



HEALTH ANNUAL STATEMENT

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

UnitedHealthcare of Ohio, Inc.

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	95186	Employer's ID Number	31-1142815
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	OH	
Country of Domicile	United States of America					
Licensed as business type:	HEALTH INSURING CORPORATION					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	05/14/1985			Commenced Business	08/06/1985	
Statutory Home Office	5900 Parkwood Place (Street and Number)			Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)		
Main Administrative Office	5900 Parkwood Place (Street and Number)			Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)		
				614-410-7000 (Area Code) (Telephone Number)		
Mail Address	5900 Parkwood Place (Street and Number or P.O. Box)			Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	9800 Health Care Lane, MN006-W500 (Street and Number)			Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code)		
				952-936-1300 (Area Code) (Telephone Number)		
Internet Website Address	www.uhc.com					
Statutory Statement Contact	Rachel Ivelisse Corona (Name)			952-406-4923 (Area Code) (Telephone Number)		
	rachel_corona@uhc.com (E-mail Address)			952-931-4651 (FAX Number)		

OFFICERS

President	Kurt Carl Lewis	Treasurer	Marilyn Victoria Hirsch #
Secretary	David Keith Hill	Chief Financial Officer	Johnny Mario Tenaglia

OTHER

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

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

State of <u>Wisconsin</u>	State of _____	State of _____
County of <u>Milwaukee</u>	County of _____	County of _____

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

<u>Johnny Mario Tenaglia</u> Johnny Mario Tenaglia Chief Financial Officer Subscribed and sworn to before me this <u>29th</u> day of <u>January</u> 2025	<u>Kurt Carl Lewis</u> Kurt Carl Lewis President Subscribed and sworn to before me this _____ day of _____	<u>David Keith Hill</u> David Keith Hill Secretary Subscribed and sworn to before me this _____ day of _____
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Jennifer Rifelj
My Commission Expires
5/10/2027

- 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.....

JENNIFER RIFELJ
Notary Public
State of Wisconsin



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(Name) (Area Code) (Telephone Number)
rachel_corona@uhc.com 952-931-4651
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Secretary David Keith Hill Chief Financial Officer Johnny Mario Tenaglia

OTHER

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

State of Ohio State of Ohio State of Ohio
County of Hamilton County of Hamilton County of Hamilton

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Johnny Mario Tenaglia
Chief Financial Officer

Subscribed and sworn to before me this
_____ day of _____

Kurt Carl Lewis
President

Subscribed and sworn to before me this

22nd day of January 2025
Monica Oaks

David Keith Hill
Secretary

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.....

MONICA OAKS

3. Number of pages attached.....

Notary Public, State of Ohio
My Commission Expires
July 28, 2029



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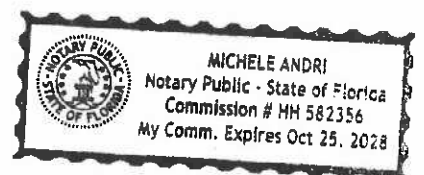
Neal John Grode Kurt Carl Lewis Johnny Mario Tenaglia
Scott Douglas Wauters

State of _____ State of _____ State of Florida
County of _____ County of _____ County of Miami

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Johnny Mario Tenaglia Kurt Carl Lewis David Keith Hill
Chief Financial Officer President Secretary
Subscribed and sworn to before me this _____ day of _____
Subscribed and sworn to before me this _____ day of _____
Subscribed and sworn to before me this 27 day of January 2025
Michele Andri

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



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	515,911	0	515,911	516,756
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 (\$59,956,757 , Schedule E - Part 1), cash equivalents (\$20,942,166 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	80,898,923	0	80,898,923	43,514,483
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)	81,414,834	0	81,414,834	44,031,239
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	75,112	0	75,112	11,282
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,454,420	280,463	1,173,957	1,191,047
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 (\$554,111)	554,111	0	554,111	124,379
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	3,484,501	0	3,484,501	0
18.2 Net deferred tax asset	436,960	0	436,960	185,190
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 (\$3,852,344) and other amounts receivable	5,043,936	1,191,592	3,852,344	1,993,760
25. Aggregate write-ins for other-than-invested assets	591,612	16,058	575,554	28,982
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	93,055,486	1,488,113	91,567,373	47,565,879
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	93,055,486	1,488,113	91,567,373	47,565,879
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. Prepaid Premium Taxes	448,623	0	448,623	0
2502. State Taxes Receivables	126,931	0	126,931	28,982
2503. Prepaid Expenses	10,030	10,030	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	6,028	6,028	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	591,612	16,058	575,554	28,982

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	23,453,734	0	23,453,734	10,788,748
2. Accrued medical incentive pool and bonus amounts	5,251,014	0	5,251,014	649,569
3. Unpaid claims adjustment expenses.....	194,079	0	194,079	78,037
4. Aggregate health policy reserves, including the liability of \$ 556,969 for medical loss ratio rebate per the Public Health Service Act	24,608,032	0	24,608,032	16,002,025
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	356,010	0	356,010	108,259
8. Premiums received in advance.....	359,666	0	359,666	425,785
9. General expenses due or accrued.....	624,783	0	624,783	214,459
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses)) ..	0	0	0	855,610
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	18,011	0	18,011	9,910
12. Amounts withheld or retained for the account of others.....	0	0	0	11
13. Remittances and items not allocated.....	1,478,063	0	1,478,063	546,720
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.....	4,394,503	0	4,394,503	502,821
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 \$ 528 current).....	528	0	528	528
24. Total liabilities (Lines 1 to 23).....	60,738,423	0	60,738,423	30,182,482
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	7,329,784	7,329,784
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	1,205,584	1,205,584
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	22,293,582	8,848,029
32. Less treasury stock, at cost: 32.1 .....0 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$0).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	30,828,950	17,383,397
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	91,567,373	47,565,879
DETAILS OF WRITE-INS				
2301. Unclaimed Property	528	0	528	528
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	528	0	528	528
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 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.....	373,555	158,870
2. Net premium income (including \$0 non-health premium income)	XXX.....	182,751,018	71,707,903
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	(230,371)	182,772
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.....	182,520,647	71,890,675
Hospital and Medical:			
9. Hospital/medical benefits	0	108,242,229	42,862,139
10. Other professional services	0	476,103	225,905
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	17,506,204	7,961,701
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	5,694,527	581,849
16. Subtotal (Lines 9 to 15)	0	131,919,063	51,631,594
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	131,919,063	51,631,594
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$3,166,120 cost containment expenses	0	4,999,340	2,407,812
21. General administrative expenses	0	22,222,395	10,412,717
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	159,140,798	64,452,123
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	23,379,849	7,438,552
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	3,126,446	1,288,926
26. Net realized capital gains (losses) less capital gains tax of \$0	0	0	(36)
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,126,446	1,288,890
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$8,842) (amount charged off \$ (3,190))]	0	5,652	(3,284)
29. Aggregate write-ins for other income or expenses	0	0	172
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.....	26,511,947	8,724,330
31. Federal and foreign income taxes incurred	XXX.....	5,633,500	1,833,574
32. Net income (loss) (Lines 30 minus 31)	XXX	20,878,447	6,890,756
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. Investment Proceeds	0	0	172
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	172

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	17,383,397	10,807,793
34. Net income or (loss) from Line 32	20,878,447	6,890,756
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	251,770	85,664
39. Change in nonadmitted assets	(884,664)	(400,816)
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	(6,800,000)	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	13,445,553	6,575,604
49. Capital and surplus end of reporting period (Line 33 plus 48)	30,828,950	17,383,397
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	190,647,336	83,909,927
2. Net investment income	3,063,079	1,283,455
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	193,710,415	85,193,382
5. Benefit and loss related payments	117,129,396	44,124,028
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	27,246,048	12,784,278
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	9,973,611	1,335,820
10. Total (Lines 5 through 9)	154,349,055	58,244,126
11. Net cash from operations (Line 4 minus Line 10)	39,361,360	26,949,256
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	510,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	510,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	517,253
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	517,253
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	(7,253)
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	6,800,000	0
16.6 Other cash provided (applied)	4,823,080	1,775,802
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,976,920)	1,775,802
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)	37,384,440	28,717,805
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	43,514,483	14,796,678
19.2 End of year (Line 18 plus Line 19.1)	80,898,923	43,514,483

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	182,751,018	170,251,864	12,455,949	0	0	43,336	0	(131)	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	(230,371)	(230,371)	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)	182,520,647	170,021,493	12,455,949	0	0	43,336	0	(131)	0	0	0	0	0	0
8. Hospital/medical benefits	108,242,229	100,736,750	7,552,313	0	0	19	0	(46,853)	0	0	0	0	0	XXX.
9. Other professional services	476,103	447,324	135	0	0	28,644	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	17,506,204	15,291,409	2,320,297	0	0	0	0	(105,502)	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.
5,694,527	5,694,527	5,699,784	(5,257)	0	0	0	0	0	0	0	0	0	0	XXX.
15. Subtotal (Lines 8 to 14)	131,919,063	122,175,267	9,867,488	0	0	28,663	0	(152,355)	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)	131,919,063	122,175,267	9,867,488	0	0	28,663	0	(152,355)	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 \$ 3,166,120 cost containment expenses	4,999,340	4,657,414	340,745	0	0	1,185	0	(4)	0	0	0	0	0	0
20. General administrative expenses	22,222,395	20,702,506	1,514,635	0	0	5,270	0	(16)	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)	159,140,798	147,535,187	11,722,868	0	0	35,118	0	(152,375)	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	23,379,849	22,486,306	733,081	0	0	8,218	0	152,244	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX.
0502.														XXX.
0503.														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX.
1302.														XXX.
1303.														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

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

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	170,447,144	0	195,279	170,251,865
2. Comprehensive (hospital and medical) group	12,468,332	0	12,383	12,455,949
3. Medicare Supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	43,346	0	10	43,336
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	(131)	0	0	(131)
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)	182,958,691	0	207,672	182,751,019
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	182,958,691	0	207,672	182,751,019

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	116,036,311	105,991,331	10,171,285	0	0	26,278	0	(152,583)	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	116,036,311	105,991,331	10,171,285	0	0	26,278	0	(152,583)	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	1,093,082	1,089,654	3,428	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	23,453,734	20,988,730	2,463,842	0	0	934	0	228	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	23,453,734	20,988,730	2,463,842	0	0	934	0	228	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	356,010	356,010	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	356,010	356,010	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	5,251,014	5,224,834	26,180	0	0	0	0	0	0	0	0	0	0	0
6. Net health care receivables (a)	2,724,514	2,995,578	(271,064)	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	10,788,748	7,756,753	3,033,447	0	0	(1,452)	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	10,788,748	7,756,753	3,033,447	0	0	(1,452)	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	108,259	108,259	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	108,259	108,259	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	649,569	614,704	34,865	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	126,224,534	116,475,481	9,872,744	0	0	28,664	0	(152,355)	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	126,224,534	116,475,481	9,872,744	0	0	28,664	0	(152,355)	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	5,694,527	5,699,784	(5,257)	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	4,226,410	3,855,171	370,605	0	0	379	0	255	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	4,226,410	3,855,171	370,605	0	0	379	0	255	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	19,227,324	17,133,559	2,093,237	0	0	555	0	(27)	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	19,227,324	17,133,559	2,093,237	0	0	555	0	(27)	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	23,453,734	20,988,730	2,463,842	0	0	934	0	228	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	23,453,734	20,988,730	2,463,842	0	0	934	0	228	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual	4,431,519	101,559,812	299,616	21,045,124	4,731,135	7,865,012
2. Comprehensive (hospital and medical) group	945,195	9,226,090	89,724	2,374,118	1,034,919	3,033,446
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	4,323	21,955	16	918	4,339	(1,451)
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	(152,583)	0	228	0	(152,355)	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)	5,228,454	110,807,857	389,584	23,420,160	5,618,038	10,897,007
14. Health care receivables (a)	206,469	4,424,396	0	413,071	206,469	2,319,422
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	534,911	558,170	5,770	5,245,244	540,681	649,569
17. Totals (Lines 13 - 14 + 15 + 16)	5,556,896	106,941,631	395,354	28,252,333	5,952,250	9,227,154

(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 - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	4,347	4,518	4,373	4,274	4,270
2.	2020	26,302	28,200	28,215	28,210	28,161
3.	2021	XXX	22,196	23,874	23,886	23,882
4.	2022	XXX	XXX	18,389	18,702	18,706
5.	2023	XXX	XXX	XXX	43,926	49,891
6.	2024	XXX	XXX	XXX	XXX	111,344

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	4,400	4,518	4,373	4,274	4,270
2.	2020	29,298	28,298	28,215	28,210	28,161
3.	2021	XXX	25,100	23,931	23,886	23,882
4.	2022	XXX	XXX	20,968	18,731	18,706
5.	2023	XXX	XXX	XXX	55,446	50,287
6.	2024	XXX	XXX	XXX	XXX	140,009

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020	39,971	28,161	1,037	3.7	29,198	73.0	0	0	29,198	73.0
2.	2021	29,721	23,882	970	4.1	24,852	83.6	0	0	24,852	83.6
3.	2022	22,808	18,706	974	5.2	19,680	86.3	0	0	19,680	86.3
4.	2023	71,934	49,897	2,691	5.4	52,588	73.1	395	3	52,986	73.7
5.	2024	182,477	111,344	4,295	3.9	115,639	63.4	28,664	191	144,494	79.2

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	7	8	8	8
4.	2022	XXX	XXX	6	6	7
5.	2023	XXX	XXX	XXX	11	14
6.	2024	XXX	XXX	XXX	XXX	22

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	7	8	8	8
4.	2022	XXX	XXX	6	6	7
5.	2023	XXX	XXX	XXX	9	14
6.	2024	XXX	XXX	XXX	XXX	23

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	28	8	0	0.0	8	28.6	0	0	8	28.6
3. 2022	38	7	0	0.0	7	18.4	0	0	7	18.4
4. 2023	38	14	1	7.1	15	39.5	0	0	15	39.5
5. 2024	43	22	1	4.5	23	53.5	1	0	24	55.8

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	(273)	(766)	(974)	(1,076)	(1,159)
2.	2020	0	0	0	0	0
3.	2021	XXX	0	0	0	0
4.	2022	XXX	XXX	0	0	0
5.	2023	XXX	XXX	XXX	0	0
6.	2024	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	(272)	(766)	(974)	(1,076)	(1,159)
2.	2020	0	0	0	0	0
3.	2021	xxx	0	1	0	0
4.	2022	xxx	xxx	0	0	0
5.	2023	xxx	xxx	xxx	0	0
6.	2024	xxx	xxx	xxx	xxx	0

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

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1.	2020	(4)	0	3	0.0	3	(75.0)	0	0	3	(75.0)
2.	2021	(47)	0	1	0.0	1	(2.1)	0	0	1	(2.1)
3.	2022	800	0	2	0.0	2	0.3	0	0	2	0.3
4.	2023	(82)	0	(4)	0.0	(4)	4.9	0	0	(4)	4.9
5.	2024	0	0	0	0.0	0	0.0	0	0	0	0.0

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	4,074	3,752	3,399	3,198	3,111
2.	2020	26,302	28,200	28,215	28,210	28,161
3.	2021	XXX	22,203	23,882	23,894	23,890
4.	2022	XXX	XXX	18,395	18,708	18,713
5.	2023	XXX	XXX	XXX	43,937	49,905
6.	2024	XXX	XXX	XXX	XXX	111,366

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	.....	4,128	3,752	3,399	3,198	3,111
2.	2020	.....	29,298	28,298	28,215	28,210	28,161
3.	2021	.....	xxx	25,107	23,940	23,894	23,890
4.	2022	.....	xxx	xxx	20,974	18,737	18,713
5.	2023	.....	xxx	xxx	xxx	55,455	50,301
6.	2024	.....	xxx	xxx	xxx	xxx	140,032

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

		1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020	39,967	28,161	1,040	3.7	29,201	73.1	0	0	29,201	73.1
2.	2021	29,702	23,890	971	4.1	24,861	83.7	0	0	24,861	83.7
3.	2022	23,646	18,713	976	5.2	19,689	83.3	0	0	19,689	83.3
4.	2023	71,890	49,911	2,688	5.4	52,599	73.2	395	3	52,997	73.7
5.	2024	182,520	111,366	4,296	3.9	115,662	63.4	28,665	191	144,518	79.2

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0 for investment income) ..	556,969	556,969	0	0	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	24,051,063	23,480,672	312,591	0	0	0	0	257,800	0	0	0	0	0
6. Totals (gross)	24,608,032	24,037,641	312,591	0	0	0	0	257,800	0	0	0	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	24,608,032	24,037,641	312,591	0	0	0	0	257,800	0	0	0	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	356,010	356,010	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	356,010	356,010	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	356,010	356,010	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ACA risk adjustment payable	23,793,263	23,480,672	312,591	0	0	0	0	0	0	0	0	0	0
0502. CMS risk adjustment payable	257,800	0	0	0	0	0	0	257,800	0	0	0	0	0
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	24,051,063	23,480,672	312,591	0	0	0	0	257,800	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

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

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)	95,354	51,422	233,811	0	380,587
2. Salary, wages and other benefits	1,840,101	992,312	4,511,956	0	7,344,369
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	8,817,610	0	8,817,610
4. Legal fees and expenses	24,771	13,358	(53,119)	0	(14,990)
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services ...	231,238	124,700	567,317	0	923,255
7. Traveling expenses	30,928	16,679	75,837	0	123,444
8. Marketing and advertising	85,724	46,228	210,196	0	342,148
9. Postage, express and telephone	67,430	36,363	165,339	0	269,132
10. Printing and office supplies	129,367	69,763	317,209	0	516,339
11. Occupancy, depreciation and amortization	34,702	18,714	85,089	0	138,505
12. Equipment	15,608	8,417	38,272	0	62,297
13. Cost or depreciation of EDP equipment and software	203,901	109,958	499,969	0	813,828
14. Outsourced services including EDP, claims, and other services	109,503	107,236	268,504	0	485,243
15. Boards, bureaus and association fees	2,510	1,354	6,156	0	10,020
16. Insurance, except on real estate	44,509	24,002	109,137	0	177,648
17. Collection and bank service charges	11,203	6,041	27,470	0	44,714
18. Group service and administration fees	30,745	16,580	75,387	0	122,712
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	2,197	2,155	10,483	0	14,835
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	51,922	0	51,922
23.2 State premium taxes	0	0	505,443	0	505,443
23.3 Regulatory authority licenses and fees	0	0	4,548,449	0	4,548,449
23.4 Payroll taxes	54,915	53,875	262,070	0	370,860
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	2,727	2,727
25. Aggregate write-ins for expenses	151,414	134,063	887,888	0	1,173,365
26. Total expenses incurred (Lines 1 to 25)	3,166,120	1,833,220	22,222,395	2,727	(a) .....27,224,462
27. Less expenses unpaid December 31, current year	122,912	71,167	623,739	1,043	818,861
28. Add expenses unpaid December 31, prior year	53,962	24,075	213,034	1,425	292,496
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)	3,097,170	1,786,128	21,811,690	3,109	26,698,097
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	151,414	134,063	887,888	0	1,173,365
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)	151,414	134,063	887,888	0	1,173,365

(a) Includes management fees of \$9,889,614 to affiliates and \$0 to non-affiliates.

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....19,111	19,111
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) .....3,110,062	3,110,062
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	3,129,173	3,129,173
11.	Investment expenses		(g) .....2,727
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) .....0
13.	Interest expense		(h) .....0
14.	Depreciation on real estate and other invested assets		(i) .....0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		2,727
17.	Net investment income (Line 10 minus Line 16)		3,126,446
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 \$0 accrual of discount less \$845 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 UnitedHealthcare 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	280,463	271,805	(8,658)
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	1,191,592	325,717	(865,875)
25. Aggregate write-ins for other-than-invested assets	16,058	5,927	(10,131)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,488,113	603,449	(884,664)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,488,113	603,449	(884,664)
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. Prepaid Expenses	10,030	5,771	(4,259)
2502. Service Fee Billing	5,972	139	(5,833)
2503. Miscellaneous Receivables	56	17	(39)
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)	16,058	5,927	(10,131)

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	19,298	29,042	32,223	35,091	34,103	373,555
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	19,298	29,042	32,223	35,091	34,103	373,555
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

UNITEDHEALTHCARE OF OHIO, INC.

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

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

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

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

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

A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of Ohio, for determining and reporting the financial condition and results of operations of a health insuring corporation, for determining its solvency under Ohio Insurance Law. The state of Ohio prescribes the use of the National Association of Insurance Commissioners' 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, 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	\$ 20,878,447	\$ 6,890,756
(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>\$ 20,878,447</u>	<u>\$ 6,890,756</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 30,828,950	\$ 17,383,397
(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>\$ 30,828,950</u>	<u>\$ 17,383,397</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 include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates), aggregate health claim reserves and risk adjustment estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted.

C. Accounting Policy

Basis of Presentation — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. These statutory practices differ from 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.
- Outstanding checks are required to be netted against cash balances in the financial statements, whereas under generally accepted accounting principles, outstanding checks are presented as other liabilities.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures. 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 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, 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, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the financial statements, whereas generally accepted accounting principles, such assets are included in the balance sheet.
- Certain assets, including certain aged premium receivables, certain health care and other amounts receivable and prepaid expenses 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).
- The change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the financial statements, whereas under generally accepted accounting principles, the change in unearned premium from year to year is reported through premium income.
- 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 are stated at book/adjusted carrying value if they meet an designation of one through five and stated at the lower of book/adjusted carrying value or fair value if they meet an National Association of Insurance Commissioners' designation of six. 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 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 (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, claims adjustment expenses and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the premium deficiency reserves calculation (see Note 30);
- (11) Claims adjustment expenses are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the Agreement (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc., in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2024 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified;
- (12) The Company does not carry any fixed assets in the financial statements;
- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc. Health care and other amounts receivable are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the financial statements (see Note 28).

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

ASSETS

Cash and Invested Assets

- Cash represents cash held by the Company in disbursement accounts/operating accounts. Claims and other payments are made from the disbursement/operating accounts daily;
- Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition. Cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by United HealthCare Services, Inc. The investment pool is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value as a practical expedient;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains (losses) less capital gains tax in the financial statements;
- The Company 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.

