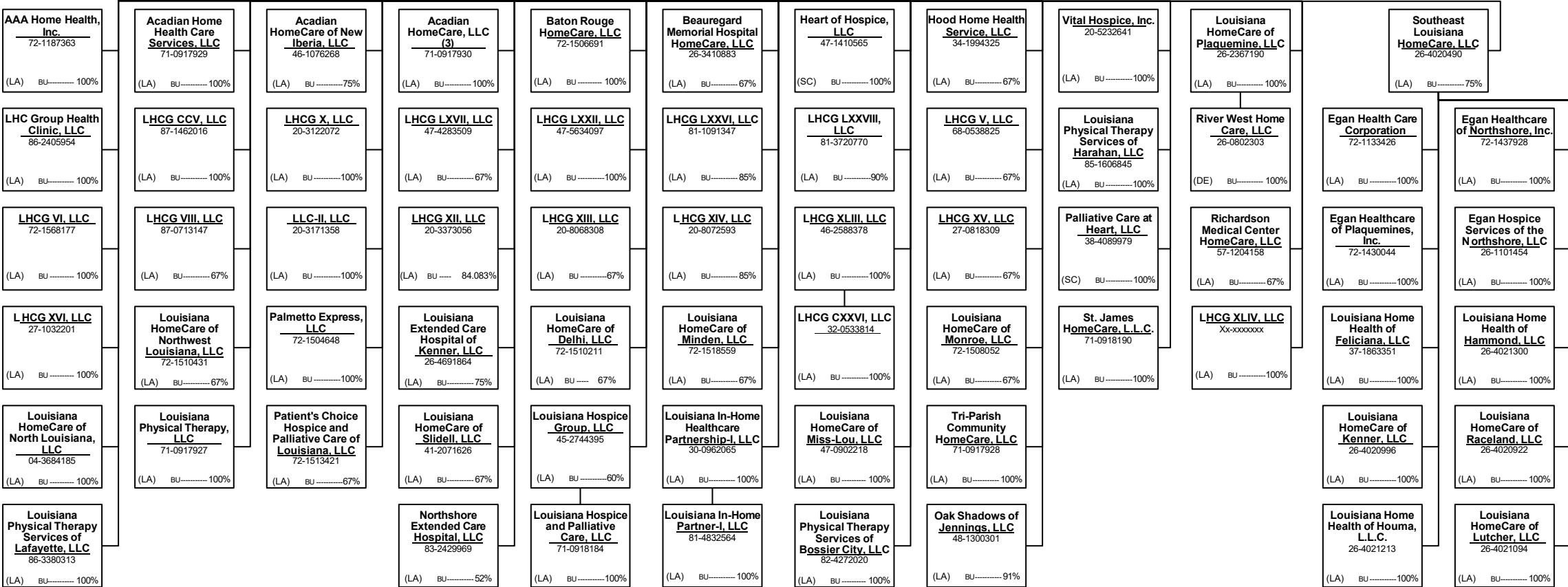
71-0918189

(DE) BU 42060 100%

Louisiana Health Care Group, LLC

71-0917926

(LA) BU----- 100%



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

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

LHC Group, Inc.
71-0918189

(DE) BU 42060 100%

Palmetto Express
Company, LLC
85-1062549

(DE) BU-----100%

Primary Care at
Home of
Tennessee, LLC
81-2883076

(TN) BU-----100%

Texas Health Care
Group Holdings,
LLC
02-0732711

(LA) BU-----100%

Wyoming Health
Care Group, LLC
85-3596917

(WY) BU-----100%

Ohio Health Care
Group, LLC
26-2948051

(OH) BU-----100%

Washington D.C.
Health Care
Group, LLC
81-2110483

(DC) BU-----100%

Utah Health Care
Group, LLC
38-3933009

(UT) BU-----100%

Pennsylvania
Health Care Group
Holdings, LLC
27-5162879

(PA) BU-----100%

Oklahoma Health
Care Group, LLC
20-4138550

(OK) BU-----100%

South Carolina
Health Care
Group, LLC
20-3841393

(SC) BU-----100%

Primary Care at
Home of West
Virginia, LLC
82-2421087

(WV) BU-----100%

New Hampshire
Health Care
Group, LLC
83-4359503

(NH) BU-----100%

Oregon Health
Care Group, LLC
27-0435404

(OR) BU-----100%

LHCG CLXXIII,
LLC
85-3597496

(WY) BU-----100%

Assisted Care by
Black Stone of
Toledo, LLC
84-2342747

(OH) BU-----100%

Cambridge
Personal Care,
LLC
84-2342721

(OH) BU-----100%

LHCG CXXXXV,
LLC
83-3292266

(DC) BU-----100%

LHCG LX, LLC
47-1146759

(UT) BU-----100%

LHCG XXVII, LLC
Xx-xxxxxxx

(PA) BU-----100%

LHCG CLXX, LLC
85-3439557

(OK) BU-----100%

South Carolina In-
Home Healthcare
Partnership-II, LLC
84-2265813

(SC) BU-----100%

LHCG XLI, LLC
32-0398996

(SC) BU-----100%

North Carolina
Health Care
Group, LLC
20-3841313

(NC) BU-----100%

Advanced Care
House Calls of
New Hampshire,
LLC
83-4514991

(NH) BU-----100%

Salem Home Care,
LLC
27-1976968

(OR) BU-----100%

LHCG CLXXIV,
LLC
85-3597612

(WY) BU-----100%

LHCG CCVII, LLC
87-1639987

(OH) BU-----67%

LHCG CCVIII, LLC
87-1640079

(OH) BU-----67%

Wisconsin Health
Care Group, LLC
46-2578657

(WI) BU-----100%

Rhode Island
Health Care
Group, LLC
35-2508990

(RI) BU-----100%

Patient Care
Pennsylvania II,
LLC
84-3060310

(PA) BU-----100%

Oklahoma
Physical Therapy
Services of
Norman, LLC
99-4120814

(OK) BU-----100%

South Carolina In-
Home Partner-II,
LLC
Xx-xxxxxxx

(SC) BU-----100%

Advanced Care
House Calls of
South Carolina,
LLC
Xx-xxxxxxx

(SC) BU-----100%

Cape Fear Valley
HomeCare and
Hospice, LLC
26-3385545

(NC) BU-----67%

New Hampshire
Physical Therapy
Services of
Hanover, LLC
84-3293183

(NH) BU-----100%

Three Rivers
HomeCare, LLC
27-0705907

(OR) BU-----75%

LHCG CLXXV, LLC
85-3597859

(WY) BU-----100%

Ohio HomeCare,
LLC
26-3086449

(OH) BU-----100%

Ohio Physical
Therapy Services
of Mayfield
Heights, LLC
87-1767658

(OH) BU-----100%

Almost Family
Personal Care,
LLC
84-4879227

(WI) BU-----100%

LHCG CLXXXIX,
LLC
86-1418678

(RI) BU-----100%

Keystone
Healthcare
Partnership, LLC
83-3134941

(PA) BU-----75%

Advanced Care
House Calls of
Pennsylvania, LLC
Xx-xxxxxxx

(PA) BU-----100%

South Carolina In-
Home Healthcare
Partnership-III,
LLC
84-2265894

(SC) BU-----100%

South Carolina In-
Home Healthcare
Partnership-I, LLC
32-0552614

(SC) BU-----100%

LHCG L, LLC
35-2503790

(NC) BU-----100%

Advanced Care
House Calls of
Oregon, LLC
Xx-xxxxxxx

(OR) BU-----100%

LHCG CLXXVI,
LLC
85-3598017

(WY) BU-----100%

Ohio Physical
Therapy Services
of Xenia, LLC
85-0538001

(OH) BU-----100%

Ohio Physical
Therapy Services
of Richmond
Heights, LLC
87-4673219

(OH) BU-----100%

Advance Care
House Calls of
Wisconsin, LLC
Xx-xxxxxxx

(WI) BU-----100%

LHCG LIX, LLC
47-1144980

(RI) BU-----100%

LHCG CXLI, LLC
83-3187481

(PA) BU-----100%

LHCG CXLIII, LLC
83-3565916

(PA) BU-----100%

South Carolina In-
Home Partner-III,
LLC
Xx-xxxxxxx

(SC) BU-----100%

South Carolina In-
Home Partner-I,
LLC
82-4146393

(SC) BU-----100%

LHCG CLXXIX,
LLC
85-3788593

(NC) BU-----100%

LHCG LXXIII, LLC
86-2320979

(OR) BU-----100%

LHCG CLXXVII,
LLC
85-3620785

(WY) BU-----100%

Ohio In-Home
Partner-I, LLC
84-2479780

(OH) BU-----100%

LHCG XLVII, LLC
32-0408265

(WI) BU-----100%

Advanced Care
House Calls of
Rhode Island, LLC
Xx-xxxxxxx

(RI) BU-----100%

LHCG CXLII, LLC
83-3233710

(PA) BU-----100%

LHCG CXL, LLC
83-3146056

(PA) BU-----100%

LHCG CXXXXVI,
LLC
Xx-xxxxxxx

(NC) BU-----100%

LHCG CLXXVIII,
LLC
85-3621349

(WY) BU-----100%

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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

Texas Health Care Group, LLC

62-1850044

(TX) BU-----100%

Virginia Health Care Group, LLC

06-1762010

(VA) BU-----100%

Washington Health Care Group, LLC

26-3811771

(WA) BU-----100%

West Virginia Health Care Group, LLC

87-0748651

(WV) BU-----100%

Idaho Health Care Group, LLC

27-2498964

(ID) BU-----100%

Massachusetts Health Care Group, LLC

38-3932998

(MA) BU-----100%

LHC CXCI, LLC

86-2900948

(TX) BU-----100%

Red River HomeCare, LLC

81-0627339

(TX) BU-----100%

LHCG CCI, LLC

87-1012762

(VA) BU-----100%

Virginia HomeCare, LLC

06-1762015

(VA) BU-----100%

Assured Capital Partners, Inc.

88-0369557

(NV) BU-----100%

Washington HomeCare and Hospice of Central Basin, LLC

26-4568497

(WA) BU-----100%

Preston Memorial HomeCare, LLC

27-1446056

(WV) BU-----100%

LHCG LXXXVII, LLC

37-1847660

(WV) BU-----90%

Grant Memorial HomeCare and Hospice, LLC

26-2578433

(WV) BU-----67%

Boone Memorial HomeCare, LLC

20-8826558

(WV) BU-----100%

LHCG XVII, LLC

27-2544802

(ID) BU-----100%

LHCG CXCI, LLC

86-2320979

(MA) BU-----100%

LHC CXCI, LLC

86-2947633

(TX) BU-----100%

Texas Health Care Group of The Golden Triangle, LLC

27-0075424

(TX) BU-----81.25%

LHCG CCIV, LLC

87-2102125

(VA) BU-----100%

Advanced Care House Calls of Virginia, LLC

Xx-xxxxxx

(VA) BU-----100%

Northwest Healthcare Alliance, Inc.

91-1738970

(WA) BU-----100%

Advanced Care House Calls of Washington, LLC

Xx-xxxxxx

(WA) BU-----100%

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

26-0730248

(WV) BU-----67%

LHCG LXXXIX, LLC

81-5300843

(WV) BU-----100%

Housecalls Home Health and Hospice, LLC

37-1533130

(WV) BU-----100%

Home Care Plus, Inc.

55-0668235

(WV) BU-----100%

LHCG XXI, LLC

27-3529180

(ID) BU-----100%

Massachusetts Physical Therapy Services of Framingham, LLC

88-2854292

(MA) BU-----100%

Rivercrest Home Health Care, Inc.

46-0504059

(TX) BU-----100%

LHCG CLIX, LLC

Xx-xxxxxx

(TX) BU-----100%

LHCG CXCI, LLC

87-0821919

(VA) BU-----100%

LHCG LXXX, LLC

Xx-xxxxxx

(VA) BU-----100%

LHCG LXIII, LLC

61-1739528

(WA) BU-----100%

LHCG CLXXXV, LLC

85-3845250

(WA) BU-----100%

Wetzel County HomeCare, LLC

26-0274385

(WV) BU-----100%

LHCG XCI, LLC

81-5322329

(OH) BU-----100%

West Virginia HomeCare, LLC

26-3043290

(WV) BU-----83.3%

LHCG LII, LLC

46-4704340

(WV) BU-----100%

Advanced Care House Calls of Idaho, LLC

Xx-xxxxxx

(ID) BU-----100%

Massachusetts Physical Therapy Services of Quincy Bay, LLC

88-2058110

(MA) BU-----100%

Texas Physical Therapy Services of Burleson, LLC

88-2072971

(TX) BU-----100%

Home Care Connections, Inc.

33-1025322

(TX) BU-----100%

Texas Physical Therapy Services of Tyler, LLC

99-2611865

(TX) BU-----100%

LHCG CXCVIII, LLC

87-0821493

(VA) BU-----100%

Northeast Washington Home Health, Inc.

27-0555075

(WA) BU-----100%

LHCG CLXXXVI, LLC

85-3864696

(WA) BU-----100%

LHC HomeCare of West Virginia LLC

26-3042468

(WV) BU-----100%

LHCG XC, LLC

81-5306967

(WV) BU-----100%

West Virginia Physical Therapy Services of Charleston, LLC

83-3393205

(WV) BU-----100%

Princeton Community HomeCare, LLC

83-0474005

(WV) BU-----67%

Idaho In-Home Partner-I, LLC

84-2311184

(ID) BU-----100%

LHCG LVIII, LLC

47-1271229

(MA) BU-----100%

Texas Physical Therapy Services of Baytown, LLC

86-3380429

(TX) BU-----100%

LHCG CCXXXIV, LLC

92-3832140

(TX) BU-----100%

LHCG XXXIII, LLC

45-4894023

(TX) BU-----70%

LHCG CXCVII, LLC

87-0821493

(VA) BU-----100%

Washington Physical Therapy Services of Mill Creek, LLC

33-2103763

(WA) BU-----100%

LHCG CLXXXVII, LLC

85-3864696

(WA) BU-----100%

Jackson County Home Health, LLC

26-3042590

(WV) BU-----100%

LHCG XCII, LLC

81-5344998

(OH) BU-----100%

West Virginia Physical Therapy Services of Charleston, LLC

83-3393205

(WV) BU-----100%

Roane HomeCare, LLC

41-2219637

(WV) BU-----100%

Kambros, LLC

84-4763920

(ID) BU-----100%

LHCG LVIII, LLC

47-1271229

(MA) BU-----100%

Advanced Care House Calls of Texas, LLC

Xx-xxxxxx

(TX) BU-----100%

LHCG CCXXXV, LLC

92-3828235

(TX) BU-----100%

LHCG CXXXVII, LLC

38-4052246

(TX) BU-----100%

Mountaineer HomeCare, LLC

26-3042733

(WV) BU-----100%

HNH Birdie One, LLC

85-2016675

(ID) BU-----100%

Heart 'n Home Hospice and Palliative Care, LLC

52-2440817

(ID) BU-----100%

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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE)BU 42060 100%

Tennessee Health Care Group, LLC

20-3427231

(TN)BU 100%

LHC HomeCare of Tennessee, LLC

26-2678253

(TN)BU 100%

LHCG LXII, LLC

32-0442009

(TN)BU 100%

LHCG LXXXVIII, LLC

30-0965267

(TN)BU 67%

Tennessee Physical Therapy Services of Kingsport, LLC

83-2129924

(TN)BU 100%

Advanced Care House Calls of Tennessee, LLC

Xx-xxxxxxx

(TN)BU 100%

Tennessee Physical Therapy Services of Knoxville, LLC

83-2743288

(TN)BU 100%

Innovative Senior Care Home Health of Rhode Island, LLC

45-2502463

(DE)BU 100%

Health at Home Holdings, LLC

87-0934507

(DE)BU 100%

Elk Valley Professional Affiliates, Inc.

