



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2025
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 (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) | | | |
| 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 | | | | | | |
| Jodi Lyn O'Brien #, Vice President Heather Anastasia Lang, Assistant Secretary | Nicholas Robert Shjerve #, Assistant Secretary | | Jessica Leigh Zuba, Assistant Secretary | | | |
| DIRECTORS OR TRUSTEES | | | | | | |
| Neal John Grode Scott Douglas Waulters | Kurt Carl Lewis | | Johnny Mario Tenaglia | | | |

State of Wisconsin State of _____
County of Milwaukee County of _____ 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
23 day of July 2025
Jennifer Rifej

Subscribed and sworn to before me this
day of _____

Subscribed and sworn to before me this
day of _____

JENNIFER RIFELJ
Notary Public
State of Wisconsin

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.....

*My Commission
Expires May 10, 2027*



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UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95186 Employer's ID Number 31-1142815

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Country of Domicile United States of America

Licensed as business type: HEALTH INSURING CORPORATION

Is HMO Federally Qualified? Yes No

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, Dublin, OH, US 43016
(Street and Number) 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) 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 Ivetisse Corona, 952-406-4923
(Name) rachel_corona@uhc.com, 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

| | | | |
|-----------|-------------------------|-------------------------|--------------------------------|
| President | <u>Kurt Carl Lewis</u> | Treasurer | <u>Marilyn Victoria Hirsch</u> |
| Secretary | <u>David Keith Hill</u> | Chief Financial Officer | <u>Johnny Mario Tenaglia</u> |

OTHER

| | | |
|--|---|--|
| <u>Jodi Lyn O'Brien #, Vice President</u> | <u>Nicholas Robert Shjerve #, Assistant Secretary</u> | <u>Jessica Leigh Zuba, Assistant Secretary</u> |
| <u>Heather Anastasia Lang, Assistant Secretary</u> | | |

DIRECTORS OR TRUSTEES

| | | |
|-------------------------------|------------------------|------------------------------|
| <u>Neal John Grode</u> | <u>Kurt Carl Lewis</u> | <u>Johnny Mario Tenaglia</u> |
| <u>Scott Douglas Waulters</u> | | |

State of Ohio, County of Hamilton, State of Ohio, County of Hamilton

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Kurt Carl Lewis

President
Chief Financial Officer

David Keith Hill

Secretary

Subscribed and sworn to before me this
day of 24th day of July

Subscribed and sworn to before me this
day of 24th day of July

Subscribed and sworn to before me this
day of 24th day of July



a. Is this an original filing?..... Yes No
b. If no,
1. State the amendment number.....
2. Date filed.....
MONICA OAKS.....
Notary Public, State of Ohio.....
My Commission Expires
July 28, 2029



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| 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) | | Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code) | | | |
| | | | 952-936-1300 (Area Code) (Telephone Number) | | | |
| Internet Website Address | www.uhc.com | | | | | |
| Statutory Statement Contact | Rachel Ivelisse Corona (Name) | | 952-406-4923 (Area Code) (Telephone Number) | | | |
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| DIRECTORS OR TRUSTEES | | | | | | |
| Neal John Grode Scott Douglas Wauters | Kurt Carl Lewis | | Johnny Mario Tenaglia | | | |

State of _____ State of _____ State of _____
County of _____ County of _____ County of _____ *J.C. Cook*

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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
day of _____

Subscribed and sworn to before me this
18th day of July, 2025
Isabel Diaz

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.....

Official Seal
ISABEL DIAZ
Notary Public, State of Illinois
Commission No. 1009185
My Commission Expires April 25, 2029