Other Assets

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

Premium adjustments for the commercial Affordable Care Act Section 1343 risk adjustment programs and Centers for Medicare and Medicaid Services risk adjustment receivables are accounted for as premium adjustments programs subject to redetermination (see Note 24).

- **Current Federal Income Tax Recoverable** — The Company is included in the consolidated federal income tax return with its ultimate parent, Ultimate Parent Company, 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 income tax return of Ultimate Parent Company. A current federal income tax recoverable is recognized when the Company's allocated intercompany estimated payments are more than its actual calculated obligation based on the Company's stand-alone federal income tax return (see Note 9).

LIABILITIES

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

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2024 and 2023. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2024; however, actual payments may differ from those established estimates.

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

- **Accrued Medical Incentive Pool and Bonus Amounts** — The Company has agreements with certain provider groups that provide for the establishment of a pool which includes monthly premiums payable and the disbursement of funds for medical services. Any surplus in the pool is shared by the Company and the provider group based upon a predetermined risk-sharing percentage and the liability is included in accrued medical incentive pool and bonus amounts in the financial statements. The Company also has incentive and bonus arrangements with providers that are based on quality, utilization, and/or various health outcome measures. The estimated amount due to providers that meet the established metrics is included in accrued medical incentive pool and bonus amounts in the financial statements.
- **Aggregate Health Policy Reserves** — The Company establishes a liability for estimated accrued retrospective and redetermination premiums due from the Company based on the actuarial method and assumptions for each respective contract. Aggregate health policy reserves includes commercial risk adjustment payables as defined in Section 1343 of the Affordable Care Act, Centers for Medicare and Medicaid Services risk adjustment payables for the Medicare Plans and estimated medical loss ratio rebates payable on the comprehensive commercial line of business.

Premium adjustments for the estimated medical loss ratio rebates are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the commercial Affordable Care Act Section 1343 risk adjustment and Centers for Medicare and Medicaid Services risk adjustment are accounted for as premium adjustments subject to redetermination (see Note 24).

- **Amounts due to Parent, Subsidiaries, and Affiliates** — In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts owed as amounts due to parent, subsidiaries, and affiliates.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Restricted Cash Reserves** — The Company is in compliance with the various states regulatory deposit requirements as of December 31, 2024 and 2023, respectively, for qualification purposes as a domestic and foreign insurer. These restricted cash reserves are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds in the financial statements. Interest earned on these deposits accrues to the Company (see Note 5).
- **Minimum Capital and Surplus** — Under the laws of the state of Ohio, the Company's domiciliary state, the Ohio Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$1,200,000.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The Ohio Department of Insurance requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the 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 also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

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

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the financial statements. The corresponding change in unearned premium from year to year is reflected as a change in unearned premium reserves and reserve for rate credits in the financial statements.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the Affordable Care Act and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies changes to the estimated rebates and retrospective premium adjustments as change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). In addition, pursuant to Section 1343 of the Affordable Care Act, the Company records premium adjustments for changes to the commercial risk adjustment balances which are reflected in net premium income in the financial statements (see Note 24).

Net premium income also includes dental revenue derived from managed dental care plans. Dental revenue is recognized in the period in which enrollees are entitled to receive services.

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the financial statements.

- **General Administrative Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to United HealthCare Services, Inc. in exchange for administrative and management services. State income taxes are also a component of general administrative expenses. Costs for items not included within the scope of the Agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements.
- **Net Investment Income Earned** — Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).
- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes (see Note 9).

OTHER

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

- 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. As of December 31, 2024 and 2023, the Company's commercial business represents 100% and 100% of total direct premiums written respectively. The Company is well diversified across the states it is licensed in and there is minimal risk of significant disruption to the Company's operations due to concentrations.

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 early adopted the revision in 2024.

The Company reviewed all other recently issued guidance in 2024 and 2023 that has been adopted for 2024 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2024 and 2023.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Company was not party to a business combination during the years ended December 31, 2024 and 2023, and does not carry goodwill in its financial statements.

4. DISCONTINUED OPERATIONS

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

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2024 and 2023.

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

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

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

5. INVESTMENTS

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. There were no realized gains and losses on sales of long-term investments and short-term investments for 2024 and 2023. There were no proceeds on the sale of long-term or short-term investments for 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 \$80,898,923 and \$43,514,483 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	\$ 515,911	\$ —	\$ —	\$ 2,636	\$ 513,275
Total bonds	<u>\$ 515,911</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 2,636</u>	<u>\$ 513,275</u>

	2024				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
One to five years	515,911	—	—	2,636	513,275
Total bonds	<u>\$ 515,911</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 2,636</u>	<u>\$ 513,275</u>

2023					
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 516,756	\$ —	\$ 5,557	\$ —	\$ 511,199
Total bonds	<u>\$ 516,756</u>	<u>\$ —</u>	<u>\$ 5,557</u>	<u>\$ —</u>	<u>\$ 511,199</u>

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2024 and 2023:

2024					
< 1 Year		> 1 Year		Total	
Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ —	\$ —	\$ 513,275	\$ 513,275	\$ 2,636
Total bonds	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 513,275</u>	<u>\$ 513,275</u>	<u>\$ 2,636</u>

2023					
< 1 Year		> 1 Year		Total	
Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 511,199	\$ 5,557	\$ —	\$ 511,199	\$ 5,557
Total bonds	<u>\$ 511,199</u>	<u>\$ 5,557</u>	<u>\$ —</u>	<u>\$ 511,199</u>	<u>\$ 5,557</u>

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	515,911	516,756	(845)	—	515,911	<1 %	<1 %
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n. Other restricted assets	—	—	—	—	—	— %	— %
o. Total restricted assets	\$ 515,911	\$ 516,756	\$ (845)	\$ —	\$ 515,911	<1%	<1%

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

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

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

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

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

O. 5GI Securities

The Company does not have any investments with an National Association of Insurance Commissioners' designation of 5GI as of December 31, 2024 and 2023.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees

The Company does not have any prepayment penalty and acceleration fees as of December 31, 2024.

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

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$3,365,212 and \$3,088,555 as of December 31, 2024 and 2023, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2024:

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

S. 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	\$	75,112
2. Nonadmitted		—
3. Admitted		75,112

2023		
Interest Income Due And Accrued:		
1. Gross	\$	11,282
2. Nonadmitted		—
3. Admitted		11,282

- 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 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	\$ 438,380	\$ —	\$ 438,380	\$ 188,030	\$ —	\$ 188,030	\$ 250,350	\$ —	\$ 250,350
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	438,380	—	438,380	188,030	—	188,030	250,350	—	250,350
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax asset (1c - 1d)	438,380	—	438,380	188,030	—	188,030	250,350	—	250,350
(f) Deferred tax liabilities	1,420	—	1,420	2,840	—	2,840	(1,420)	—	(1,420)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ 436,960</u>	<u>\$ —</u>	<u>\$ 436,960</u>	<u>\$ 185,190</u>	<u>\$ —</u>	<u>\$ 185,190</u>	<u>\$ 251,770</u>	<u>\$ —</u>	<u>\$ 251,770</u>

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

Admission Calculation Components SSAP No. 101	2024			2023			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 438,380	\$ —	\$ 438,380	\$ 188,030	\$ —	\$ 188,030	\$ 250,350	\$ —	\$ 250,350
(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	4,558,799	XXX	XXX	2,579,731	XXX	XXX	1,979,068
(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>\$ 438,380</u>	<u>\$ —</u>	<u>\$ 438,380</u>	<u>\$ 188,030</u>	<u>\$ —</u>	<u>\$ 188,030</u>	<u>\$ 250,350</u>	<u>\$ —</u>	<u>\$ 250,350</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	\$ 30,391,990	\$ 17,198,207

(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)	\$ 438,380	\$ —	\$ 188,030	\$ —	\$ 250,350	\$ —
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)	\$ 438,380	\$ —	\$ 188,030	\$ —	\$ 250,350	\$ —
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	\$ 5,633,500	\$ 1,833,574	\$ 3,799,926
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	5,633,500	1,833,574	3,799,926
(d) Federal income tax on net capital gains (losses)	—	36	(36)
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	—	—	—
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 5,633,500</u>	<u>\$ 1,833,610</u>	<u>\$ 3,799,890</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	\$ 87,809	\$ 34,892	\$ 52,917
(2) Unearned premium reserve	15,106	17,883	(2,777)
(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	312,392	126,724	185,668
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	23,073	8,531	14,542
(99) Subtotal (sum of 2a1 through 2a13)	438,380	188,030	250,350
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	438,380	188,030	250,350
(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)	438,380	188,030	250,350
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	1,420	2,840	(1,420)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	1,420	2,840	(1,420)
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	1,420	2,840	(1,420)
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 436,960</u>	<u>\$ 185,190</u>	<u>\$ 251,770</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	\$ 5,567,509	21 %	\$ 1,832,117	21 %
Tax effect of nonadmitted assets	(185,780)	(1)	(84,171)	(1)
Total statutory income taxes	<u>\$ 5,381,730</u>	<u>20 %</u>	<u>\$ 1,747,946</u>	<u>20 %</u>
Federal income taxes incurred	\$ 5,633,500	21 %	\$ 1,833,574	21 %
Capital gains tax	—	—	36	—
Change in net deferred income tax	(251,770)	(1)	(85,664)	(1)
Total statutory income taxes	<u>\$ 5,381,730</u>	<u>20 %</u>	<u>\$ 1,747,946</u>	<u>20 %</u>

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

Current federal income taxes recoverable (payable) of \$3,484,501 and (\$855,610) as of December 31, 2024 and 2023, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$9,973,611 and \$1,335,820 in 2024 and 2023, respectively.

Federal income taxes incurred of \$5,633,500 and \$1,833,610 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, Ultimate Parent Company which constitutes a controlled group. The entities included within the consolidated return are included in the National Association of Insurance Commissioners' Statutory Statement Schedule Y - Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group Incorporated pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal return of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The U.S. Internal Revenue Service has completed exams on UnitedHealth Group Incorporated's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group Incorporated's 2017 through 2020 tax returns are under review by the Internal Revenue Service under its Compliance Assurance Program. UnitedHealth Group Incorporated is no longer subject to income tax examinations prior to the 2014 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward.

- G. **Tax Contingencies** — Not applicable.
- H. **Repatriation Transition Tax** — Not applicable.
- I. **Alternative Minimum Tax Credit** — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

- A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company's members. These agreements are filed with and approved by the Ohio Department of Insurance according to Management's understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreement (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

United HealthCare Services, Inc. maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2024 and 2023, the Company's portion was \$3,365,212 and \$3,088,555, respectively and is included in cash equivalents in the financial statements.

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

The Company paid dividends of \$6,800,000 and \$0 in 2024 and 2023, respectively, to its parent (see Note 13).

The Company held a \$50,000,000 subordinated credit agreement with UnitedHealth Group Incorporated at an interest rate of London InterBank Offered Rate plus a margin of 0.50%. This credit agreement was subordinate to the extent it did not conflict with any credit facility held by either party.

This agreement was terminated effective December 31, 2022, due to the elimination of London InterBank Offered Rate as an interest rate benchmark in 2023. No amounts were outstanding under the line if credit as of December 31, 2022. This agreement was replaced with new agreement, which was effective as of January 1, 2023.

Effective January 1, 2023, the Company entered into a new subordinated revolving credit agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate – Upper Bound plus 50 basis point. The Company's subordinated credit agreement value is below the holding company threshold of the lesser of 3% of admitted assets or 25% of capital and surplus. This agreement has replaced the previous agreement, which was held to an interest rate of London InterBank Offered Rate plus a margin of 50 basis points.

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

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

- C. The Company has no material related party transactions that meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties* that are not included in National Association of Insurance Commissioners' 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 \$4,394,503 and \$502,821 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
OptumRx, Inc.	\$ 18,367,765	\$ 8,416,969
United HealthCare Services, Inc.	10,640,541	6,775,296
United Behavioral Health	1,176,457	694,927

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

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

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

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.
- The Company's parent provides a guarantee to the Ohio Department of Insurance, in the event of the Company's insolvency, for continuation of benefits to enrollees in inpatient facilities on the date of insolvency, and payment to unaffiliated providers for services prior to insolvency.
- G. The Company is part of an insurance holding company system with UnitedHealth Group Incorporated as the ultimate parent. Management believes that the Company's transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.
- H. The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.
- I. The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.

- J. The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.
- K. The Company does not have any investments in foreign insurance subsidiaries.
- L. The Company does not hold any investments in a downstream noninsurance holding company.
- M. The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.
- N. The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.
- O. The Company does not have any investments in subsidiary, controlled, or affiliated entities or joint ventures, partnerships, and limited liability companies in which the Company's share of losses exceeds the investment.

11. DEBT

- A–B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 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 750 shares authorized and 100 shares issued and outstanding no par value common stock with a \$7,329,784 stated value. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, United HealthCare Services, Inc.
- C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the Ohio Department of Insurance.
- D. The Company paid an ordinary cash dividend of \$6,800,000 on June 13, 2024, to United HealthCare Services, Inc., which was approved by the Ohio Department of Insurance and recorded as a reduction to unassigned funds (surplus) in the financial statements. The Company paid no dividends in 2023 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 the net income (loss), and dividends, represented (or reduced) by each item below is as follows:

	2024	2023
Net deferred income taxes	436,960	185,190
Nonadmitted assets	(1,488,113)	(603,449)
Total	<u>\$ (1,051,153)</u>	<u>\$ (418,259)</u>

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

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

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

C. Gain Contingencies

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

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

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

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

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

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 Agreement between the Company and United HealthCare Services, Inc. (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of United HealthCare Services, Inc. Fees associated with the lease agreements are included as a component of the Company's management fee.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

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

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

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

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A–B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2024 and 2023.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Company does not have any Medicare or other similarly structured cost reimbursement contracts in 2024 and 2023.

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 Commissioners' Accounting Practices and Procedures defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

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

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

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

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

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

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

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following tables present information about the Company’s financial assets that are measured and reported at fair value at December 31, 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				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
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	17,576,954	—	—	—	17,576,954
Qualified cash pool	3,365,212	—	—	—	3,365,212
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	<u>\$ 20,942,166</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 20,942,166</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	466,004	—	—	—	466,004
Qualified cash pool	3,088,555	—	—	—	3,088,555
Separate account assets	—	—	—	—	—
Total assets at fair value/NAV	\$ 3,554,559	\$ —	\$ —	\$ —	\$ 3,554,559
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2024 or 2023.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 and therefore has no valuation technique to disclose.
- (5) The Company has no derivative assets and liabilities to disclose.
- B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2024 and 2023 is presented in the table below:

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	\$ 513,275	\$ 515,911	\$ 513,275	\$ —	\$ —	\$ —	\$ —
Cash equivalents	20,942,166	20,942,166	20,942,166	—	—	—	—
Total bonds and cash equivalents	<u>\$ 21,455,441</u>	<u>\$ 21,458,077</u>	<u>\$ 21,455,441</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	\$ 511,199	\$ 516,756	\$ 511,199	\$ —	\$ —	\$ —	\$ —
Cash equivalents	3,554,559	3,554,559	3,554,559	—	—	—	—
Total bonds and cash equivalents	<u>\$ 4,065,758</u>	<u>\$ 4,071,315</u>	<u>\$ 4,065,758</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- 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 26, 2025, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2024, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

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

23. REINSURANCE

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

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

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

	2024	2023
Premiums:		
Direct	\$ 182,958,690	\$ 71,795,766
Ceded	207,672	87,863
	<u>\$ 182,751,018</u>	<u>\$ 71,707,903</u>
Net premium income		
	<u>\$ 182,751,018</u>	<u>\$ 71,707,903</u>
Hospital and medical expenses:		
Direct	\$ 131,919,063	\$ 51,631,594
Ceded	—	—
	<u>\$ 131,919,063</u>	<u>\$ 51,631,594</u>
Net hospital and medical expenses		
	<u>\$ 131,919,063</u>	<u>\$ 51,631,594</u>

The Company recognized no reinsurance recoveries related to internal reinsurance agreements in 2024 and 2023.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?
- Yes () No (X)
- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor, or any other person not primarily engaged in the insurance business?
- Yes () No (X)

Section 2 — Ceded Reinsurance Report — Part A

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
- Yes () No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
- Yes () No (X)

Section 3 — Ceded Reinsurance Report — Part B

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.
- The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2024.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?
- Yes () No (X)

- B. Uncollectible Reinsurance** — During 2024 and 2023, there were no uncollectible reinsurance recoverables.
- C. Commutation of Ceded Reinsurance** — There was no commutation of reinsurance in 2024 or 2023.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation** — Not applicable.
- E. Reinsurance Credit**
- (1) The Company has no ceding reinsurance contracts subject to APPENDIX A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.
 - (2) The Company has no ceding reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and which includes provisions that limits the reinsurer’s assumption of risk.
 - (3) The Company’s reinsurance contracts do not contain features which result in delays in payment in form or in fact.
 - (4) The Company has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to APPENDIX A-791 and not yearly renewable term, which meet the risk transfer requirements of Statement of Statutory Accounting Principles No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.
 - (5) The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and generally accepted accounting principles accounting treatment were not the same.
 - (6) The Company’s ceded reinsurance contract which are not subject to A-791 and not yearly renewable term reinsurance, is treated the same for generally accepted accounting principles and statutory accounting principles.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A.** The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B.** Estimated accrued retrospective premiums due from the Company are recorded in aggregate health policy reserves in the financial statements and as an adjustment to change in unearned premium reserves and reserve for rate credits in the financial statements.
- C.** Pursuant to the Affordable Care Act, the Company’s commercial business is subject to retrospectively rated features based on the actual medical loss ratio experienced on the commercial line of business and redetermination features for premium adjustments for changes to each member’s health scores based on guidelines determined by the Affordable Care Act. The total amount of direct premiums written for which a portion is subject to the retrospectively rated and redetermination features are \$182,915,475 and \$71,884,905, representing 100% and 100% for commercial total direct premiums written as of December 31, 2024 and 2023, respectively.
- D.** The Company does not have Medicare business subject to specific minimum medical loss ratio requirements as of December 31, 2024 and 2023. The Company is required to maintain a specific minimum medical loss ratio on the comprehensive commercial line of business.

The following table discloses the minimum medical loss ratio rebate liability for the comprehensive commercial line of business which is included in aggregate health policy reserves in the financial statements for the years ended December 31, 2024 and 2023:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ 326,598	\$ —	\$ 89,624	\$ —	\$ 416,222
(2) Medical loss ratio rebates paid	—	—	545,036	—	545,036
(3) Medical loss rebates unpaid	326,598	—	—	—	326,598
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	326,598
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	2,245,279	—	—	—	2,245,279
(8) Medical loss ratio rebates paid	2,014,908	—	—	—	2,014,908
(9) Medical loss rebates unpaid	556,969	—	—	—	556,969
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	556,969

E. Risk-Sharing Provisions of the Affordable Care Act

- (1) The Company has accident and health insurance premiums in 2024 and 2023 subject to the risk-sharing provisions of the Affordable Care Act risk-sharing provisions for the permanent risk adjustment program.

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

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

a. Permanent Affordable Care Act Risk Adjustment Program		2024
<u>Assets</u>		
1. Premium adjustments receivable due to Affordable Care Act Risk Adjustment (including high risk pool payments)	\$	426,513
<u>Liabilities</u>		
2. Risk adjustment user fees payable for Affordable Care Act Risk Adjustment		69,244
3. Premium adjustments payable due to Affordable Care Act Risk Adjustment (including high risk pool premium)		23,793,263
<u>Operations (Revenue & Expense)</u>		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to Affordable Care Act Risk Adjustment		(22,731,666)
5. Reported in expenses as Affordable Care Act risk adjustment user fees (incurred/paid)		72,988

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

				Differences		Adjustments		Unsettled Balances as of the Reporting Date	
Accrued During the Prior Year on Business Written before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a. Permanent ACA Risk Adjustment Program									
1. Premium adjustment receivable (including high risk pool payments)	\$ 124,379	\$ —	\$ 104,191	\$ —	\$ 20,188	\$ —	\$ (11,437)	A	\$ 8,751
2. Premium adjustment (payable) (including high risk pool premium)	—	(15,545,225)	—	(14,889,953)	—	(655,272)	655,272	B	—
3. Total ACA Permanent Risk Adjustment Program	124,379	(15,545,225)	104,191	(14,889,953)	20,188	(655,272)	(11,437)		8,751

The risk adjustment receivable as of December 31, 2023 utilized paid claims through October 31, 2023. As of the Reporting Date, the risk adjustment receivable related to prior periods was adjusted based on CMS' Summary Report on Individual and Small Group Market Risk Transfers for the 2023 Benefit Year. The risk adjustment receivable was further adjusted based on CMS' Summary Report of 2022 Benefit Year Risk Adjustment Data Validation (HHS-RADV) Adjustments to Risk Adjustment State Transfers.

The risk adjustment payable as of December 31, 2023 utilized paid claims through October 31, 2023. As of the Reporting Date, the risk adjustment payable related to prior periods was adjusted based on CMS' Summary Report on Individual and Small Group Market Risk Transfers for the 2023 Benefit Year. The risk adjustment payable was further adjusted based on CMS' Summary Report of 2022 Benefit Year Risk Adjustment Data Validation (HHS-RADV) Adjustments to Risk Adjustment State Transfers.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and health care and other amounts receivable (excluding provider loans and advances not yet expensed) for the years ended December 31, 2024 and 2023:

	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (11,546,576)	\$ (11,546,576)
Paid claims — net of health care receivables*	111,366,029	5,763,367	117,129,396
End of year claim reserve	28,665,403	395,355	29,060,758
Incurred claims excluding the change in health care receivables* as presented below	140,031,432	(5,387,854)	134,643,578
Beginning of year health care receivables*	—	2,319,421	2,319,421
End of year health care receivables*	(4,837,467)	(206,469)	(5,043,936)
Total incurred claims	\$ 135,193,965	\$ (3,274,902)	\$ 131,919,063

*Health care receivables excludes provider loans and advances not yet expensed of \$0 and \$55 for 2024 and 2023, respectively.

