



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
Oxford Health Plans (NJ), Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95506 Employer's ID Number 22-2745725
(Current) (Prior)
Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ
Country of Domicile United States of America
Licensed as business type: Health Maintenance Organization
Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized 04/17/1985 Commenced Business 09/12/1985
Statutory Home Office 1 Tower Center Boulevard, Floor 11 East Brunswick, NJ, US 08816
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 4 Research Drive, 5th Floor
(Street and Number)
Shelton, CT, US 06484 203-447-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 4 Research Drive, 5th Floor Shelton, CT, US 06484
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 4 Research Drive, 5th Floor
(Street and Number)
Shelton, CT, US 06484 203-447-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.oxfordhealth.com
Statutory Statement Contact Kevin Walter Lecander 952-979-7093
(Name) (Area Code) (Telephone Number)
kevin_lecander@uhg.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

President Samuel Thomas George Treasurer Marilyn Victoria Hirsch
Secretary Alexander McCarthy Miskella # Chief Financial Officer Richard Michael Hersch

OTHER

Gregory Gerald Carnevale M.D., Chief Medical Officer Heather Anastasia Lang, Assistant Secretary Jodi Lyn O'Brien #, Vice President
Nicholas Robert Shjerve #, Assistant Secretary

DIRECTORS OR TRUSTEES

Samuel Thomas George Jean M McGann

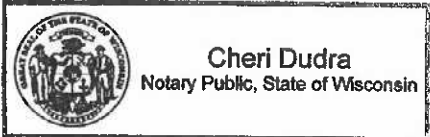
State of Wisconsin State of State of
County of Brown County of County of

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.

Alexander McCarthy Miskella Samuel Thomas George
Secretary President

Subscribed and sworn to before me this 21st day of January 2026 Subscribed and sworn to before me this Subscribed and sworn to before me this
Cheri Dudra day of day of day of
comm Exp: 11/5/28

- 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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DIRECTORS OR TRUSTEES

Samuel Thomas George Jean M McGann

State of _____ State of MA State of _____
County of _____ County of Worcester County of _____

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Alexander McCarthy Miskella Samuel Thomas George
Secretary President

Subscribed and sworn to before me this _____ day of _____
Subscribed and sworn to before me this 17th day of February 2025
Subscribed and sworn to before me this _____ day of _____

MAGDALEN M. KRAEMER
Notary Public, State of New Jersey
Comm. # 50183687
My Commission Expires 1/27/2027

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.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	286,435,914	0	286,435,914	236,434,715
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ 0 encumbrances)	0	0	0	0
5. Cash (\$ 52,445 , Schedule E - Part 1), cash equivalents (\$ 32,319,934 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	32,372,379	0	32,372,379	104,504,059
6. Contract loans, (including \$ 0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	318,808,293	0	318,808,293	340,938,774
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	2,799,080	0	2,799,080	2,080,454
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	8,050	6,861	1,189	126,821
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 85,893,942)	85,893,942	0	85,893,942	78,627,105
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	38,100,073	39,068	38,061,005	56,654
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	5,998,651
18.2 Net deferred tax asset	3,144,292	0	3,144,292	1,891,579
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	5,377,759	0	5,377,759	0
24. Health care (\$ 103,322,685) and other amounts receivable	110,710,277	7,387,592	103,322,685	92,533,617
25. Aggregate write-ins for other-than-invested assets	2,956,008	124	2,955,884	2,841,235
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	567,797,774	7,433,645	560,364,129	525,094,890
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	567,797,774	7,433,645	560,364,129	525,094,890
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Taxes Receivable - State	2,955,884	0	2,955,884	2,841,235
2502. Miscellaneous Receivables	124	124	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,956,008	124	2,955,884	2,841,235

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	148,670,435	0	148,670,435	129,586,145
2. Accrued medical incentive pool and bonus amounts	7,147,278	0	7,147,278	7,587,426
3. Unpaid claims adjustment expenses.....	1,178,432	0	1,178,432	1,525,983
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	7,668,668	0	7,668,668	751,984
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	286,306	0	286,306	292,943
8. Premiums received in advance.....	1,669	0	1,669	36,706
9. General expenses due or accrued.....	3,768,131	0	3,768,131	6,732,763
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	2,034,085	0	2,034,085	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated.....	900,995	0	900,995	905,062
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0	0	0	13,276,422
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans.....	51,219,166	0	51,219,166	3,345,443
23. Aggregate write-ins for other liabilities (including \$ 3,668 current).....	3,668	0	3,668	3,668
24. Total liabilities (Lines 1 to 23).....	222,878,833	0	222,878,833	164,044,545
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	50	50
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	13,889,075	13,889,075
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	323,596,171	347,161,220
32. Less treasury stock, at cost: 32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	337,485,296	361,050,345
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	560,364,129	525,094,890
DETAILS OF WRITE-INS				
2301. Unclaimed Property	3,668	0	3,668	3,668
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	3,668	0	3,668	3,668
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	1,063,312	1,057,073
2. Net premium income (including \$ 0 non-health premium income)	XXX.....	2,285,057,363	1,997,310,453
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	(3,263,928)	8,885,475
4. Fee-for-service (net of \$ 0 medical expenses)	XXX.....	0	0
5. Risk revenue	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	0
8. Total revenues (Lines 2 to 7)	XXX.....	2,281,793,435	2,006,195,928
Hospital and Medical:			
9. Hospital/medical benefits	0	1,615,830,724	1,543,394,964
10. Other professional services	0	1,401,496	4,448,102
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	79,702,761	73,900,603
13. Prescription drugs	0	390,118,379	108,738,594
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	6,199,829	9,744,199
16. Subtotal (Lines 9 to 15)	0	2,093,253,189	1,740,226,462
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	2,093,253,189	1,740,226,462
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$ 47,903,775 cost containment expenses	0	57,745,757	58,474,161
21. General administrative expenses	0	112,326,958	125,257,838
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	5,077,000	0
23. Total underwriting deductions (Lines 18 through 22).....	0	2,268,402,904	1,923,958,461
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	13,390,531	82,237,467
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	20,260,815	21,220,593
26. Net realized capital gains (losses) less capital gains tax of \$ 59,669	0	224,471	1,354,746
27. Net investment gains (losses) (Lines 25 plus 26)	0	20,485,286	22,575,339
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 8,194) (amount charged off \$ (193,588))]	0	(185,394)	(22,811)
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX.....	33,690,423	104,789,995
31. Federal and foreign income taxes incurred	XXX.....	8,177,519	21,658,225
32. Net income (loss) (Lines 30 minus 31)	XXX	25,512,904	83,131,770
DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX.....		
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	361,050,345	352,544,318
34. Net income or (loss) from Line 32	25,512,904	83,131,770
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	1,252,713	(135,973)
39. Change in nonadmitted assets	(330,666)	510,230
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (stock dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (stock dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	(50,000,000)	(75,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(23,565,049)	8,506,027
49. Capital and surplus end of reporting period (Line 33 plus 48)	337,485,296	361,050,345
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,276,459,365	2,011,417,371
2. Net investment income	18,792,346	19,397,108
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,295,251,711	2,030,814,479
5. Benefit and loss related payments	2,088,003,120	1,750,116,194
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	163,682,106	202,028,127
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	204,452	25,634,959
10. Total (Lines 5 through 9)	2,251,889,678	1,977,779,280
11. Net cash from operations (Line 4 minus Line 10)	43,362,033	53,035,199
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	96,846,203	179,545,545
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	96,846,203	179,545,545
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	145,823,106	202,759,474
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	145,823,106	202,759,474
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(48,976,903)	(23,213,929)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	50,000,000	75,000,000
16.6 Other cash provided (applied)	(16,516,810)	(12,308,161)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(66,516,810)	(87,308,161)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(72,131,680)	(57,486,890)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	104,504,059	161,990,949
19.2 End of year (Line 18 plus Line 19.1)	32,372,379	104,504,059

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	2,285,057,363	0	539,460	0	0	0	0	2,284,517,903	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	(3,263,928)	0	(169,963)	0	0	0	0	(3,093,965)	0	0	0	0	0	0
3. Fee-for-service (net of \$ 0 medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6)	2,281,793,435	0	369,497	0	0	0	0	2,281,423,938	0	0	0	0	0	0
8. Hospital/medical benefits	1,615,830,724	0	185,490	0	0	0	0	1,615,645,234	0	0	0	0	0	XXX.
9. Other professional services	1,401,496	0	31	0	0	0	0	1,401,465	0	0	0	0	0	XXX.
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
11. Emergency room and out-of-area	79,702,761	0	0	0	0	0	0	79,702,761	0	0	0	0	0	XXX.
12. Prescription drugs	390,118,379	0	13,376	0	0	0	0	390,105,003	0	0	0	0	0	XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
14. Incentive pool, withhold adjustments and bonus amounts	6,199,829	0	(92)	0	0	0	0	6,199,921	0	0	0	0	0	XXX.
15. Subtotal (Lines 8 to 14)	2,093,253,189	0	198,805	0	0	0	0	2,093,054,384	0	0	0	0	0	XXX.
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
17. Total medical and hospital (Lines 15 minus 16).....	2,093,253,189	0	198,805	0	0	0	0	2,093,054,384	0	0	0	0	0	XXX.
18. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
19. Claims adjustment expenses including \$ 47,903,775 cost containment expenses	57,745,757	0	13,633	0	0	0	0	57,732,124	0	0	0	0	0	0
20. General administrative expenses	112,326,958	0	26,518	0	0	0	0	112,300,440	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	5,077,000	0	0	0	0	0	0	5,077,000	0	0	0	0	0	XXX.
22. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
23. Total underwriting deductions (Lines 17 to 22)	2,268,402,904	0	238,956	0	0	0	0	2,268,163,948	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	13,390,531	0	130,541	0	0	0	0	13,259,990	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX.
0502.														XXX.
0503.														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX.
1302.														XXX.
1303.														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	0	0	0	0
2. Comprehensive (hospital and medical) group	539,460	0	0	539,460
3. Medicare supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal employees health benefits plan	0	0	0	0
7. Title XVIII - Medicare	2,284,517,903	0	0	2,284,517,903
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability income	0	0	0	0
11. Long-term care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	2,285,057,363	0	0	2,285,057,363
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	2,285,057,363	0	0	2,285,057,363

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	2,081,363,140	0	472,199	0	0	0	0	2,080,890,941	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	2,081,363,140	0	472,199	0	0	0	0	2,080,890,941	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	6,639,977	0	8,775	0	0	0	0	6,631,202	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	148,670,436	0	66,108	0	0	0	0	148,604,328	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	148,670,436	0	66,108	0	0	0	0	148,604,328	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	286,305	0	0	0	0	0	0	286,305	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	286,305	0	0	0	0	0	0	286,305	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	7,147,278	0	1,393	0	0	0	0	7,145,885	0	0	0	0	0	0
6. Net health care receivables (a)	13,387,435	0	(12,114)	0	0	0	0	13,399,549	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	129,586,145	0	347,333	0	0	0	0	129,238,812	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	129,586,145	0	347,333	0	0	0	0	129,238,812	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	292,943	0	4,193	0	0	0	0	288,750	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	292,943	0	4,193	0	0	0	0	288,750	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	7,587,426	0	10,259	0	0	0	0	7,577,167	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	2,087,053,358	0	198,895	0	0	0	0	2,086,854,463	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,087,053,358	0	198,895	0	0	0	0	2,086,854,463	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	6,199,829	0	(91)	0	0	0	0	6,199,920	0	0	0	0	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	89,476,732	0	58,993	0	0	0	0	89,417,739	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	89,476,732	0	58,993	0	0	0	0	89,417,739	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	59,193,704	0	7,115	0	0	0	0	59,186,589	0	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	59,193,704	0	7,115	0	0	0	0	59,186,589	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	148,670,436	0	66,108	0	0	0	0	148,604,328	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	148,670,436	0	66,108	0	0	0	0	148,604,328	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group	409,728	62,471	64,291	1,818	474,019	351,527
3. Medicare supplement	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Dental only	0	0	0	0	0	0
6. Federal employees health benefits plan	0	0	0	0	0	0
7. Title XVIII - Medicare	40,453,196	2,040,437,744	6,343,618	142,547,014	46,796,814	129,527,562
8. Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability income	0	0	0	0	0	0
11. Long-term care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	40,862,924	2,040,500,215	6,407,909	142,548,832	47,270,833	129,879,089
14. Health care receivables (a)	8,732,000	92,315,004	0	9,663,272	8,732,000	97,322,841
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	3,823,145	2,816,831	1,401,906	5,745,372	5,225,051	7,587,425
17. Totals (Lines 13 - 14 + 15 + 16)	35,954,069	1,951,002,042	7,809,815	138,630,932	43,763,884	40,143,673

