



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: HEALTH INSURING CORPORATION

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985

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

Main Administrative Office 5900 Parkwood Place
(Street and Number)
Dublin, OH, US 43016 614-410-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 5900 Parkwood Place Dublin, OH, US 43016
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9800 Health Care Lane, MN006-W500
(Street and Number)
Minnetonka, MN, US 55343 952-936-1300
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhc.com

Statutory Statement Contact Rachel Ivelisse Corona 952-406-4923
(Name) (Area Code) (Telephone Number)
rachel_corona@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

President Kurt Carl Lewis Treasurer Peter Marshall Gill
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

DIRECTORS OR TRUSTEES

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

State of Wisconsin State of _____ State of _____
County of Milwaukee County of _____ County of _____

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

Johnny Mario Tenaglia
Johnny Mario Tenaglia
Chief Financial Officer

Kurt Carl Lewis
Kurt Carl Lewis
President

David Keith Hill
David Keith Hill
Secretary

Subscribed and sworn to before me this
17th day of July 2024

Subscribed and sworn to before me this
_____ day of _____

Subscribed and sworn to before me this
_____ day of _____

Marc S. Cohen
My Commission expires May 23, 2024

Notary Public
State of Wisconsin
Marc S. Cohen

- 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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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	Peter Marshall Gill
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 _____	State of <u>Ohio</u>	State of _____
County of _____	County of <u>Hamilton</u>	County of _____

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Johnny Mario Tenaglia Chief Financial Officer	<u>Kurt Lewis</u> Kurt Carl Lewis President	David Keith Hill Secretary
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this <u>29th</u> day of <u>July</u> <u>Monica Oaks</u>	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.....



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



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OTHER

Nyle Brent Cottingham, 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 Vaulters

State of _____ State of _____ State of Illinois
County of _____ County of _____ County of Cook

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Johnny Mario Tenaglia
Chief Financial Officer

Kurt Carl Lewis
President

David Keith Hill
Secretary

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this 23rd day of July, 2024
Magali E. Maldonado

- 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.....

OFFICIAL SEAL
MAGALI E. MALDONADO
Notary Public - State of Illinois
My Commission Expires 4/21/2027