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

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

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable as of December 31, 2024 was \$9,227,155. As of December 31, 2024, \$5,763,367 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable (excluding provider loans and advances not yet expensed) are now \$188,886, as a result of re-estimation of unpaid claims. Therefore, there has been \$3,274,902 favorable prior year development since December 31, 2023 to December 31, 2024. The primary drivers consist of favorable development of \$1,702,967 in retroactivity for inpatient, outpatient, physician, and pharmacy claims and favorable development as a result of a change in the provision for adverse deviations in experience of \$1,314,041.

At December 31, 2023, the Company recorded \$1,527,065 of favorable development. The primary drivers consist of favorable development of \$1,151,197 in retroactivity for inpatient, outpatient, physician, and pharmacy claims and favorable development as a result of a change in the provision for adverse deviations in experience of \$303,794. Original estimates are increased or decreased, as additional information becomes known regarding individual claims, which could have an impact to the accruals for medical loss ratio rebates and retrospectively rated contracts. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the financial statements.

The Company incurred claims adjustment expenses of \$4,999,340 and \$2,407,812 in 2024 and 2023, respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc as a part of the Agreement (see Note 10). The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2024 and 2023:

	2024	2023
Total claims adjustment expenses	\$ 4,999,340	\$ 2,407,812
Less: current year unpaid claims adjustment expenses	(194,079)	(78,037)
Add: prior year unpaid claims adjustment expenses	78,037	11,279
Total claims adjustment expenses paid	<u>\$ 4,883,298</u>	<u>\$ 2,341,054</u>

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses in 2024.

26. INTERCOMPANY POOLING ARRANGEMENTS

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

27. STRUCTURED SETTLEMENTS

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

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

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

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

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, the pharmacy rebate transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2024	\$ 2,795,711	\$ 882,008	\$ —	\$ —	\$ —
9/30/2024	2,687,140	2,424,753	1,297,545	—	—
6/30/2024	2,273,433	2,307,053	1,125,142	1,040,575	—
3/31/2024	1,769,249	1,821,248	582,904	1,093,566	71,381
12/31/2023	1,504,409	1,567,877	961,756	500,275	51,358
9/30/2023	1,436,140	1,390,922	867,998	450,148	80,003
6/30/2023	1,229,203	1,161,334	635,082	500,809	47,221
3/31/2023	911,255	872,035	334,299	509,515	28,976
12/31/2022	588,262	587,125	248,793	323,163	23,312
9/30/2022	579,165	592,888	318,927	260,015	20,225
6/30/2022	568,939	541,624	323,999	202,237	23,391
3/31/2022	548,867	516,653	274,930	227,300	17,122

Of the amount reported as health care and other amounts receivable, \$3,852,344 and \$1,993,705 relate to pharmacy rebates receivable as of December 31, 2024 and 2023, respectively. This change is primarily due to increased membership along with the change in generic/name brand mix.

B. The Company does not have any risk-sharing receivables.

29. PARTICIPATING POLICIES

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

30. PREMIUM DEFICIENCY RESERVES

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

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

2024	
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	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.

12/31/2022

3.2

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

12/31/2022

3.3

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

05/28/2024

3.4

By what department or departments?
Ohio Department of Insurance

3.5

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

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

3.6

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

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

4.1

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

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

4.2

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

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

5.1

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

Yes [] No [X]

5.2

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

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

6.1

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

Yes [] No [X]

6.2

If yes, give full information
.....

7.1

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

Yes [] No [X]

7.2

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

0.0 %

1 Nationality	2 Type of Entity

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

GENERAL INTERROGATORIES

- 8.1

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

Yes [] No [X]
- 8.2

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

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

Yes [X] No []
- 8.4

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

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

- 8.5

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

Yes [] No [X]
- 8.6

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

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

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, Minneapolis, MN
- 10.1

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

Yes [] No [X]
- 10.2

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

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

Yes [] No [X]
- 10.4

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

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

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

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

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Gary A. Iannone, Vice President of Actuarial Services of United HealthCare Services Inc., an affiliate of UnitedHealthcare of Ohio Inc.,
185 Asylum Street, Hartford, CT 06103
- 12.1

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

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$0
- 12.2

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

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

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

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

Yes [] No []
- 13.3

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

Yes [] No []
- 13.4

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

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

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

Yes [X] No []
- a.

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

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

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

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

Accountability for adherence to the code.
- 14.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3

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

Yes [] No [X]
- 14.31

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare 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 \$ 62

22.22 Amount paid as expenses\$ 4,414,937

22.23 Other amounts paid\$ 0
- 23.1

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

Yes [] No [X]
- 23.2

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

\$ 0
- 24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

- 25.01

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

Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare 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 \$ 515,911

26.29 On deposit with other regulatory bodies \$ 0

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

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

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

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

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

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

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

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

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

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

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

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

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

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

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

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

Yes [] No []

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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

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

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon	Global Liquidity Services, 1 Wall St, 14th Floor, New York, NY 10286
Northern Trust	50 S. LaSalle, Chicago, IL 60675

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

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

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	515,911	513,275	(2,636)
31.2 Preferred stocks	0	0	0
31.3 Totals	515,911	513,275	(2,636)

- 31.4 Describe the sources or methods utilized in determining the fair values:
For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilises various pricing sources.
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
N/A
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 33.2 If no, list exceptions:
.....
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]
35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE UnitedHealthcare 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

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

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

182,520,647

71,890,675

2.2

Premium Denominator

182,520,647

71,890,675

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

53,668,790

27,548,601

2.5

Reserve Denominator

53,668,790

27,548,601

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

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

Yes [] No [X]

3.2

If yes, give particulars:

.....

4.1

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

Yes [X] No []

4.2

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

Yes [] No []

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

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

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

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

7.1

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

Yes [X] No []

7.2

If no, give details

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

91,367

8.2

Number of providers at end of reporting year

77,215

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 UnitedHealthcare of Ohio, Inc.

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$5,251,014

10.22 Amount actually paid for year bonuses.....\$1,093,082

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

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

11.1 Is the reporting entity organized as:

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

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

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

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

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

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

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

11.6 If the amount is calculated, show the calculation

Ohio Statutes Title 17, section 1751.28

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

1
Name of Service Area
Kentucky: Boone, Boyd, Campbell, Grant,Greenup,Kenton
Ohio: Statewide
.....

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

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

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

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

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

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

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

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

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

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

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

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	91,567,373	47,565,879	17,255,937	25,264,665	31,546,638
2. Total liabilities (Page 3, Line 24)	60,738,423	30,182,482	6,448,144	6,309,952	9,587,645
3. Statutory minimum capital and surplus requirement	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
4. Total capital and surplus (Page 3, Line 33)	30,828,950	17,383,397	10,807,793	18,954,713	21,958,993
Income Statement (Page 4)					
5. Total revenues (Line 8)	182,520,647	71,890,675	23,645,455	29,701,545	39,966,903
6. Total medical and hospital expenses (Line 18)	131,919,063	51,631,594	19,223,298	24,082,592	28,925,459
7. Claims adjustment expenses (Line 20)	4,999,340	2,407,812	848,265	983,800	1,074,399
8. Total administrative expenses (Line 21)	22,222,395	10,412,717	2,756,767	2,259,045	4,659,604
9. Net underwriting gain (loss) (Line 24)	23,379,849	7,438,552	817,125	2,376,108	5,307,441
10. Net investment gain (loss) (Line 27)	3,126,446	1,288,890	263,158	33,819	159,837
11. Total other income (Lines 28 plus 29)	5,652	(3,112)	9,954	5,177	(2,365)
12. Net income or (loss) (Line 32)	20,878,447	6,890,756	830,417	1,920,379	4,116,311
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	39,361,360	26,949,256	2,156,951	(2,491,905)	7,111,420
Risk-Based Capital Analysis					
14. Total adjusted capital	30,828,950	17,383,397	10,807,793	18,954,713	21,958,993
15. Authorized control level risk-based capital	5,428,315	2,435,108	1,139,971	1,291,630	1,113,331
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	34,103	19,298	3,594	4,021	5,298
17. Total members months (Column 6, Line 7)	373,555	158,870	44,989	53,286	74,690
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)	72.3	71.8	81.3	81.1	72.4
20. Cost containment expenses	1.7	2.3	2.1	2.2	1.4
21. Other claims adjustment expenses	1.0	1.0	1.5	1.2	1.2
22. Total underwriting deductions (Line 23)	87.2	89.7	96.5	92.0	86.7
23. Total underwriting gain (loss) (Line 24)	12.8	10.3	3.5	8.0	13.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	5,952,250	192,524	1,374,570	1,633,670	4,060,549
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	9,227,154	1,719,589	2,235,705	1,932,405	3,381,584
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N.....0	0	0	0	0	0	0	0	0
2.	Alaska	AK	N.....0	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N.....0	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N.....0	0	0	0	0	0	0	0	0
5.	California	CA	N.....0	0	0	0	0	0	0	0	0
6.	Colorado	CO	N.....0	0	0	0	0	0	0	0	0
7.	Connecticut	CT	N.....0	0	0	0	0	0	0	0	0
8.	Delaware	DE	N.....0	0	0	0	0	0	0	0	0
9.	District of Columbia	DC	N.....0	0	0	0	0	0	0	0	0
10.	Florida	FL	N.....0	0	0	0	0	0	0	0	0
11.	Georgia	GA	N.....0	0	0	0	0	0	0	0	0
12.	Hawaii	HI	N.....0	0	0	0	0	0	0	0	0
13.	Idaho	ID	N.....0	0	0	0	0	0	0	0	0
14.	Illinois	IL	N.....0	0	0	0	0	0	0	0	0
15.	Indiana	IN	N.....0	0	0	0	0	0	0	0	0
16.	Iowa	IA	N.....0	0	0	0	0	0	0	0	0
17.	Kansas	KS	N.....0	0	0	0	0	0	0	0	0
18.	Kentucky	KY	L.....7,776,606	0	0	0	0	0	0	7,776,606	0
19.	Louisiana	LA	N.....0	0	0	0	0	0	0	0	0
20.	Maine	ME	N.....0	0	0	0	0	0	0	0	0
21.	Maryland	MD	N.....0	0	0	0	0	0	0	0	0
22.	Massachusetts	MA	N.....0	0	0	0	0	0	0	0	0
23.	Michigan	MI	N.....0	0	0	0	0	0	0	0	0
24.	Minnesota	MN	N.....0	0	0	0	0	0	0	0	0
25.	Mississippi	MS	N.....0	0	0	0	0	0	0	0	0
26.	Missouri	MO	N.....0	0	0	0	0	0	0	0	0
27.	Montana	MT	N.....0	0	0	0	0	0	0	0	0
28.	Nebraska	NE	N.....0	0	0	0	0	0	0	0	0
29.	Nevada	NV	N.....0	0	0	0	0	0	0	0	0
30.	New Hampshire	NH	N.....0	0	0	0	0	0	0	0	0
31.	New Jersey	NJ	N.....0	0	0	0	0	0	0	0	0
32.	New Mexico	NM	N.....0	0	0	0	0	0	0	0	0
33.	New York	NY	N.....0	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N.....0	0	0	0	0	0	0	0	0
35.	North Dakota	ND	N.....0	0	0	0	0	0	0	0	0
36.	Ohio	OH	L.....175,182,216	(131)	0	0	0	0	0	175,182,085	0
37.	Oklahoma	OK	N.....0	0	0	0	0	0	0	0	0
38.	Oregon	OR	N.....0	0	0	0	0	0	0	0	0
39.	Pennsylvania	PA	N.....0	0	0	0	0	0	0	0	0
40.	Rhode Island	RI	N.....0	0	0	0	0	0	0	0	0
41.	South Carolina	SC	N.....0	0	0	0	0	0	0	0	0
42.	South Dakota	SD	N.....0	0	0	0	0	0	0	0	0
43.	Tennessee	TN	N.....0	0	0	0	0	0	0	0	0
44.	Texas	TX	N.....0	0	0	0	0	0	0	0	0
45.	Utah	UT	N.....0	0	0	0	0	0	0	0	0
46.	Vermont	VT	N.....0	0	0	0	0	0	0	0	0
47.	Virginia	VA	N.....0	0	0	0	0	0	0	0	0
48.	Washington	WA	N.....0	0	0	0	0	0	0	0	0
49.	West Virginia	WV	N.....0	0	0	0	0	0	0	0	0
50.	Wisconsin	WI	N.....0	0	0	0	0	0	0	0	0
51.	Wyoming	WY	N.....0	0	0	0	0	0	0	0	0
52.	American Samoa	AS	N.....0	0	0	0	0	0	0	0	0
53.	Guam	GU	N.....0	0	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N.....0	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands ..	VI	N.....0	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N.....0	0	0	0	0	0	0	0	0
57.	Canada	CAN	N.....0	0	0	0	0	0	0	0	0
58.	Aggregate Other Aliens	OT	XXX.....0	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	182,958,822	(131)	0	0	0	0	0	182,958,691	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61.	Totals (Direct Business)	XXX	182,958,822	(131)	0	0	0	0	0	182,958,691	0
DETAILS OF WRITE-INS											
58001.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003.	.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

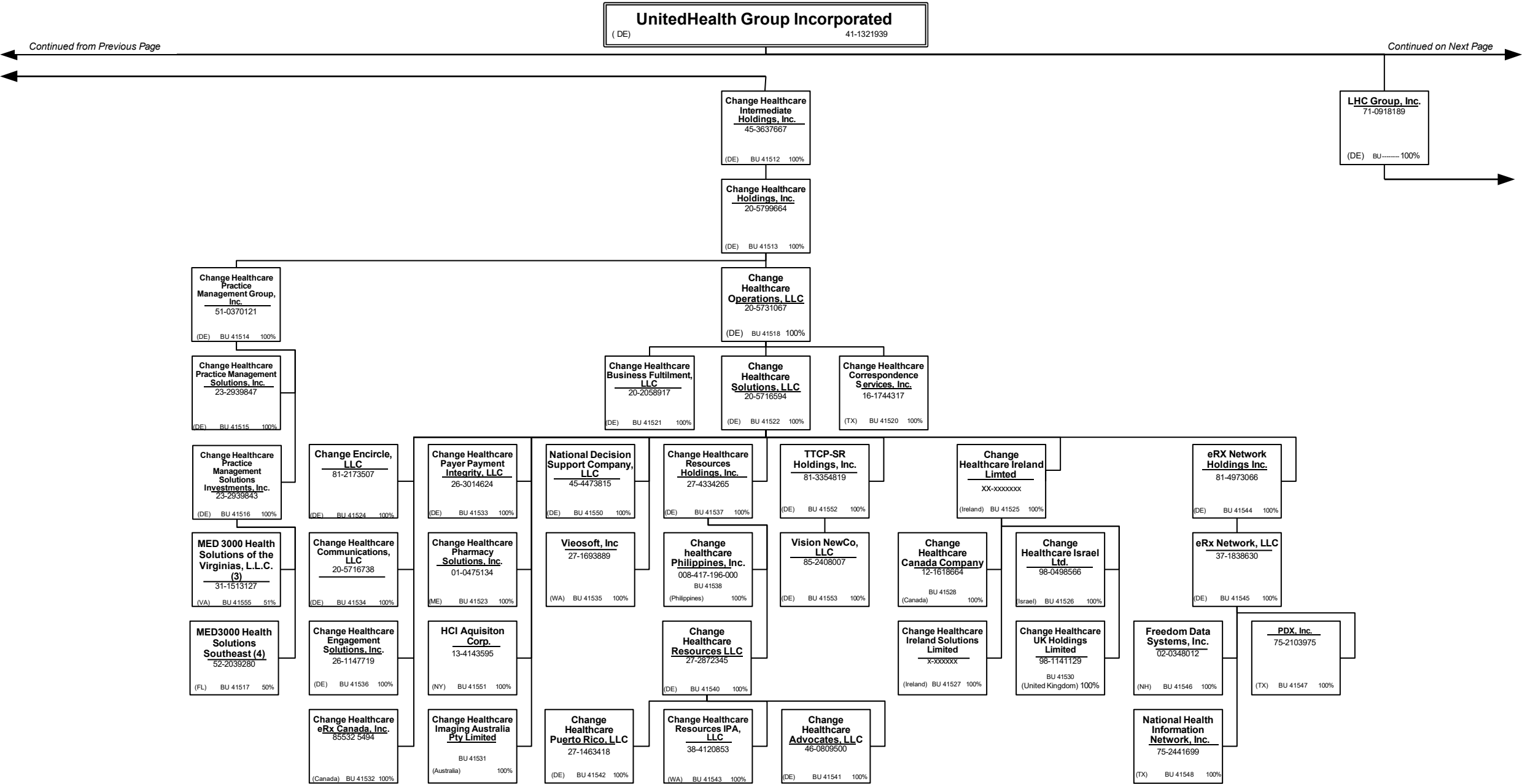
(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
2. R - Registered - Non-domiciled RRGs..... 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
4. Q - Qualified - Qualified or accredited reinsurer..... 0
5. N - None of the above - Not allowed to write business in the state..... 55

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

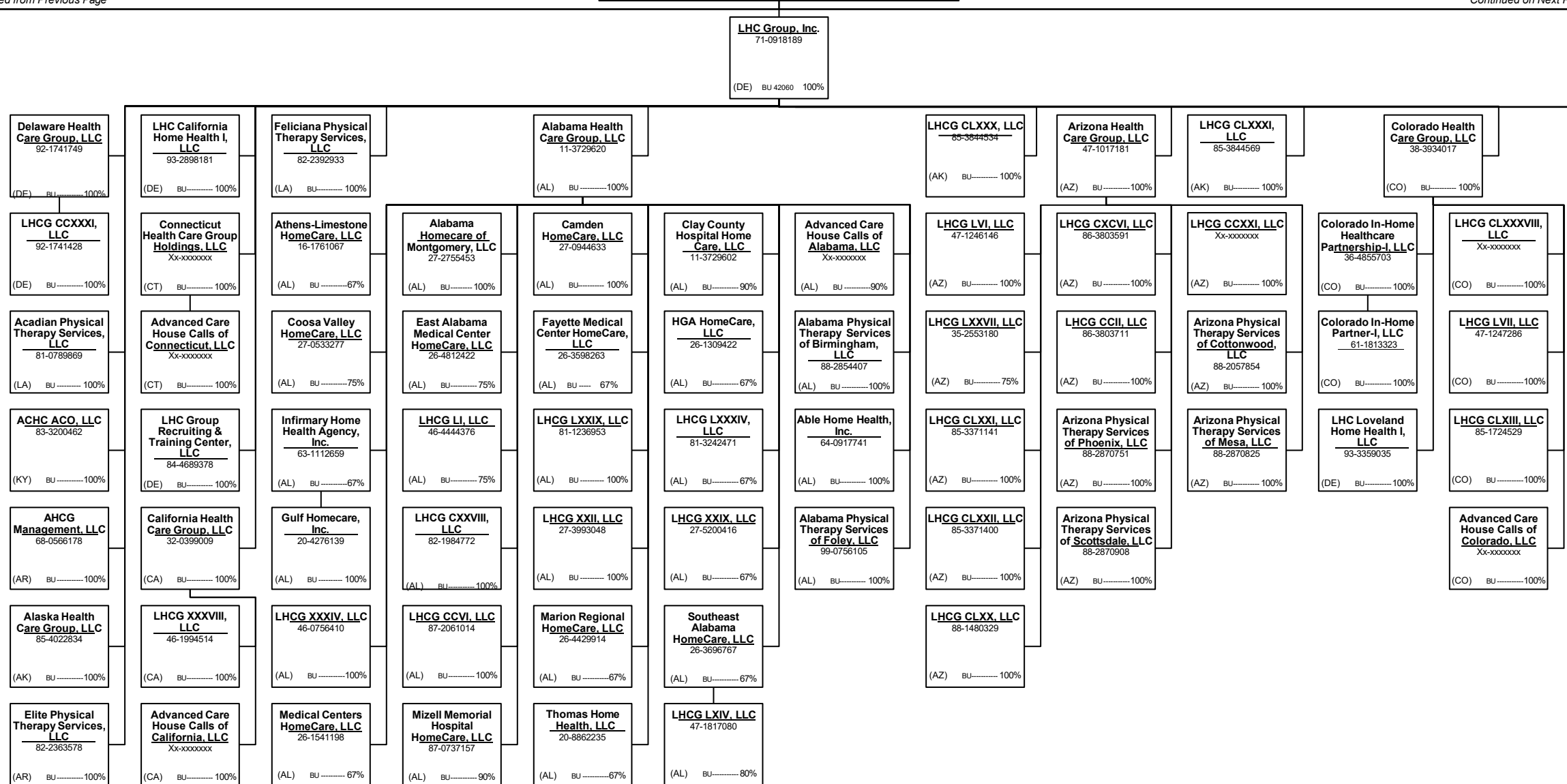
UnitedHealth Group Incorporated
(DE) BU 10000 41-1321939

