



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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 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

DIRECTORS OR TRUSTEES

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

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

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
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 _____

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.....



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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 31-1 1 42815
(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 Marilyn Victoria Hirsch #
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 _____ State of Ohio State of _____
County of _____ County of Hamilton 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
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



HEALTH QUARTERLY STATEMENT
AS OF SEPTEMBER 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 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

DIRECTORS OR TRUSTEES

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

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

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 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 _____
17th day of October 2024
Margarita Gordillo

- 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.....

