



Department  
of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

## Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

### Ohio Domestic Insurers Only

Company Name: Solstice Healthplans of Ohio, Inc.

NAIC No. 16878

We, the undersigned executive officers of Solstice Healthplans of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type:  Fraternal  Title  Property & Casualty  Life & Health  Health  Other HIC

#### Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail."

Date of filing with the NAIC: \_\_\_\_\_  An original jurat page is attached.  
 Original filing.  Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: \_\_\_\_\_  An original, notarized signature page is attached.  
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The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."

Date of filing with the NAIC: \_\_\_\_\_.

List of supplemental documents included in this Affidavit: \_\_\_\_\_  
 All original notarized signature pages are attached, as applicable.  
 Original filing.  Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: 05/15/2025  
 Original filing.  Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: \_\_\_\_\_.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: \_\_\_\_\_  
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Signature

Date

Signature

Date

Signature

Date

(Name) Kenneth Mark Sheldon

(Name) Mitchell Robert Davis

(Name) Michael Charles Brody

(Title)\* President

(Title)\* Chief Financial Officer

(Title)\* Secretary

\*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

**Ohio****Department  
of Insurance**Mike DeWine, Governor  
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 5-5-25

Signature	Date	Signature	Date	Signature	Date
(Name) <u>Kenneth Mark Sheldon</u>		(Name) <u>Mitchell Robert Davis</u>		(Name) <u>Michael Charles Brody</u>	
(Title)* <u>President</u>		(Title)* <u>Chief Financial Officer</u>		(Title)* <u>Secretary</u>	

\*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



Department  
of Insurance

Mike DeWine, Governor  
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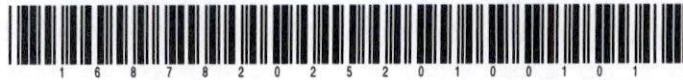
Original filing.  Amended filing.

Signature	Date	Signature	Date	Signature	Date
(Name) <u>Kenneth Mark Sheldon</u>		(Name) <u>Mitchell Robert Davis</u>		(Name) <u>Michael Charles Brody</u>	
(Title)* <u>President</u>		(Title)* <u>Chief Financial Officer</u>		(Title)* <u>Secretary</u>	

 6/21/2025

\*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

## STATEMENT AS OF MARCH 31, 2025 OF THE Solstice Healthplans of Ohio, Inc.



## HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

## Solstice Healthplans of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 16878 Employer's ID Number 30-1190514Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: OtherIs HMO Federally Qualified? Yes  No Incorporated/Organized 04/02/2019 Commenced Business 09/30/2020Statutory Home Office 5900 Parkwood Place, Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 7901 SW 6th Court, Suite 400  
(Street and Number) Plantation, FL, US 33324, 954-370-1700  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address PO Box 19199, Plantation, FL, US 33318  
(Street and Number or P.O. Box) (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, 954-370-1700  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.solsticebenefits.comStatutory Statement Contact Kuldeep Badana, 612-485-3007  
(Name) kuldeep\_badana@optum.com, (Area Code) (Telephone Number)  
(E-mail Address) 952-931-4651 (FAX Number)

## OFFICERS

President Kenneth Mark Sheldon Treasurer Marilyn Victoria Hirsch  
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

Michael Charles Brody Carlos Ferrera Kenneth Mark Sheldon  
Thomas Patrick WifflerState of Texas State of \_\_\_\_\_ State of \_\_\_\_\_  
County of Fort Bend 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.

Kenneth Mark Sheldon  
PresidentMitchell Robert Davis  
Chief Financial OfficerMichael Charles Brody  
Secretary

Subscribed and sworn to before me this

22 day of April 2025

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

BRENDA FAYE SCURLOCK  
My Notary ID # 11909786  
Expires March 27, 2028

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

b. If no,

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



**HEALTH QUARTERLY STATEMENT**  
AS OF MARCH 31, 2025  
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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]						
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)		612-485-3007 (Area Code) (Telephone Number)			
	kuldeep_badana@optum.com (E-mail Address)		952-931-4651 (FAX Number)			
<b>OFFICERS</b>						
President	Kenneth Mark Sheldon		Treasurer	Marilyn Victoria Hirsch		
Secretary	Michael Charles Brody		Chief Financial Officer	Mitchell Robert Davis		
<b>OTHER</b>						
Nyle Brent Cottington, Vice President	Tamara Jean Eveslage, Compliance Officer		Heather Anastasia Lang, Assistant Secretary			
Jessica Leigh Zuba, Assistant Secretary						
<b>DIRECTORS OR TRUSTEES</b>						
Michael Charles Brody	Carlos Ferrera		Kenneth Mark Sheldon			
Thomas Patrick Wiffler						

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Kenneth Mark Sheldon  
President

Mitchell Robert Davis  
Chief Financial Officer

Michael Charles Brody  
Secretary

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

Subscribed and sworn to before me this  
6<sup>th</sup> day of May, 2

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.....