- UnitedHealth Group Ventures, LLC**
46-3311984
(DE) BU 20040 100%
- Nomad Buyer, Inc.**
88-1111251
(DE) BU -----100%
 - naviHealth Holdings, LLC**
35-2431677
(DE) BU -----100%
 - Navigator Health, Inc.**
45-3735192
(DE) BU -----100%
 - naviHealth SM Holdings, Inc.**
61-1669841
(DE) BU -----100%
 - R Cubed, Inc.**
62-1804707
(TN) BU 42055 100%
 - naviHealth, Inc.**
36-4719151
(DE) BU 42050 100%
 - naviHealth Coordinated Care, LLC**
84-5020906
(DE) BU ----- 100%
 - Post-Acute Care Center for Research, LLC**
30-0844501
(DE) BU -----100%
 - IHD Holdings, LLC**
84-4865867
(DE) BU 42053 100%
 - naviHealth Care at Home, LLC**
84-3482655
(DE) BU ----- 100%
 - AmeriChoice Corporation**
54-1743136
(DE) BU 42041 100%
 - AmeriChoice of New Jersey, Inc.**
22-3368602
NAIC No. 95497 HMO
(NJ) BU 53001 100%
 - UnitedHealthcare Community Plan, Inc.**
38-3204052
NAIC No. 95467 HMO
(MI) BU 50953 100%
 - UnitedHealthcare of New York, Inc.**
06-1172891
NAIC No. 95085 HMO
(NY) BU 53200 100%
 - Three Rivers Holdings, Inc.**
25-1825549
(DE) BU 10466 100%
 - UnitedHealthcare Community Plan of Ohio, Inc.**
56-2451429
NAIC No. 12323 HIC (HMO)
(OH) BU 50443 100%
 - UnitedHealthcare of Pennsylvania, Inc.**
25-1756858
NAIC No. 95220 HMO
(PA) BU 50453 100%
 - Oxford Health Plans LLC**
52-2443751
(DE) BU 58500 100%
 - Oxford Health Plans (CT), Inc.**
06-1181201
NAIC No. 96798 HMO
(CT) BU 58520 100%
 - Oxford Health Plans (NJ), Inc.**
22-2745725
NAIC No. 95506 HMO
(NJ) BU 58530 100%
 - Oxford Health Plans (NY), Inc.**
06-1181200
NAIC No. 95479 HMO
(NY) BU 58540 100%
 - USHEALTH Group, Inc.**
73-1165000
(DE) BU 57500 100%
 - Freedom Life Insurance Company of America**
61-1096885
NAIC No. 62324 INS
(TX) BU 57510 100%
 - Enterprise Life Insurance Company**
75-1617708
NAIC No. 89087 INS
(TX) BU 57520 100%
 - National Foundation Life Insurance Company**
73-1187572
NAIC No. 98205 INS
(TX) BU 57530 100%
 - Pacific Casualty Company, Inc.**
75-2857077
(HI) BU 57540 100%
 - Small Business Insurance Advisors, Inc.**
20-1004228
(TX) BU 57554 100%
 - USHEALTH Advisors, L.L.C.**
26-3887598
(TX) BU 57550 100%
 - Health Care-ONE Insurance Agency, Inc. (3)**
33-0673883
(CA) BU 57564 50%
 - Senior Benefits, L.L.C.**
86-0739432
(AZ) BU 57562 100%
 - Golden Rule Financial Corporation**
37-0855360
(DE) BU 57100 100%
 - gethealthinsurance.com Agency Inc.**
37-0920164
(IN) BU 57300 100%
 - Mid-West National Life Insurance Company of Tennessee**
62-0724538
NAIC No. 66087 INS
(TX) BU 57421 100%
 - United Group Reinsurance, Inc.**
75-2583080
BU 57422 (Turks & Caicos) 100%
 - Benefit Administration for the Self Employed, L.L.C.**
42-1485537
(IA) BU 57440 100%
 - HealthMarkets, Inc.**
75-2044750
(DE) BU 57400 100%
 - HealthMarkets, LLC**
Xx-xxxxxxx
(DE) BU 57410 100%
 - HealthMarkets Group, Inc.**
47-2570595
(DE) BU 57430 100%
 - HealthMarkets Services, Inc.**
46-1131431
(DE) BU 57431 100%
 - The Chesapeake Life Insurance Company**
52-0676509
NAIC No. 61832 INS
(OK) BU 57420 100%
 - HealthMarkets Insurance Agency, Inc.**
27-0277771
(DE) BU 57460 100%
 - Benefitter Insurance Solutions, Inc.**
46-1134506
(DE) BU 57461 100%
 - Excelsior Insurance Brokerage, Inc.**
20-0087132
(DE) BU 57463 100%
 - All Savers Insurance Company**
35-1665915
NAIC No. 82406 INS
(IN) BU 57210 100%
 - All Savers Life Insurance Company of California**
35-1744596
NAIC No. 73130 INS
(CA) BU 57220 100%
 - Golden Rule Insurance Company**
37-6028756
NAIC No. 62286 INS
(IN) BU 57200 100%
 - UnitedHealthcare Life Insurance Company**
86-0207231
NAIC No. 97179 INS
(WI) BU 35320 100%
 - First Family Insurance, LLC**
85-2966587
(DE) BU 57470 100%
 - PF2 IP LLC**
81-4555910
(DE) BU 41501 100%
 - PF2 PST Services LLC**
35-2578322
(DE) BU 41500 100%
 - Change Healthcare Technology Enabled Services, LLC**
58-1953146
(GA) BU 41506 100%
 - Change Healthcare Innovation Israel Ltd.**
98-1507218
(Israel) BU 41507 100%
 - Change Healthcare Inc.**
82-2152098
(DE) BU 41578 100%
 - Change Healthcare Holdco, Inc. (4)**
92-1410925
(DE) BU 41566 69.3%
 - Change Healthcare LLC**
81-3611560
(DE) BU 41502 100%
 - Change Healthcare Intermediate Holdings, LLC**
38-4016792
(DE) BU 41503 100%
 - Change Healthcare Holdings, LLC**
30-0955587
(DE) BU 41504 100%
 - Change Healthcare Technologies, LLC**
58-1651222
(DE) BU 41508 100%
 - Change Healthcare HealthQx, LLC**
45-4274703
(PA) BU 41510 100%
 - Change Healthcare Performance, Inc.**
45-3637794
(DE) BU 41511 100%

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



| |
|--|
| UnitedHealth Group Incorporated
(DE) 41-1321939 |
|--|



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

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

Arkansas Health
Care Group, LLC
54-2078932
(AR) BU-----100%

Indiana Health
Care Group, LLC
27-5130167
(IN) BU-----100%

Kentucky Health
Care Group, LLC
51-0588603
(KY) BU-----100%

LHC Home Health
Care Group of
Michigan, LLC
Xx-xxxxxxx
(MI) BU-----100%

Arkansas
HomeCare of
Forrest City, LLC
06-1778265
(AR) BU-----100%

Arkansas
HomeCare of
Fulton, LLC
33-1154428
(AR) BU-----100%

Arkansas
HomeCare of Hot
Springs, LLC
20-3552602
(AR) BU-----100%

Arkansas Physical
Therapy Services
of Conway, LLC
84-4642424
(AR) BU-----100%

CMC Home Health
and Hospice, LLC
26-2688869
(AR) BU-----100%

Dallas County
Medical Center
HomeCare, LLC
34-2013785
(AR) BU-----100%

LHCG LXXXIII,
LLC
81-2227463
(AR) BU-----100%

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

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

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

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

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

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

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

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%

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

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

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

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

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%

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

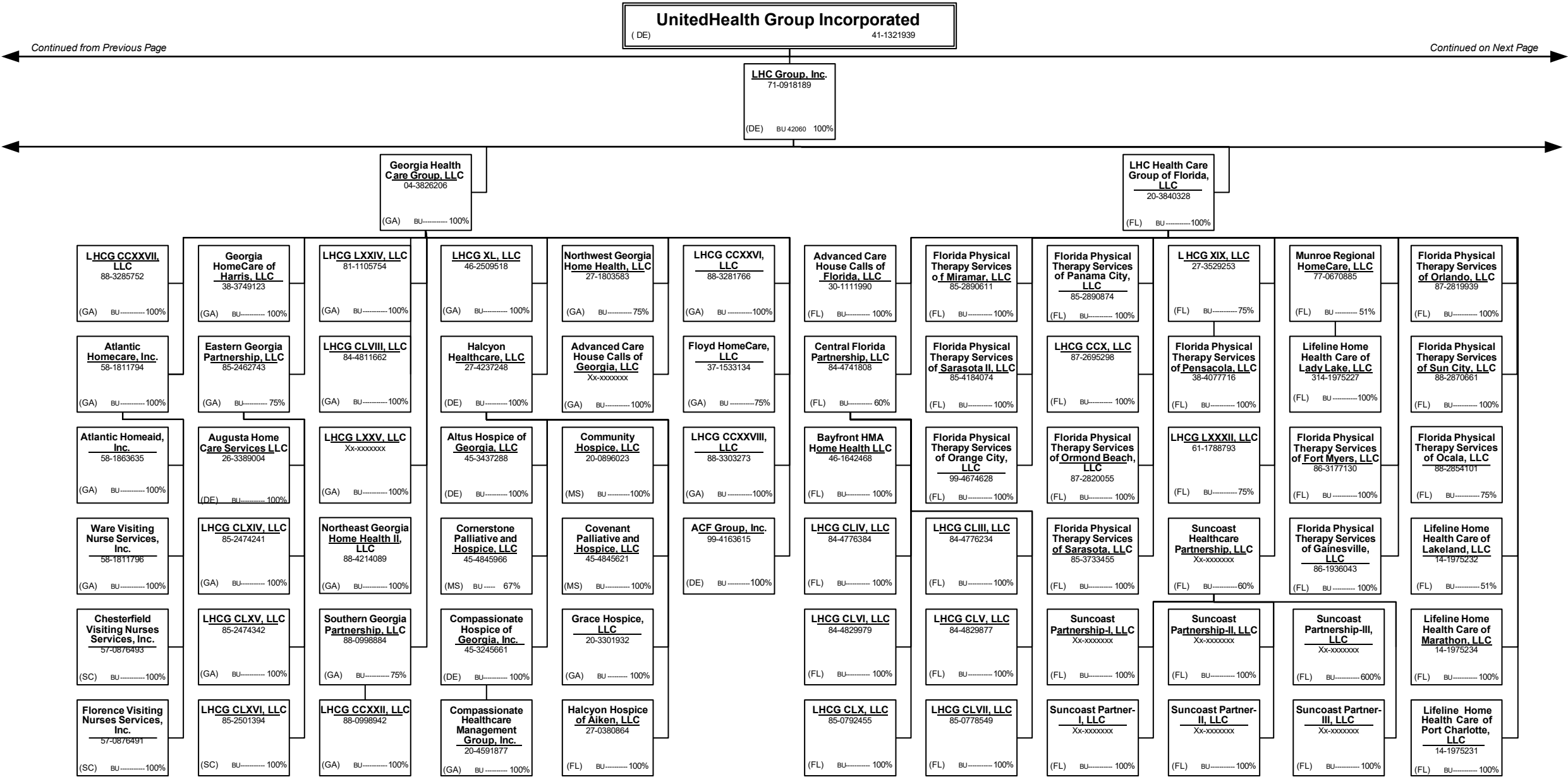
Kentucky In-Home
Partner-II, LLC
82-3982951
(KY) BU-----100%

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

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

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

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



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

UnitedHealth Group Incorporated
(DE) 41-1321939

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

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

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

LHC Group
Pharmaceutical
Services 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%

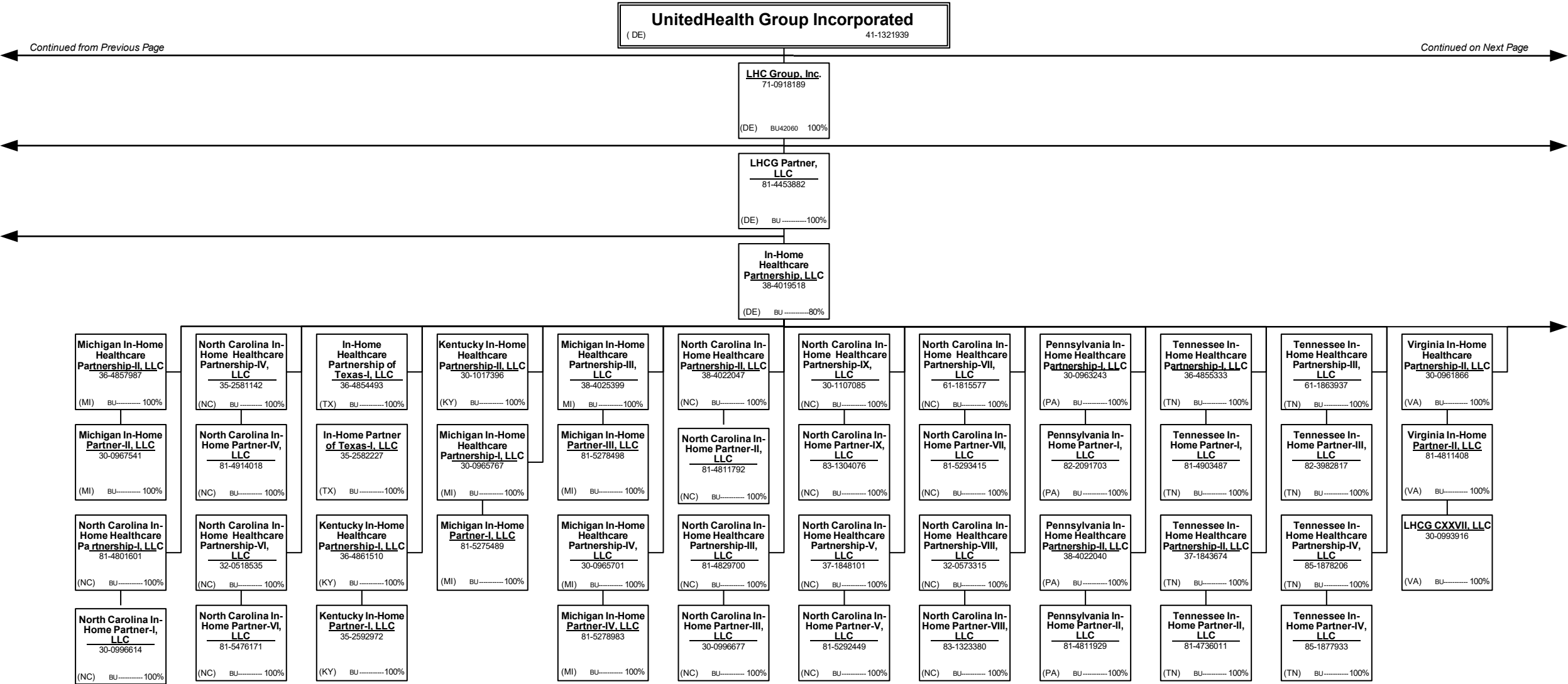
South Mississippi
Home Health, Inc.
- Region II
64-0736424
(MS) BU 100%

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) BU----- 100%

LHCG Partner, LLC
81-4453882
(DE) BU----- 100%
In-Home Healthcare Partnership, LLC
38-4019518
(DE) BU----- 80%

LHCG Partner II, LLC
82-1485228
(TX) BU----- 100%
Southwest Post-Acute Care Partnership, LLC
61-1846018
(TX) BU----- 60%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHC Lufkin Home Health I, LLC
99-2735771
(TX) BU----- 100%

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

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

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

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

LHC Onalaska Home Health I, LLC
99-2735959
(TX) BU----- 100%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UnitedHealth Group Incorporated

(DE)41-1321939

Continued from Previous Page

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LHC Group, Inc.

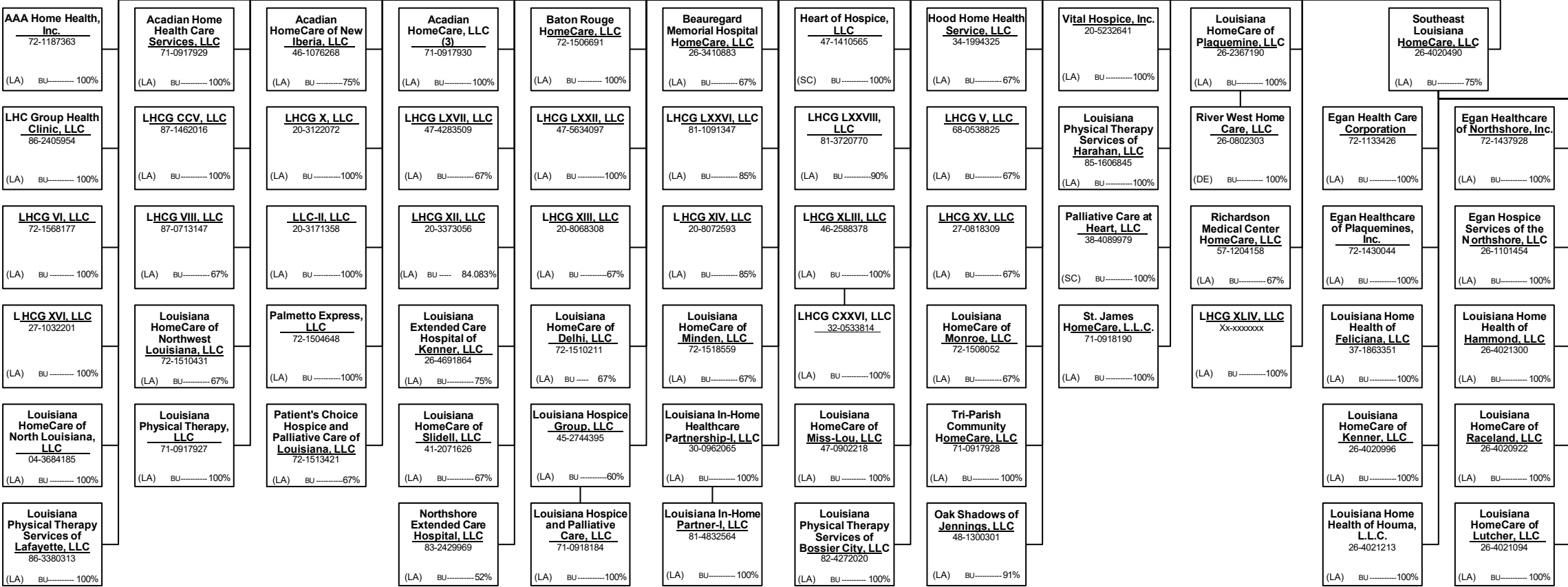
71-0918189

(DE) BU 42060 100%

Louisiana Health Care Group, LLC

71-0917926

(LA) BU----- 100%



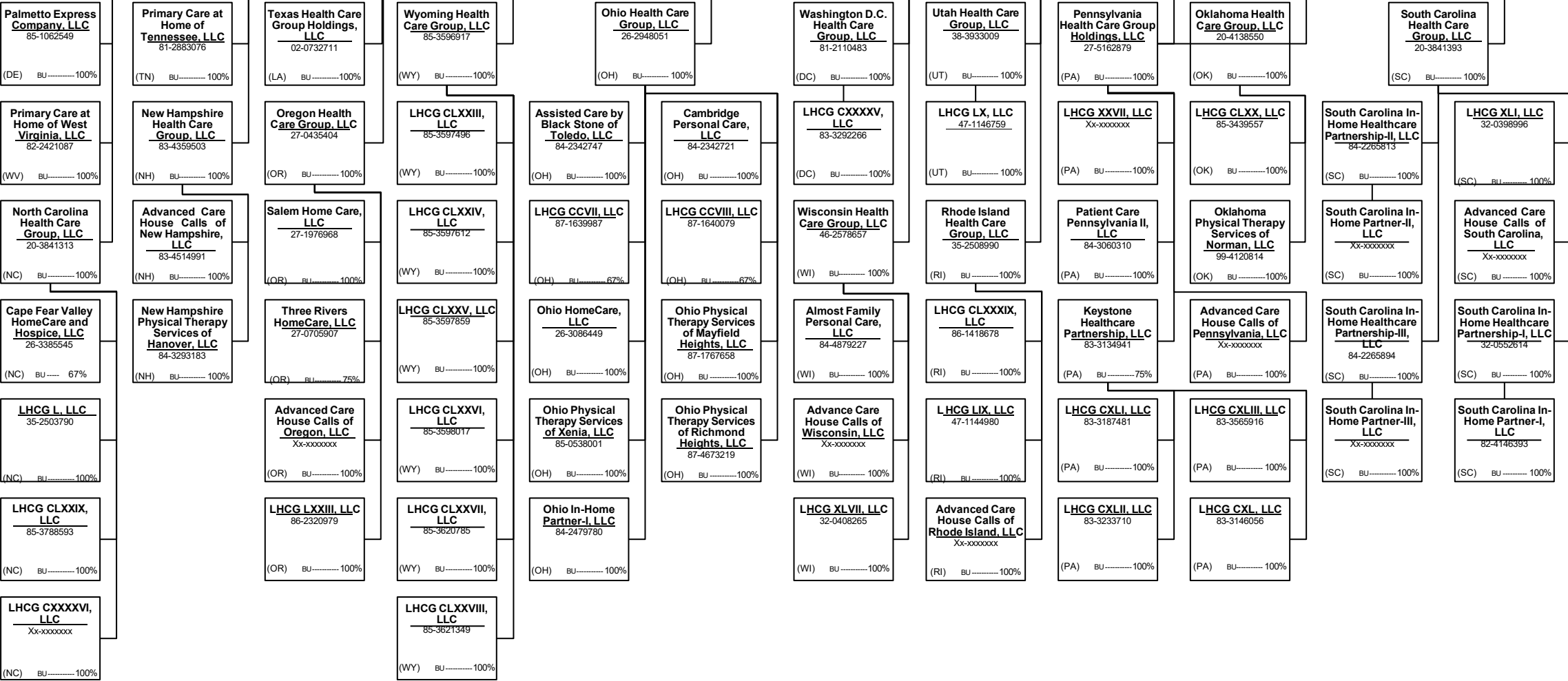
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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



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

Washington Physical Therapy Services of Mill Creek, LLC
33-2103763
(WA) BU-----100%

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

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

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

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

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

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

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

Advanced Care House Calls of Texas, LLC
Xx-xxxxxx
(TX) BU-----100%

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

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

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

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

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

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

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

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

LHC HomeCare of
Tennessee, LLC
26-2678253
(TN) BU 100%

LHCG LXII, LLC
32-0442009
(TN) BU 100%

LHCG LXXXVIII,
LLC
30-0965267
(TN) BU 67%

Tennessee
Physical Therapy
Services of
Kingsport, LLC
83-2129924
(TN) BU 100%

Advanced Care
House Calls of
Tennessee, LLC
Xx-xxxxxx
(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 CXI, LLC
86-1394064
(TN) BU 100%

