



## HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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 Cole Frank (Name)		952-931-5078 (Area Code) (Telephone Number)			
	zachary.frank@uhc.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>						
Tamara Jean Eveslage, Compliance Officer	Heather Anastasia Lang, Assistant Secretary		Jodi Lyn O'Brien #, Vice President			
Nicholas Robert Shjerve #, Assistant Secretary						
<b>DIRECTORS OR TRUSTEES</b>						
Michael Charles Brody	Carlos Ferrera		Shannon Raye LePage #			
Kenneth Mark Sheldon						

State of Pennsylvania  
County of MontgomeryState of \_\_\_\_\_  
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.

Michael Charles Brody  
SecretaryMitchell Robert Davis  
Chief Financial OfficerKenneth Mark Sheldon  
PresidentSubscribed and sworn to before me this  
24 day of OCTOBER 2025  
Dana A. GrandinettiSubscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

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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Michael Charles Brody	Carlos Ferrera		Shannon Raye LePage #			
Kenneth Mark Sheldon						
State of County of	State of County of	Minnesota Tennepin				State of County of

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Michael Charles Brody

Secretary

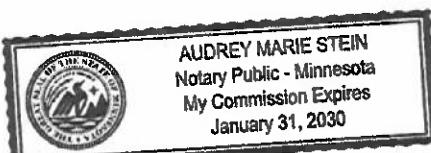
Subscribed and sworn to before me this  
day of \_\_\_\_\_

Subscribed and sworn to before me this  
10<sup>th</sup> day of November 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.....  
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Secretary Michael Charles Brody Chief Financial Officer Mitchell Robert Davis

## OTHER

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## DIRECTORS OR TRUSTEES

Michael Charles Brody Carlos Ferrera Shannon Raye LePage #  
Kenneth Mark SheldonState of \_\_\_\_\_ State of \_\_\_\_\_ State of \_\_\_\_\_  
County of \_\_\_\_\_ County of \_\_\_\_\_ County of \_\_\_\_\_ *Texas*

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SecretaryMitchell Robert Davis  
Chief Financial OfficerKenneth Mark Sheldon  
PresidentSubscribed 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*Brenda Faye Scurlock*a. Is this an original filing?  Yes  No 

b. If no,

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