62-1193858

(TN)BU 100%

Lifeline Home Health Care of Springfield, LLC

20-8826801

(TN)BU 100%

Arkansas Home Health Providers-IV, LLC

47-1754828

(AR)BU 100%

LHCG C, LLC

82-1229536

(MS)BU 100%

Tennessee Physical Therapy Services of Mt. Juliet, LLC

86-2321464

(TN)BU 100%

Tennessee Physical Therapy Services of Memphis, LLC

87-2087086

(TN)BU 100%

West Tennessee HomeCare, LLC

26-2947894

(TN)BU 67%

Health at Home Holdings - Charlotte, LLC

87-1136405

(DE)BU 100%

Health at Home Holdings - Alabama, LLC

87-1045915

(DE)BU 100%

Health at Home Holdings - Albuquerque, LLC

87-1045845

(DE)BU 100%

Health at Home Holdings - Arizona, LLC

87-1284003

(DE)BU 100%

Health at Home Holdings - Boston, LLC

87-1166127

(DE)BU 100%

Cedar Creek Home Health Care Agency, LLC

62-1358032

(TN)BU 100%

LHCG CXXXIV, LLC

35-2605467

(TN)BU 75%

LHCG CLXII, LLC

85-2210023

(TN)BU 100%

LHCG XCIII, LLC

81-5266120

(TN)BU 100%

University of TN Medical Center HomeCare Services, LLC

20-8912707

(TN)BU 67%

Woods Home Health, LLC

27-1260681

(TN)BU 100%

Lifeline Home Health Care of Union City, LLC

06-1793261

(TN)BU 100%

Innovative Senior Care Home Health of Charlotte, LLC

27-4318872

(DE)BU 100%

Innovative Senior Care Home Health of Alabama, LLC

30-0781533

(DE)BU 100%

Innovative Senior Care Home Health of Albuquerque, LLC

27-2065054

(DE)BU 100%

Nurse on Call of Arizona, LLC

38-3904633

(DE)BU 100%

Innovative Senior Care Home Health of Boston, LLC

26-3445981

(DE)BU 100%

Elk Valley Health Services, LLC

62-1204869

(TN)BU 100%

LHCG CXXXV, LLC

38-4049207

(TN)BU 100%

LHCG XCIV, LLC

81-5274714

(TN)BU 100%

LHCG XCIX, LLC

81-5377954

(MS)BU 100%

LHCG CXXXII, LLC

37-1866838

(TN)BU 100%

HMC Home Health, LLC

27-1362827

(TN)BU 75%

Lifeline of West Tennessee, LLC

26-0609961

(TN)BU 100%

Health at Home Holdings - Detroit, LLC

87-1107918

(DE)BU 100%

Health at Home Holdings - Durham, LLC

87-1166046

(DE)BU 100%

Health at Home Holdings - Edmond, LLC

87-1136266

(DE)BU 100%

Health at Home Holdings - High Point, LLC

87-1165951

(DE)BU 100%

Gericare, LLC

62-1160679

(TN)BU 100%

LHCG CXXXVI, LLC

38-4049205

(TN)BU 100%

LHCG XCV, LLC

81-5297025

(TN)BU 100%

LHCG XCVI, LLC

81-5306890

(TN)BU 100%

LHCG CXXXIII, LLC

32-0540219

(TN)BU 100%

Innovative Senior Care Home Health of Hartford, LLC

45-2502527

(DE)BU 100%

Medical Center Home Health, LLC

26-2947990

(TN)BU 100%

Innovative Senior Care Home Health of Detroit, LLC

26-2611755

(DE)BU 100%

Innovative Senior Care Home Health of Durham, LLC

27-2620181

(DE)BU 100%

Innovative Senior Care Home Health of Edmond, LLC

27-2619513

(DE)BU 100%

Innovative Senior Care Home Health of High Point, LLC

45-2952600

(DE)BU 100%

Elk Valley Home Health Care Agency, LLC

62-1193854

(TN)BU 100%

LHCG CXC, LLC

86-1394064

(TN)BU 100%

LHCG XCVII, LLC

81-5322529

(TN)BU 100%

LHCG XCVIII, LLC

81-5345526

(MS)BU 100%

Morristown-Hamblen HomeCare and Hospice, LLC

26-2792774

(TN)BU 100%

LHCG CCXIV, LLC

87-3076026

(RI)BU 100%

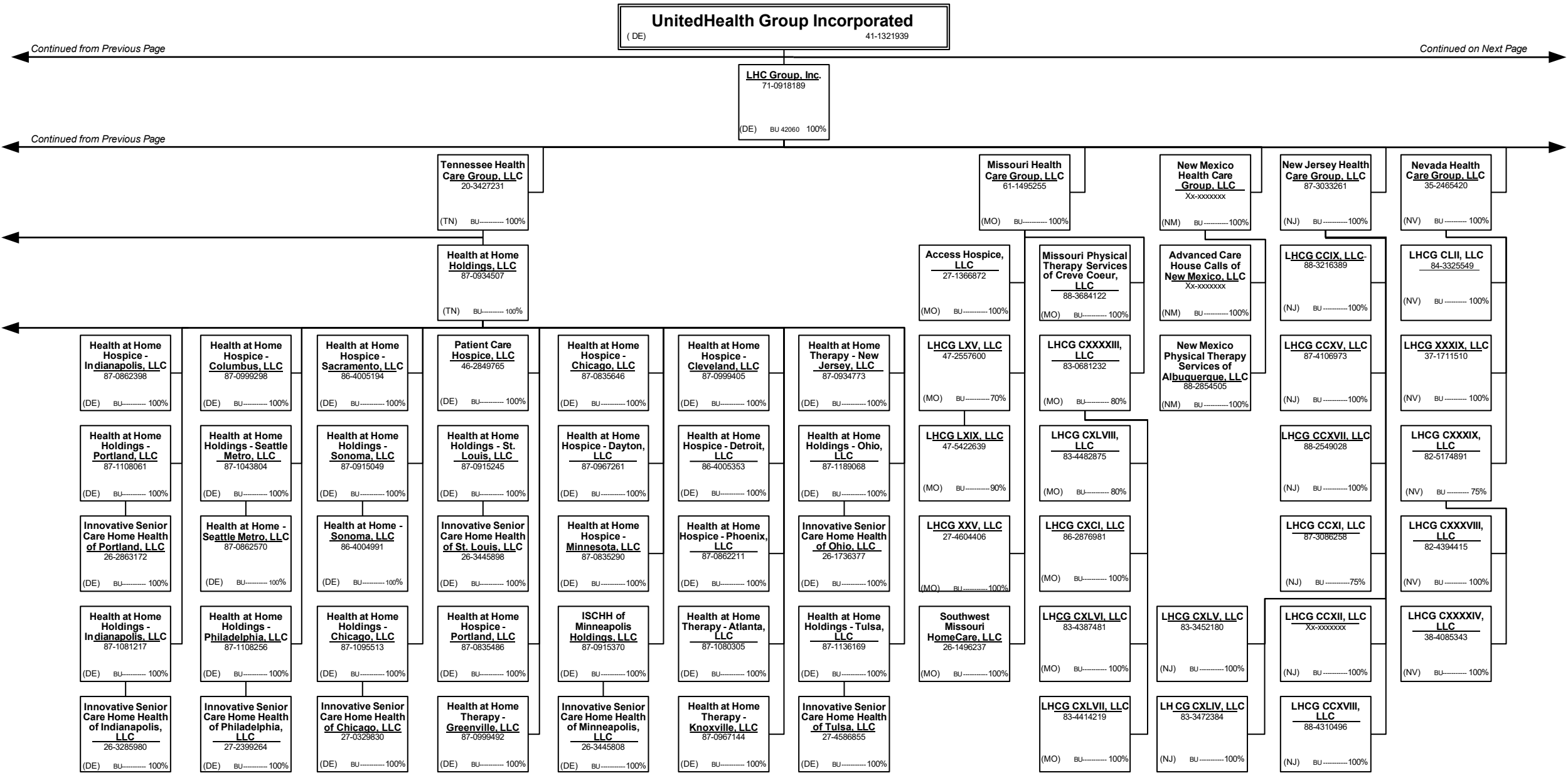
LHCG CCXXX, LLC

92-0578697

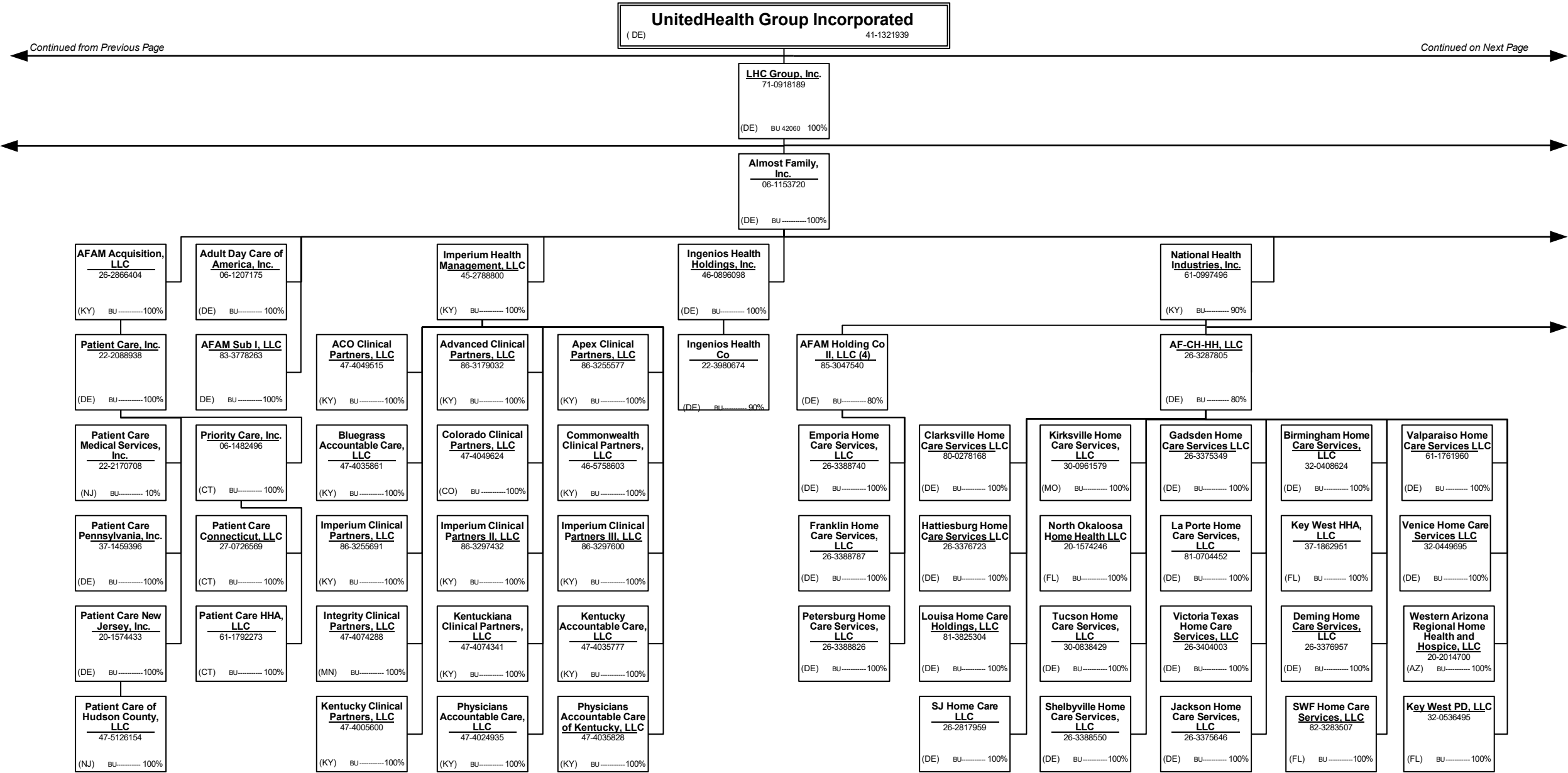
(TN)BU 100%

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

40.12



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



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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE)BU 42060100%

Almost Family, Inc.

06-1153720

(DE)BU-----100%

National Health Industries, Inc.

61-0997496

(KY)BU-----90%

BRACOR, Inc.

16-1270177

(NY)BU-----100%

AFAM Holding Co, LLC (4)

83-3778238

(DE)BU-----80%

AFAM Holding Co VI, LLC (4)

99-1645529

(NC)BU-----80%

Patient's Choice Homecare, LLC

55-0832250

(CT)BU-----100%

Connecticut Home Health Care, Incorporated

06-1254084

(CT)BU-----100%

Scranton Quincy Home Care Services LLC

38-3857848

(DE)BU-----100%

Fulton Home Care Services LLC

26-3385091

(DE)BU-----99%

Blue Island Home Care Services LLC

38-3859193

(DE)BU-----99%

Brevard HMA Home Health LLC

27-3142265

(FL)BU-----100%

Brevard HMA Hospice LLC

27-3142339

(FL)BU-----100%

Centre Home Care LLC

20-4408565

(AL)BU-----100%

Crossroads Home Care Services, LLC

26-3376835

(DE)BU----99%

Tomball Texas Home Care Services, LLC

45-2856177

(DE)BU----99%

Youngstown Home Care Services LLC

27-5284765

(DE)BU-----100%

Mooreville Home Care Services, LLC

36-4794488

(DE)BU-----100%

Western Region Health Corporation

16-1365147

(NY)BU-----100%

Willcare, Inc.

16-1202250

(NY)BU-----100%

Wilkes-Barre Home Care Services LLC

26-3594822

(DE)BU-----100%

Weatherford Home Care Services, LLC

26-3375892

(DE)BU-----100%

Florence Home Care Services, LLC

26-3376655

(DE)BU-----100%

Fort Payne Home Care LLC

20-4408510

(AL)BU-----100%

Fort Smith HMA Home Health, LLC

27-1014059

(AR)BU-----100%

Galesburg Home Care LLC

20-4828017

(DE)BU-----99%

Granite City Home Care Services LLC

26-3376889

(DE)BU-----99%

Waukegan Hospice LLC

20-4885028

(DE)BU-----99%

York Home Care Services LLC

30-0708462

(DE)BU-----100%

AFAM Holding Co VII, LLC (4)

99-4147356

(DE)BU-----80%

Litson Certified Care, Inc.