LHCG XCVII, LLC
81-5322529
(TN) BU 100%

LHCG XCVIII, LLC
81-5345526
(MS) BU 100%

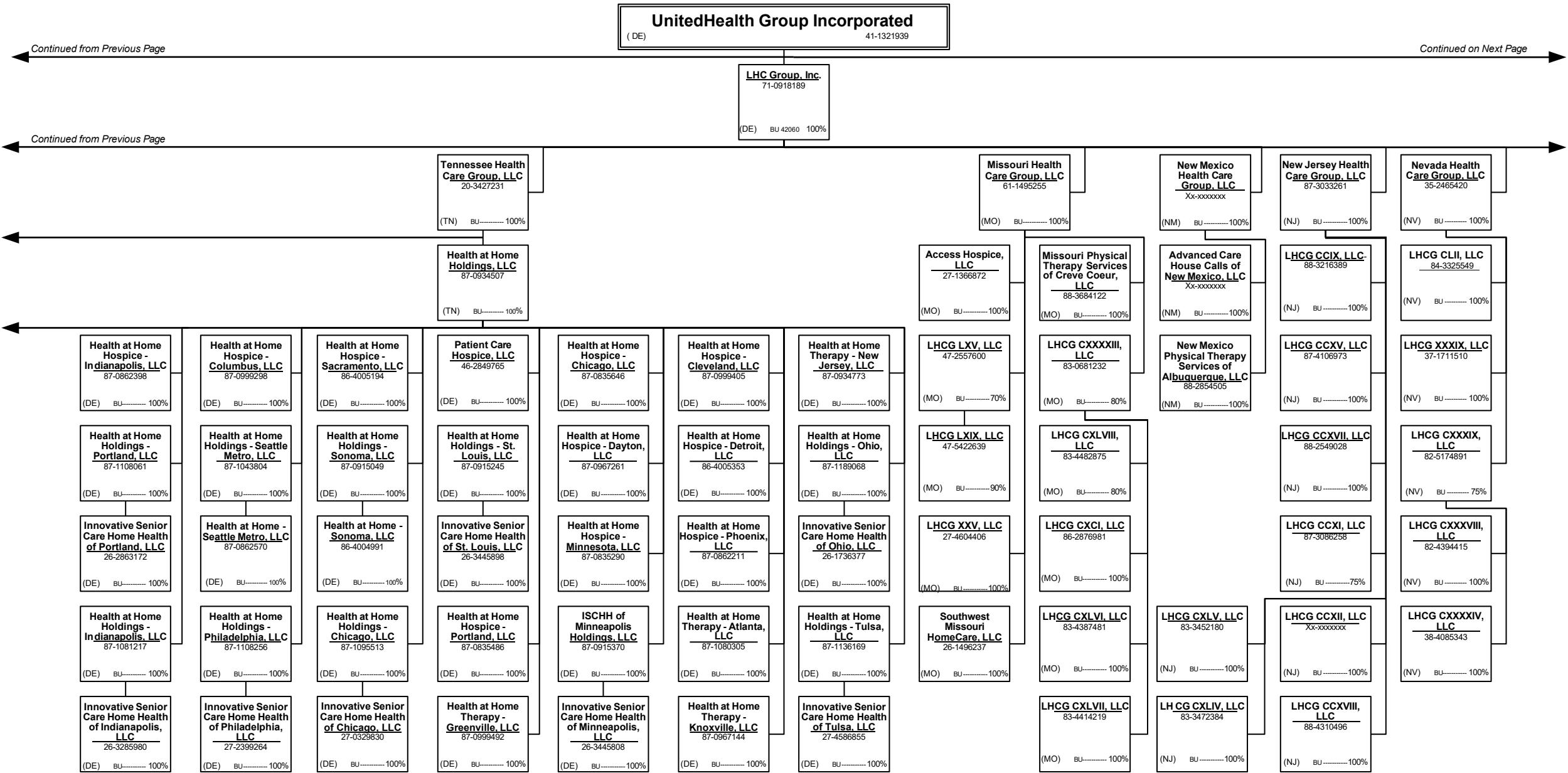
Morristown-
Hamblen
HomeCare and
Hospice, LLC
26-2792774
(TN) BU 100%

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

UnitedHealth Group Incorporated
(DE) 41-1321939

Continued from Previous Page

Continued on Next Page

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

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

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

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

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

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

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

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

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

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

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

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

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

AFAM Holding Co II, LLC (4)
85-3047540
(DE) BU -----80%

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

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

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

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

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

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

Emporia Home Care Services, LLC
26-3388740
(DE) BU -----100%

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

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

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

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

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

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

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

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

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

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

Franklin Home Care Services, LLC
26-3388787
(DE) BU -----100%

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

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

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

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

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

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

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

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

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

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

Petersburg Home Care Services, LLC
26-3388826
(DE) BU -----100%

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

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

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

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

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

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

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

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

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

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

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

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

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

Key West PD, LLC
32-0536495
(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 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

Continued from Previous Page

Continued on Next Page

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

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

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

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
20-5890998
(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

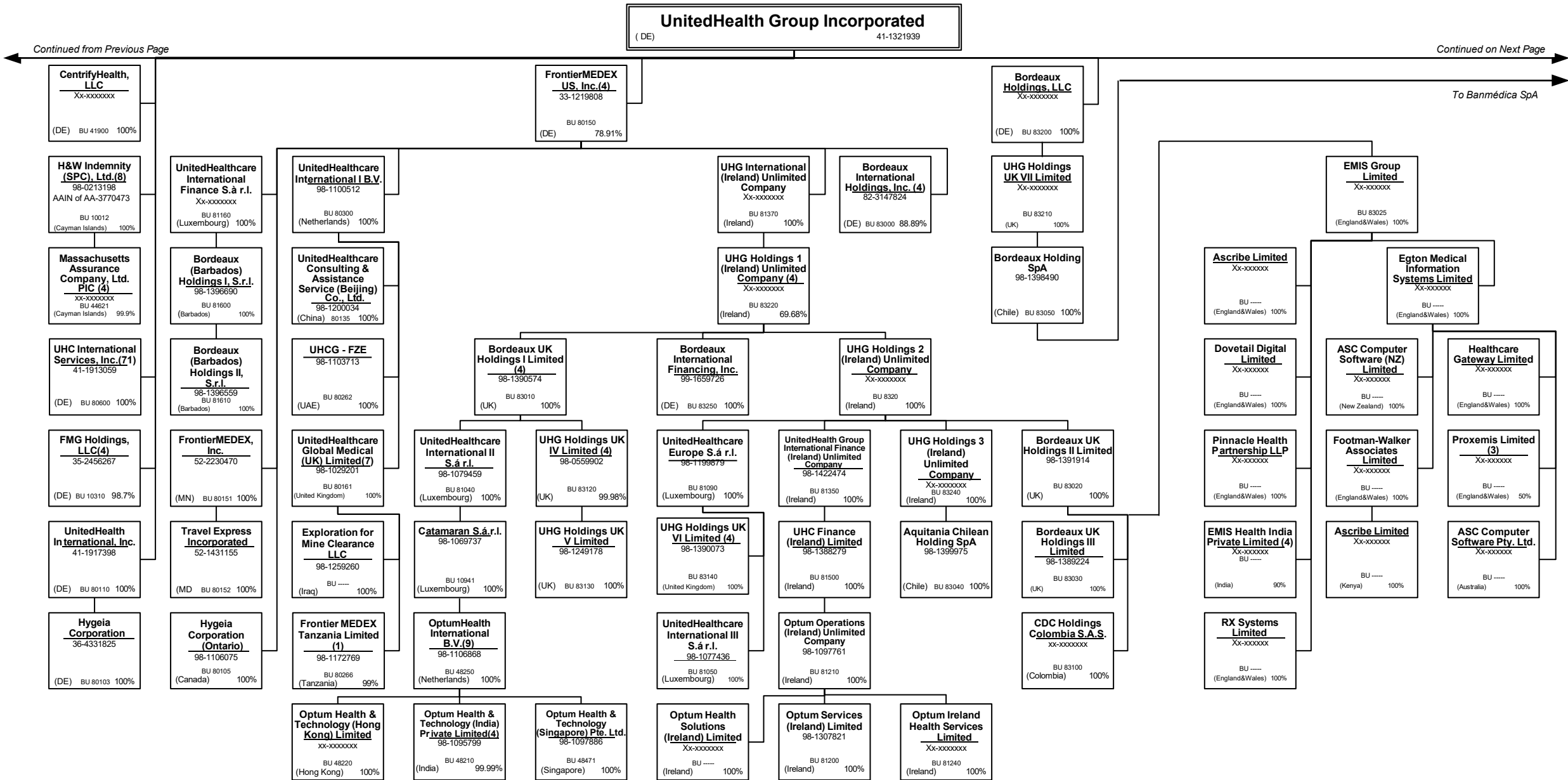
(TN) BU -----100%

SunCrest Home Health of Tampa, LLC

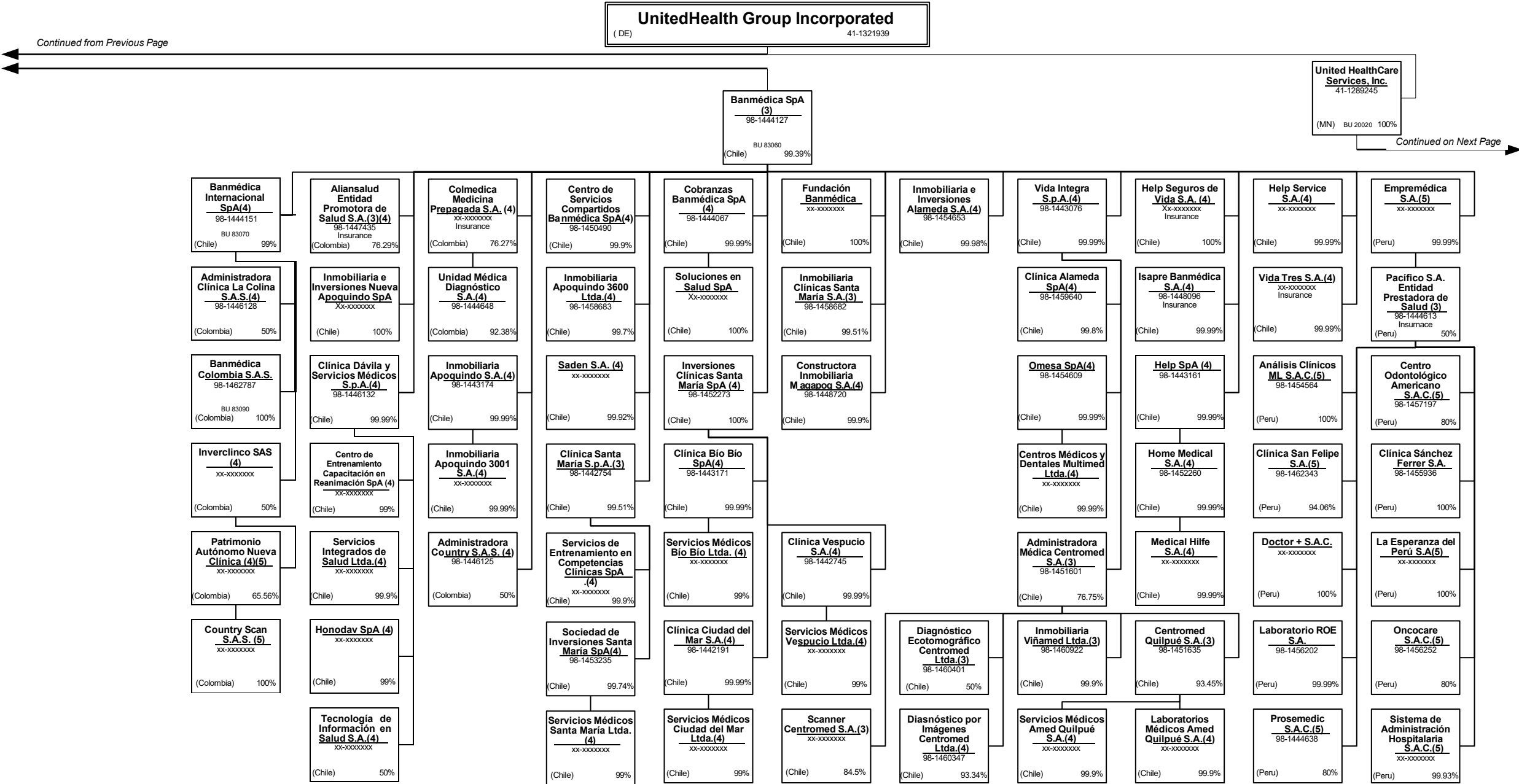
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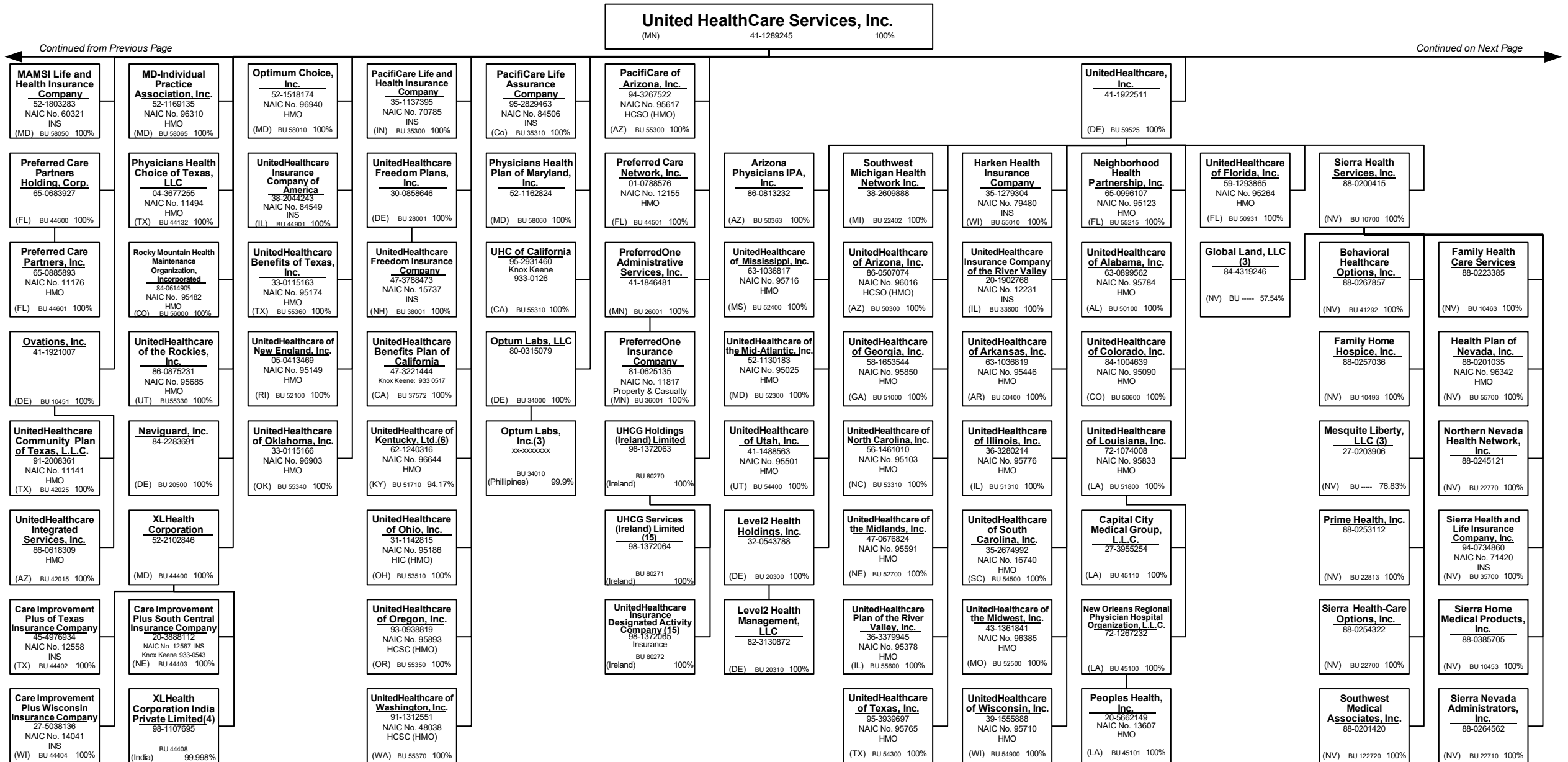
(FL) BU -----100%

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



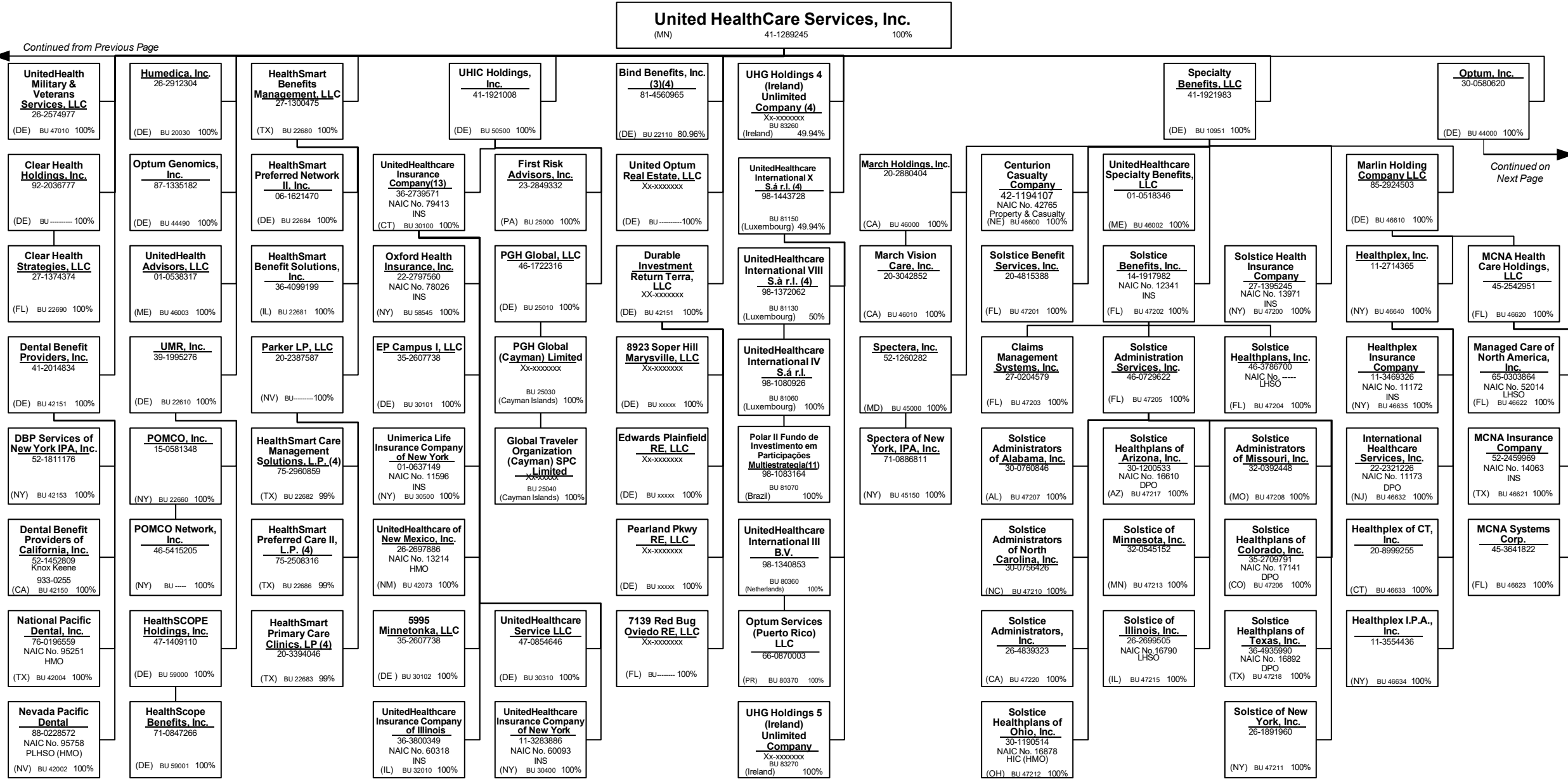
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PART 1 - ORGANIZATIONAL CHART