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	349	335	336	335	337
2.	2021	1,224	2,614	2,615	2,628	2,628
3.	2022	XXX	1,554	1,739	1,741	1,741
4.	2023	XXX	XXX	704	775	781
5.	2024	XXX	XXX	XXX	516	928
6.	2025	XXX	XXX	XXX	XXX	63

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	363	335	336	335	337
2.	2021	1,385	2,620	2,615	2,628	2,628
3.	2022	XXX	1,817	1,745	1,741	1,741
4.	2023	XXX	XXX	740	843	781
5.	2024	XXX	XXX	XXX	810	993
6.	2025	XXX	XXX	XXX	XXX	66

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2021	1,856	2,628	85	3.2	2,713	146.2	0	0	2,713	146.2
2.	2022	2,680	1,741	55	3.2	1,796	67.0	0	0	1,796	67.0
3.	2023	1,030	781	17	2.2	798	77.5	0	0	798	77.5
4.	2024	758	928	25	2.7	953	125.7	65	0	1,018	134.3
5.	2025	369	63	8	12.7	71	19.2	3	0	74	20.1

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	9,879	9,893	9,881	9,622	9,427
2.	2021	970,955	970,688	970,683	970,359	970,288
3.	2022	XXX	1,230,270	1,231,129	1,230,946	1,230,691
4.	2023	XXX	XXX	1,635,254	1,676,632	1,676,769
5.	2024	XXX	XXX	XXX	1,708,906	1,753,559
6.	2025	XXX	XXX	XXX	XXX	2,043,254

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	12,200	9,893	9,881	9,622	9,427
2.	2021	1,024,398	971,847	970,683	970,359	970,288
3.	2022	XXX	1,296,436	1,233,794	1,230,946	1,230,691
4.	2023	XXX	XXX	1,780,051	1,680,602	1,676,769
5.	2024	XXX	XXX	XXX	1,842,041	1,761,304
6.	2025	XXX	XXX	XXX	XXX	2,191,545

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	1,220,006	970,288	39,726	4.1	1,010,014	82.8	0	0	1,010,014	82.8
2. 2022	1,533,369	1,230,691	43,928	3.6	1,274,619	83.1	0	0	1,274,619	83.1
3. 2023	2,032,104	1,676,769	58,439	3.5	1,735,208	85.4	0	0	1,735,208	85.4
4. 2024	2,005,438	1,753,559	58,442	3.3	1,812,001	90.4	7,745	58	1,819,804	90.7
5. 2025	2,281,424	2,043,254	51,772	2.5	2,095,026	91.8	148,292	1,120	2,244,438	98.4

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	10,228	10,228	10,217	9,957	9,764
2.	2021	972,179	973,302	973,298	972,987	972,916
3.	2022	XXX	1,231,824	1,232,868	1,232,687	1,232,432
4.	2023	XXX	XXX	1,635,958	1,677,407	1,677,550
5.	2024	XXX	XXX	XXX	1,709,422	1,754,487
6.	2025	XXX	XXX	XXX	XXX	2,043,317

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	12,563	10,228	10,217	9,957	9,764
2.	2021	1,025,783	974,467	973,298	972,987	972,916
3.	2022	XXX	1,298,253	1,235,539	1,232,687	1,232,432
4.	2023	XXX	XXX	1,780,791	1,681,445	1,677,550
5.	2024	XXX	XXX	XXX	1,842,851	1,762,297
6.	2025	XXX	XXX	XXX	XXX	2,191,611

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	1,221,862	972,916	39,811	4.1	1,012,727	82.9	0	0	1,012,727	82.9
2. 2022	1,536,049	1,232,432	43,983	3.6	1,276,415	83.1	0	0	1,276,415	83.1
3. 2023	2,033,134	1,677,550	58,456	3.5	1,736,006	85.4	0	0	1,736,006	85.4
4. 2024	2,006,196	1,754,487	58,467	3.3	1,812,954	90.4	7,810	58	1,820,822	90.8
5. 2025	2,281,793	2,043,317	51,780	2.5	2,095,097	91.8	148,295	1,120	2,244,512	98.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	5,077,000	0	0	0	0	0	0	5,077,000	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ 0 for investment income) ..	1,679,423	0	169,963	0	0	0	0	1,509,460	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	912,245	0	152,861	0	0	0	0	759,384	0	0	0	0	0
6. Totals (gross)	7,668,668	0	322,824	0	0	0	0	7,345,844	0	0	0	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	7,668,668	0	322,824	0	0	0	0	7,345,844	0	0	0	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	286,306	0	0	0	0	0	0	286,306	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	286,306	0	0	0	0	0	0	286,306	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	286,306	0	0	0	0	0	0	286,306	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Medicare Part D Risk Adjustment Factor Payable	759,384	0	0	0	0	0	0	759,384	0	0	0	0	0
0502. Risk Adjustments Payable	152,861	0	152,861	0	0	0	0	0	0	0	0	0	0
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	912,245	0	152,861	0	0	0	0	759,384	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 5,077,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES					
	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
			General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ 0 for occupancy of own building)	1,368,890	304,329	2,529,292	0	4,202,511
2. Salary, wages and other benefits	24,363,532	5,416,460	45,055,011	0	74,835,003
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)	0	0	27,662,791	0	27,662,791
4. Legal fees and expenses	259,218	57,629	468,150	0	784,997
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services ...	2,855,259	634,759	5,408,105	0	8,898,123
7. Traveling expenses	391,748	87,093	723,831	0	1,202,672
8. Marketing and advertising	883,284	196,370	1,632,040	0	2,711,694
9. Postage, express and telephone	823,970	183,184	1,522,446	0	2,529,600
10. Printing and office supplies	1,653,419	367,585	3,055,015	0	5,076,019
11. Occupancy, depreciation and amortization	405,160	90,074	748,612	0	1,243,846
12. Equipment	230,475	51,239	425,848	0	707,562
13. Cost or depreciation of EDP equipment and software	3,042,190	676,335	5,621,041	0	9,339,566
14. Outsourced services including EDP, claims, and other services	2,298,449	539,793	2,676,098	0	5,514,340
15. Boards, bureaus and association fees	31,893	7,090	58,928	0	97,911
16. Insurance, except on real estate	865,699	192,461	1,599,549	0	2,657,709
17. Collection and bank service charges	141,140	31,378	260,784	0	433,302
18. Group service and administration fees	453,280	100,773	873,298	0	1,427,351
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	36,495	14,270	120,526	0	171,291
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	3,839,489	0	3,839,489
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	134,563	0	134,563
23.4 Payroll taxes	801,271	313,285	2,643,679	0	3,758,235
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	200,129	200,129
25. Aggregate write-ins for expenses	6,998,403	577,875	5,267,862	0	12,844,140
26. Total expenses incurred (Lines 1 to 25)	47,903,775	9,841,982	112,326,958	200,129	(a) 170,272,844
27. Less expenses unpaid December 31, current year	977,584	200,848	3,723,140	44,991	4,946,563
28. Add expenses unpaid December 31, prior year	1,216,147	309,836	6,678,085	54,678	8,258,746
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	48,142,338	9,950,970	115,281,903	209,816	173,585,027
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	6,998,403	577,875	5,267,862	0	12,844,140
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	6,998,403	577,875	5,267,862	0	12,844,140

(a) Includes management fees of \$ 101,144,177 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 3,997,459	3,855,330
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 6,850,860	7,780,114
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 0	0
4.	Real estate	(d) 0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) 8,840,373	8,825,500
7	Derivative instruments	(f) 0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	19,688,692	20,460,944
11.	Investment expenses		(g) 200,129
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		200,129
17.	Net investment income (Line 10 minus Line 16)		20,260,815
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 1,226,497 accrual of discount less \$ 486,340 amortization of premium and less \$ 301,349 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 292,363 accrual of discount less \$ 200 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$. 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	154,324	0	154,324	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	129,816	0	129,816	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	284,140	0	284,140	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	6,861	9,349	2,488
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	39,068	162,711	123,643
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	7,387,592	6,930,662	(456,930)
25. Aggregate write-ins for other-than-invested assets	124	257	133
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,433,645	7,102,979	(330,666)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	7,433,645	7,102,979	(330,666)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Miscellaneous Receivables	124	50	(74)
2502. Prepaid Expenses	0	207	207
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	124	257	133

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	84,884	88,651	88,239	89,652	89,563	1,063,312
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	84,884	88,651	88,239	89,652	89,563	1,063,312
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

OXFORD HEALTH PLANS (NJ), INC.

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

Oxford Health Plans (NJ), Inc. (the “Company”), licensed as a health maintenance organization, offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of Oxford Health Plans, LLC. Oxford Health Plans, LLC is a wholly owned subsidiary of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated on April 17, 1985, as a health maintenance organization and operations commenced in September 1985. The Company is licensed as a health maintenance organization in 6 states. The Company has entered into contracts with physicians, hospitals, and other health care provider organizations to deliver health care services for all enrollees.

The Company offers comprehensive commercial products to employer groups. Each contract outlines the coverage provided and renewal provisions.

The Company serves as a plan sponsor offering Medicare Plans under contracts with the Centers for Medicare and Medicaid Services.

A. Accounting Practices

The statutory basis financial statements (herein referred to as “financial statements”) are presented on the basis of accounting practices prescribed or permitted by the New Jersey Department of Banking and Insurance.

The New Jersey Department of Banking and Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of New Jersey, for determining and reporting the financial condition and results of operations of a health maintenance organization, for determining its solvency under New Jersey Insurance Law. The state of New Jersey prescribes the use of the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual in effect for the accounting periods covered in the financial statements.

No significant differences exist between the practices prescribed or permitted by the state of New Jersey and the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual, also known as NAIC SAP, which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

Net Income (Loss)	SSAP #	F/S Page #	F/S Line #	2025	2024
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 25,512,904	\$ 83,131,770
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 25,512,904</u>	<u>\$ 83,131,770</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 337,485,296	\$ 361,050,345
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable				—	—
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$ 337,485,296</u>	<u>\$ 361,050,345</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of these financial statements in conformity with the National Association of Insurance Commissioners' Annual Statement Instructions and the National Association of Insurance Commissioners' Accounting Practices and Procedures manual include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates and premium deficiency reserves (inclusive of conversion reserves)), aggregate health claim reserves, risk corridor, and risk adjustment estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income (loss) in the period in which the estimate is adjusted.

C. Accounting Policy

Basis of Presentation — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the New Jersey Department of Banking and Insurance. These statutory practices differ from generally accepted accounting principles in the United States of America.

The Company has deemed the following to be significant differences between statutory practices and generally accepted accounting principles:

- Certain debt investments categorized as available-for-sale or held-to-maturity under generally accepted accounting principles are presented at the lower of book/adjusted carrying value or fair value in accordance with the National Association of Insurance Commissioners' designations in the financial statements, whereas under generally accepted accounting principles, these investments are shown at fair value or book/adjusted carrying value, respectively.
- Cash, cash equivalents, and short-term investments in the financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date. The Company reported \$0 and \$13,115,208 short-term investments as of December 31, 2025 and 2024, respectively.
- Outstanding checks are required to be netted against cash balances in the financial statements, whereas under generally accepted accounting principles, outstanding checks are presented as other liabilities.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures manual. The statutory basis statements of cash flows are prepared in accordance with the National Association of Insurance Commissioners' Annual Statement Instructions.
- The National Association of Insurance Commissioners' Accounting Practices and Procedures manual provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax basis of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets, and tax basis of liabilities (see Note 9). In addition, under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual, the net change in deferred tax assets and/or liabilities is recorded directly to unassigned funds (surplus) in the financial statements, whereas under generally accepted accounting principles, the net change in deferred tax assets and/or liabilities is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the financial statements, whereas under generally accepted accounting principles, such assets are included in the balance sheet.
- Certain assets, including certain aged premium receivables, certain health care and other amounts receivable, prepaid expenses, and certain amounts receivable relating to uninsured plans are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual and are excluded from the financial statements and charged directly to unassigned funds (surplus).
- Comprehensive income and its components are not separately presented in the financial statements, whereas under generally accepted accounting principles, it is a requirement to present comprehensive income and its components in the financial statements.

Accounting policy disclosures that are required by the National Association of Insurance Commissioners' Annual Statement instructions are as follows:

- (1–2) Bonds and short term investments include maturities of greater than one year and greater than three months but less than one year at the time of purchase, respectively. Bonds and short-term investments are stated at book/adjusted carrying value if they meet National Association of Insurance Commissioners designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet National Association of Insurance Commissioners' designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the National Association of Insurance Commissioners identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant yield interest method. Bonds and short-term investments are valued and reported using market prices published by the Securities Valuation Office in accordance with the National Association of Insurance Commissioners' Valuation of Securities manual prepared by the Securities Valuation Office or an external pricing service.
- (3–4) The Company holds no common or preferred stock.
- (5) The Company holds no mortgage loans on real estate.
- (6) Issuer credit obligations and asset-backed securities include U.S government obligations and agency securities, corporate debt securities and mortgage backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of asset-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets.
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities.
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies.
- (9) The Company holds no derivatives.
- (10) Premium deficiency reserves (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, claims adjustment expenses and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the premium deficiency reserves calculation (see Note 30).
- (11) Claims adjustment expenses are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc., in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements. It is the responsibility of United HealthCare Services, Inc. to pay claims adjustment expenses in the event the Company ceases operations. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2025 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified.
- (12) The Company does not carry any fixed assets in the financial statements.
- (13) Health care and other amounts receivable consist of pharmacy rebates receivable estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc. Health care and other amounts receivable also include receivables for amounts due to the Company for claims and capitation overpayments to providers, hospitals and other health care organizations. Health care and other amounts receivable are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the financial statements (see Note 28).