13-3792263

(NY)BU-----100%

Litson Health Care, Inc.

14-1630316

(NY)BU-----100%

Mayes County HMA Home Health LLC

45-4406785

(OK)BU-----100%

Helena Home Care Services LLC

26-3384769

(DE)BU-----100%

Jourdanton Home Care Services, LLC

26-3388719

(DE)BU-----100%

Lancaster Home Care Services, LLC

26-3376587

(DE)BU-----100%

Louisa Home Care Services LLC

26-3385143

(DE)BU-----100%

Northampton Home Care LLC

26-1266166

(DE)BU-----100%

West Grove Home Care, LLC

26-1266308

(DE)BU-----100%

Cleveland Home Care Services, LLC

26-3388524

(DE)BU-----100%

Knoxville Home Care Services LLC

38-3940574

(DE)BU-----100%

Wichita Falls Texas Home Care, LLC

20-5280925

(TX)BU-----100%

Oklahoma City Home Care Services LLC

26-3388890

(DE)BU-----100%

Pottstown Home Care Services, LLC

26-3385581

(DE)BU-----100%

Red Bud Home Care Services, LLC

26-3385035

(DE)BU----99%

Sharon Home Care Services LLC

37-1745728

(DE)BU-----100%

Spokane Home Care Services LLC

27-3788721

(DE)BU-----100%

Lakeland Home Care Services LLC

27-3073250

(DE)BU-----100%

AFAM Holding Co VIII, LLC (4)

99-4712866

(DE)BU-----80%

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

UnitedHealth Group Incorporated
(DE) 41-1321939

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Caretenders Visiting Services of St. Louis, LLC
20-5892598
(MO) BU -----100%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

Almost Family, Inc.

06-1153720

(DE) BU -----100%

National Health Industries, Inc.

61-0997496

(KY) BU ----- 90%

Black Stone Operations, LLC

90-1028083

(OH) BU ----- 100%

OMNI Home Health Holdings, Inc.

45-2638400

(DE) BU ----- 100%

Black Stone of Northeast Ohio, LLC

47-2166181

(OH) BU ----- 100%

Blackstone Group, LLC

20-1902460

(OH) BU -----100%

Black Stone of Cincinnati, LLC

27-4109221

(OH) BU -----100%

Blackstone Health Care, LLC

31-1462432

(OH) BU ----- 100%

Black Stone of Dayton, LLC

27-4109305

(OH) BU -----100%

OMNI Home Health Services, LLC

26-2010556

(DE) BU ----- 100%

Black Stone of Northwest Ohio, LLC

90-1020734

(OH) BU ----- 100%

Black Stone of Central Ohio, LLC

27-1746397

(OH) BU -----100%

Assisted Care by Black Stone of Cincinnati, LLC

27-4109484

(OH) BU ----- 100%

Home Health Care by Black Stone of Cincinnati, LLC

27-4109403

(OH) BU -----100%

Advanced Geriatric Education & Consulting, LLC

26-1666243

(OH) BU ----- 100%

Assisted Care by Black Stone of Dayton, LLC

27-4109638

(OH) BU -----100%

OMNI Home Health- District 4, LLC

20-1657488

(FL) BU -----100%

Home Health Agency- Central Pennsylvania, LLC

20-1497787

(FL) BU ----- 100%

Home Health Agency- Collier, LLC

20-0832146

(FL) BU -----100%

Home Health Agency- Hillsborough, LLC

59-3757325

(FL) BU ----- 100%

OMNI Home Health- Jacksonville, LLC

59-3754764

(FL) BU -----100%

Assisted Care by Black Stone of Northwest Ohio, LLC

47-3253280

(OH) BU ----- 100%

Assisted Care by Black Stone of Central Ohio, LLC

27-1755138

(OH) BU -----100%

Care Advisors by Black Stone, LLC

27-0564326

(OH) BU ----- 100%

MJ Nursing at Black Stone, LLC

26-3831640

(OH) BU -----100%

S&B Health Care, LLC

31-1487353

(OH) BU ----- 100%

Home Health Care by Black Stone of Dayton, LLC

27-4109553

(OH) BU -----100%

Home Health Agency- Pennsylvania, LLC

59-3757322

(FL) BU -----100%

Home Health Agency- Indiana, LLC

20-1408322

(FL) BU ----- 100%

Home Health Agency- Pinellas, LLC

59-3757320

(FL) BU -----100%

OMNI Home Health- District 1, LLC

20-0527436

(FL) BU ----- 100%

OMNI Home Health- District 2, LLC

20-0527566

(FL) BU -----100%

Home Health Care by Black Stone of Northwest Ohio, LLC

34-1708719

(OH) BU ----- 100%

Home Health Care by Black Stone of Central Ohio, LLC

27-1755342

(OH) BU -----100%

OMNI Home Health- Hernando, LLC

59-3741300

(FL) BU -----100%

OMNI Health Management, LLC

04-3630085

(FL) BU ----- 100%

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

UnitedHealth Group Incorporated

(DE)41-1321939

LHC Group, Inc.

71-0918189

(DE) BU 42060 100%

Almost Family, Inc.

06-1153720

(DE) BU -----100%

National Health Industries, Inc.

61-0997496

(KY) BU -----90%

OMNI Home Health Holdings, Inc.

45-2638400

(DE) BU -----100%

SunCrest Healthcare, Inc.

20-3701127

(GA) BU -----100%

Substantively Controlled LHC Group Entities

HH Health System-Jackson, LLC

87-2027148

(AL) BU -----

SunCrest Home Health - Southside, LLC

45-2283548

(GA) BU -----60%

SunCrest Outpatient Rehab Services, LLC

26-1910553

(TN) BU -----100%

SunCrest Healthcare of West Tennessee, LLC

37-1550880

(TN) BU -----100%

SunCrest Home Health of AL, Inc.

27-0678962

(AL) BU -----100%

SunCrest Companion Services, LLC

26-3549012

(TN) BU -----100%

SunCrest Home Health of Manchester, Inc.

27-3742641

(TN) BU -----100%

SunCrest Telehealth Services, Inc.

27-4199760

(TN) BU -----100%

Almost Family ACO Services of Tennessee, LLC

47-0979130

(TN) BU -----100%

SunCrest LBL Holdings, Inc.

27-3742739

(TN) BU -----100%

Trigg County Home Health, Inc.

26-3539405

(KY) BU -----100%

BGR Acquisition, LLC

51-0606314

(FL) BU -----100%

SunCrest Home Health of Claiborne County, Inc.

45-1448026

(TN) BU -----100%

Tennessee Nursing Services of Morristown, Inc.

62-1049414

(TN) BU -----100%

SunCrest Healthcare of East Tennessee, LLC

26-3548962

(TN) BU -----100%

SunCrest Home Health of Georgia, Inc.

26-1911187

(GA) BU -----100%

LHCG CLXI, LLC

85-0788038

(GA) BU -----67%

SunCrest Home Health of MO, Inc.

27-0678903

(MO) BU -----100%

SunCrest Home Health of South GA, Inc.

27-0678757

(GA) BU -----100%

SunCrest Outpatient Rehab Services of TN, LLC

27-0311512

(TN) BU -----100%

SunCrest Healthcare of Middle TN, LLC

71-1017674

(TN) BU -----100%

SunCrest Home Health of Nashville, Inc.