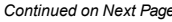


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

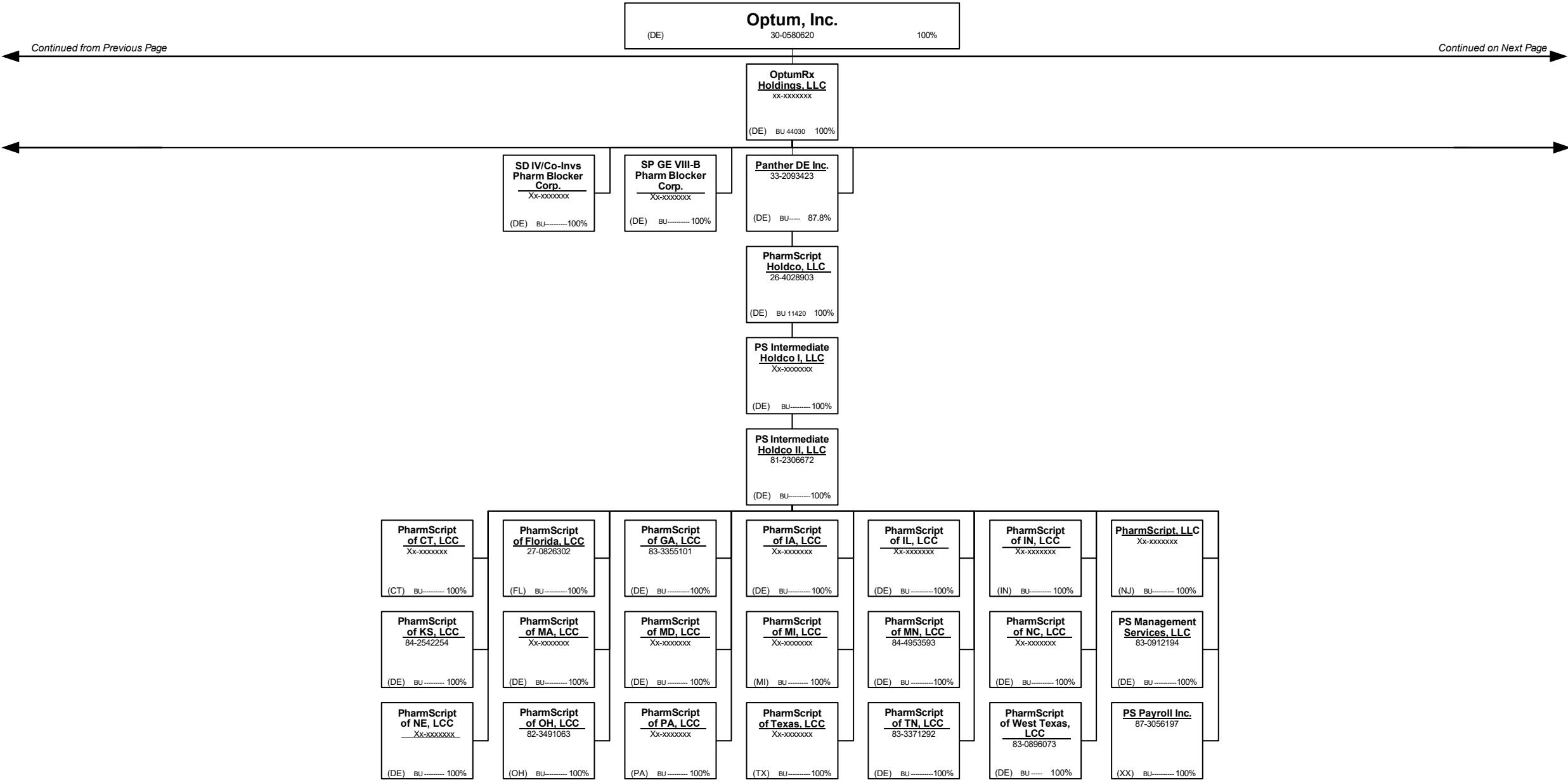
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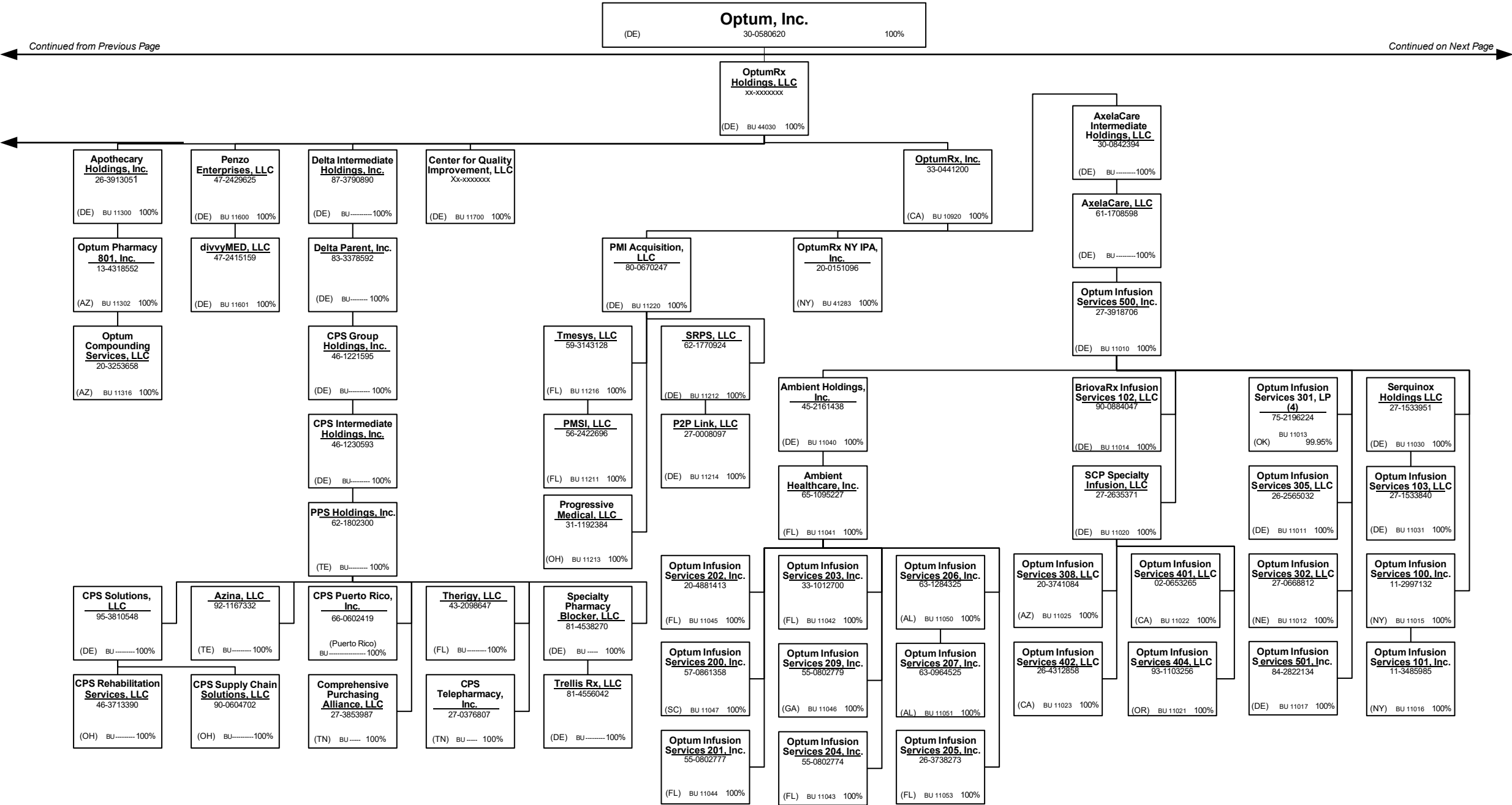
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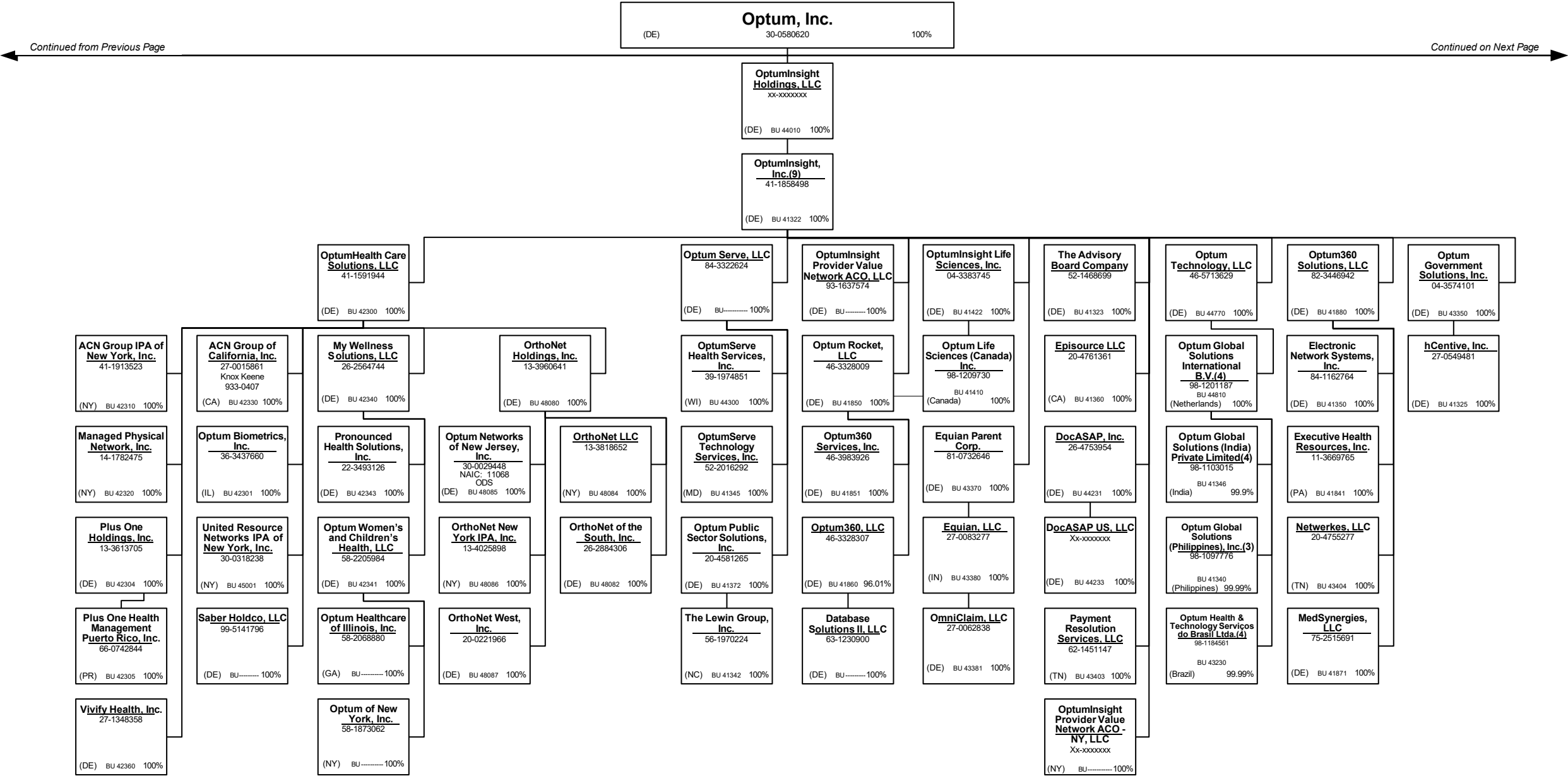
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



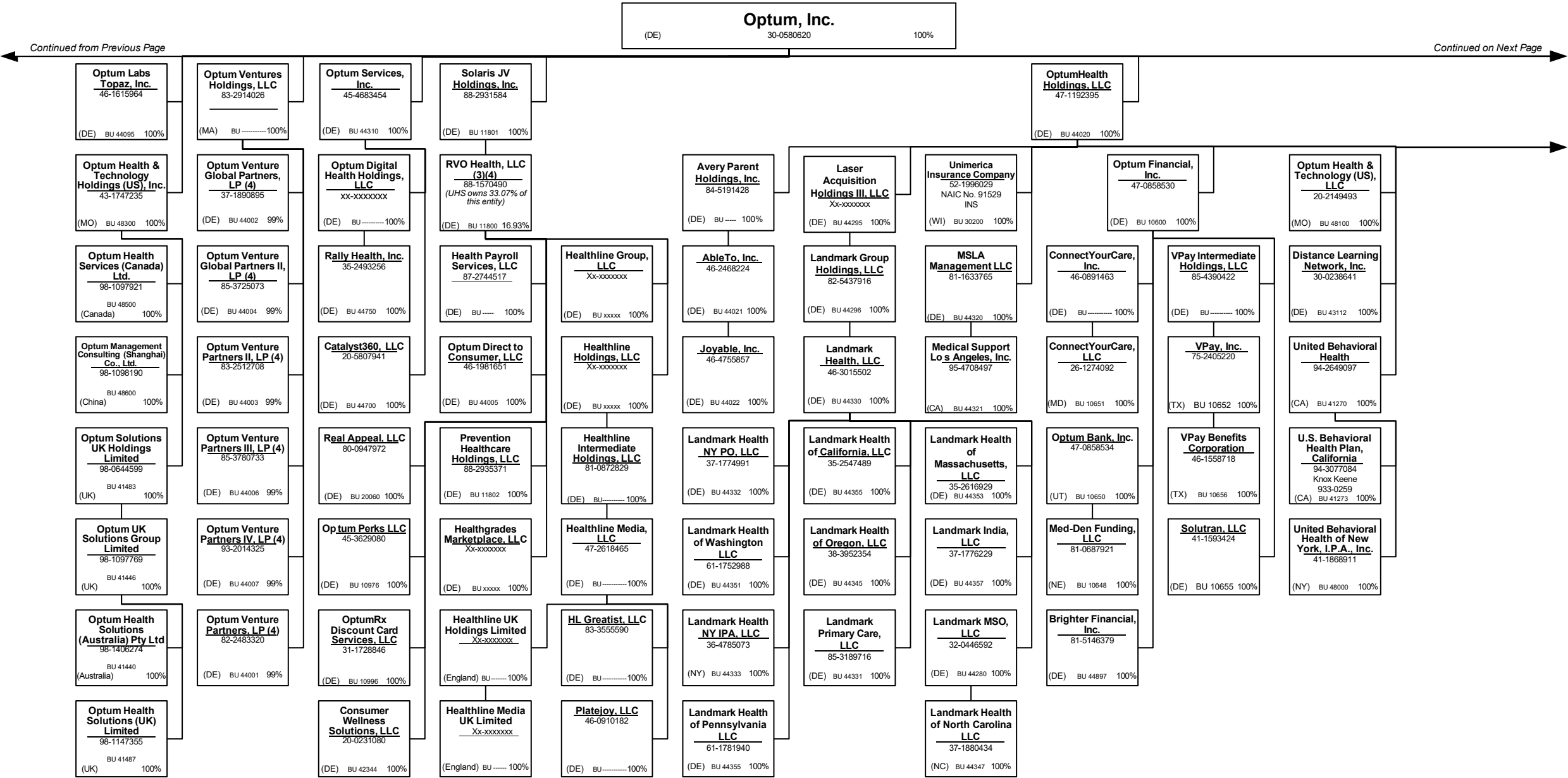
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



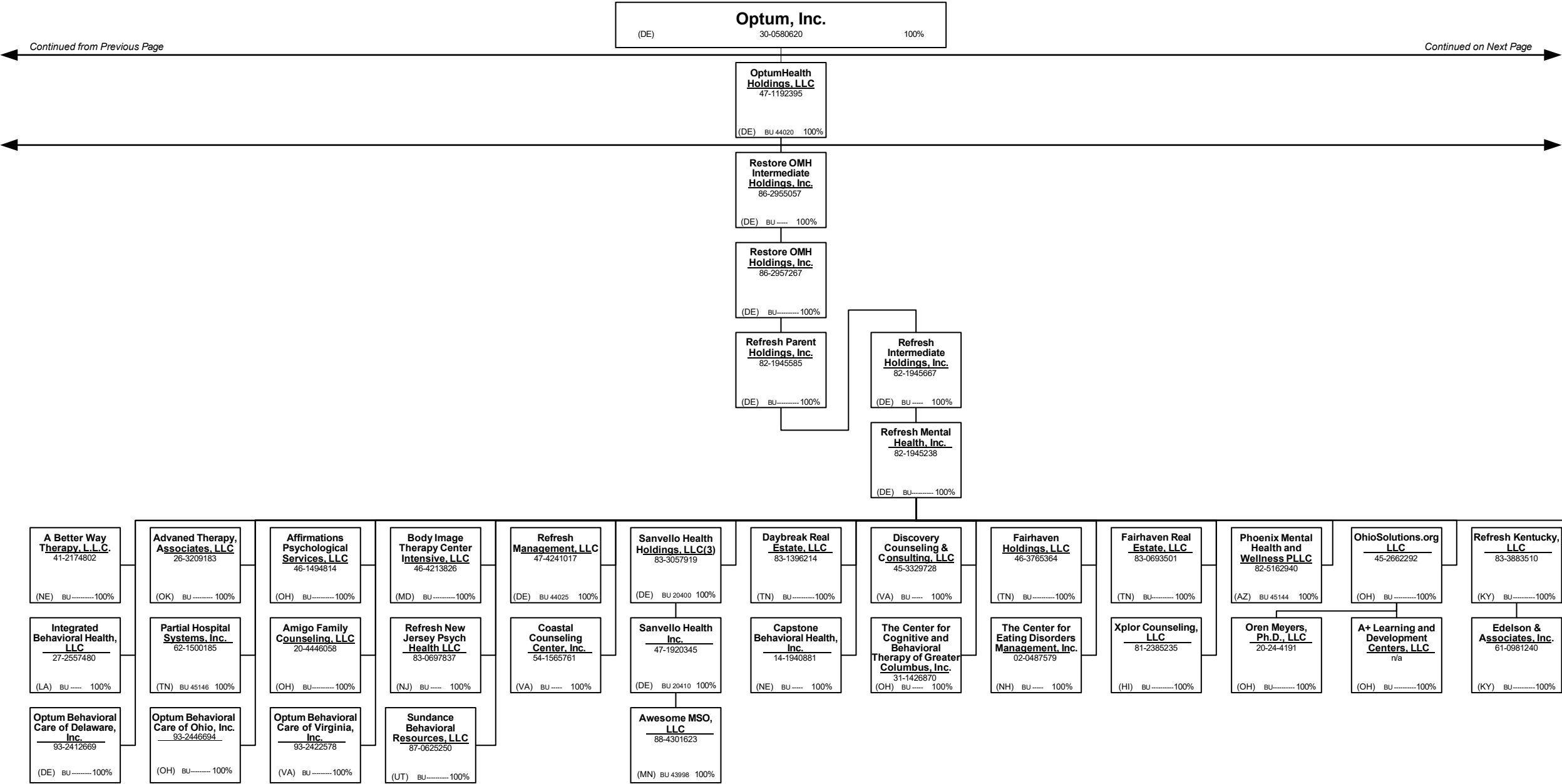
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PART 1 - ORGANIZATIONAL CHART



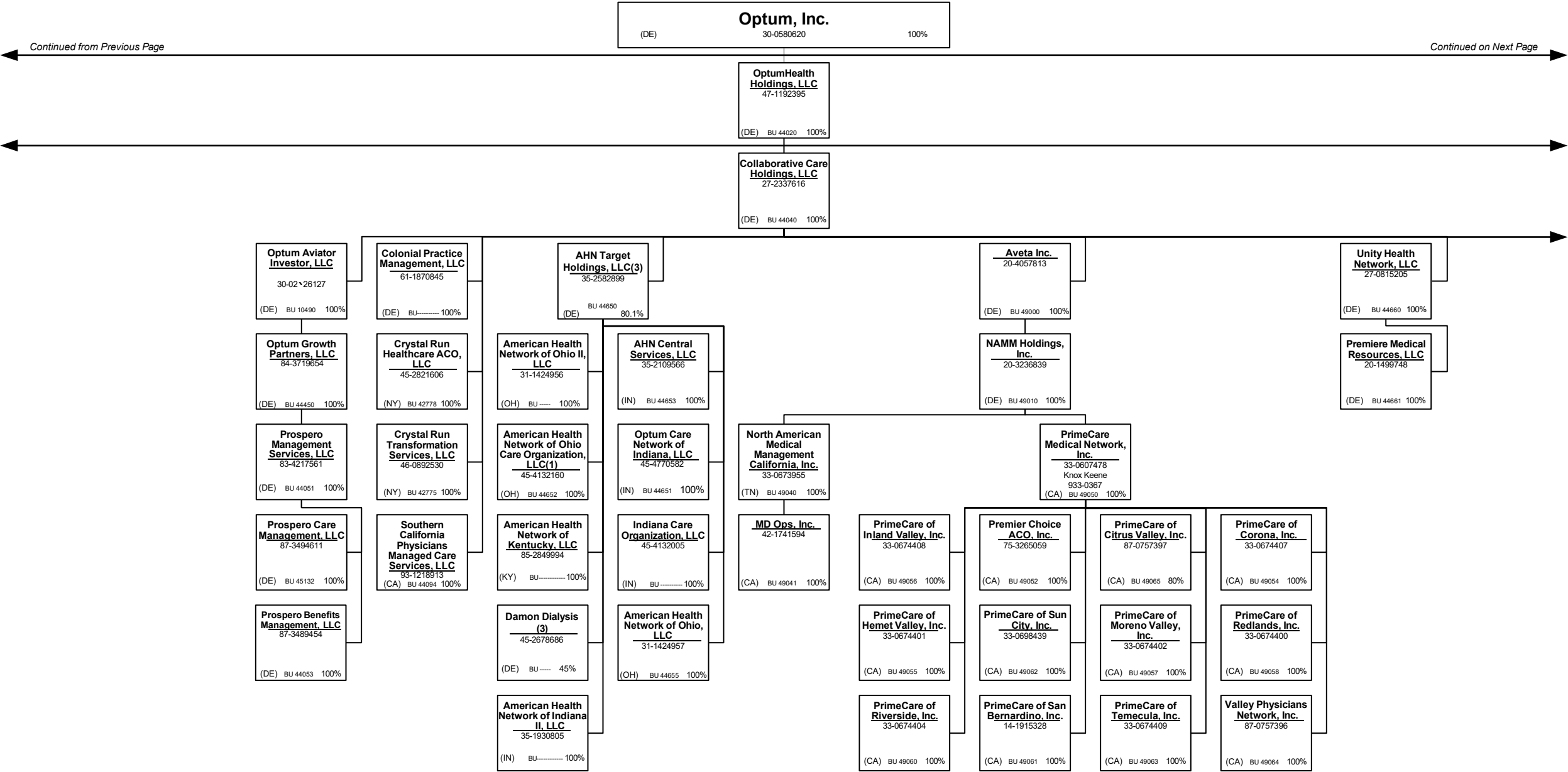
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