The Company has also deemed the following to be significant accounting policies:

ASSETS AND LIABILITIES

- **Cash, Cash Equivalents and Other Invested Assets -**

Cash equivalents include securities that have original maturity dates of three months or less from the date of acquisition. Cash equivalents also consist of the Company's share of a qualified cash pool sponsored and administered by United HealthCare Services, Inc. The investment pool is recorded at cost or book/adjusted carrying value depending on the composition of the underlying securities. Interest income from the pool accrues daily to participating members based upon ownership percentage. Cash equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying value depending on the nature of the underlying security, which approximates fair value. Money-market funds are reported at fair value or net asset value as a practical expedient.

Premiums and Considerations / Aggregate Health Policy Reserves — The Company reports uncollected premium balances from its insured members, groups, the Centers for Medicare and Medicaid Services as premiums and considerations in the financial statements. Uncollected premium balances that are over 90 days past due, with the exception of amounts due from government insured plans, are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential.

Premiums and considerations and aggregate health policy reserves could include premium adjustments for the Centers for Medicare and Medicaid Services risk corridor receivables and payables which are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the commercial risk adjustment receivables and payables as defined in section 1343 of the Affordable Care Act and the Centers for Medicare and Medicaid Services risk adjustment receivables and payables for the Medicare Plans are accounted for as premium adjustments subject to redetermination (see Note 24). Aggregate health policy reserves also includes the liability for premium deficiency reserves (see Note 30).

Claims Unpaid and Aggregate Health Claim Reserves — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2025 and 2024. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2025; however, actual payments may differ from those established estimates.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

- **Amounts Receivable Relating to Uninsured Plans / Liability for Amounts Held Under Uninsured Plans** — Amounts due to / from the Company for administrative activities it performs for which it has no insurance risk are reported as amounts receivable relating to uninsured plans / liability for amounts held under uninsured plans (see Note 18).

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Restricted Cash Reserves** — The Company is in compliance with the various states regulatory deposit requirements as of December 31, 2025 and 2024, respectively, for qualification purposes as a domestic and foreign insurer. The New Jersey Administrative Code also requires the Company to maintain minimum insolvency and administrative deposits with the state of New Jersey. The Company had bonds, cash equivalents, and short-term investments which are stated at book/adjusted carrying value, fair value, or net asset depending on the underlying security on deposit with the state of New Jersey and is in compliance with the New Jersey requirements as of December 31, 2025 and 2024, respectively. This reserve is included in bonds, cash equivalents, and short-term investments in the financial statements. Interest earned on this deposit accrues to the Company (see Note 5).
- **Minimum Capital and Surplus** — Under the laws of the state of New Jersey, the New Jersey Department of Banking and Insurance requires the Company to maintain a minimum capital and surplus equal to the greater of the New Jersey Department of Banking and Insurance adjusted consumer price index amount of \$2,480,127; 2% of the first \$150 million of annual premium revenue and 1% of annual premium revenue over \$150 million; three months of uncovered health care expenditures; or an amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis or those on a managed hospital plan basis), plus 4% of the annual hospital expenditures paid on a managed hospital payment basis. The minimum capital and surplus requirements were \$95,720,066 and \$72,987,403, for December 31, 2025 and 2024, respectively, which were based on health care and hospital expenditures, as that produced the highest minimum requirement.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a health maintenance organization to support its overall business operations in consideration of its size and risk profile. The New Jersey Department of Banking and Insurance requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the risk based capital formula, or the level needed to avoid action pursuant to the trend test in the risk-based capital formula.

The Company is also subject to minimum capital and surplus requirements in other states where it is licensed to do business.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2025 and 2024.

STATEMENTS OF OPERATIONS

- **Net Premium Income and Change in Unearned Premium Reserves and Reserve for Rate Credits** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the Affordable Care Act and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies changes to the estimated rebates and retrospective premium adjustments as change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). In addition, pursuant to Section 1343 of the Affordable Care Act, the Company records premium adjustments for changes to the commercial risk adjustment balances which are reflected in net premium income in the financial statements (see Note 24).

Medicare Plans with medical loss ratios on fully insured products, as calculated under the definitions in the Affordable Care Act and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. In addition, the Company records premium adjustments for changes to the Centers for Medicare and Medicaid Services Medicare Plans risk corridor program. Changes to these estimates are reflected in change in unearned premium reserves and reserve for rate credits in the financial statements (see Note 24). Net premium income also includes premiums under the Medicare Plans which includes the Centers for Medicare and Medicaid Services premiums, including amounts pursuant to the Centers for Medicare and Medicaid Services risk adjustment program (see Note 24), member premiums, and the Centers for Medicare and Medicaid Services low-income premium subsidy for the Company's insurance risk coverage.

- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the financial statements.

General Administrative Expenses — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses. Pursuant to the terms of the management agreement (see Note 10), the Company pays a management fee to United HealthCare Services, Inc. in exchange for administrative and management services. State income taxes are also a component of general administrative expenses. Costs for items not included within the scope of the management agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and United HealthCare Services,

Inc. is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements.

- **Net Investment Gains (Losses)** — Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).

Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital gains (losses) less capital gains tax in the financial statements. The Company has not recognized any realized capital gains or losses on sales of investments in 2025 or 2024;

The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains (losses) less capital gains tax, in the financial statements. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition (see Note 5).

- **Federal Income Taxes Incurred** — The provision for federal income taxes incurred is calculated based on applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes (see Note 9).

OTHER

- **Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business. The business is subject to normal claims fluctuations and environmental issues.

The Company has no commercial customers that individually exceed 10% of total direct premiums written for the years ended December 31, 2025 and 2024, respectively. The Company's commercial business represents less than 1% of total direct premiums written as of December 31, 2025 and 2024 respectively.

The Company contracts with the Centers for Medicare and Medicaid Services to serve Medicare members across the states it is licensed in, which represents 99% of total direct premiums written as of December 31, 2025 and 2024.

Recently Issued Accounting Standards

In November 2023, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 43R, *Asset-Backed Securities* to change the reference to "loan-backed securities" to "asset-backed securities". The National Association of Insurance Commissioners also revised Statement of Statutory Accounting Principles No. 26, *Bonds* to break out into two separate lines (*Issuer Credit Obligations and Asset-Backed Securities*), see Notes 5 and 20. The Company adopted the new requirements on the effective date of the first quarter of 2025.

In May of 2025, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 15, *Debt and Holding Company Obligations* to add a new note (11C). The new reporting requirement is to provide a comprehensive picture of the undrawn borrowing capacity of the reporting entity and is intended to be inclusive of undrawn FHLB commitments and lines of credit. The Company adopted the new requirement on the effective date.

In May of 2025, the National Association of Insurance Commissioners adopted a new reporting requirement (SAPWG INT 24-02T) to add a new part to Note 28 - *Health Care Receivables* note (28C) to include Medicare Part D Prescription Payment Plans. The new disclosure requirement adds instructions and illustrations requirements. The Company adopted the new requirement on the effective date.

In May of 2025, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* to update note (5L) to clarify how assets held under modified coinsurance or funds withheld agreements shall be reflected within the restricted asset disclosure. The Company adopted the new requirement on the effective date.

The Company reviewed all other recently issued guidance in 2025 and 2024 that has been adopted for 2025 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2025 and 2024.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Company was not party to a business combination during the years ended December 31, 2025 and 2024, and does not carry goodwill in its financial statements.

4. DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2025 and 2024.

B. Change in Plan of Sale of Discontinued Operation — Not applicable.

C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal — Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal — Not applicable.

5. INVESTMENTS

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. The gross realized gains and losses on sales of long-term investments were \$328,982 and \$70,237, respectively, for 2025 and \$1,716,044 and \$230, respectively, for 2024. There were no gross realized gains and losses on sales of short-term investments for 2025 and 2024. The net realized gains and losses are included in net realized capital gains (losses) less taxes in the financial statements. Total proceeds on the sale of long-term investments were \$33,211,121 and \$99,886,512 in 2025 and 2024, respectively. There were no proceeds on short-term investments for 2025 and 2024.

As of December 31, 2025 and 2024, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company’s investments, excluding cash and cash equivalents of \$32,372,379 and \$91,388,851 respectively, are disclosed in the table below:

	2025				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
Issuer credit obligations					
U.S. government obligations	87,446,196	170,407	—	281	\$ 87,616,322
Municipal bonds - special revenue	4,675,894	1,587	—	5,118	4,672,363
Corporate bonds (unaffiliated)	97,109,832	1,068,972	6,195	875	98,171,734
Single entity back obligations (Unaffiliated)	16,848,068	151,403	—	—	16,999,471
Bonds issued by funds representing operating entities (unaffiliated)	4,341,265	72,841	—	—	4,414,106
Issuer credit obligations	210,421,255	1,465,210	6,195	6,274	211,873,996
Asset-backed securities					
Financial asset-backed securities - self-liquidating	61,231,756	468,401	2,742	465,604	61,231,811
Non financial asset-backed securities - practical expedient	6,730,447	54,732	—	—	6,785,179
Non financial asset-backed securities - full analysis	8,052,456	103,895	—	—	8,156,351
Asset-backed securities	76,014,659	627,028	2,742	465,604	76,173,341
Total bonds	\$ 286,435,914	\$ 2,092,238	\$ 8,937	\$ 471,878	\$ 288,047,337

	2025				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
Less than one year	\$ 66,178,563	\$ 136,970	\$ —	\$ 303	\$ 66,315,230
One to five years	160,110,298	1,350,200	5,455	8,664	161,446,379
Five to ten years	33,494,402	398,271	1,799	1,629	33,889,245
Ten to twenty years	13,474,594	117,736	1,683	169,821	13,420,826
Over twenty years	13,178,057	89,061	—	291,461	12,975,657
Total bonds	\$ 286,435,914	\$ 2,092,238	\$ 8,937	\$ 471,878	\$ 288,047,337

	2024				
	Book/Adjusted Carrying Value	Gross Unrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	Gross Unrecognized Unrealized Losses > 1 Year	Fair Value
U.S. government and agency securities	\$ 130,757,127	\$ 149,911	\$ 872,720	\$ 643,462	\$ 129,390,856
State and agency municipal securities	5,737,276	3,318	8,832	13,519	5,718,243
City and county municipal securities	3,937,451	220	—	34,260	3,903,411
Corporate debt securities	109,118,069	373,911	180,607	349,964	108,961,409
Total bonds and short-term investments	\$ 249,549,923	\$ 527,360	\$ 1,062,159	\$ 1,041,205	\$ 247,973,919

Included in asset-backed securities and issuer credit obligations in the tables above are mortgage-related asset-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$76,014,659 and fair value of \$76,173,341.

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2025 and 2024:

	2025					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
Issuer credit obligations	\$ 4,544,746	\$ 6,195	\$ 7,069,976	\$ 6,274	\$ 11,614,722	\$ 12,469
Asset-backed securities	5,559,529	2,742	6,621,615	465,604	12,181,144	468,346
Total bonds	<u>\$ 10,104,275</u>	<u>\$ 8,937</u>	<u>\$ 13,691,591</u>	<u>\$ 471,878</u>	<u>\$ 23,795,866</u>	<u>\$ 480,815</u>

	2024					
	< 1 Year		> 1 Year		Total	
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities	\$ 63,643,364	\$ 872,720	\$ 12,760,638	\$ 643,462	\$ 76,404,002	\$ 1,516,182
State and agency municipal securities	1,632,183	8,832	2,517,742	13,519	4,149,925	22,351
City and county municipal securities	—	—	3,623,190	34,260	3,623,190	34,260
Corporate debt securities	21,814,032	180,607	23,642,809	349,964	45,456,841	530,571
Total bonds and short-term investments	<u>\$ 87,089,579</u>	<u>\$ 1,062,159</u>	<u>\$ 42,544,379</u>	<u>\$ 1,041,205</u>	<u>\$ 129,633,958</u>	<u>\$ 2,103,364</u>

The unrecognized unrealized losses on investments in issuer credit obligations and asset-backed securities at December 31, 2025 and 2024, were mainly caused by interest rate fluctuations and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of issuer credit obligations and asset-backed securities related to U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company assessed the credit quality of the issuer credit obligations and asset-backed securities related to state and agency municipal securities, city and county municipal securities and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an other-than-temporary impairment, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain asset-backed securities for a period of time sufficient to recover the amortized cost. As a result of this review, no other-than-temporary impairments were recorded by the Company as of December 31, 2025 and 2024

A–C. The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

D. Asset-Backed Securities

- (1) Asset-backed securities include U.S government obligations and agency securities, corporate debt securities and mortgage backed securities, which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of asset-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any other-than-temporary impairments on asset-backed securities as of December 31, 2025.
- (3) The Company did not have any asset-backed securities with other-than-temporary impairments to report by CUSIP as of December 31, 2025 or 2024.

- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the asset-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2025 and 2024:

	2025
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 2,742
2. 12 months or longer	465,604
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	5,559,529
2. 12 months or longer	6,621,615
	2024
The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 76,344
2. 12 months or longer	807,749
The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	13,107,009
2. 12 months or longer	11,461,939

- (5) The Company believes that it will continue to collect timely the principal and interest due on its asset-backed securities that have an amortized cost in excess of fair value. The unrealized losses were primarily caused by interest rate changes and not by unfavorable changes in the credit quality associated with these securities that impacted the assessment on collectability of principal and interest. At each reporting period, the Company evaluates available-for-sale debt securities for any credit-related impairment when the fair value of the investment is less than its amortized cost. The Company evaluated the expected cash flows and the underlying credit quality and credit ratings of the issuers, noting no significant credit deterioration since purchase. As of December 31, 2025, the unrealized loss on any security that the Company classified as available-for-sale was not material to the Company's investment portfolio. Any other securities in an unrealized loss position as of December 31, 2025, the Company considers to be temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions — Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.
- J. Real Estate — Not applicable.
- K. Investments in Tax Credit Structures — Not applicable.

L. Restricted Assets —

(1) Restricted assets, including pledged securities as of December 31, 2025 and 2024, are presented below:

	1	2	3	4	5	6	7	8	9	10
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %	\$ —	\$ —	
b. Collateral held under security lending agreements	—	—	—	—	—	— %	— %	—	—	25.04 + 25.05
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.21
d. Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.22
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.23
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.24
g. Placed under option contracts	—	—	—	—	—	— %	— %	—	—	26.25
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock	—	—	—	—	—	— %	— %	—	—	26.26
i. FHLB capital stock	—	—	—	—	—	— %	— %	—	—	26.27
j. On deposit with states	299,698,498	287,367,190	12,331,308	—	299,698,498	53 %	53 %	299,698,498	—	26.28
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %	—	—	26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %	—	—	26.31
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %	—	—	26.30
n. Other restricted assets	—	—	—	—	—	— %	— %	—	—	26.32
o. Collateral Assets Received and on Balance Sheet	—	—	—	—	—	— %	— %	XXX	XXX	N/A
p. Assets held under Modco Reinsurance Agreements	—	—	—	—	—	— %	— %	XXX	XXX	N/A
q. Assets held under Funds Withheld Reinsurance Agreements	—	—	—	—	—	— %	— %	XXX	XXX	N/A
r. Total restricted assets	\$ 299,698,498	\$ 287,367,190	\$ 12,331,308	\$ —	\$ 299,698,498	53 %	53 %	XXX	XXX	XXX

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

The Company does not have any differences from Note 5L above and the General Interrogatories.

(2–5) The Company has no assets pledged as collateral, assets held under modified coinsurance or funds withheld reinsurance agreements not captured in other categories and no other restricted assets as of December 31, 2025 or 2024.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5GI Securities

The Company does not have any investments with a National Association of Insurance Commissioners’ designation of 5GI as of December 31, 2025 and 2024.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees

The following table illustrates prepayment penalty and acceleration fees as of December 31, 2025:

	General Account
1. Number of CUSIPs	1
2. Aggregate Amount of Investment Income	\$ 1,868

R. Reporting Entity’s Share of Cash Pool by Asset Type —

The Company’s investment in the qualified cash pool is reported in cash equivalents. The Company’s investment in the qualified cash pool is \$19,057,351 and \$53,584,561 as of December 31, 2025 and 2024, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2025:

Asset Type	Percent Share
(1) Cash	4%
(2) Cash Equivalents	49%
(3) Short-Term Investments	47%
(4) Total	100%

S. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A–B. The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

- A. The Company excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.
- B. There were no investment income amounts excluded from the financial statements.
- C. The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued, and admitted interest income due and accrued amounts as of December 31, 2025 and 2024:

2025		
Interest Income Due And Accrued:		
1. Gross	\$	2,799,080
2. Nonadmitted		—
3. Admitted		2,799,080

2024		
Interest Income Due And Accrued:		
1. Gross	\$	2,080,454
2. Nonadmitted		—
3. Admitted		2,080,454

- D. The Company has no aggregated deferred interest as of December 31, 2025 or 2024.
- E. The Company has no paid-in-kind interest as of December 31, 2025 or 2024.

8. DERIVATIVE INSTRUMENTS

A–B. The Company has no derivative instruments.

9. INCOME TAXES

The corporate alternative minimum tax is calculated as 15% of adjusted financial statement income and applies only to corporations with average annual adjusted financial statement income in excess of \$1 billion for three prior taxable years. The applicability of the corporate alternative minimum tax is determined on a tax-controlled group basis.

The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated, which constitutes a controlled group. The controlled group's expected federal income tax will exceed the corporate alternative minimum tax and therefore the Company does not expect to be subject to the minimum tax.

The controlled group has not made any material modifications to the methodology used to project the corporate alternative minimum tax.

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2025 and 2024 are as follows:

	2025			2024			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7+8) Total
(a) Gross deferred tax assets	\$ 3,144,294	\$ —	\$ 3,144,294	\$ 1,901,878	\$ —	\$ 1,901,878	\$ 1,242,416	\$ —	\$ 1,242,416
(b) Statutory valuation allowance adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted gross deferred tax assets (1a - 1b)	3,144,294	—	3,144,294	1,901,878	—	1,901,878	1,242,416	—	1,242,416
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax asset (1c - 1d)	3,144,294	—	3,144,294	1,901,878	—	1,901,878	1,242,416	—	1,242,416
(f) Deferred tax liabilities	2	—	2	10,299	—	10,299	(10,297)	—	(10,297)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 3,144,292	\$ —	\$ 3,144,292	\$ 1,891,579	\$ —	\$ 1,891,579	\$ 1,252,713	\$ —	\$ 1,252,713

(2) The components of the adjusted gross deferred tax assets admissibility calculation under Statement of Statutory Accounting Principles No. 101, *Income Taxes*, are as follows:

	2025			2024			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1 + 2) Total	Ordinary	Capital	(Col 4 + 5) Total	(Col 1 - 4) Ordinary	(Col 2 - 5) Capital	(Col 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 3,144,294	\$ —	\$ 3,144,294	\$ 1,901,878	\$ —	\$ 1,901,878	\$ 1,242,416	\$ —	\$ 1,242,416
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	—	—	—	—	—	—	—	—	—
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	—	—	—	—	—	—	—	—	—
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	50,151,151	XXX	XXX	53,873,815	XXX	XXX	(3,722,664)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	—	—	—	—	—	—	—	—	—
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	<u>\$ 3,144,294</u>	<u>\$ —</u>	<u>\$ 3,144,294</u>	<u>\$ 1,901,878</u>	<u>\$ —</u>	<u>\$ 1,901,878</u>	<u>\$ 1,242,416</u>	<u>\$ —</u>	<u>\$ 1,242,416</u>

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

	2025	2024
(a) Ratio percentage used to determine recovery period and threshold limitation amount	>300%	>300%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	\$ 334,341,004	\$ 359,158,766

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2025 and 2024 is presented below:

Impact of Tax-Planning Strategies	2025		2024		Change	
	1	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 3,144,294	\$ —	\$ 1,901,878	\$ —	\$ 1,242,416	\$ —
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	— %	— %	— %	— %	— %	— %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 3,144,294	\$ —	\$ 1,901,878	\$ —	\$ 1,242,416	\$ —
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	— %	— %	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes		No	X

B. Unrecognized Deferred Tax Liabilities

(1–3) There are no unrecognized deferred tax liabilities for the years ended December 31, 2025 and 2024.

C. Significant Components of Income Taxes

(1) The federal and foreign income taxes incurred for the years ended December 31, 2025 and 2024 are as follows:

	1	2	3
	2025	2024	(Col 1 - 2) Change
1. Current income tax			
(a) Federal	\$ 8,177,519	\$ 21,658,225	\$ (13,480,706)
(b) Foreign	<u>—</u>	<u>—</u>	<u>—</u>
(c) Subtotal (1a+1b)	8,177,519	21,658,225	(13,480,706)
(d) Federal income tax on net capital gains (losses)	59,669	360,122	(300,453)
(e) Utilization of capital loss carryforwards	—	—	—
(f) Other	<u>—</u>	<u>—</u>	<u>—</u>
(g) Total federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 8,237,188</u>	<u>\$ 22,018,347</u>	<u>\$ (13,781,159)</u>

(2–4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2025 and 2024, are as follows:

	1	2	3
	2025	2024	(Col 1 - 2) Change
2. Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 516,942	\$ 408,723	\$ 108,219
(2) Unearned premium reserve	70	1,542	(1,472)
(3) Policyholder reserves	1,066,170	—	1,066,170
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables — nonadmitted	1,561,066	1,491,582	69,484
(11) Net operating loss carryforward	—	—	—
(12) Tax credit carryforward	—	—	—
(13) Other	46	31	15
(99) Subtotal (sum of 2a1 through 2a13)	3,144,294	1,901,878	1,242,416
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	3,144,294	1,901,878	1,242,416
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	3,144,294	1,901,878	1,242,416
3. Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	—	—	—
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	2	10,299	(10,297)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	2	10,299	(10,297)
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	2	10,299	(10,297)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 3,144,292	\$ 1,891,579	\$ 1,252,713

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2025 and 2024.

- D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2025 and 2024 is as follows:

	2025		2024	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ 7,087,518	21 %	\$ 22,081,524	21 %
Tax-exempt interest	(33,603)	—	(34,352)	—
Tax effect of nonadmitted assets	(69,440)	—	107,148	—
Total statutory income taxes	<u>\$ 6,984,475</u>	<u>21 %</u>	<u>\$ 22,154,320</u>	<u>21 %</u>
Federal income taxes incurred	\$ 8,177,519	25 %	\$ 21,658,225	21 %
Capital gains tax	59,669	—	360,122	—
Change in net deferred income tax	(1,252,713)	(4)	135,973	—
Total statutory income taxes	<u>\$ 6,984,475</u>	<u>21 %</u>	<u>\$ 22,154,320</u>	<u>21 %</u>

- E. At December 31, 2025, the Company had no net operating loss carryforwards.

Current federal and foreign income tax payable (recoverable) and interest thereon of \$2,034,085 and (\$5,998,651) as of December 31, 2025 and 2024, respectively, are included in the financial statements. Federal income taxes paid, net of refunds, were \$204,452 and \$25,634,959 in 2025 and 2024, respectively.

Federal income taxes incurred of \$8,189,084 and \$22,066,453 for 2025 and 2024, respectively, are available for recoupment in the event of future net losses.

The Company has not admitted any aggregate amounts of deposits that are included within Section 6603 (“Deposits made to suspend running of interest on potential underpayments, etc.”) of the Internal Revenue Service Code.

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group Incorporated which constitutes a controlled group. The entities included within the consolidated return are included in the National Association of Insurance Commissioners’ Statutory Statement Schedule Y - Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group Incorporated pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal return of UnitedHealth Group Incorporated. UnitedHealth Group Incorporated currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The U.S. Internal Revenue Service has completed exams on UnitedHealth Group Incorporated’s consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group Incorporated’s 2017 through 2023 tax returns are under review by the Internal Revenue Service, with the 2017 through 2020 tax years under the Internal Revenue Service’s Compliance Assurance Program. UnitedHealth Group Incorporated is no longer subject to income tax examinations prior to the 2015 tax year. In general, the Company is subject to examination in non-U.S. jurisdictions for years 2015 and forward.

- G. **Tax Contingencies** — Not applicable.
- H. **Repatriation Transition Tax** — Not applicable.
- I. **Alternative Minimum Tax Credit** — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

- A–B. In the ordinary course of business, the Company contracts with several affiliates to provide a wide variety of services to the Company’s members. These agreements are filed with and approved by the New Jersey Department of Banking and Insurance according to Management’s understanding of the current requirements and standards. Within the confines of the applicable filed and approved agreements (including subsequent amendments thereto), the amount and types of services provided by these affiliated entities can change year over year.

United HealthCare Services, Inc. maintains a private short-term investment pool in which affiliated companies may participate (see Note 1). At December 31, 2025 and 2024, the Company’s portion was \$19,057,351 and \$53,584,561, respectively and is included in cash equivalents in the financial statements.