27-2258905

(TN) BU -----100%

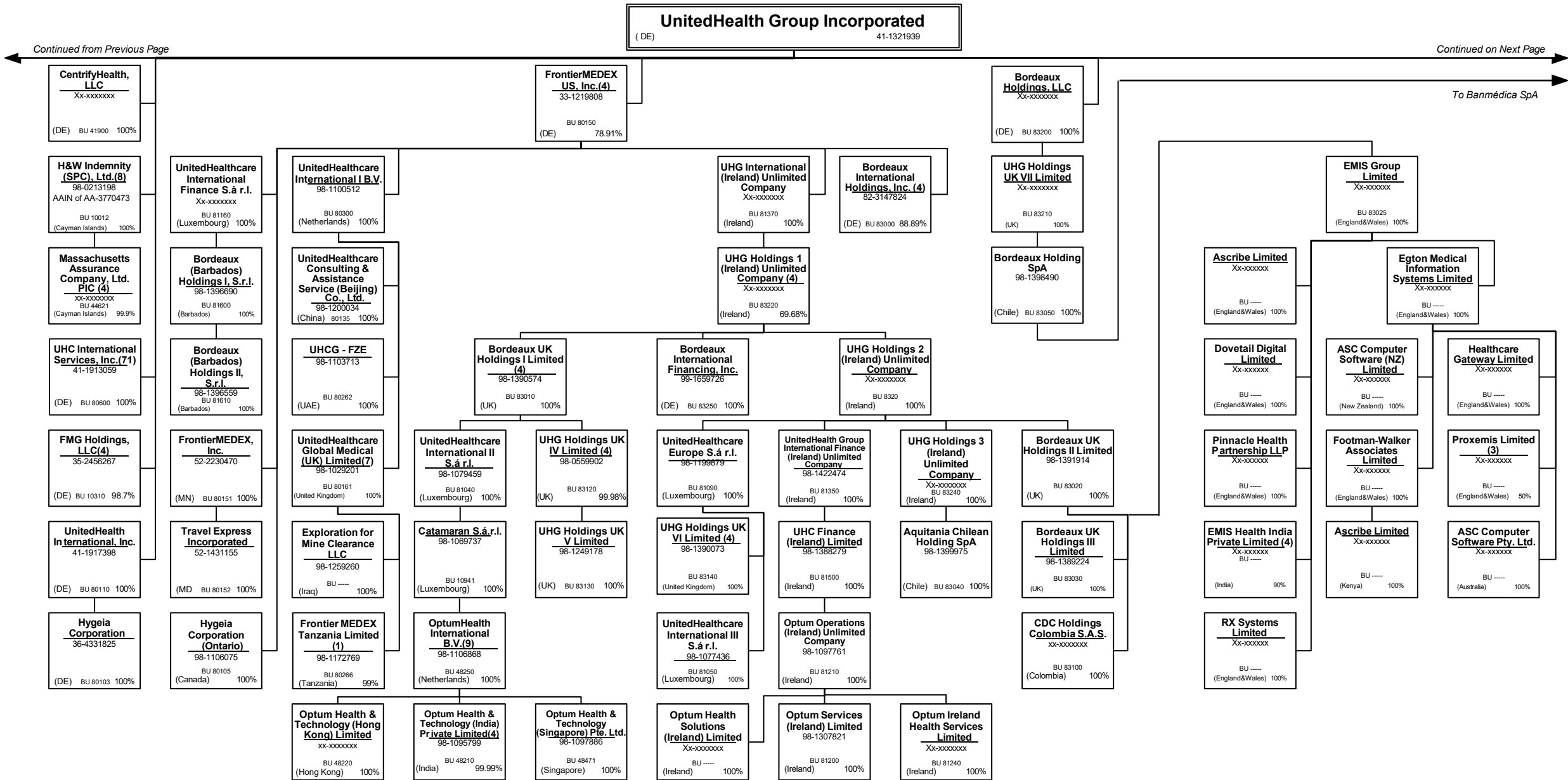
SunCrest Home Health of Tampa, LLC

27-3742788

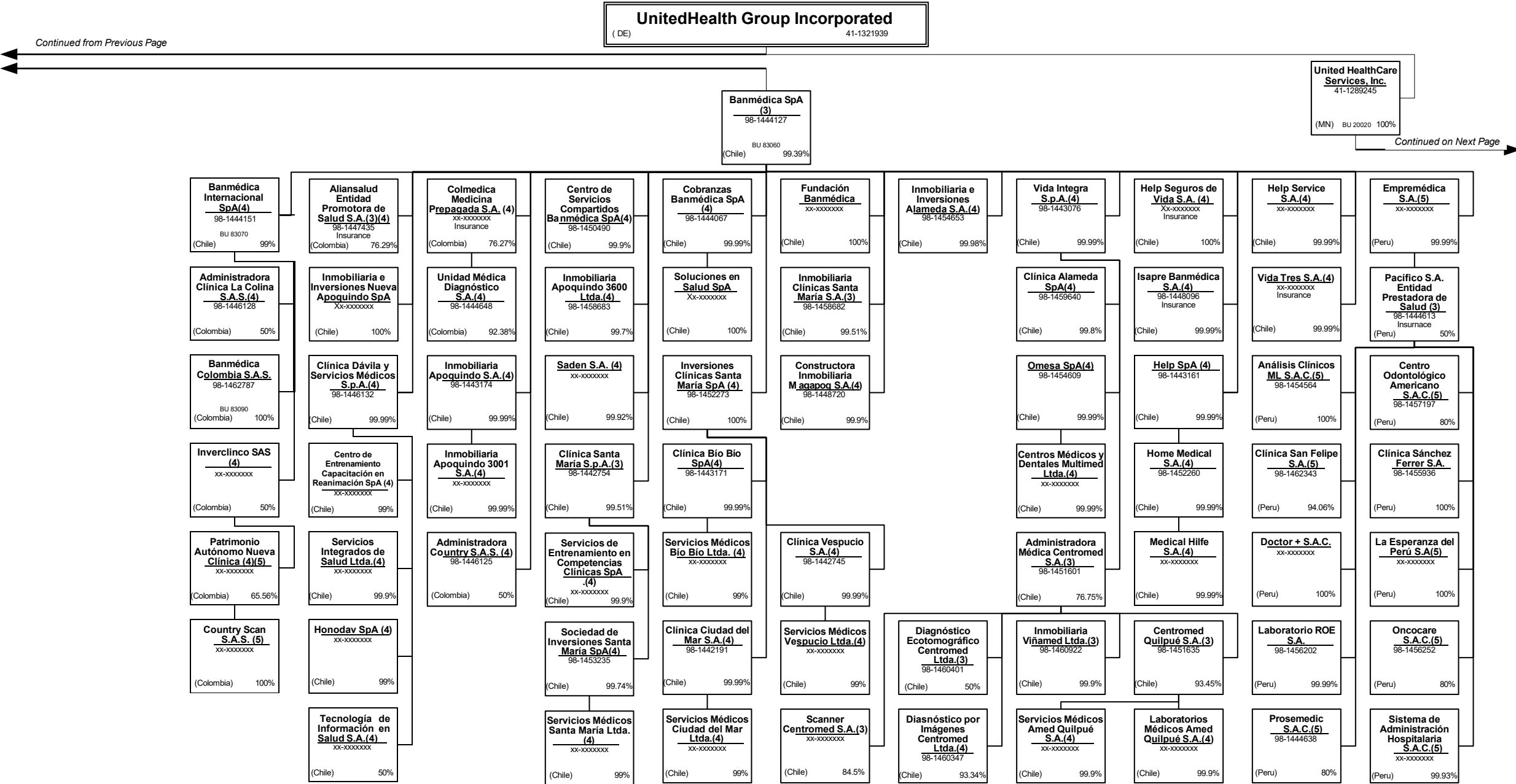
(FL) BU -----100%

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

PART 1 - ORGANIZATIONAL CHART

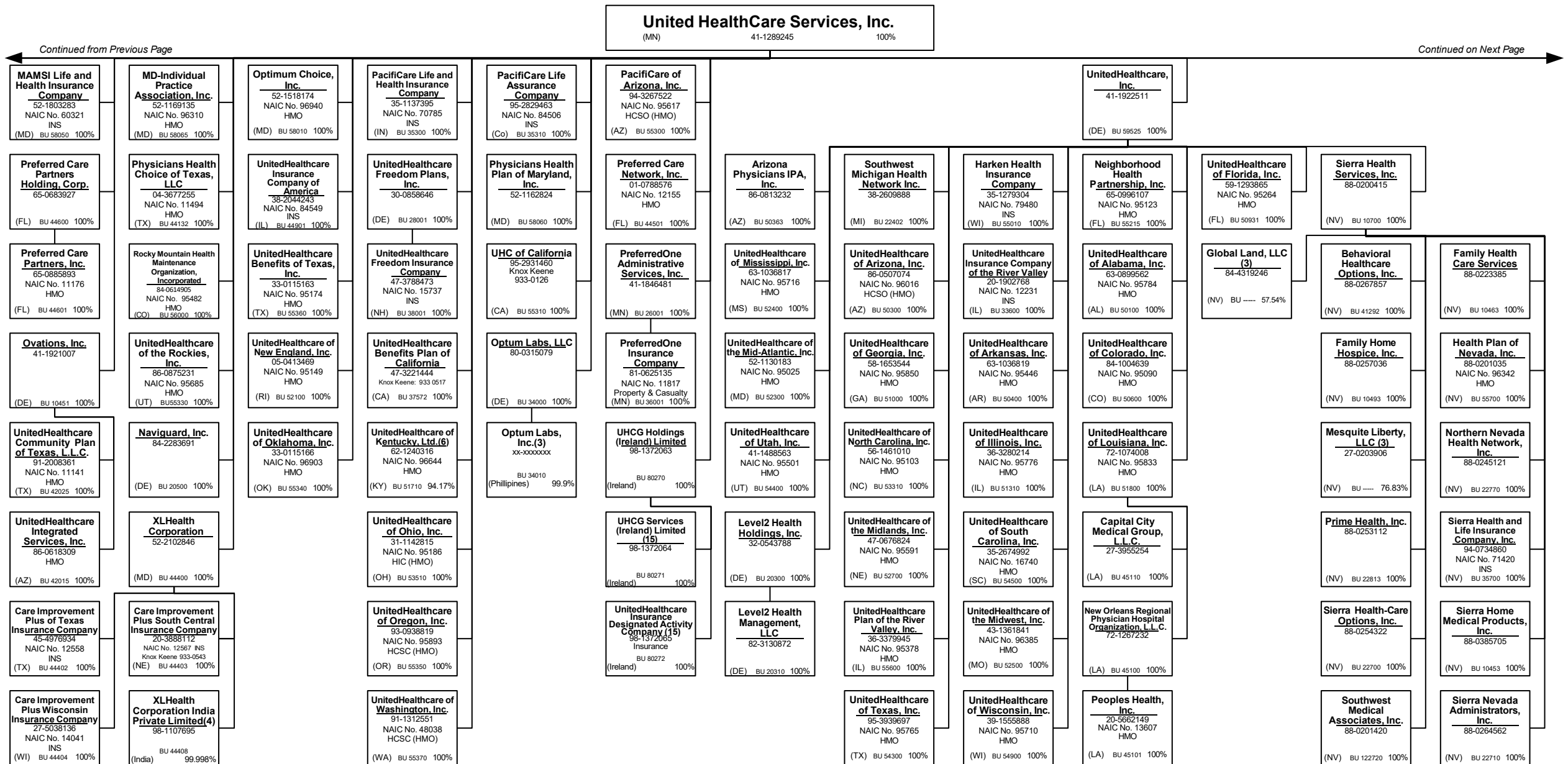


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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

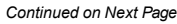
PART 1 - ORGANIZATIONAL CHART



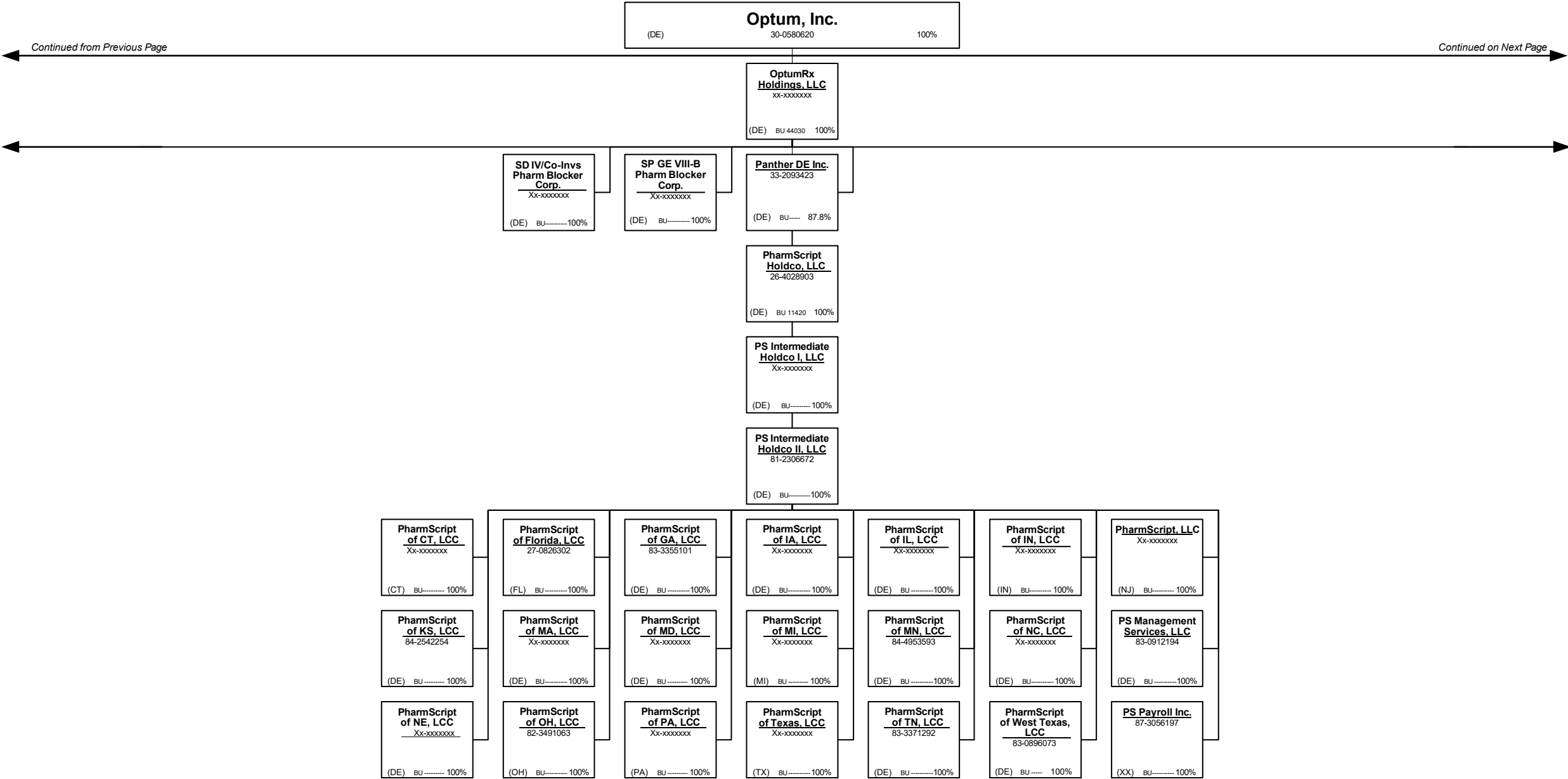
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Company Name	Address	State	BU	Ownership %
UnitedHealth Military & Veterans Services, LLC	26-2574977	(DE)	BU 47010	100%
Humedica, Inc.	26-2912304	(DE)	BU 20030	100%
HealthSmart Benefits Management, LLC	27-1300475	(TX)	BU 22680	100%
UHC Holdings, Inc.	41-1921008	(DE)	BU 50500	100%
Bind Benefits, Inc. (3)(4)	81-4560965	(DE)	BU 22110	80.96%
UHG Holdings 4 (Ireland) Unlimited Company (4)	Xx-xxxxxx BU 83260 (Ireland)	(Ireland)		49.94%
Specialty Benefits, LLC	41-1921983	(DE)	BU 10951	100%
Optum, Inc.	30-0580620	(DE)	BU 44000	100%
Clear Health Holdings, Inc.	92-2036777	(DE)	BU -----	100%
Optum Genomics, Inc.	87-1335182	(DE)	BU 44490	100%
HealthSmart Preferred Network II, Inc.	06-1621470	(DE)	BU 22684	100%
UnitedHealthcare Insurance Company(13)	36-2739571 NAIC No. 79413 INS	(CT)	BU 30100	100%
First Risk Advisors, Inc.	23-2849332	(PA)	BU 25000	100%
United Optum Real Estate, LLC	Xx-xxxxxx	(DE)	BU -----	100%
UnitedHealthcare International X S.à r.l. (4)	98-1443728 BU 81150 (Luxembourg)	(Luxembourg)		49.94%
March Holdings, Inc.	20-2880404	(CA)	BU 46000	100%
Centurion Casualty Company	42-1194107 NAIC No. 42765 Property & Casualty (NE)	(NE)	BU 46600	100%
UnitedHealthcare Specialty Benefits, LLC	01-0518346	(ME)	BU 46002	100%
Marlin Holding Company LLC	85-2924503	(DE)	BU 46610	100%
Clear Health Strategies, LLC	27-1374374	(FL)	BU 22690	100%
UnitedHealth Advisors, LLC	01-0538317	(ME)	BU 46003	100%
HealthSmart Benefit Solutions, Inc.	36-4099199	(IL)	BU 22681	100%
Oxford Health Insurance, Inc.	22-2797560 NAIC No. 78026 INS	(NY)	BU 58545	100%
PGH Global, LLC	46-1722316	(DE)	BU 25010	100%
Durable Investment Return Terra, LLC	XX-xxxxxx	(DE)	BU 42151	100%
UnitedHealthcare International VIII S.à r.l. (4)	98-1372062 BU 81130 (Luxembourg)	(Luxembourg)		50%
March Vision Care, Inc.	20-3042852	(CA)	BU 46010	100%
Solstice Benefit Services, Inc.	20-4815388	(FL)	BU 47201	100%
Solstice Benefits, Inc.	14-1917982 NAIC No. 12341 INS	(FL)	BU 47202	100%
Solstice Health Insurance Company	27-1395245 NAIC No. 13971 INS	(NY)	BU 47200	100%
Healthplex, Inc.	11-2714365	(NY)	BU 46640	100%
MCNA Health Care Holdings, LLC	45-2542951	(FL)	BU 46620	100%
Dental Benefit Providers, Inc.	41-2014834	(DE)	BU 42151	100%
UMR, Inc.	39-1995276	(DE)	BU 22610	100%
Parker LP, LLC	20-2387587	(NV)	BU -----	100%
EP Campus I, LLC	35-2607738	(DE)	BU 30101	100%
PGH Global (Cayman) Limited	Xx-xxxxxx BU 25030 (Cayman Islands)	(Cayman Islands)		100%
8923 Soper Hill Marysville, LLC	Xx-xxxxxx	(DE)	BU xxxxx	100%
UnitedHealthcare International IV S.à r.l.	98-1080926 BU 81060 (Luxembourg)	(Luxembourg)		100%
Spectera, Inc.	52-1260282	(MD)	BU 45000	100%
Claims Management Systems, Inc.	27-0204579	(FL)	BU 47203	100%
Solstice Administration Services, Inc.	46-0729622	(FL)	BU 47205	100%
Solstice Healthplans, Inc.	46-3786700 NAIC No. ---- LHSO	(FL)	BU 47204	100%
Healthplex Insurance Company	11-3469326 NAIC No. 11172 INS	(NY)	BU 46635	100%
Managed Care of North America, Inc.	65-0303864 NAIC No. 52014 LHSO	(FL)	BU 46622	100%
DBP Services of New York IPA, Inc.	52-1811176	(NY)	BU 42153	100%
POMCO, Inc.	15-0581348	(NY)	BU 22660	100%
HealthSmart Care Management Solutions, L.P. (4)	75-2960859	(TX)	BU 22682	99%
Unimerica Life Insurance Company of New York	01-0637149 NAIC No. 11596 INS	(NY)	BU 30500	100%
Global Traveler Organization (Cayman) SPC Limited	Xx-xxxxxx BU 25040 (Cayman Islands)	(Cayman Islands)		100%
Edwards Plainfield RE, LLC	Xx-xxxxxx	(DE)	BU xxxxx	100%
Polar II Fundo de Investimento em Participações Multiestratégia(11)	98-1083164 BU 81070 (Brazil)	(Brazil)		100%
UnitedHealthcare International IV S.à r.l.	98-1080926 BU 81060 (Luxembourg)	(Luxembourg)		100%
Spectera of New York, IPA, Inc.	71-0886811	(NY)	BU 45150	100%
Solstice Administrators of Alabama, Inc.	30-0760846	(AL)	BU 47207	100%
Solstice Healthplans of Arizona, Inc.	30-1200533 NAIC No. 16610 DPO	(AZ)	BU 47217	100%
Solstice Administrators of Missouri, Inc.	32-0392448	(MO)	BU 47208	100%
International Healthcare Services, Inc.	22-2321226 NAIC No. 11173 DPO	(NJ)	BU 46632	100%
MC				

