

STATEMENT AS OF JUNE 30, 2025 OF THE SOLSTICE HEALTHPLANS OF OHIO, INC.



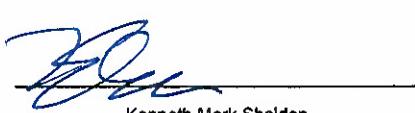
HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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 [] 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	Zachary C Frank (Name)		952-931-5078 (Area Code) (Telephone Number)			
	zachary_frank@uhc.com (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						
Tamara Jean Eveslage, Compliance Officer	Heather Anastasia Lang, Assistant Secretary		Jodi Lyn O'Brien #, Vice President			
Nicholas Robert Shjerve #, Assistant Secretary	Jessica Leigh Zuba, Assistant Secretary					
DIRECTORS OR TRUSTEES						
Michael Charles Brody	Carlos Ferrera		Shannon Raye LePage #			
Kenneth Mark Sheldon						

State of Minnesota _____ State of Minnesota _____ State of _____
County of Hennepin _____ County of Hennepin _____ 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 theron, 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

President

Subscribed and sworn to before me this
5th day of August 2025
Audrey Marie Stein


Mitchell Robert Davis

Chief Financial Officer

Michael Charles Brody

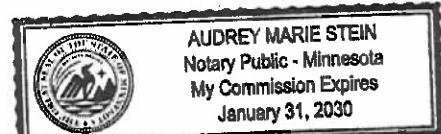
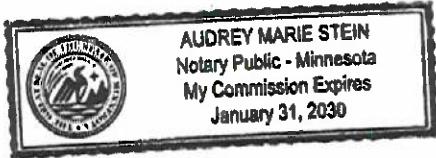
Secretary

Subscribed and sworn to before me this
6th day of August 2025
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.....





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Statutory Statement Contact	Zachary C. Frank zachary.frank@uhc.com (Name) (E-mail Address)		952-931-5078 (Area Code) (Telephone Number) 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						
Tamara Jean Eveslage, Compliance Officer Nicholas Robert Shjerve #, Assistant Secretary	Heather Anastasia Lang, Assistant Secretary Jessica Leigh Zuba, Assistant Secretary		Jodi Lyn O'Brien #, Vice President			
DIRECTORS OR TRUSTEES						
Michael Charles Brody Kenneth Mark Sheldon	Carlos Ferrera		Shannon Raye LePage #			
State of _____ County of _____	State of _____ County of _____	State of _____ County of _____	<i>Stephanie Sullivan</i> Montgomery			

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Kenneth Mark Sheldon
President
Subscribed and sworn to before me this
day of _____

Mitchell Robert Davis
Chief Financial Officer
Subscribed and sworn to before me this
day of _____

Stephanie Sullivan
Michael Charles Brody
Secretary
Subscribed and sworn to before me this
16th day of July 2025

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.....

Commonwealth of Pennsylvania - Notary Seal
STEPHANIE SULLIVAN - Notary Public
Montgomery County
My Commission Expires February 28, 2028
Commission Number 1441501