The Company has a tax-sharing agreement with UnitedHealth Group Incorporated (see Note 9).

The Company paid dividends of \$50,000,000 and \$75,000,000 in 2025 and 2024, respectively, to its parent (see Note 13).

- C. The Company has no material related party transactions that meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties* that are not included in National Association of Insurance Commissioner Statutory Statement Schedule Y—Part 2 Summary Of Insurer’s Transactions With Any Affiliates.

- D. The Company had receivables from parent, subsidiaries and affiliates of \$5,377,759 as of December 31, 2025 and amounts due to parent, subsidiaries and affiliates of \$13,276,422 as of December 31, 2024, which are included in the financial statements. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.
- E. The administrative services, access fees, and cost of care services provided by affiliates are calculated using one or more of the following methods: (1) a percentage of premiums; (2) use of assets; (3) direct pass-through of charges; (4) per member per month; (5) per employee per month; (6) per claim; or (7) a combination thereof consistent with the provisions contained in each contract. These amounts are included in general administrative expenses, claims adjustment expenses, and hospital and medical expenses in the financial statements. The following table identifies the amounts reported for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2025 and 2024, which meet the disclosure requirements pursuant to Statement of Statutory Accounting Principles No. 25, *Affiliates and Other Related Parties*, regardless of the effective date of the contract:

	2025	2024
Optum Health Networks, Inc.	\$ 735,730,983	\$ 651,112,130
OptumRx, Inc.	421,340,923	137,495,893
United HealthCare Services, Inc.	110,648,060	113,195,866
Landmark MSO, LLC	18,395,590	(19,576,460)
XLHome Northeast, P.C.	14,119,661	12,372,685
United Behavioral Health	5,284,966	6,084,092
Optum Medical Care of New Jersey, P.C.	2,807,108	3,569,756
Optum Networks of New Jersey, Inc.	2,574,482	7,810,014
OptumInsight, Inc.	—	3,035,440
naviHealth, Inc.	(66,463)	6,352,573
Prospero Health Partners, P.C.	(2,826,256)	—

Optum Health Networks, Inc. provides services that may include, but are not limited to, care management services to eligible members and/or arranging for the delivery of clinical services to the Company's enrollees.

Optum Rx, Inc. provides services that may include, but are not limited to, administrative services related to pharmacy management and pharmacy claims processing for enrollees, manufacturer rebate administration, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products.

United HealthCare Services, Inc. provides, or arranges for the provision of, management, administrative, and other services deemed necessary or appropriate for United HealthCare Services, Inc. to provide management and operational support to the Company. The services can include, but are not limited to, the categories of management and operational services outlined in the management agreement, such as human resources, legal, facilities, general administration, treasury and investment functions, claims adjudication and payment, benefit administration, disease management, health care decision support, medical management, credentialing, preventative health services, utilization management reporting and expenses incurred for new business that will be effective in the subsequent year.

Landmark MSO, LLC provides delivery of home-based medical care to improve the health and quality of care for chronically ill and frail individuals.

XLHome Northeast, P.C. provides house call services to the Company's members.

United Behavioral Health provides services related to mental health and substance abuse treatment.

Optum Medical Care of New Jersey, P.C. provides medical assistance for children.

Optum Networks of New Jersey, Inc. provides medical management services for subscribers or enrollees of managed care plans.

OptumInsight, Inc. provides services that may include, but are not limited to, coordination of benefits and data mining, Retrospective fraud, waste and abuse, subrogation and audit services. All recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis.

naviHealth, Inc. provides comprehensive post-acute services and care delivery.

Prospero Health Partners, P.C. provides palliative care management services to the Company's members.

The Company has premium payments that are received and claim payments and direct expenses such as broker commissions, New Jersey Department of Banking and Insurance exam fees, Affordable Care Act assessments and premium taxes that are processed and paid by an affiliated UnitedHealth Group Incorporated entity. Premiums, claims, and direct expenses applicable to the Company are settled at regular intervals throughout the month via the intercompany settlement process and any amounts outstanding are reflected in amounts due to parent, subsidiaries, and affiliates in the financial statements.

- F. The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.

- G. The Company is part of an insurance holding company system with UnitedHealth Group Incorporated as the ultimate parent. Management believes that the Company's transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.
- H. The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.
- I. The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.
- J. The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.
- K. The Company does not have any investments in foreign insurance subsidiaries.
- L. The Company does not hold any investments in a downstream noninsurance holding company.
- M. The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.
- N. The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.
- O. The Company does not have any investments in subsidiary, controlled, or affiliated entities or joint ventures, partnerships, and limited liability companies in which the Company's share of losses exceeds the investment.

11. DEBT

- A–B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2025 and 2024.
- C. A summarization of the Company's unused commitments and lines of credit for financing arrangements as of December 31, 2025 and 2024 are presented below:

	2025		2024	
	Unused Commitments	Unused Lines of Credit	Unused Commitments	Unused Lines of Credit
Short-Term (contracts terminating in 12 months or less)	\$ —	\$ —	\$ —	\$ —
Long-Term (contracts terminating in more than 12 months)	\$ —	\$ 100,000,000	\$ —	\$ 100,000,000
Total	\$ —	\$ 100,000,000	\$ —	\$ 100,000,000

(1- 2) The Company holds a \$100,000,000 subordinated credit agreement with United HealthCare Services, Inc. at an interest rate of Fed Funds Target rate - Upper Bound plus 50 basis points. This credit agreement is subordinate to the claims of non-affiliated creditors and loans from non-affiliated lenders of the borrowers. This credit agreement is revolving, unless terminated by either party. No amounts were outstanding under the line of credit as of December 31, 2025 and December 31, 2024. There was no interest paid or accrued throughout the year as of December 31, 2025 and 2024, respectively.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A–I. The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of United HealthCare Services, Inc., which provides services to the Company under the terms of the management agreement (see Note 10).

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

- A–B. The Company has 1,000 shares authorized and 500 shares issued and outstanding of \$0.10 par value common stock. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, Oxford Health Plans, LLC
- C. Dividend payment requirements are outlined in the domiciliary state statutes and may be further restricted by the New Jersey Department of Banking and Insurance.
- D. The Company paid ordinary cash dividends of \$50,000,000 and \$75,000,000 on March 19, 2025 and March 15, 2024, respectively, to Oxford Health Plans, LLC, which were approved by the New Jersey Department of Banking and Insurance and recorded as a reduction to unassigned funds (surplus) in the financial statements.
- E. The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.
- F. There are no restrictions placed on the Company's unassigned funds (surplus).
- G. The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.

- H. The Company does not hold any stock, including stock of affiliated companies, for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- I. The Company does not have any special surplus funds.
- J. The portion of unassigned funds (surplus), excluding net income (loss) and dividends, represented (or reduced) by each item below is as follows:

	2025	2024
Net deferred income taxes	\$ 3,144,292	\$ 1,891,579
Nonadmitted assets	(7,433,645)	(7,102,979)
Total	<u>\$ (4,289,353)</u>	<u>\$ (5,211,400)</u>

- K–M. The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

The Company is not aware of any guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity.

C. Gain Contingencies

The Company is not aware of any gain contingencies that should be disclosed in the financial statements.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits — Not applicable.

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

The Company’s business is regulated at the federal, state, and local levels. The laws and rules governing the Company’s business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The Company has been, or is currently, involved in various governmental investigations, audits and reviews. These include routine, regular, and special investigations, audits and reviews by Centers for Medicare and Medicaid Services, state insurance and health and welfare departments and other governmental authorities. The Company cannot reasonably estimate the range of loss, if any, that may result from any material government investigations, audits and reviews in which it is currently involved given the inherent difficulty in predicting regulatory action, fines and penalties, if any, and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

On February 14, 2017, the Department of Justice announced its decision to pursue certain claims within a lawsuit initially asserted against the Company and filed under seal by a whistleblower in 2011. The whistleblower’s complaint, which was unsealed on February 15, 2017, alleges the Company made improper risk adjustment submissions and violated the False Claims Act. In March 2025, a Special Master appointed by the court issued a report recommending that the court enter summary judgment in the Company’s favor on all remaining claims. In April 2025, the Department of Justice filed a motion asking the court to reject the Special Master’s report. The Company cannot reasonably estimate the outcome which may result from this matter given its procedural status.

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers, and regulators, relating to the Company’s businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility, or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the financial statements of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in the financial statements. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company’s past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company’s statutory basis financial condition.

There are no assets that the Company considers to be impaired at December 31, 2025 and 2024.

15. LEASES

A–B. According to the management agreement between the Company and United HealthCare Services, Inc. (see Note 10), United HealthCare Services, Inc. is responsible for operating leases for the rental of office facilities and equipment. Fees associated with the lease agreements are included as a component of the Company's management fee.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1–4) The Company does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A–C. The Company did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A–B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2025 and 2024.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program is a partially insured plan. The Company recorded a payable of \$11,953,384 and \$3,345,443 as of December 31, 2025 and December 31, 2024, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies.

Effective January 1, 2025, the Medicare Part D Coverage Gap Discount Program was replaced with the Medicare Part D Manufacturer Discount Program. The Manufacturer Discount Program provides discounts in both the initial coverage and catastrophic phases not just in the gap phase, whereas the Coverage Gap Discount Program provided a percentage discount on brand name drugs during the gap phase only. The Company recorded a receivable of \$38,061,005 and a payable of 39,265,782 as of December 31, 2025 related to the Medicare Part D Manufacturer Discount Program. The Company recorded a receivable of \$33,936 and a payable of \$0 related to the Medicare Part D Coverage Gap Discount Program as of December 31, 2024. The receivables and payables are recorded in amounts receivable relating to uninsured plans and liability for amounts held under uninsured plans, respectively in the financial statements.

The Inflation Reduction Act was signed into law in 2022 and created a one-year subsidy for 2023 labeled as the Inflation Reduction Act Subsidy Amounts. The Company recorded a receivable of \$22,718 as of December 31, 2024 for the temporary retrospective subsidy be paid to Part D plans for the reduction in cost sharing and elimination of the deductible for ACIP-recommended vaccines and covered insulin products during the 2023 plan year related to Inflation Reduction Act Subsidy Amounts. The Inflation Reduction Act Subsidy was only available for 2023. All amounts have been settled as of March 31, 2025

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2025 and 2024.

20. FAIR VALUE MEASUREMENTS

The National Association of Insurance Commissioner Practices and Procedures manual defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, cash equivalents, and short-term investments are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The third-party pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the third-party pricing service may use

quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the third-party pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the third-party pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent third-party pricing services have not historically resulted in an adjustment in the prices obtained from the third-party pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities are now included as a component of issuer credit obligations and asset-backed securities as of December 31, 2025, whereas in 2024, these securities were listed in separate categories. The current year disclosures and corresponding tables reflect this change in presentation. No presentation change has been made to the prior year tables.

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following tables present information about the Company's financial assets that are measured and reported at fair value at December 31, 2025 and 2024, in the financial statements according to the valuation techniques the Company used to determine their fair values:

Description for Each Class of Asset or Liability	2025			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
Issuer credit obligations	—	—	—	—	—
Asset-backed securities	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	13,262,584	—	—	—	13,262,584
Qualified cash pool	19,057,350	—	—	—	19,057,350
Total assets at fair value/NAV	\$ 32,319,934	\$ —	\$ —	\$ —	\$ 32,319,934
b. Liabilities at fair value:					
Derivative liabilities	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

Description for Each Class of Asset or Liability	2024			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
a. Assets at fair value:					
Perpetual preferred stock:					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total perpetual preferred stocks	—	—	—	—	—
Bonds:					
U.S. governments	—	—	—	—	—
Industrial and misc	—	—	—	—	—
Hybrid securities	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total bonds	—	—	—	—	—
Common stock:					
Industrial and misc	—	—	—	—	—
Parent, subsidiaries, and affiliates	—	—	—	—	—
Total common stock	—	—	—	—	—
Derivative assets:					
Interest rate contracts	—	—	—	—	—
Foreign exchange contracts	—	—	—	—	—
Credit contracts	—	—	—	—	—
Commodity futures contracts	—	—	—	—	—
Commodity forward contracts	—	—	—	—	—
Total derivatives	—	—	—	—	—
Money-market funds	8,540,112	—	—	—	8,540,112
Qualified cash pool	53,584,561	—	—	—	53,584,561
Total assets at fair value/NAV	<u>\$ 62,124,673</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 62,124,673</u>
b. Liabilities at fair value:					
Derivative liabilities	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value at December 31, 2025.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2025 or 2024.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 and therefore has no valuation technique to disclose.
- (5) The Company has no derivative assets and liabilities to disclose.
- B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2025 and 2024 is presented in the table below:

2025							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer credit obligations	\$ 211,873,996	\$ 210,421,255	\$ 87,616,321	\$ 124,257,675	\$ —	\$ —	\$ —
Asset-backed securities	76,173,341	76,014,659	—	76,173,341	—	—	—
Cash equivalents	32,319,934	32,319,934	32,319,934	—	—	—	—
Total bonds and cash equivalents	<u>\$ 320,367,271</u>	<u>\$ 318,755,848</u>	<u>\$ 119,936,255</u>	<u>\$ 200,431,016</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
2024							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. government and agency securities	\$ 129,390,856	\$ 130,757,127	\$ 114,899,472	\$ 14,491,384	\$ —	\$ —	\$ —
State and agency municipal securities	5,718,243	5,737,276	—	5,718,243	—	—	—
City and county municipal securities	3,903,411	3,937,451	—	3,903,411	—	—	—
Corporate debt securities	108,961,409	109,118,069	—	108,961,409	—	—	—
Cash equivalents	91,401,828	91,401,828	91,401,828	—	—	—	—
Total bonds, short-term investments, and cash equivalents	<u>\$ 339,375,747</u>	<u>\$ 340,951,751</u>	<u>\$ 206,301,300</u>	<u>\$ 133,074,447</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

D. Not Practicable to Estimate Fair Value — Not applicable.

E. Investments Measured Using the NAV Practical Expedient — Not applicable.

21. OTHER ITEMS

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2025 and 2024.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2025 and 2024.