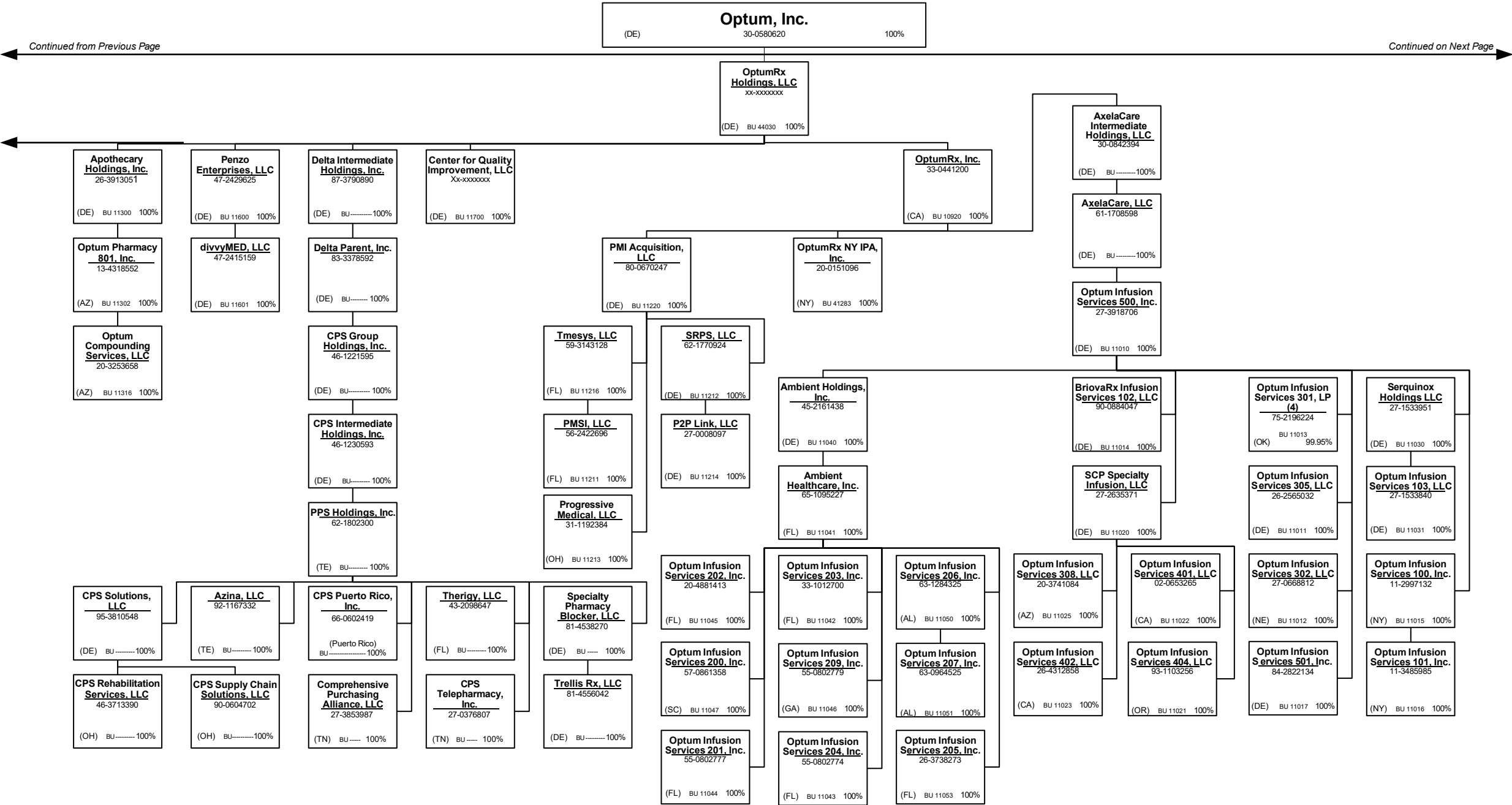
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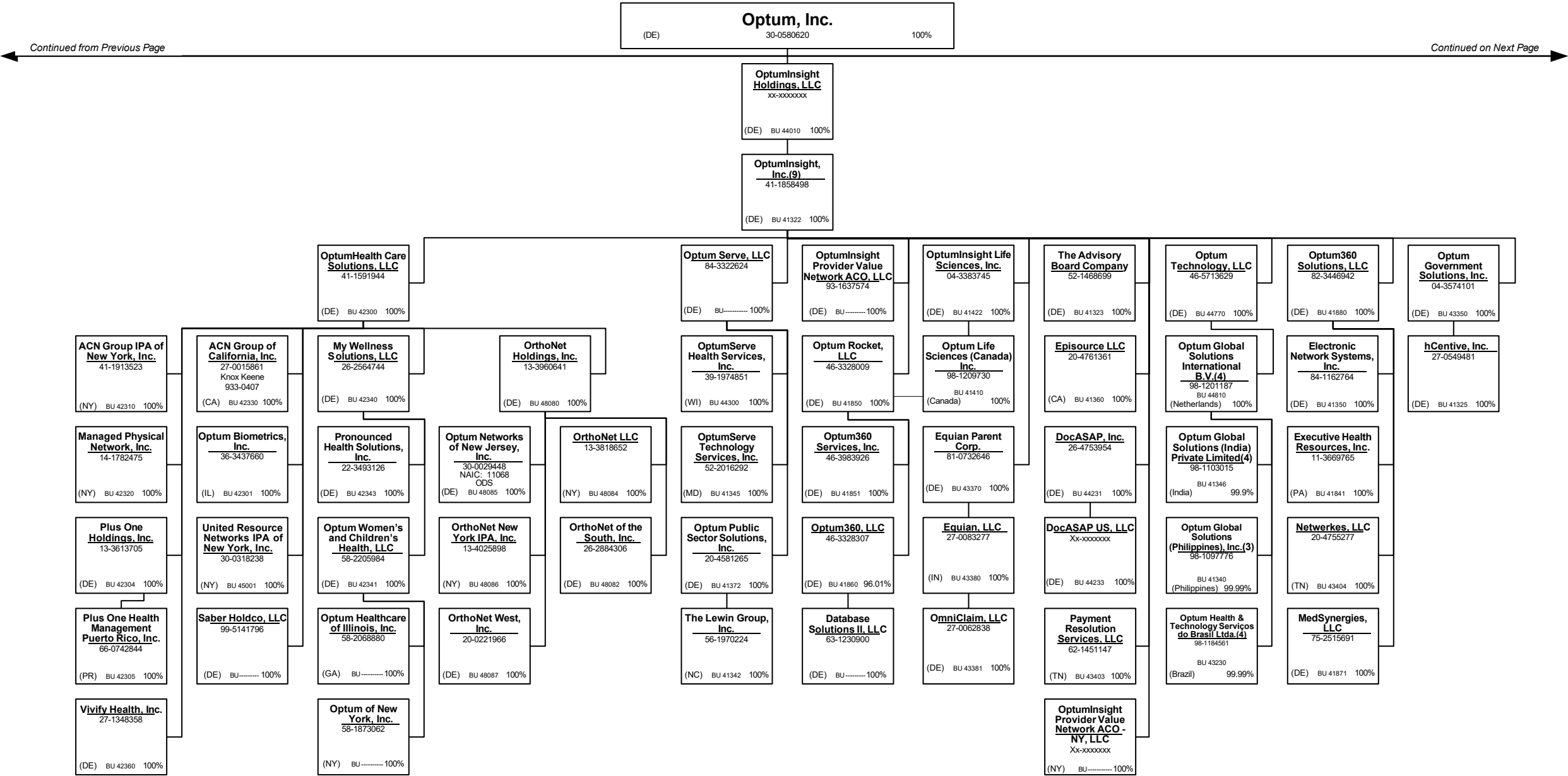
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



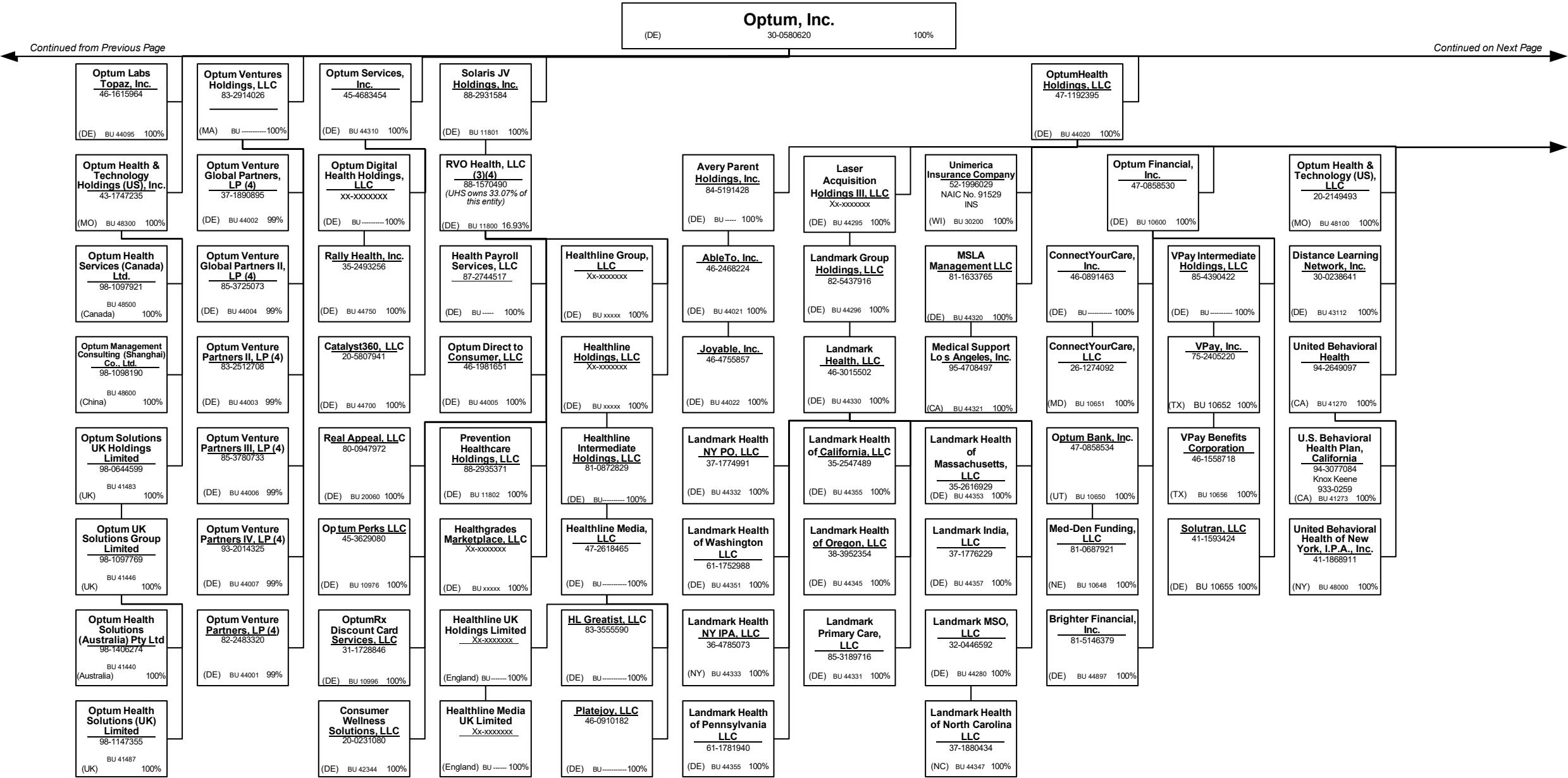
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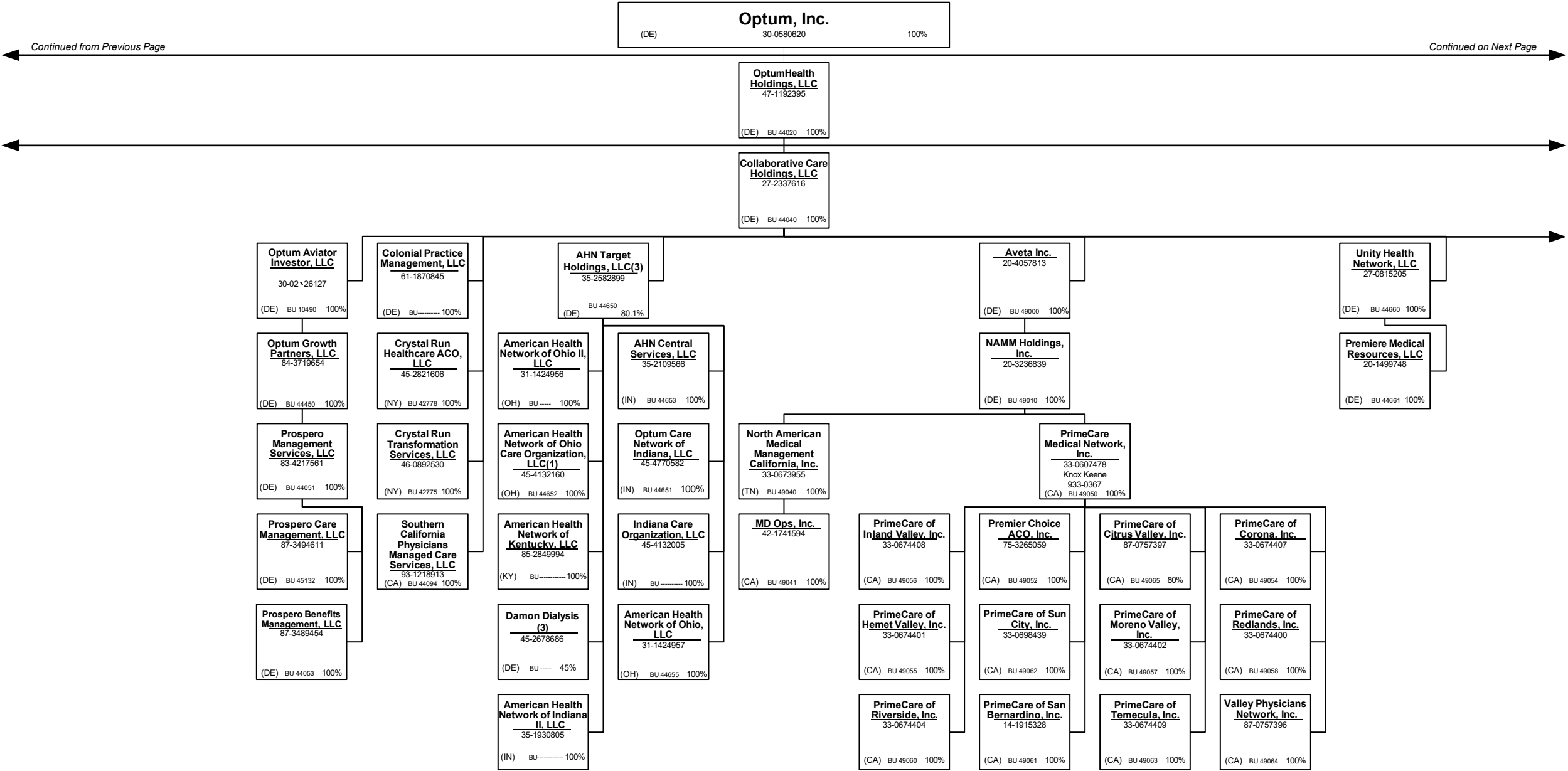
