



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.  
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☐ Original filing. ☐ Amended filing.
- ☐ 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.  
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- ☒ 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: 11/15/2025  
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Date of filing with the NAIC: \_\_\_\_\_  
☐ Original filing. ☐ Amended filing.

	<u>10-23-2025</u>				
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)





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(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>	

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Name) Kenneth Mark Sheldon

(Title)\* President

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Name) Mitchell Robert Davis

(Title)\* Chief Financial Officer

Signature Michael Charles Brody Date 10/24/2025

(Name) Michael Charles Brody

(Title)\* Secretary

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





HEALTH QUARTERLY STATEMENT  
AS OF SEPTEMBER 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 Cole 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

DIRECTORS OR TRUSTEES

Michael Charles Brody Carlos Ferrera Shannon Raye LePage #  
Kenneth Mark Sheldon

State of Pennsylvania State of \_\_\_\_\_ State of \_\_\_\_\_  
County of Montgomery 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.

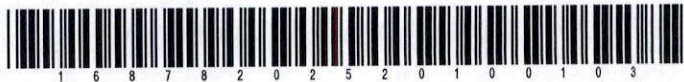
Michael Charles Brody Mitchell Robert Davis Kenneth Mark Sheldon  
Secretary Chief Financial Officer President

Subscribed and sworn to before me this 24 day of OCTOBER 2025 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Dana A Grandinetti

Commonwealth of Pennsylvania - Notary Seal  
DANA A GRANDINETTI - Notary Public  
Montgomery County  
My Commission Expires June 22, 2027  
Commission Number 1234515

- 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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AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
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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) 954-370-1700  
Plantation, FL, US 33324 (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)  
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  
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DIRECTORS OR TRUSTEES

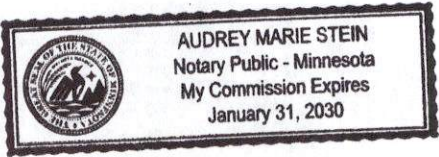
Michael Charles Brody Carlos Ferrera Shannon Raye LePage #  
Kenneth Mark Sheldon

State of \_\_\_\_\_ State of Minnesota State of \_\_\_\_\_  
County of \_\_\_\_\_ 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.

Michael Charles Brody Mitchell Robert Davis Kenneth Mark Sheldon  
Secretary Chief Financial Officer President  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
10th day of November, 2025  
Audrey Marie Stein

- 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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AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE

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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

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Main Administrative Office 7901 SW 6th Court, Suite 400  
(Street and Number)  
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Kenneth Mark Sheldon

State of \_\_\_\_\_ State of \_\_\_\_\_ State of Texas  
County of \_\_\_\_\_ County of \_\_\_\_\_ County of Harris

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Michael Charles Brody Mitchell Robert Davis Kenneth Mark Sheldon  
Secretary Chief Financial Officer President

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 23 day of October 2025  
Paula Faye Scurlock

- 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.....