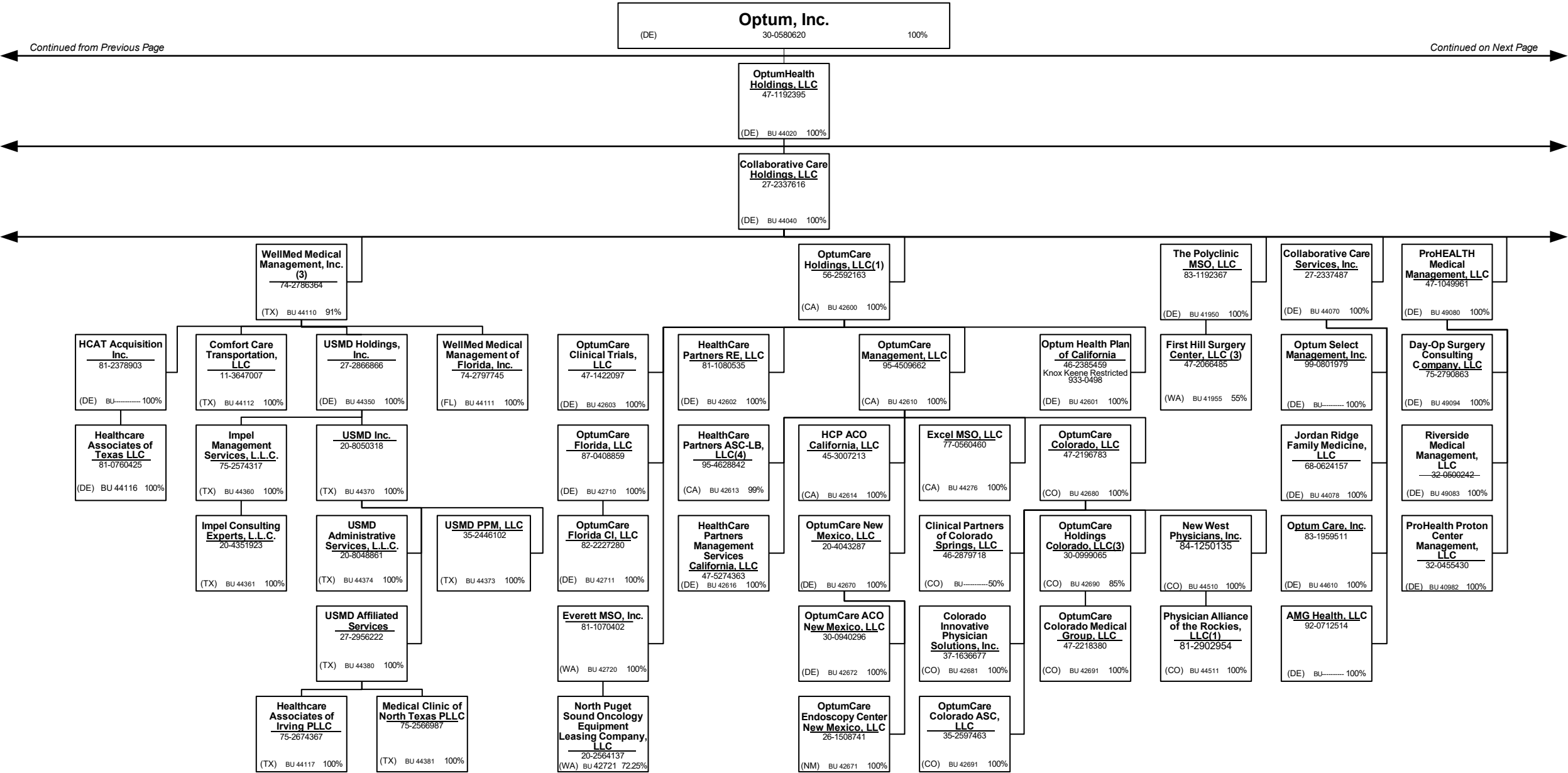
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PART 1 - ORGANIZATIONAL CHART



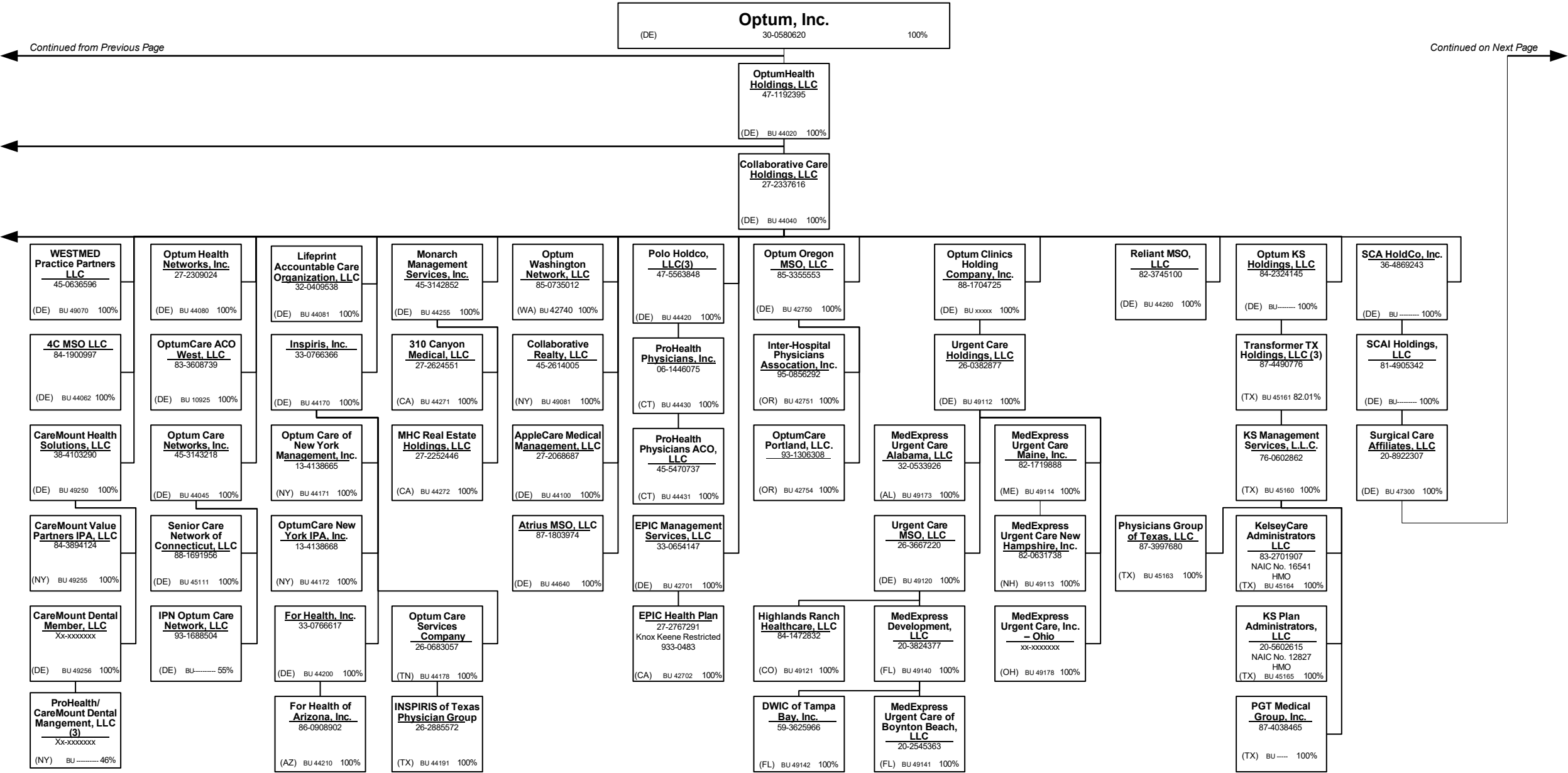
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PART 1 - ORGANIZATIONAL CHART



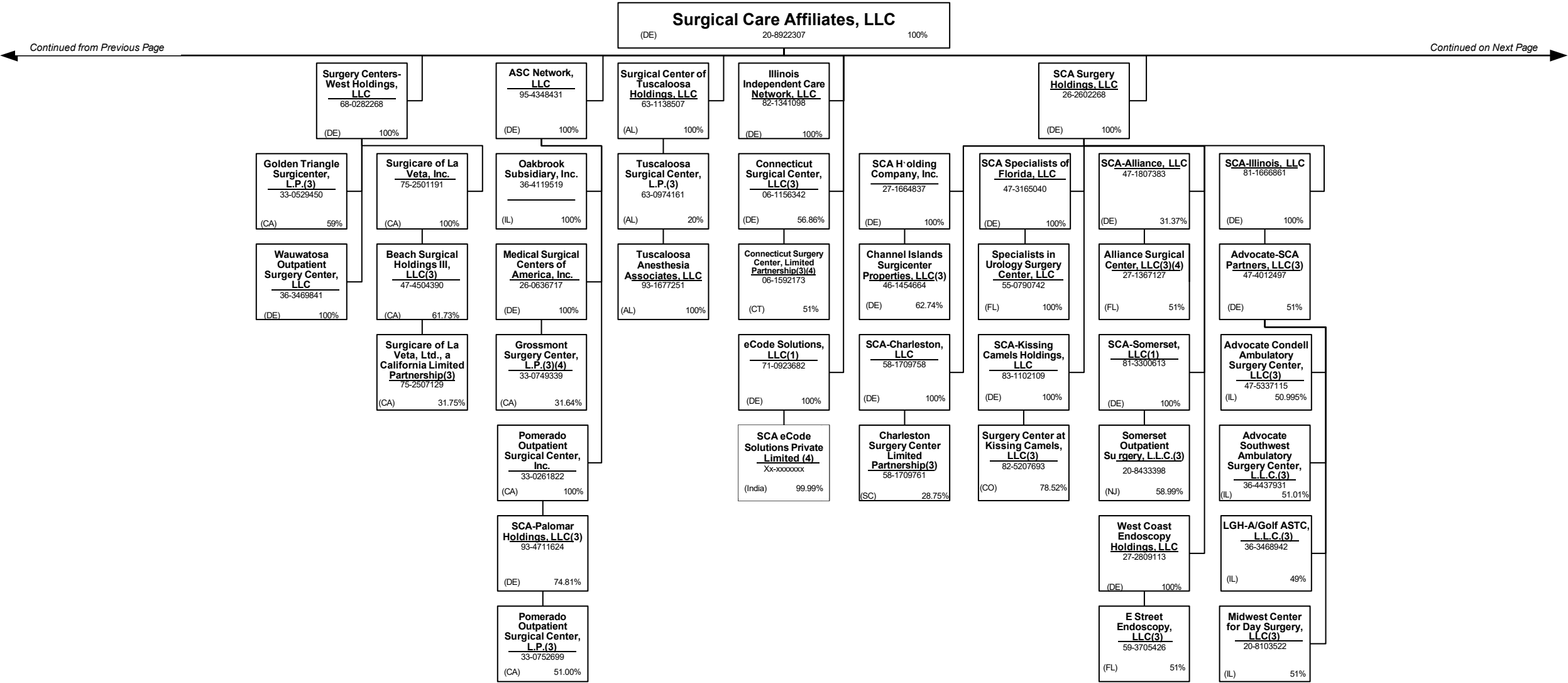
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PART 1 - ORGANIZATIONAL CHART



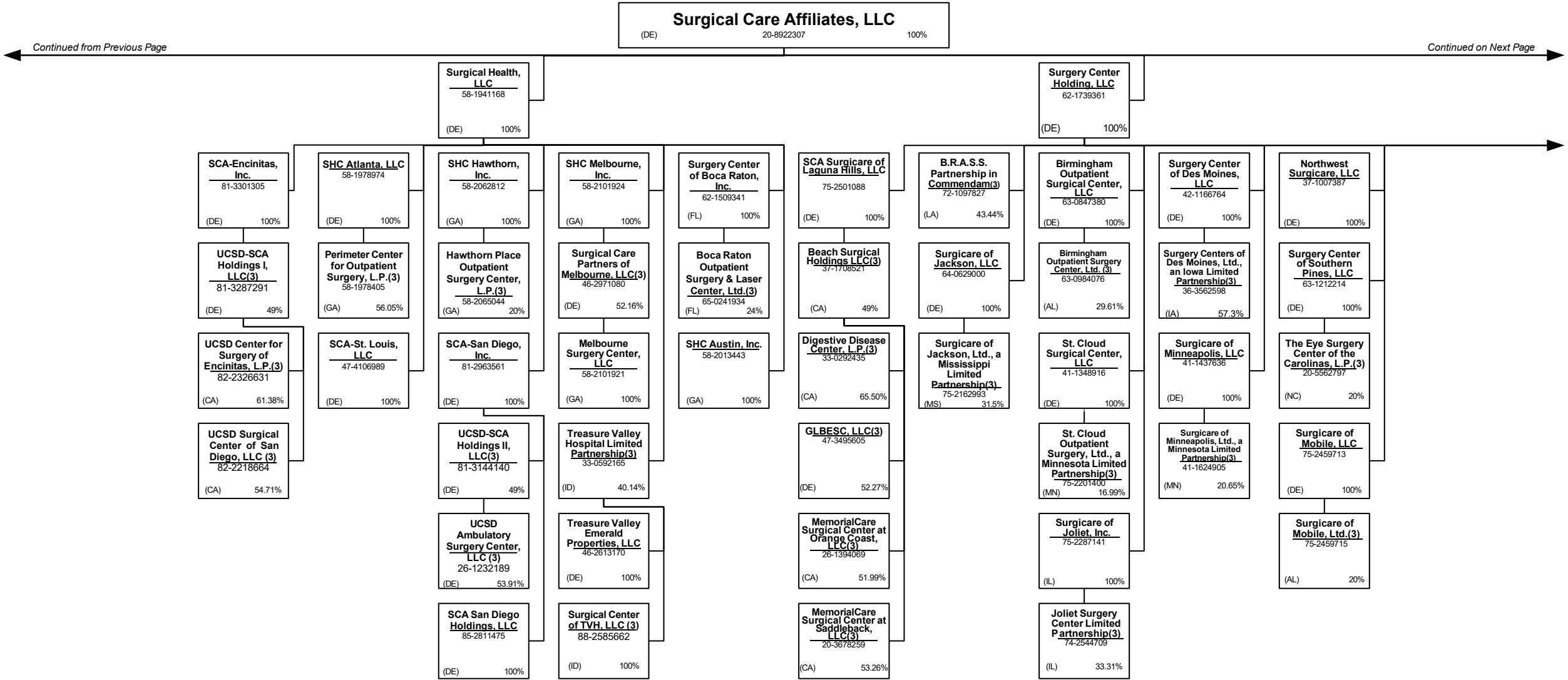
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PART 1 - ORGANIZATIONAL CHART



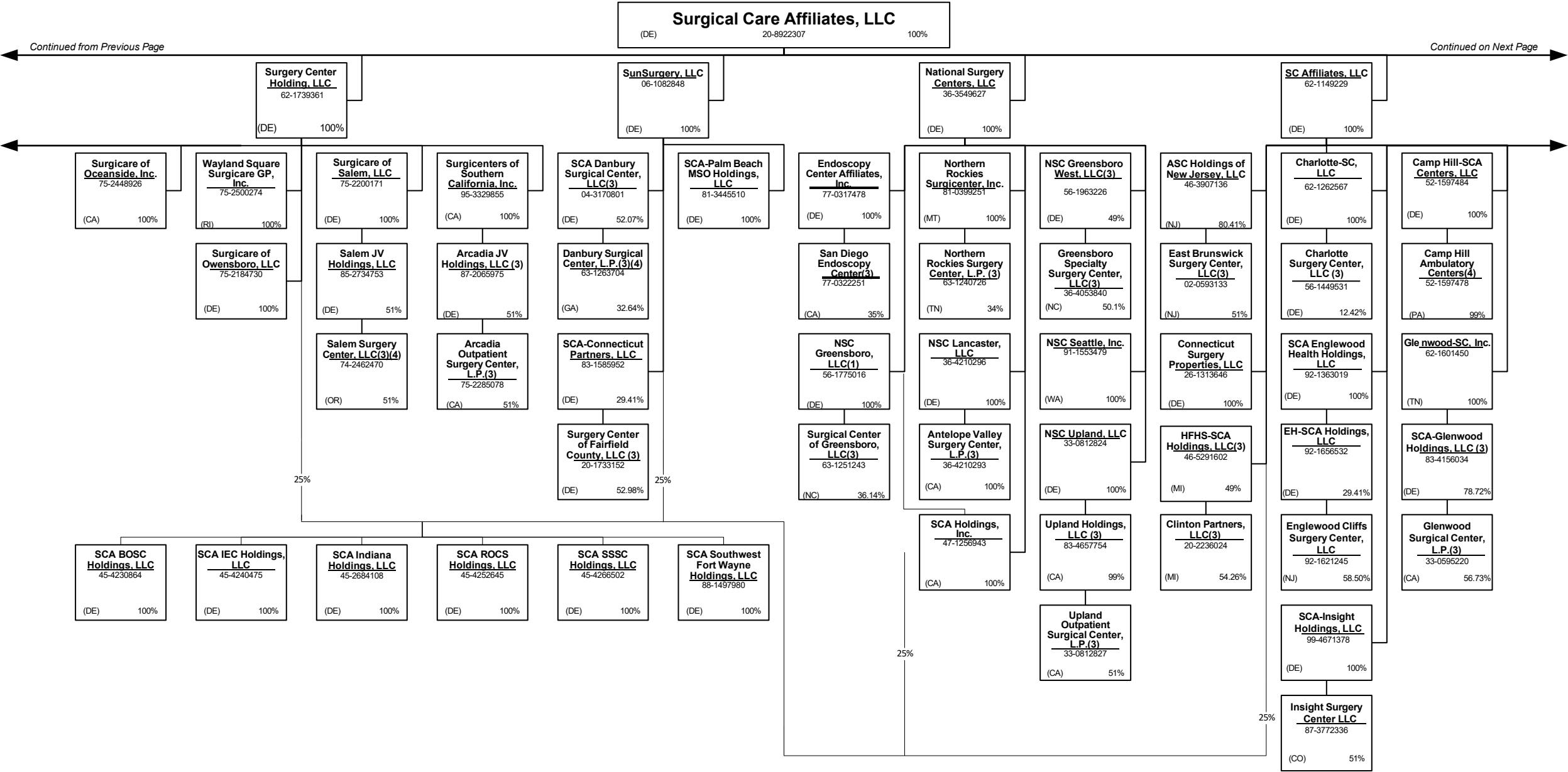
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PART 1 - ORGANIZATIONAL CHART



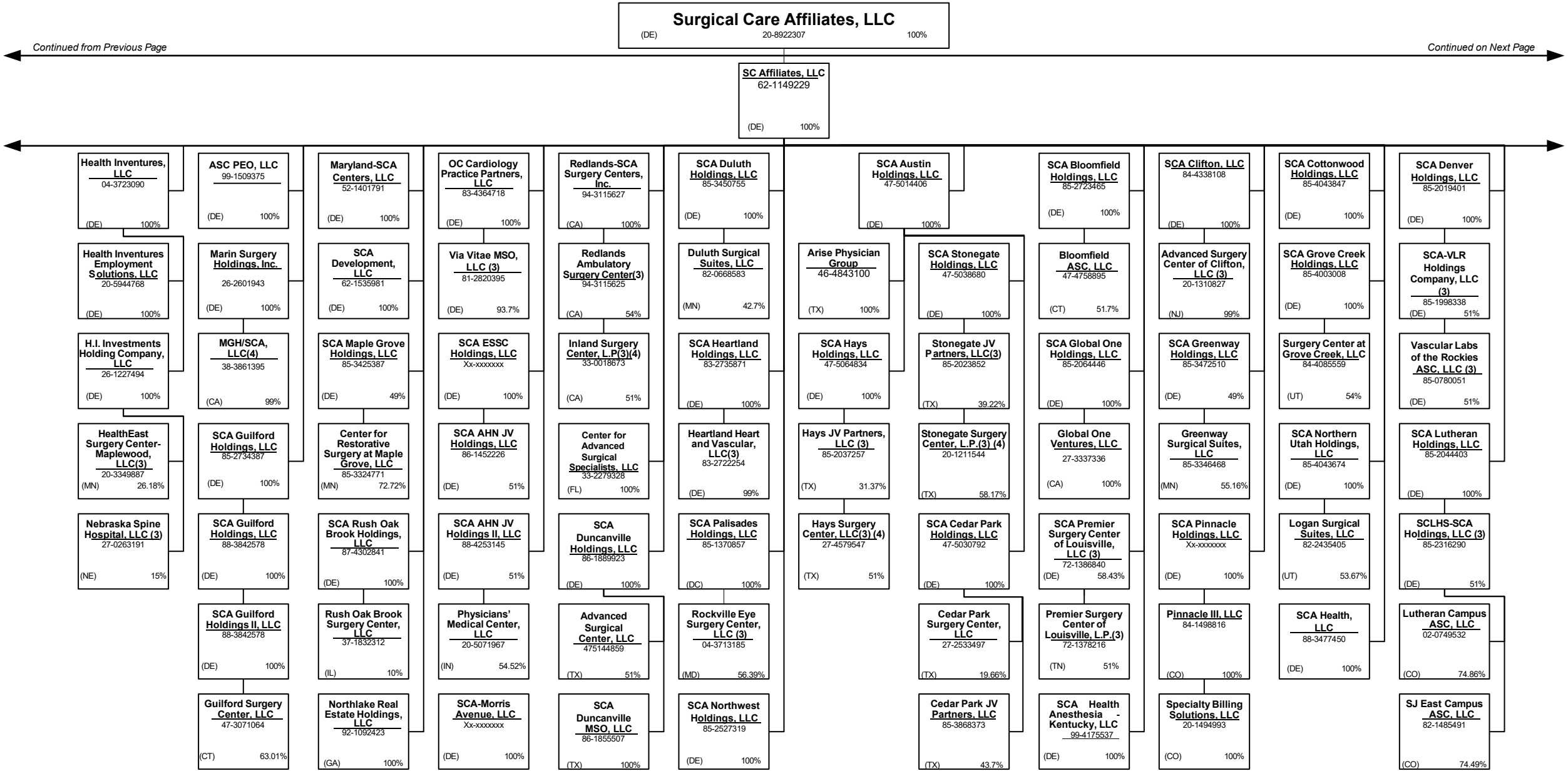
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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