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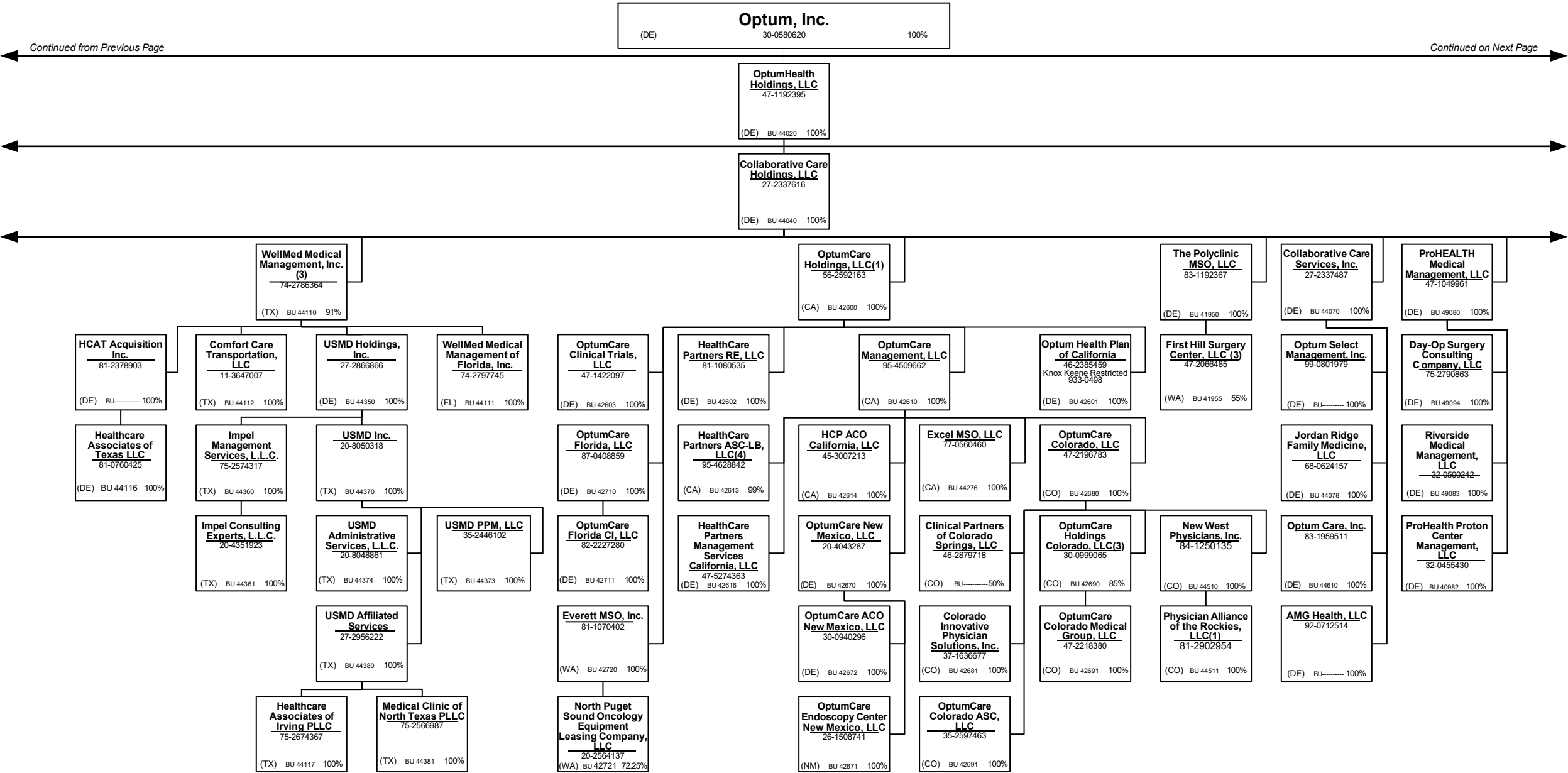
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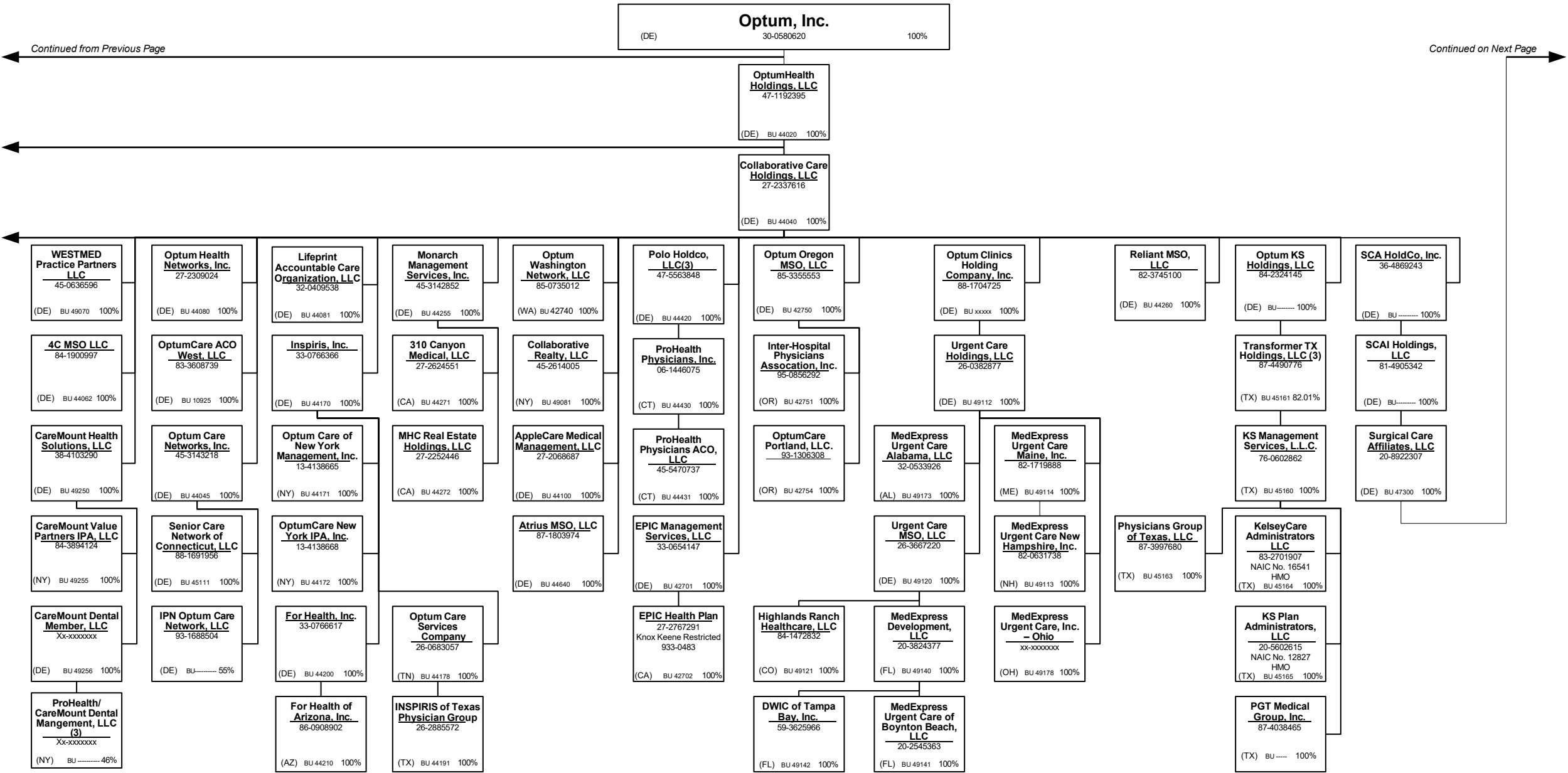
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PART 1 - ORGANIZATIONAL CHART