C. Other Disclosures

The Company does not have any amounts not recorded in the financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2025 and 2024.

E. State and Federal Tax Credits

(1–2) The Company has no unused state and federal tax credits as of December 31, 2025 and 2024.

(3) The Company does not have any unused tax credits that need to be estimated as of December 31, 2025 and 2024.

(4) The Company has not recognized impairment on unused state and federal tax credits as of December 31, 2025 and 2024.

(5) Not applicable.

(6) The Company does not have any commitments to purchase tax credits as of December 31, 2025 and 2024.

F. Sub-Prime Mortgage-Related Risk Exposure

(1–4) The investment policy for the Company limits investments in asset-backed securities, which can include sub-prime issuers. Further, the policy limits investments in private issuer mortgage securities to 10% of the portfolio, which also includes sub-prime issuers. The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2025 and 2024.

G. Retained Assets

The Company does not have any retained asset accounts for beneficiaries.

H. Insurance-Linked Securities Contracts

As of December 31, 2025, the Company is not aware of any possible proceeds of insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy — Not applicable.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through February 27, 2026, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2025, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

There are no material non-recognized Type II events that require disclosure.

23. REINSURANCE

A–D. The Company does not have any material affiliated or unaffiliated reinsurance agreements in place as of December 31, 2025 or 2024.

E. Reinsurance Credit — Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.
- B. Estimated accrued retrospective premiums due to (from) the Company are recorded in premiums and considerations and aggregate health policy reserves in the financial statements and as an adjustment to change in unearned premium reserves and reserve for rate credits in the financial statements.
- C. Pursuant to the Affordable Care Act, the Company’s commercial and Medicare business is subject to retrospectively rated features based on the actual medical loss ratio experienced on the commercial and Medicare lines of business and redetermination features for premium adjustments for changes to each member’s health scores based on guidelines determined by the Affordable Care Act. The total amount of direct premiums written for which a portion is subject to the retrospectively rated and redetermination are \$539,460 and \$758,051 for commercial, and \$2,284,517,903 and \$1,996,552,402 for Medicare, representing less than 1% for commercial, and 99% for Medicare of total direct premiums written as of December 31, 2025 and 2024 respectively.

The Company has Medicare Part D risk-corridor amounts from the Centers for Medicare and Medicaid Services which are subject to a retrospectively rated feature. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by the Centers for Medicare and Medicaid Services. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D direct premiums subject to the retrospectively rated feature was \$443,855,766 and \$133,510,304, representing 19% and 7% of total direct premiums written as of December 31, 2025 and 2024, respectively.

D. The Company is required to maintain specific minimum medical loss ratios on the comprehensive commercial and Medicare lines of business.

The Company’s actual loss ratios on the comprehensive commercial and Medicare lines of business were in excess of the minimum requirements and as a result, no minimum medical loss ratio rebate liability was required to be established at December 31, 2025 and 2024.

The following table discloses the minimum medical loss ratio rebate liability for the Medicare line of business which is included in aggregate health policy reserves in the financial statements for the years ended December 31, 2025 and 2024:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ 272	\$ 272
(2) Medical loss ratio rebates paid	—	—	—	5,068,212	5,068,212
(3) Medical loss rebates unpaid	—	—	—	—	—
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	—
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	—	—	—	—	—
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss rebates unpaid	—	—	—	—	—
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	—

In addition to the Affordable Care Act minimum medical loss ratio requirements, all Corporations and health maintenance organizations that filed for any rate adjustment in any prior calendar year shall submit, no later than August 1, a report showing loss ratios for the previous calendar year for small group and individual direct pay standardized business. For small group and individual direct pay contracts a minimum medical loss ratio of 80% must be met. The Company incurred \$169,963 in estimated minimum loss ratio rebates for the year ended December 31, 2025, which is included in change in reserve for rate credits in the financial statements with the corresponding liability of \$169,963 included in aggregate health policy reserves in the financial statements. The Company had no estimated minimum medical loss ratio rebates payable as of December 31, 2024. The Company paid out \$0 and \$171,024 relating to the 2024 and 2023 small group loss ratio filings in 2025 and 2024, respectively, which was filed with the New Jersey Department of Banking and Insurance.

E. Risk-Sharing Provisions of the Affordable Care Act

- (1) The Company has accident and health insurance premiums in 2025 and 2024 subject to the Affordable Care Act risk-sharing provisions for the permanent risk adjustment program.

The risk adjustment program is a permanent program designed to mitigate the potential impact of adverse selection that generally applies to non-grandfathered individual and small group plans inside and outside of exchanges. The program helps to stabilize market premiums by transferring funds from plans with relatively low-risk enrollees to plans with relatively high-risk enrollees. The data used by the Centers for Medicare and Medicaid Services to determine the risk adjustment transfer amount is subject to audits along with the true-up to the final Centers for Medicare and Medicaid Services report, which may result in a material change to arrive at the final risk adjustment amount from the initial risk adjustment estimate recorded. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

- (2) The following table presents the current year impact for the permanent risk adjustment program regarding the risk-sharing provisions of the Affordable Care Act on assets, liabilities, and operations:

a. Permanent ACA Risk Adjustment Program		2025
<u>Assets</u>		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$	187
<u>Liabilities</u>		
2. Risk adjustment user fees payable for ACA Risk Adjustment		98
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		152,862
<u>Operations (Revenue & Expense)</u>		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		118,348
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		97

- (3) The following table is a roll forward of the prior year Affordable Care Act risk-sharing provisions for the permanent risk adjustment program for asset and liability balances, along with reasons for adjustments to prior year balances:

										Unsettled Balances as of the Reporting Date	
		Accrued During the Prior Year on Business Written before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written before December 31 of the Prior Year	Differences		Adjustments				Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
		1	2	3	4	5	6	7	8	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a.	Permanent ACA Risk Adjustment Program										
	1. Premium adjustment receivable (including high risk pool payments)	\$ 2,121	\$ —	\$ (330)	\$ —	\$ 2,451	\$ —	\$ (2,451)	\$ —	A	\$ — \$ —
	2. Premium adjustment (payable) (including high risk pool premium)	—	(355,231)		(81,757)	—	(273,474)	—	272,857	B	— (617)
	3. Total ACA Permanent Risk Adjustment Program	2,121	(355,231)	(330)	(81,757)	2,451	(273,474)	(2,451)	272,857		— (617)

Explanation of Adjustments

- A. The risk adjustment receivable as of December 31, 2024 utilized paid claims through October 31, 2024. As of the Reporting Date, the risk adjustment receivable related to prior periods was adjusted based on CMS' Summary Report On 2024 Individual And Small Group Market Risk Adjustment Transfers. The risk adjustment receivable was further adjusted based on CMS' Summary Report of 2023 Benefit Year Risk Adjustment Data Validation (HHS-RADV) Adjustments to Risk Adjustment State Transfers.
- B. The risk adjustment payable as of December 31, 2024 utilized paid claims through October 31, 2024. As of the Reporting Date, the risk adjustment payable related to prior periods was adjusted based on CMS' Summary Report On 2024 Individual And Small Group Market Risk Adjustment Transfers. The risk adjustment payable was further adjusted based on CMS' Summary Report of 2023 Benefit Year Risk Adjustment Data Validation (HHS-RADV) Adjustments to Risk Adjustment State Transfers.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care and other amounts receivable (excluding provider loans and advances not yet expensed) for the years ended December 31, 2025 and 2024:

	2025		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (137,466,514)	\$ (137,466,514)
Paid claims — net of health care receivables*	2,043,317,051	44,686,069	2,088,003,120
End of year claim reserve	<u>148,294,203</u>	<u>7,809,816</u>	<u>156,104,019</u>
Incurred claims excluding the change in health care receivables as presented below	2,191,611,254	(84,970,629)	2,106,640,625
Beginning of year health care receivables*	—	97,322,841	97,322,841
End of year health care receivables*	<u>(101,978,277)</u>	<u>(8,732,000)</u>	<u>(110,710,277)</u>
Total incurred claims	<u>\$ 2,089,632,977</u>	<u>\$ 3,620,212</u>	<u>\$ 2,093,253,189</u>

*Health care receivables excludes provider loans and advances not yet expensed of \$0 and \$2,141,438 for 2025 and 2024, respectively.

	2024		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ —	\$ (147,503,652)	\$ (147,503,652)
Paid claims — net of health care receivables*	1,709,422,321	40,693,873	1,750,116,194
End of year claim reserve	<u>133,428,467</u>	<u>4,038,047</u>	<u>137,466,514</u>
Incurred claims excluding the change in health care receivables as presented below	1,842,850,788	(102,771,732)	1,740,079,056
Beginning of year health care receivables*	—	97,470,247	97,470,247
End of year health care receivables*	<u>(93,413,266)</u>	<u>(3,909,575)</u>	<u>(97,322,841)</u>
Total incurred claims	<u>\$ 1,749,437,522</u>	<u>\$ (9,211,060)</u>	<u>\$ 1,740,226,462</u>

*Health care receivables excludes provider loans and advances not yet expensed of \$2,141,438 and \$2,593,348 for 2024 and 2023, respectively.

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care and other amounts receivable (excluding provider loans and advances not yet expensed) as of December 31, 2024 was \$40,143,673. As of December 31, 2025, \$44,686,069 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care and other amounts receivable (excluding provider loans and advances not yet expensed) are now \$(922,184), as a result of re-estimation of unpaid claims. Therefore, there has been \$3,620,212 unfavorable prior year development since December 31, 2024 to December 31, 2025. The primary drivers consist of unfavorable development of \$13,514,007 in retroactivity for Part D claims, unfavorable development of \$2,810,393 in provider settlements, and unfavorable development of \$2,375,049 in pharmacy rebate collections, partially offset by favorable development of \$6,234,011 as a result of a change in the provision for adverse deviations in experience, favorable development of \$3,921,823 in capitation, favorable development of \$3,010,116 in risk share settlements, and favorable development of 1,909,222 in retroactivity for inpatient, outpatient, physician, and pharmacy claims.

At December 31, 2024, the Company recorded \$9,211,060 of favorable development. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of \$6,966,120, favorable development of \$3,072,016 in capitation, and favorable development of \$2,894,729 in pharmacy rebates offset by unfavorable development of \$3,379,967 in Medicare Part D expenses, and unfavorable development of \$1,057,523 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims, which could have an impact to the accruals for medical loss ratio rebates and retrospectively rated contracts. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the financial statements.

The Company incurred claims adjustment expenses of \$57,745,757 and \$58,474,161 in 2025 and 2024, respectively. These costs are included in the management service fees paid by the Company to United HealthCare Services, Inc. as part of the management agreement (see Note 10). The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2025 and 2024:

	2025	2024
Total claims adjustment expenses	\$ 57,745,757	\$ 58,474,161
Less: current year unpaid claims adjustment expenses	(1,178,432)	(1,525,983)
Add: prior year unpaid claims adjustment expenses	1,525,983	1,618,284
	<u>58,093,308</u>	<u>58,566,462</u>
Total claims adjustment expenses paid	\$ 58,093,308	\$ 58,566,462

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses in 2025.

26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. The Company did not have any intercompany pooling arrangements in 2025 or 2024.