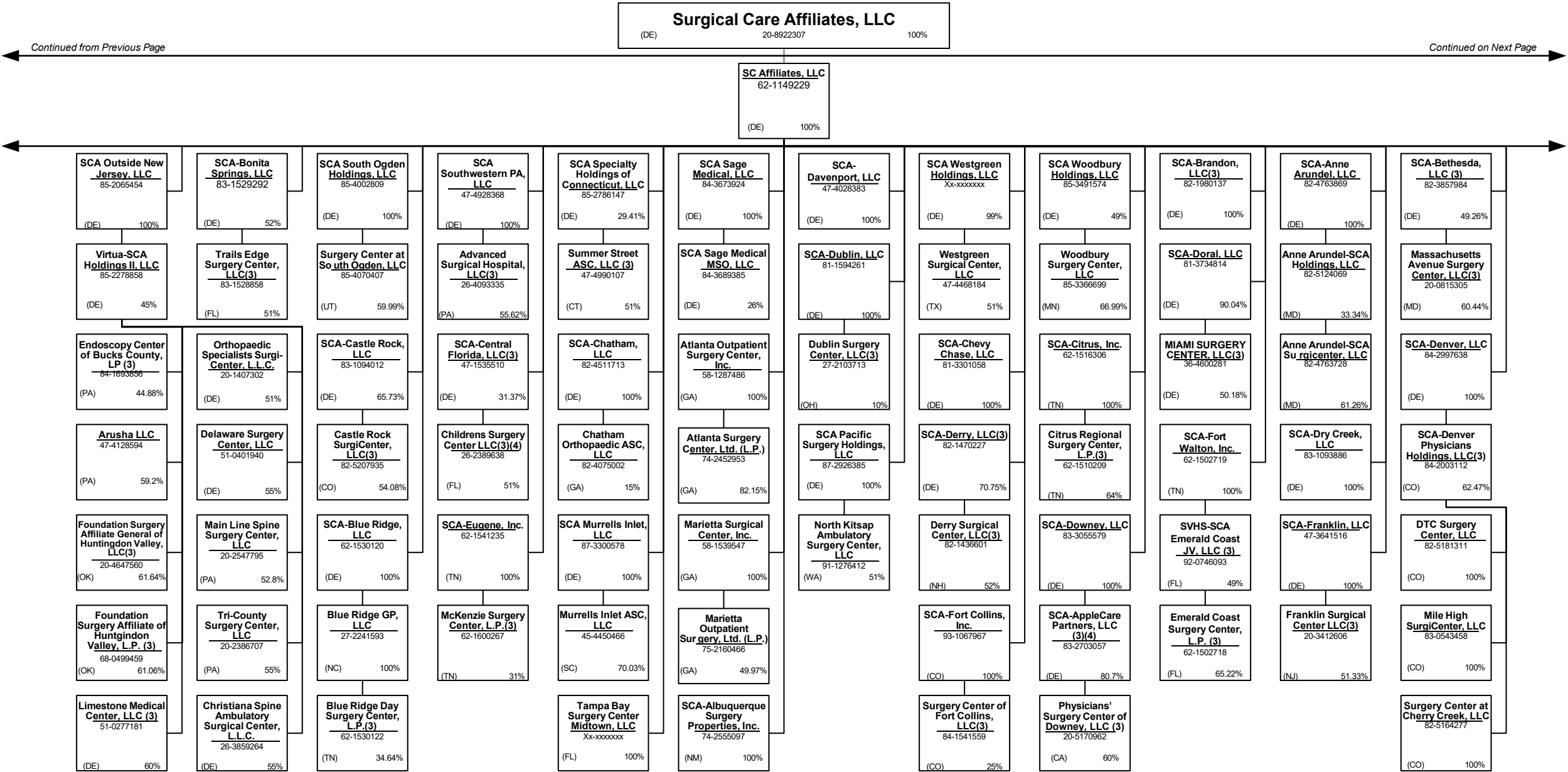


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

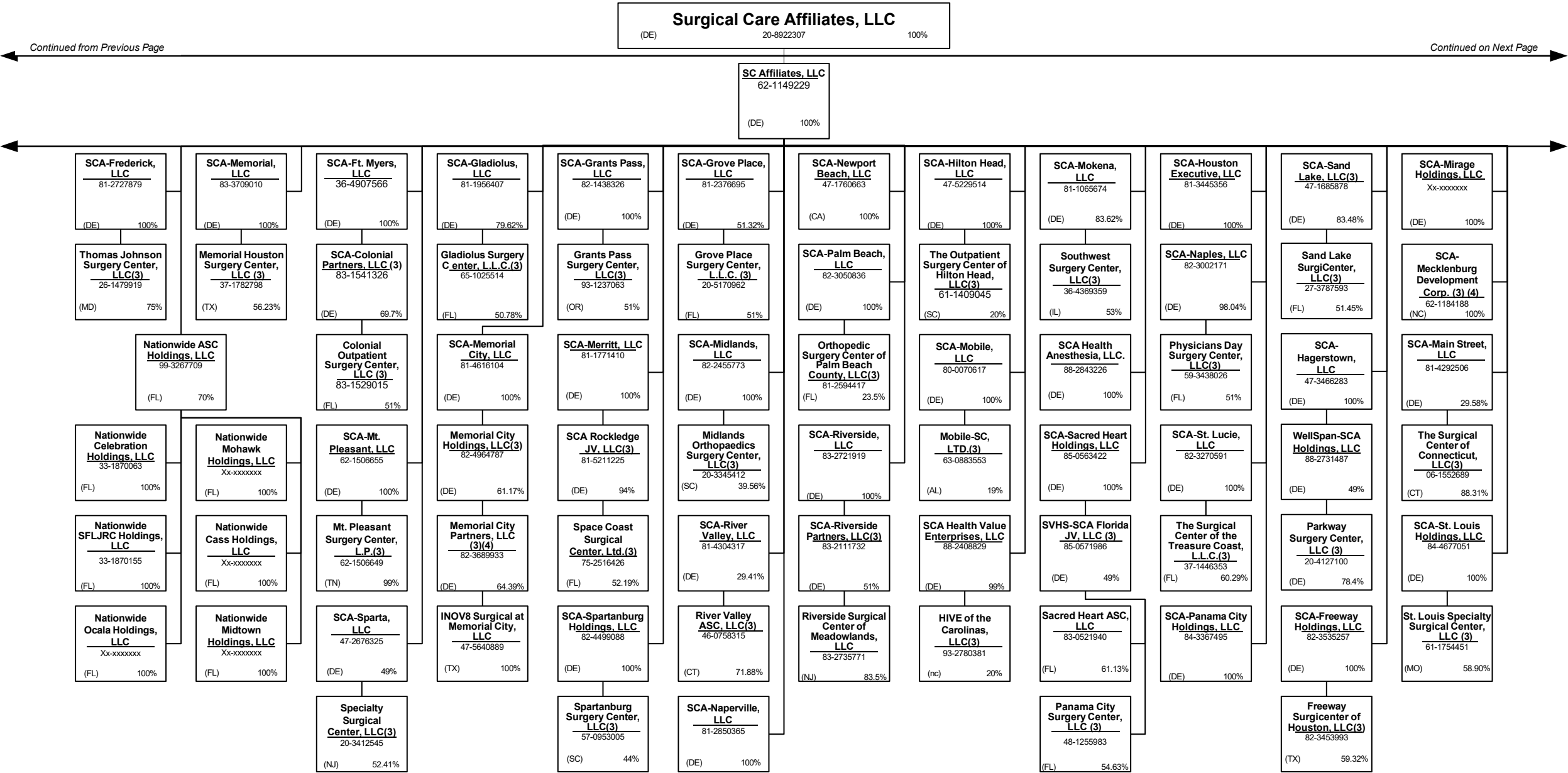


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



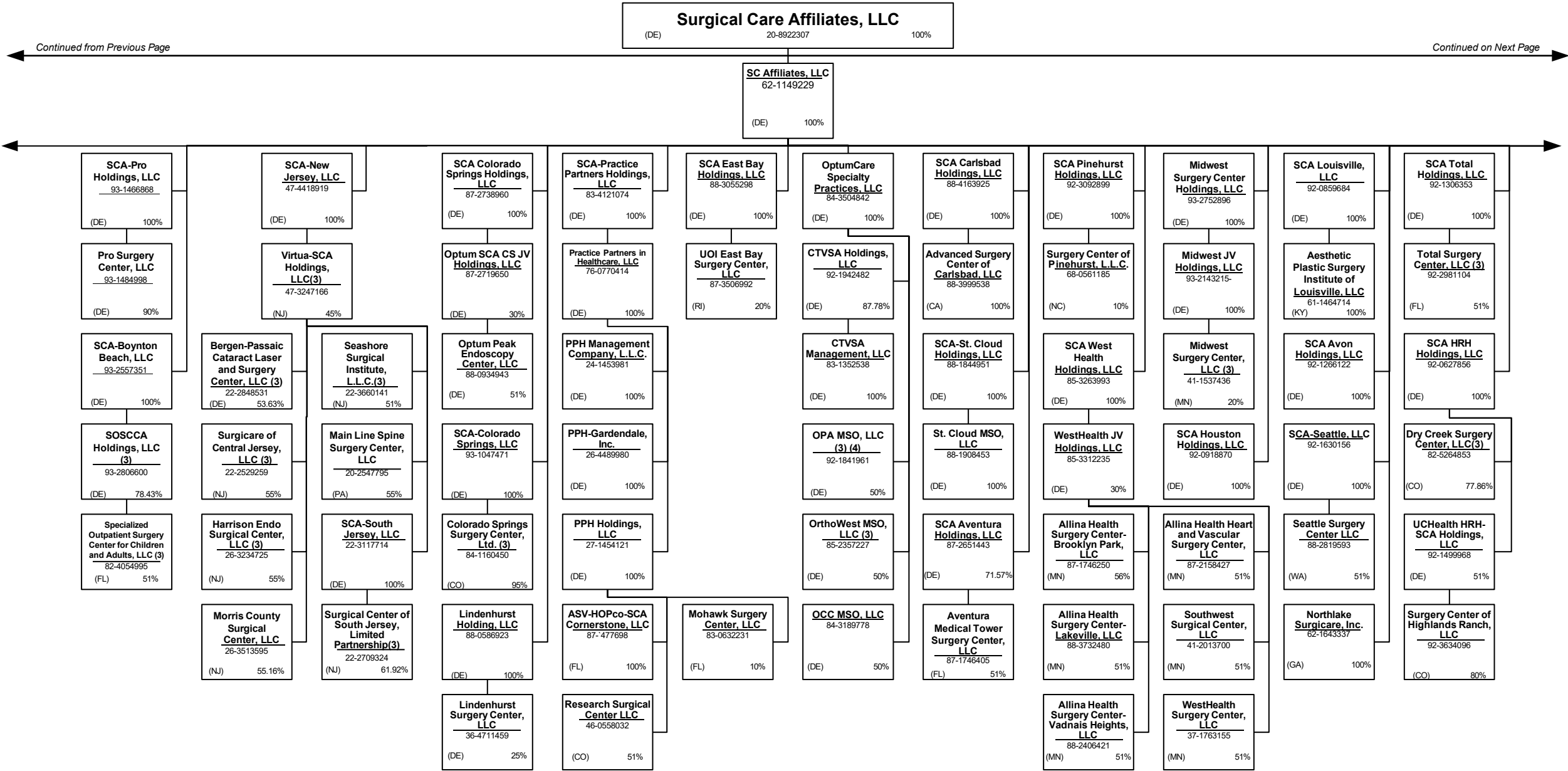
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



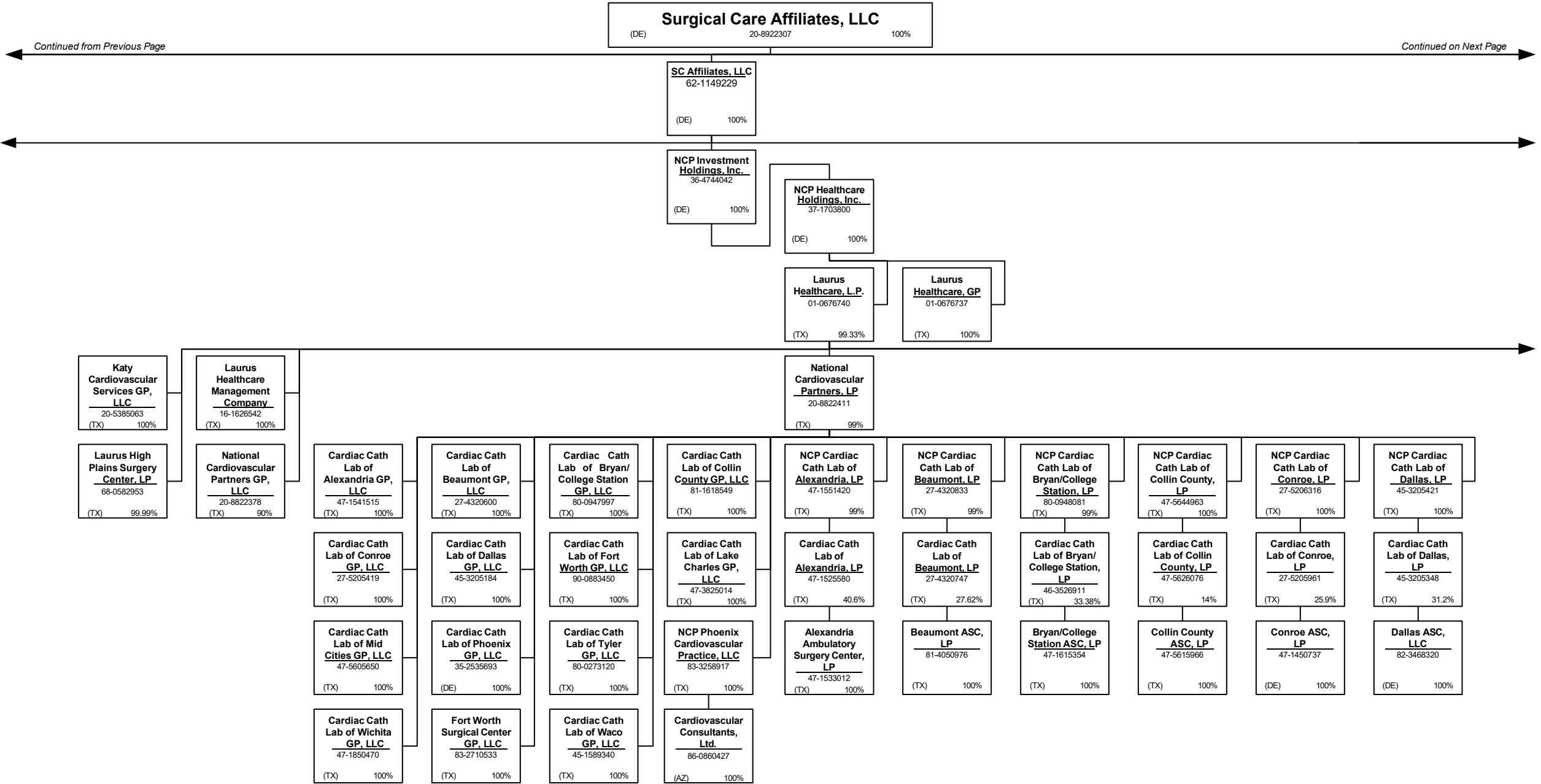
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

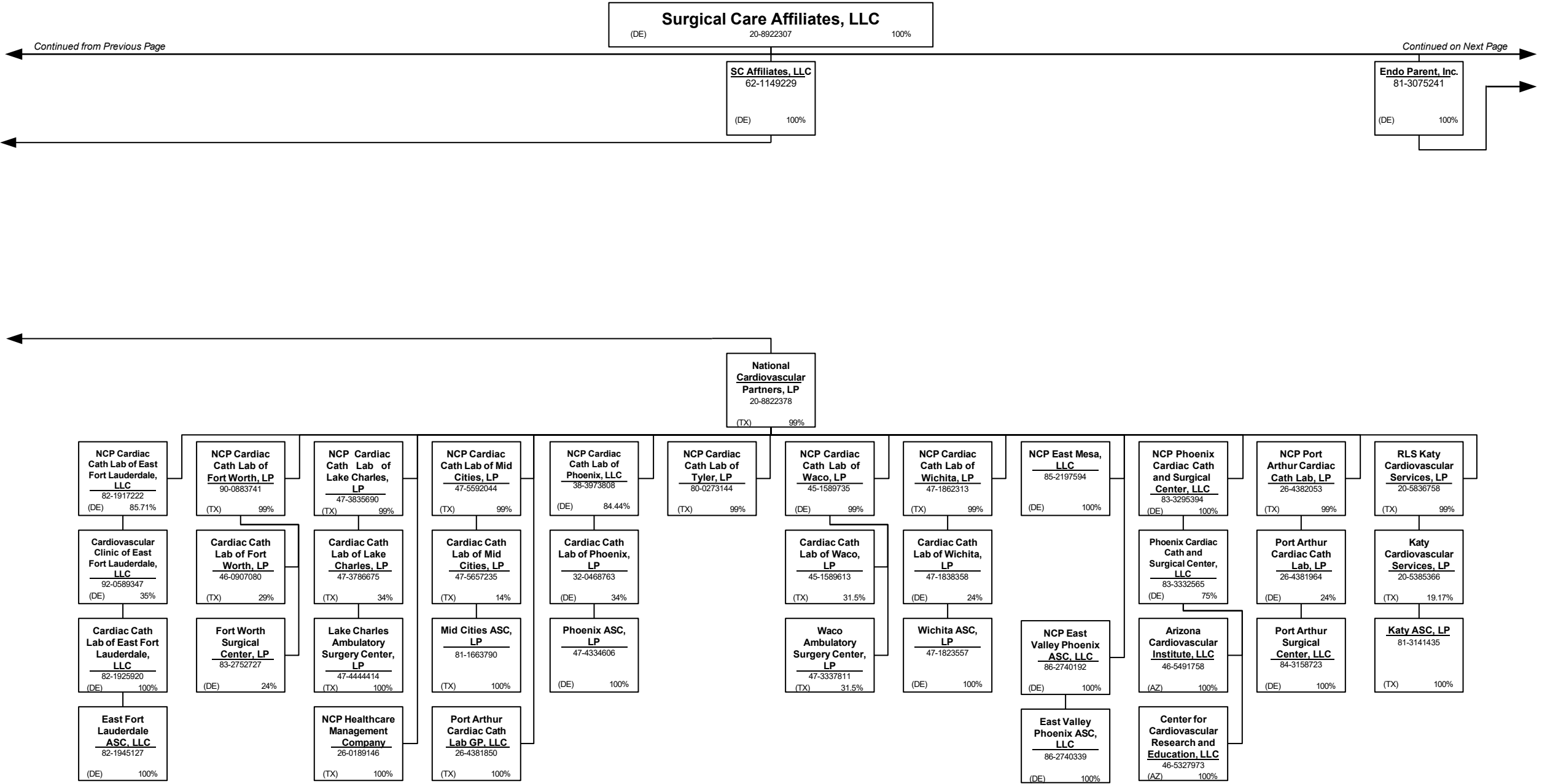


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

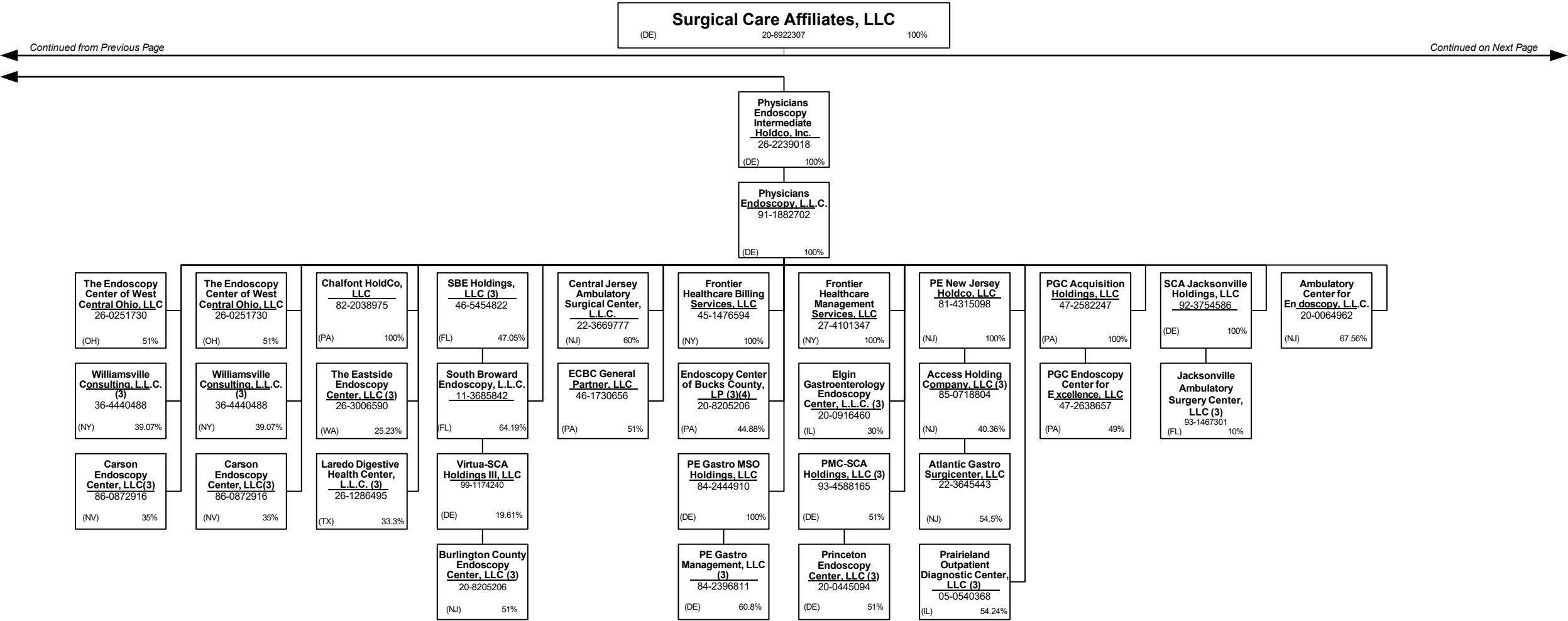


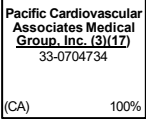
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

| 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 MSSPACO, 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.

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

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | | Current Year | | | Prior Year |
|-------|---|--------------|--------------------|--------------------------------------|------------------------|
| | | 1 | 2 | 3 | 4 |
| | | Assets | Nonadmitted Assets | Net Admitted Assets
(Cols. 1 - 2) | Net Admitted
Assets |
| 2504. | Service Fee Billing | 5,972 | 5,972 | 0 | 0 |
| 2505. | Miscellaneous Receivables | 56 | 56 | 0 | 0 |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 6,028 | 6,028 | 0 | 0 |