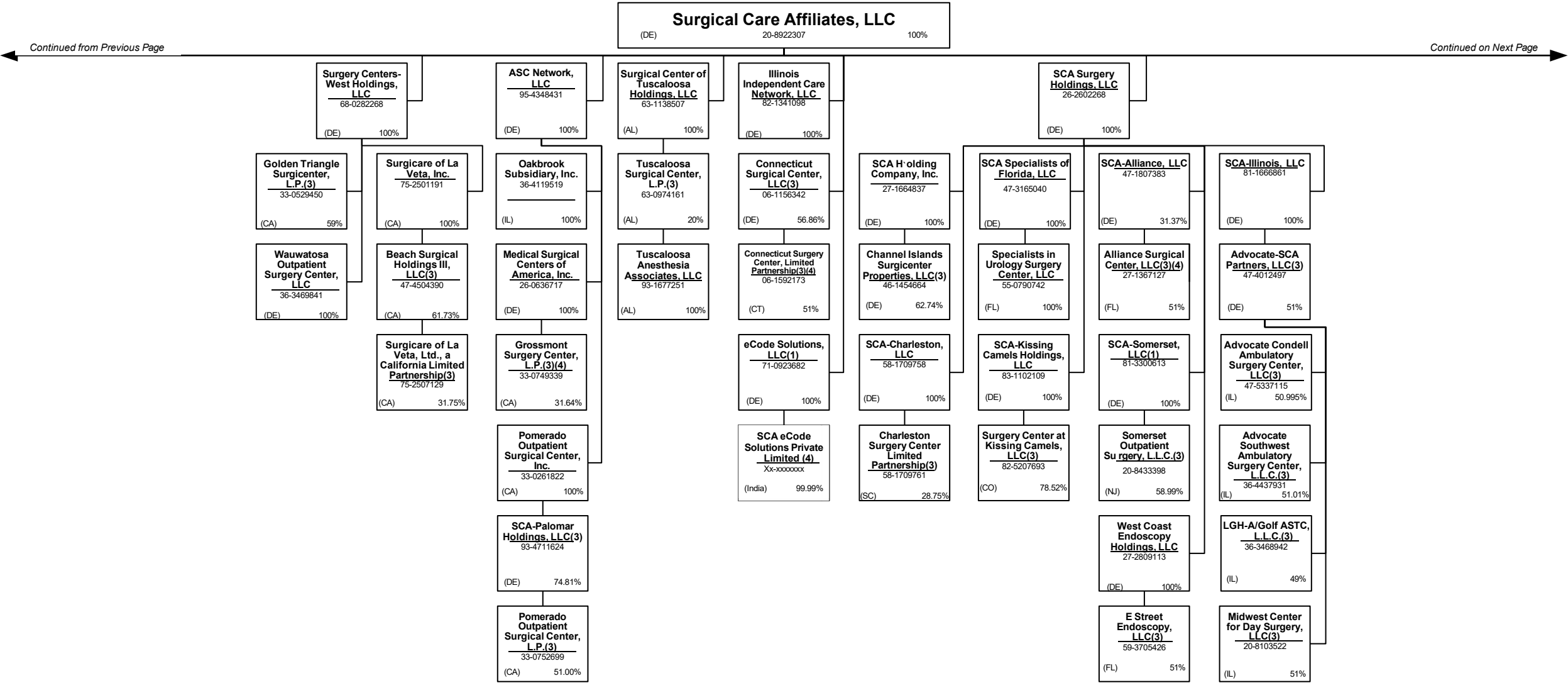
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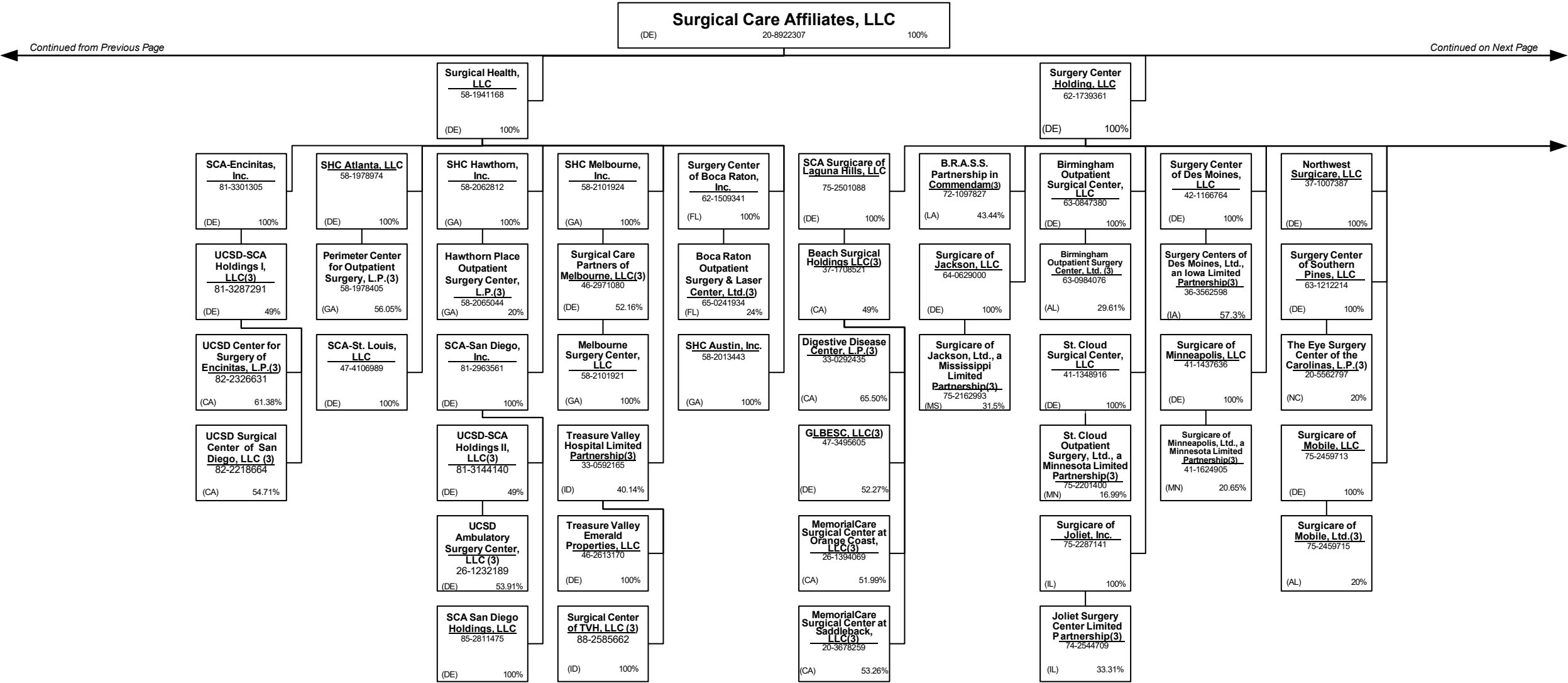
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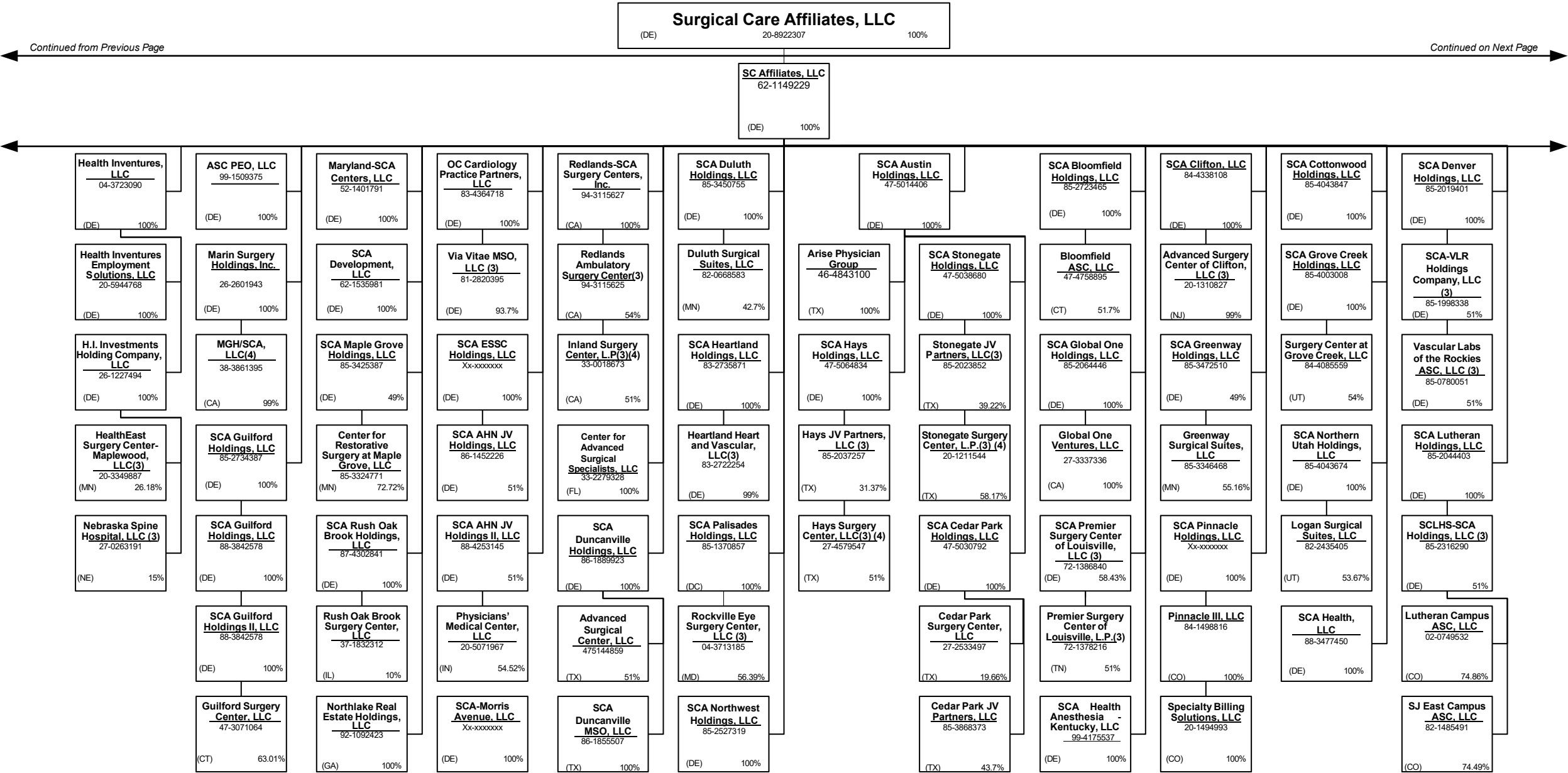
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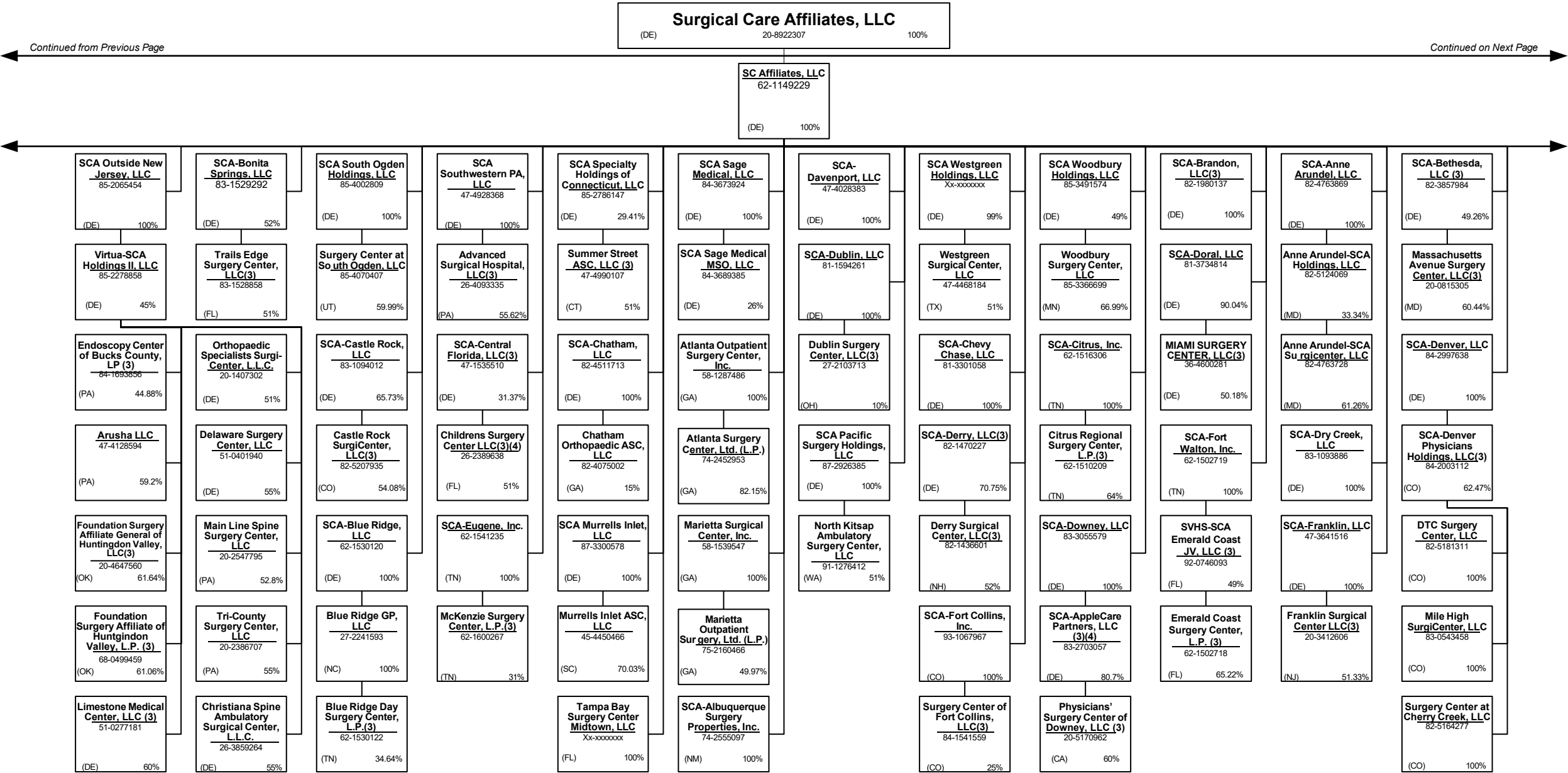
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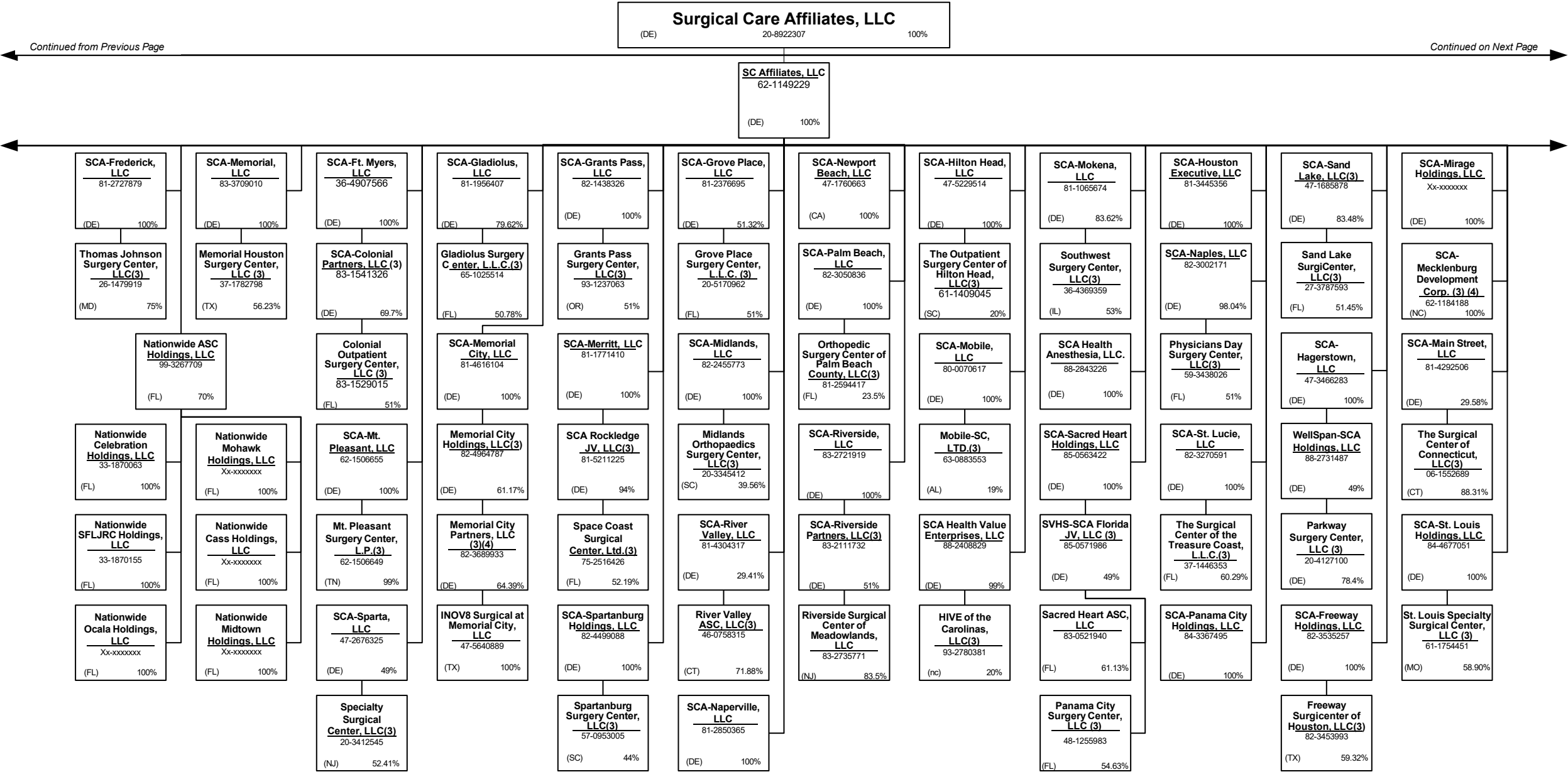
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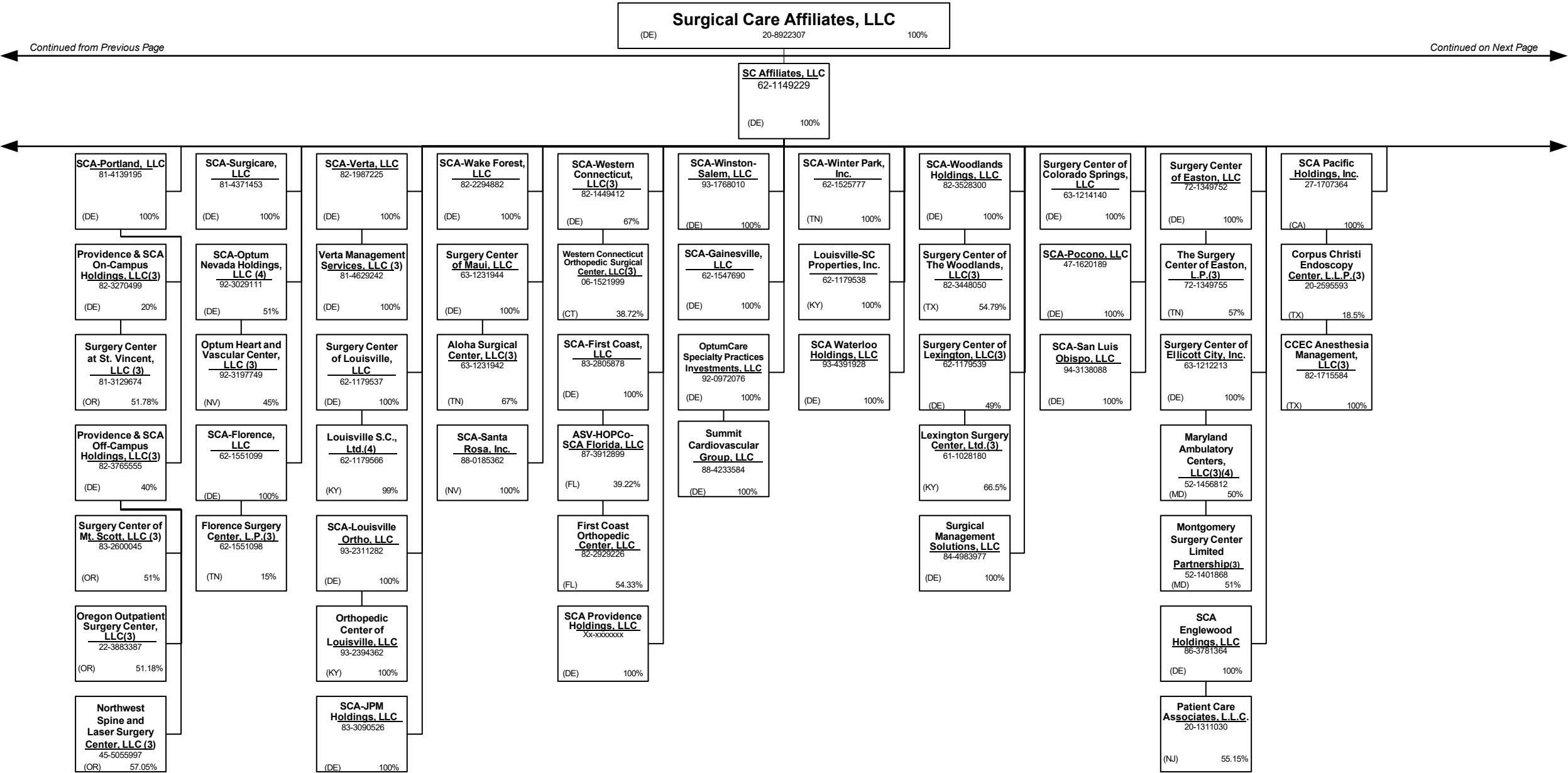
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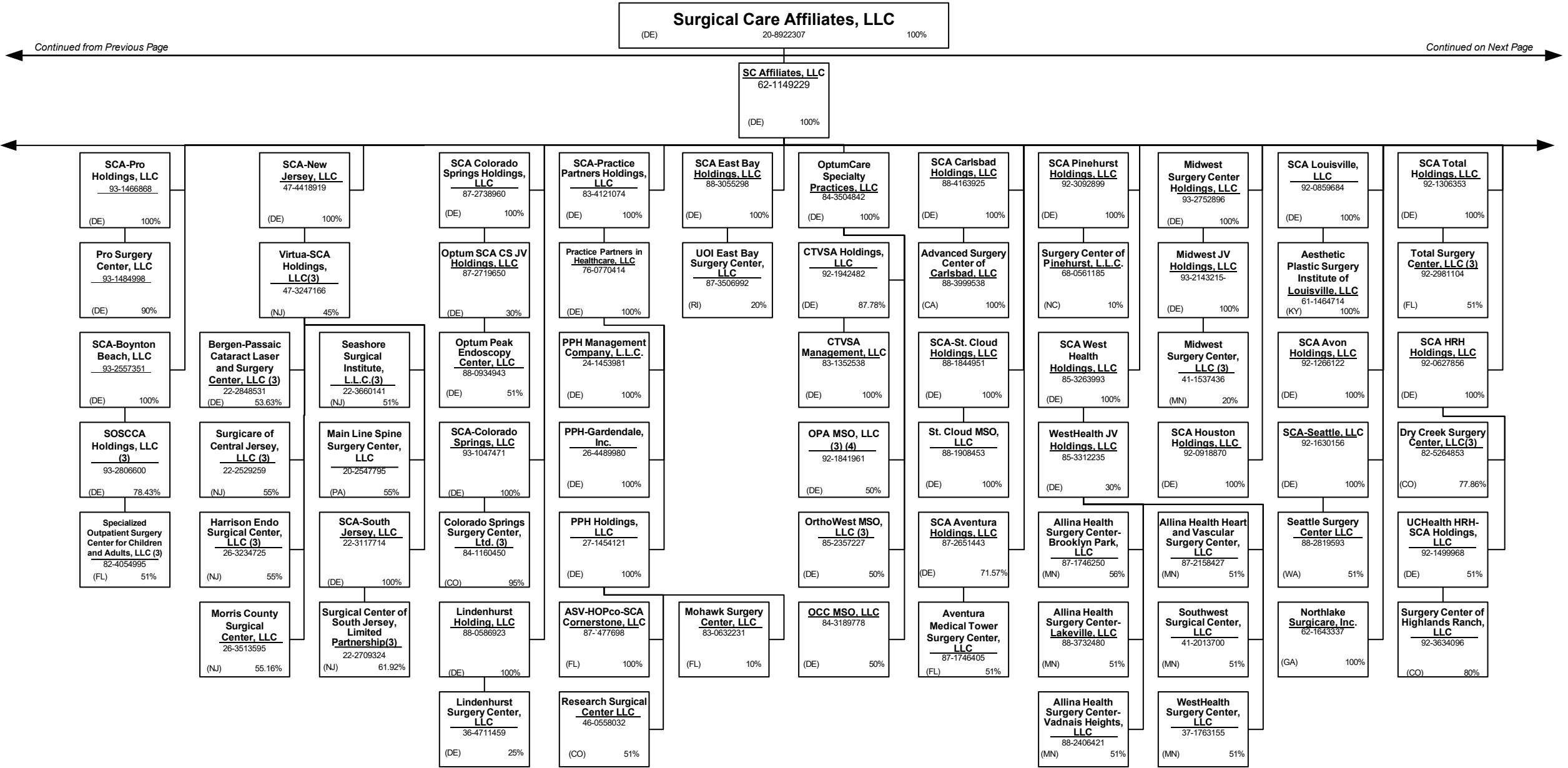
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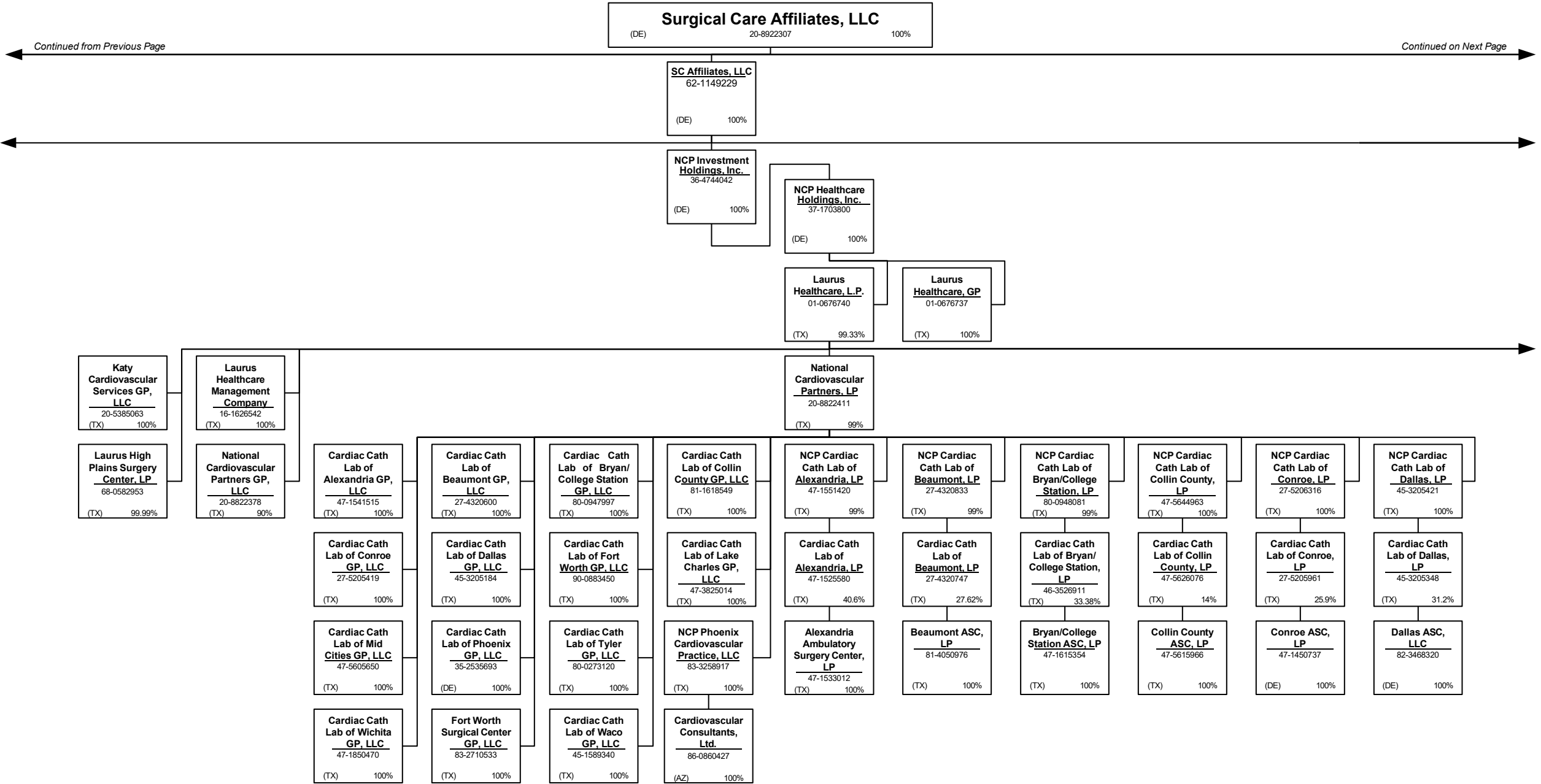
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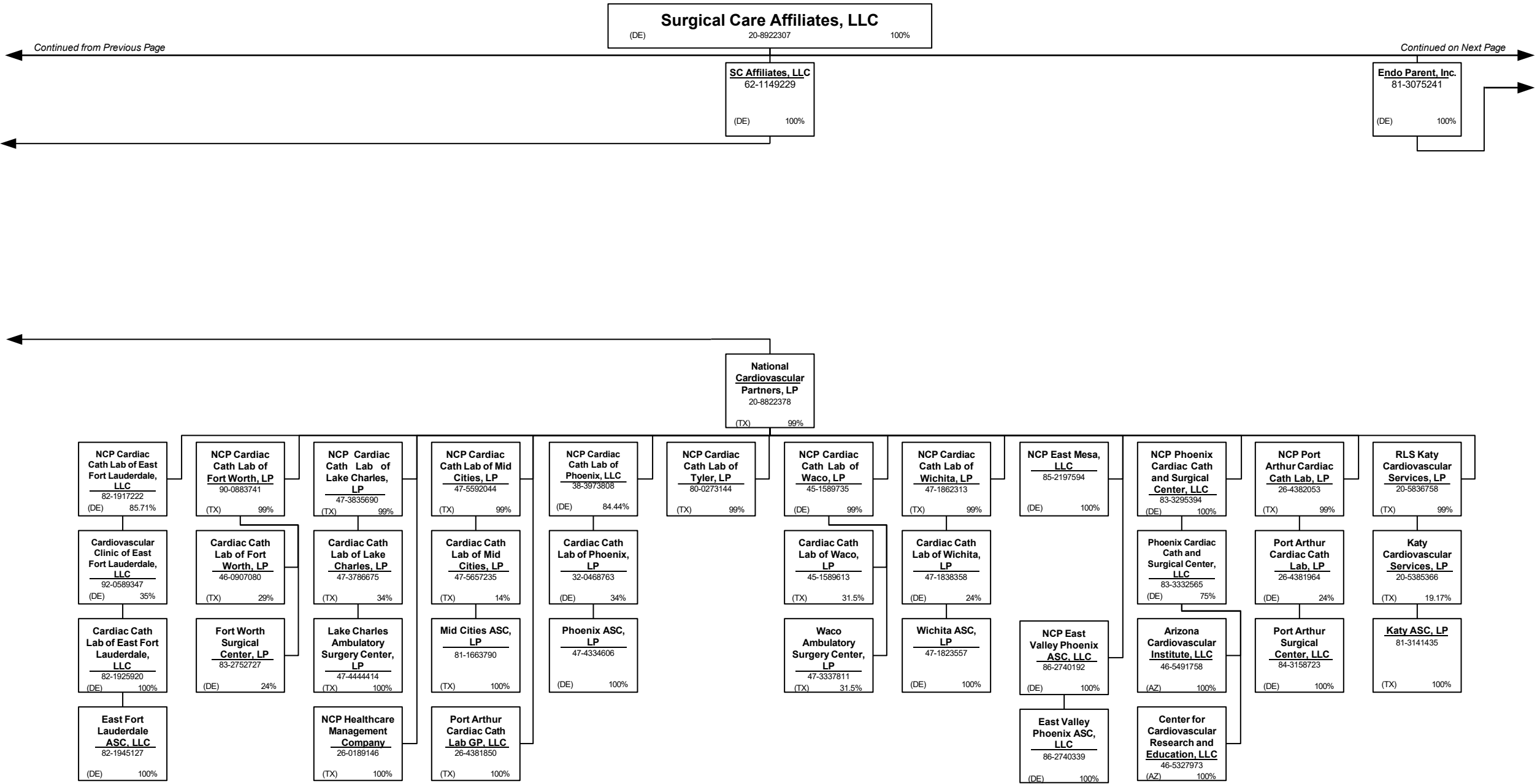
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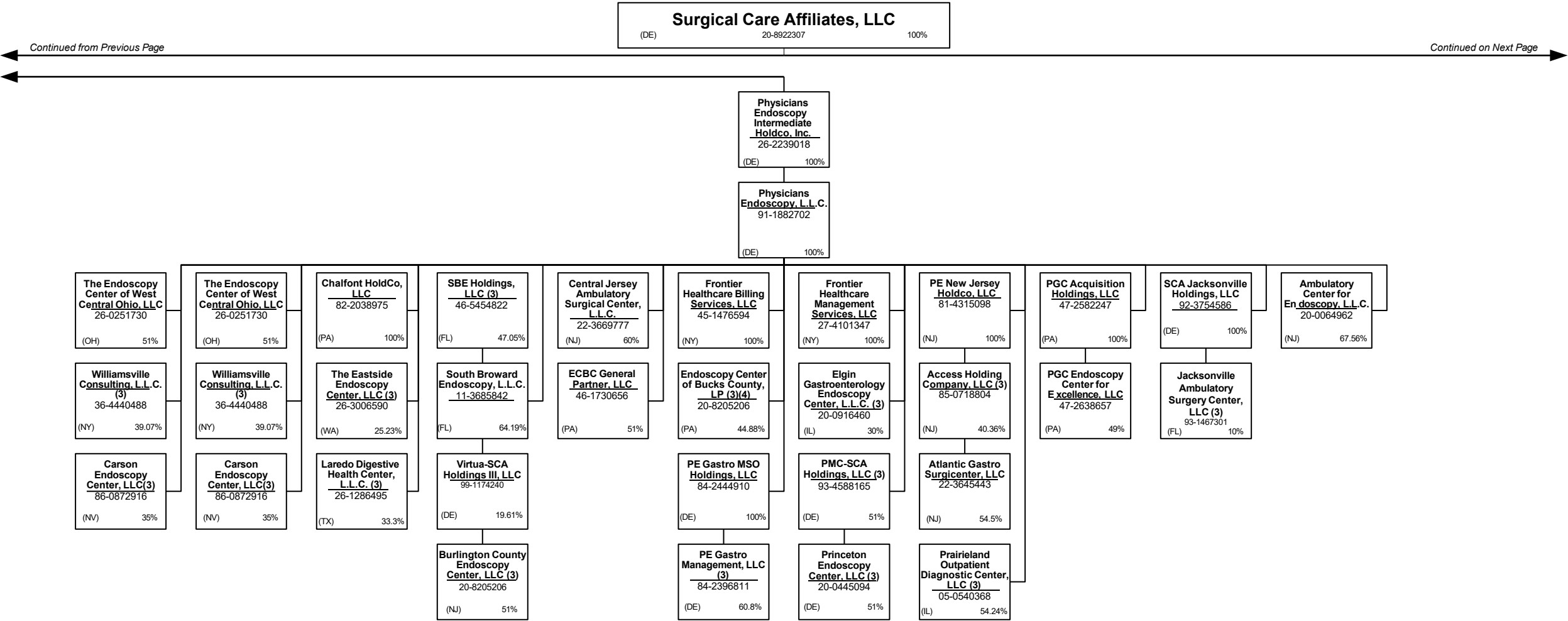
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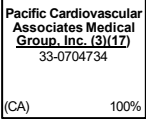


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Beneficially Owned Legal Entities					
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
A.G. Dikengil, Inc.	NJ	22-3149900	Cielo House, Inc.	CA	27-1655973
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 Netw ork 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, L.L.C.	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

Beneficially Owned Legal Entities			Beneficially Owned Legal Entities		
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
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 Netw ork Medicare ACO, LLC	TX	84-2204650
WellMed Netw ork of Florida, Inc.	TX	35-2314192
WellMed Netw orks, 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
Yorktow n 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.

NONE