



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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)			
	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)		952-936-1300 (Area Code) (Telephone Number)			
	Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code)					
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 Cottington, Vice President	Heather Anastasia Lang, Assistant Secretary		Jessica Leigh Zuba, Assistant Secretary			
Neal John Grode	Kurt Carl Lewis		Johnny Mario Tenaglia			
Scott Douglas Waulters						

State of 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 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
President

David Keith Hill
Secretary

Subscribed and sworn to before me this
21st day of October, 2024
Marc S. Cohen
My commission expires May 23, 2025

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.....

Notary Public
State of Wisconsin
Marc S. Cohen



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Secretary	David Keith Hill		Chief Financial Officer	Johnny Mario Tenaglia		
OTHER						
Nyle Brent Coltington, 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 _____
County of _____

State of _____
County of Ohio
Hamilton

State of _____
County of _____

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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
22nd day of October
Monica Oaks

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
 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 Waulters						

State of _____
County of _____

State of _____
County of _____

State of _____
County of _____ Illinois
Cook

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David Keith Hill

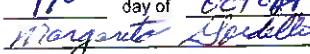
Secretary

Johnny Mario Tenaglia
Chief Financial Officer

Kurt Carl Lewis
President

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
17th day of October 2024


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.....

