



HEALTH QUARTERLY STATEMENT

AS OF MARCH 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 31-1142815Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: HEALTH INSURING CORPORATIONIs HMO Federally Qualified? Yes No Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985Statutory Home Office 5900 Parkwood Place (Street and Number) Dublin, OH, US 43016 (City or Town, State, County 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 Dipankar Patnaik (Name) 91 120-671-2479 (Area Code) (Telephone Number)
dipankar_patnaik@optum.com (E-mail Address) 952-931-4651 (FAX Number)

OFFICERS

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

OTHER

Nyle Brent Cottington, Vice President Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant SecretaryDIRECTORS OR TRUSTEES Neal John Grode Kurt Carl Lewis Johnny Mario Tenaglia
Scott Douglas WaultersState of WI, Wisconsin State of _____ County of Milwaukee State of _____ County of _____

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

Johnny Mario Tenaglia
Chief Financial OfficerSubscribed and sworn to before me this
24th day of April, 2024Marc S. Cohen

My commission expires May 23, 2025

Kurt Carl Lewis
PresidentSubscribed and sworn to before me this
day of _____David Keith Hill
SecretarySubscribed and sworn to before me this
day of _____a. Is this an original filing? Yes No

b. If no,

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Notary Public
State of Wisconsin
Marc S. Cohen



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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 (Area Code) (Telephone Number)			
(City or Town, State, Country and Zip Code)	614-410-7000					
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Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code)						
Internet Website Address	www.uhc.com					
Statutory Statement Contact	Dipankar Patnaik (Name)		91 120-671-2479 (Area Code) (Telephone Number)			
dipankar_patnaik@optum.com (E-mail Address)	952-931-4651 (FAX Number)					
OFFICERS						
President	Kurt Carl Lewis		Treasurer	Peter Marshall Gill		
Secretary	David Keith Hill		Chief Financial Officer	Johnny Mario Tenaglia		
OTHER						
Nyle Brent Cottington, Vice President	Heather Anastasia Lang, Assistant Secretary		Jessica Leigh Zuba, Assistant Secretary			
DIRECTORS OR TRUSTEES						
Neal John Grode	Kurt Carl Lewis		Johnny Mario Tenaglia			
Scott Douglas Waulters						
State of	Ohio		State of			
County of	Hamilton		County of			

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Johnny Mario Tenaglia
Chief Financial OfficerSubscribed and sworn to before me this
day ofKurt Carl Lewis
PresidentSubscribed and sworn to before me this
18th day of April, 2024David Keith Hill
SecretarySubscribed and sworn to before me this
day of

a. Is this an original filing?..... Yes [X] No []

b. If no,

1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

MONICA OAKS
Notary Public, State of Ohio
My Commission Expires
July 28, 2024



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Is HMO Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/> X]						
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OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

Kurt Carl Lewis _____ Johnny Mario Tenaglia

State of _____ County of _____ State of _____ County of _____ State of _____ County of _____

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Johnny Mario Tenaglia
Chief Financial Officer

Kurt Carl Lewis
President

David K. Hill
David Keith Hill
Secretary
Subscribed and sworn to before me this
18th day of April 2024
Magnolia McDonald

a Is this an original filing? Yes No

b. If no

- 1 State the amendment number
- 2 Date filed
- 3 Number of pages attached