27. STRUCTURED SETTLEMENTS

A–B. The Company did not have structured settlements in 2025 or 2024.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables* from the financial statements.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, the pharmacy rebate transaction history is summarized as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2025	\$ 73,931,383	\$ 24,949,909	\$ —	\$ —	\$ —
9/30/2025	71,889,783	75,328,484	46,046,911	—	—
6/30/2025	70,047,207	73,417,659	60,237,276	8,821,877	—
3/31/2025	65,995,964	66,406,131	55,561,605	9,033,639	285,699
12/31/2024	66,422,610	65,595,839	55,974,255	8,180,342	(167,220)
9/30/2024	66,651,122	65,543,678	52,697,388	12,652,738	205,557
6/30/2024	64,312,071	64,947,551	49,276,966	14,619,107	856,271
3/31/2024	61,918,520	62,607,029	50,444,660	11,249,918	716,856
12/31/2023	68,081,255	68,854,283	59,738,163	8,373,224	736,874
9/30/2023	66,905,025	66,169,205	59,557,373	5,882,770	682,059
6/30/2023	62,200,902	61,891,707	54,414,007	6,603,594	832,409
3/31/2023	56,104,366	56,324,024	47,308,882	8,850,722	125,066

Of the amount reported as health care and other amounts receivable, \$98,380,477 and \$91,318,268 relate to pharmacy rebates receivable as of December 31, 2025 and 2024, respectively.

B. The Company has nonadmitted all risk-sharing receivables.

The Company also admitted \$702,696 and \$346,464 of provider receivables resulting from claim overpayments and \$4,239,512 and \$868,885 resulting from capitation arrangements as of December 31, 2025 and December 31, 2024, respectively, which are included in health care and other amounts receivable in the financial statements.

C. Medicare Prescription Payment Plan Receivables

(1-3) The Company has nonadmitted all net Medicare Prescription Payment Plan receivables.

29. PARTICIPATING POLICIES

The Company does not have any participating contracts in 2025 or 2024.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company's premium deficiency reserves as of December 31, 2025 and 2024:

	2025
1. Liability carried for premium deficiency reserves	\$ 5,077,000
2. Date of the most recent evaluation of this liability	12/31/2025
3. Was anticipated investment income utilized in this calculation?	Yes ☒ No ☐
	2024
1. Liability carried for premium deficiency reserves	\$ —
2. Date of the most recent evaluation of this liability	12/31/2024
3. Was anticipated investment income utilized in this calculation?	Yes ☒ No ☐

Premium deficiency reserves are included in aggregate health policy reserves in the financial statements.

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2025 and 2024, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

New Jersey

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000731766

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2021

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/10/2023

3.4

By what department or departments?
New Jersey Department of Banking and Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information
.....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.0 %

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Optum Bank, Inc.	Salt Lake City, UT	...NO...	...NO...	...YES...	...NO...

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [] No [X]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, Minneapolis, MN
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain.
.....
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Gary A. Iannone, Vice President of Actuarial Services of United HealthCare Services Inc., an affiliate of Oxford Health Plans (NJ), Inc., 185 Asylum Street, Hartford, CT 06103
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$ 0
- 12.2

If yes, provide explanation
.....
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
.....
- 14.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
The UnitedHealth Group Code of Conduct amendments in 2025 included a letter from Chief Compliance Officer Natalie Pons, added guidance on responsible use of Artificial Intelligence (AI) tools, expanded guidance on social media risks and public speaking engagements, added references to Privacy & Security secure data handling, expanded reporting channels for reporting Fraud, Waste & Abuse, added emphasis on sustainability, and referenced new policies, including Professional Boundaries Between Employees and Customers, Community Giving, Use of Personal Communication Tools for Company Communications, and Responsible Use of AI
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$ 0

20.12 To stockholders not officers.....\$ 0

20.13 Trustees, supreme or grand (Fraternal Only)\$ 0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....\$ 0

20.22 To stockholders not officers.....\$ 0

20.23 Trustees, supreme or grand (Fraternal Only)\$ 0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....\$ 0

21.22 Borrowed from others.....\$ 0

21.23 Leased from others\$ 0

21.24 Other\$ 0
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [X] No []
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ 655

22.22 Amount paid as expenses\$ 97

22.23 Other amounts paid\$ 51,865
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 10
- 24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states 299,698,498

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust	50 S. LaSalle, Chicago, IL 60675

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
DWS Investment Management Americas Inc.	U.....
BlackRock Financial Management, Inc	U.....
Internally Managed	I.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No [] N/A []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No [] N/A []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed
104518	DWS Investment Management Americas Inc.	SEC	NO.....
107105	BlackRock Financial Management, Inc	SEC	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations	210,421,256	211,873,996	1,452,740
31.2 Asset-Backed Securities	76,014,659	76,173,341	158,682
31.3 Preferred stocks	0	0	0
31.4 Totals	286,435,915	288,047,337	1,611,422

31.5 Describe the sources or methods utilized in determining the fair values:
For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
N/A

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies?

Yes [☐] No [☒]
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [☐] No [☒]
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [☐] No [☐]
39.22 Immediately converted to U.S. dollars Yes [☐] No [☐]
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums
.....		

OTHER

- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 0
- 40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	
- 41.1

Amount of payments for legal expenses, if any?

\$ 0
- 41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....	
- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$ 0
- 42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

2,281,793,435

2,006,195,928

2.2

Premium Denominator

2,281,793,435

2,006,195,928

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

163,772,688

138,218,498

2.5

Reserve Denominator

163,772,688

138,218,498

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain:
Oxford Health Plans (NJ), Inc. is not required to have stop loss reinsurance

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless clauses in provider agreements.

.....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [X] No []

7.2

If no, give details

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

108,130

8.2

Number of providers at end of reporting year

152,063

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months..

\$.....0

9.22

Business with rate guarantees over 36 months

\$.....0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ 7,147,278

10.22 Amount actually paid for year bonuses.....\$ 6,639,292

10.23 Maximum amount payable withholds.....\$ 0

10.24 Amount actually paid for year withholds.....\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ... Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, ... Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey

11.4 If yes, show the amount required. \$ 95,720,066

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

100% of the sum of \$83,001,542 (8% fee for service and hospital non contracted costs) and \$12,718,524 (4% of contracted hospital costs). ..

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Kent, DE
New Castle, DE
Sussex, DE
New Jersey: All Counties
Lane County, OR
Pennsylvania: All Counties
Bristol, RI
Kent, RI
Newport, RI
Providence, RI
Washington, RI
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....						

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$ 0

15.2 Total Incurred Claims\$ 0

15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

FIVE-YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	560,364,129	525,094,890	562,722,837	367,734,397	355,331,482
2. Total liabilities (Page 3, Line 24)	222,878,833	164,044,545	210,178,519	140,316,097	121,756,331
3. Statutory minimum capital and surplus requirement	95,720,066	72,987,403	78,873,280	53,132,105	59,042,984
4. Total capital and surplus (Page 3, Line 33)	337,485,296	361,050,345	352,544,318	227,418,300	233,575,151
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,281,793,435	2,006,195,928	2,033,133,154	1,536,048,694	1,221,862,548
6. Total medical and hospital expenses (Line 18)	2,093,253,189	1,740,226,462	1,690,594,583	1,226,387,688	972,454,114
7. Claims adjustment expenses (Line 20)	57,745,757	58,474,161	58,327,080	42,724,931	39,707,276
8. Total administrative expenses (Line 21)	112,326,958	125,257,838	140,670,488	112,384,132	82,815,013
9. Net underwriting gain (loss) (Line 24)	13,390,531	82,237,467	143,541,003	154,551,943	126,886,145
10. Net investment gain (loss) (Line 27)	20,485,286	22,575,339	17,312,942	5,453,444	1,370,924
11. Total other income (Lines 28 plus 29)	(185,394)	(22,811)	(4,119)	17,304	(3,993)
12. Net income or (loss) (Line 32)	25,512,904	83,131,770	126,838,577	126,575,502	101,714,602
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	43,362,033	53,035,199	142,490,674	157,182,824	87,631,977
Risk-Based Capital Analysis					
14. Total adjusted capital	337,485,296	361,050,345	352,544,318	227,418,300	233,575,151
15. Authorized control level risk-based capital	68,065,593	55,666,311	51,073,115	36,631,307	32,432,031
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	89,563	84,884	97,094	76,546	62,565
17. Total members months (Column 6, Line 7)	1,063,312	1,057,073	1,094,482	857,733	724,437
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	91.7	86.7	83.2	79.8	79.6
20. Cost containment expenses	2.1	2.3	2.1	2.1	2.6
21. Other claims adjustment expenses	0.4	0.6	0.7	0.6	0.7
22. Total underwriting deductions (Line 23)	99.4	95.9	92.9	89.9	89.6
23. Total underwriting gain (loss) (Line 24)	0.6	4.1	7.1	10.1	10.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	43,763,884	40,822,345	211,587	(201,378)	11,159,076
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	40,143,673	50,033,404	(3,574,940)	2,988,605	12,942,826
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Corrections of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE OXFORD HEALTH PLANS (NJ), INC.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N	0	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0	0
8.	Delaware	DE	L	0	138,678,314	0	0	0	0	138,678,314	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0	0
18.	Kentucky	KY	N	0	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0	0
23.	Michigan	MI	N	0	0	0	0	0	0	0	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0	0	0	0
26.	Missouri	MO	L	0	0	0	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0	0
31.	New Jersey	NJ	L	539,460	1,167,938,938	0	0	0	0	1,168,478,398	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0	0
36.	Ohio	OH	N	0	0	0	0	0	0	0	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0	0
38.	Oregon	OR	L	0	6,572,138	0	0	0	0	6,572,138	0
39.	Pennsylvania	PA	L	0	873,340,589	0	0	0	0	873,340,589	0
40.	Rhode Island	RI	L	0	97,987,924	0	0	0	0	97,987,924	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands ..	VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other aliens	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	539,460	2,284,517,903	0	0	0	0	0	2,285,057,363	0
60.	Reporting entity contributions for employee benefit plans	XXX	0	0	0	0	0	0	0	0	0
61.	Totals (direct business)	XXX	539,460	2,284,517,903	0	0	0	0	0	2,285,057,363	0
DETAILS OF WRITE-INS											
58001.	.....	XXX									
58002.	.....	XXX									
58003.	.....	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 6

2. R - Registered - Non-domiciled RRGs..... 0

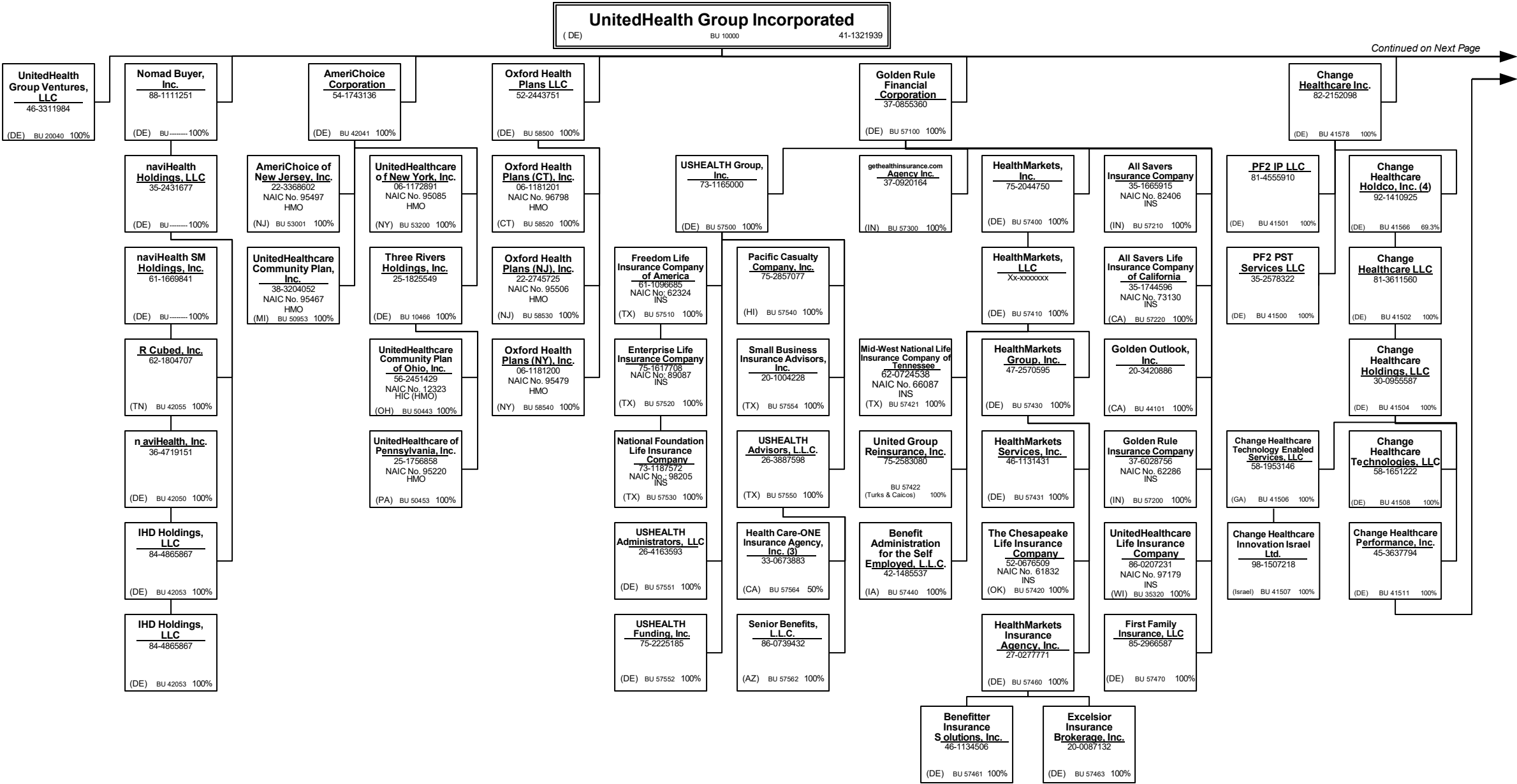
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

