



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 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 30-1190514
(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: Other
Is HMO Federally Qualified? Yes [] No []
Incorporated/Organized 04/02/2019 Commenced Business 09/30/2020
Statutory 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.com
Statutory Statement Contact Zachary C Frank 952-931-5078
(Name) (Area Code) (Telephone Number)
zachary_frank@uhc.com 952-931-4651
(E-mail Address) (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 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
President

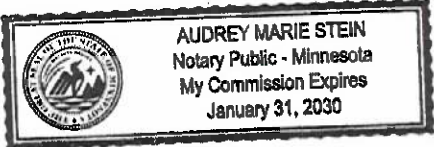
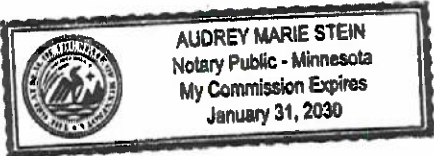
Mitchell Robert Davis
Chief Financial Officer

Michael Charles Brody
Secretary

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

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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Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

OTHER

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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 _____
County of _____

State of _____
County of _____

State of Pennsylvania
County of Montgomery

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
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 _____ day of _____

Subscribed and sworn to before me this _____ day of July 2025
Stephanie Sullivan

- 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