

STATEMENT AS OF JUNE 30, 2024 OF THE Solstice Healthplans of Ohio, Inc.



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Solstice Healthplans of Ohio, Inc.

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	16878	Employer's ID Number	30-1190514
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified? Yes [] No []						
Incorporated/Organized	04/02/2019		Commenced Business	09/30/2020		
Statutory Home Office	5900 Parkwood Place (Street and Number)		Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)			
Main Administrative Office	7901 SW 6th Court, Suite 400 (Street and Number)		Plantation, FL, US 33324 (City or Town, State, Country and Zip Code)			
			954-370-1700 (Area Code) (Telephone Number)			
Mail Address	PO Box 19199 (Street and Number or P.O. Box)		Plantation, FL, US 33318 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7901 SW 6th Court, Suite 400 (Street and Number)		Plantation, FL, US 33324 (City or Town, State, Country and Zip Code)			
			954-370-1700 (Area Code) (Telephone Number)			
Internet Website Address	www.solsticebenefits.com					
Statutory Statement Contact	Kuldeep Badana (Name)		911-206-7124-81 (Area Code) (Telephone Number)			
	kuldeep_badana@optum.com (E-mail Address)		952-931-4651 (FAX Number)			

OFFICERS

President	Kenneth Mark Sheldon	Treasurer	Peter Marshall Gill
Secretary	Michael Charles Brody	Chief Financial Officer	Mitchell Robert Davis

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

DIRECTORS OR TRUSTEES

Michael Charles Brody	Carlos Ferrera	Kenneth Mark Sheldon
Colleen Hastings Van Ham	Thomas Patrick Wiffler	

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

K. Sheldon

Kenneth Mark Sheldon
President

Subscribed and sworn to before me this

day of _____

Subscribed and sworn to before me this

day of _____

Mitchell Robert Davis
Chief Financial Officer

Peter Marshall Gill
Treasurer

B. Faye Scurlock

Subscribed and sworn to before me this
18 day of July 2024

Brenda Faye Scurlock

Subscribed and sworn to before me this

day of _____

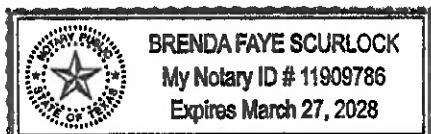
Subscribed and sworn to before me this

day of _____

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

b. If no,

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



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President	Kenneth Mark Sheldon		Treasurer		Peter Marshall Gill		
Secretary	Michael Charles Brody		Chief Financial Officer		Mitchell Robert Davis		
OTHER							
Nyle Brent Cottington, Vice President	Tamara Jean Eveslage, Compliance Officer		Heather Anastasia Lang, Assistant Secretary				
Jessica Leigh Zuba, Assistant Secretary							
DIRECTORS OR TRUSTEES							
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State of	State of	State of
County of	County of	County of

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Kenneth Mark Sheldon
President

Mitchell Robert Davis
Chief Financial Officer

Peter Marshall Gill
Treasurer

Subscribed and sworn to before me this
day of

Subscribed and sworn to before me this
30th day of July 2024
Audrey Marie Stein

Subscribed and sworn to before me this
day of

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