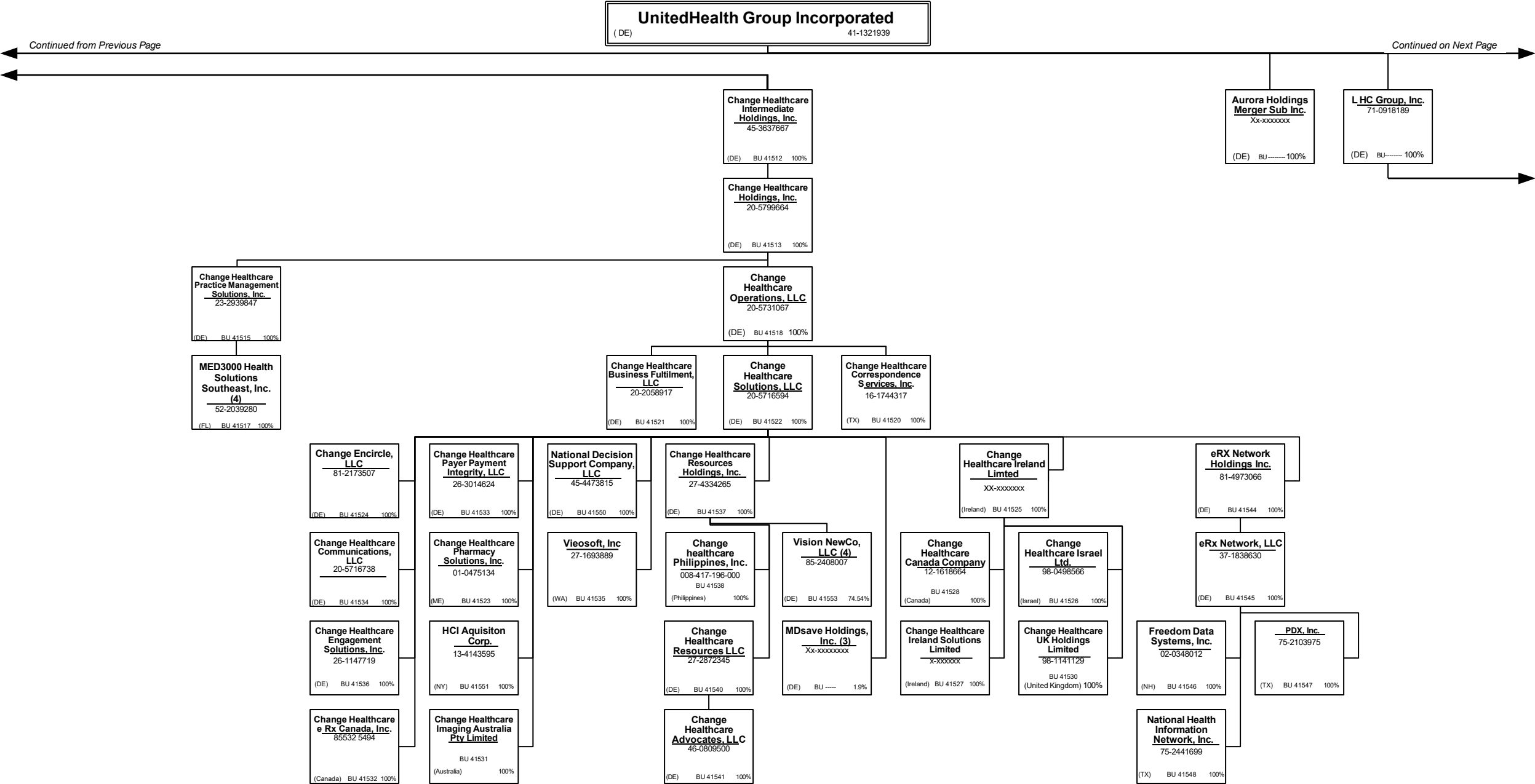
5. N - None of the above - Not allowed to write business in the state..... 51

(b) Explanation of basis of allocation by states, premiums by state, etc.
Premiums are allocated by state based on geographic market.

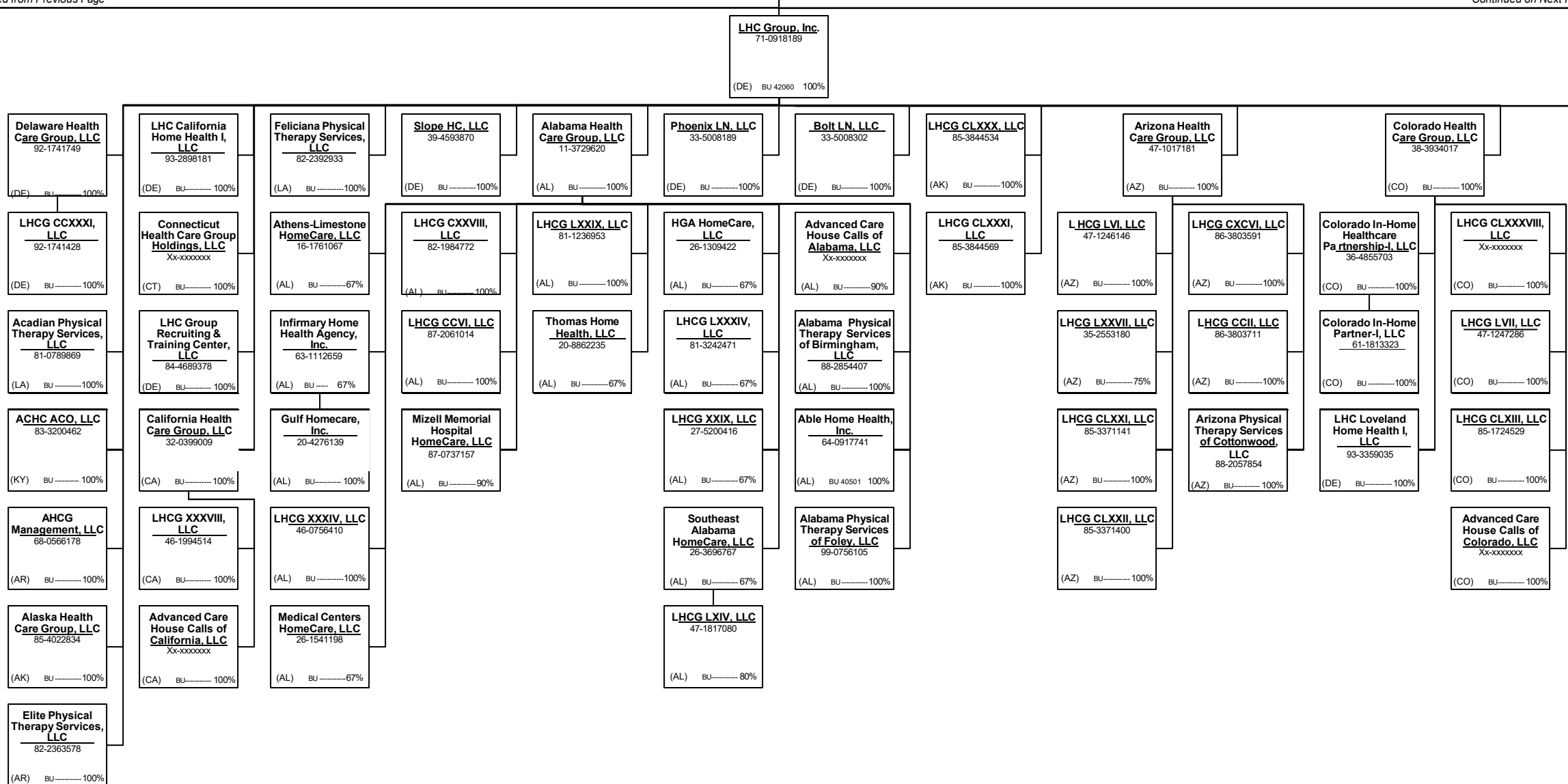
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PART 1 – ORGANIZATIONAL CHART



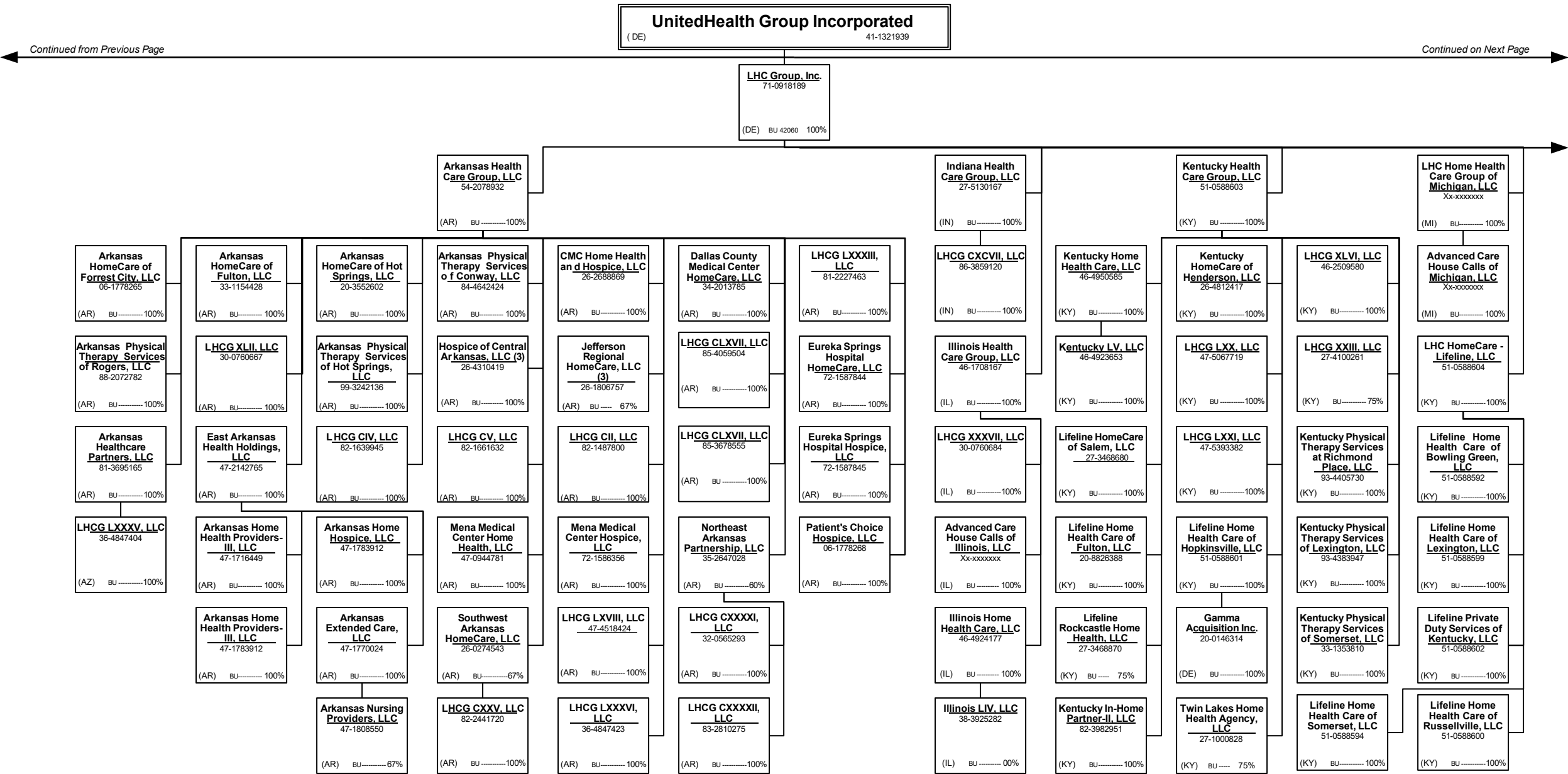
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PART 1 – ORGANIZATIONAL CHART



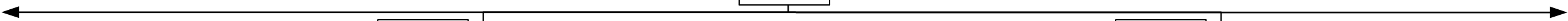
UnitedHealth Group Incorporated
 (DE) 41-1321939



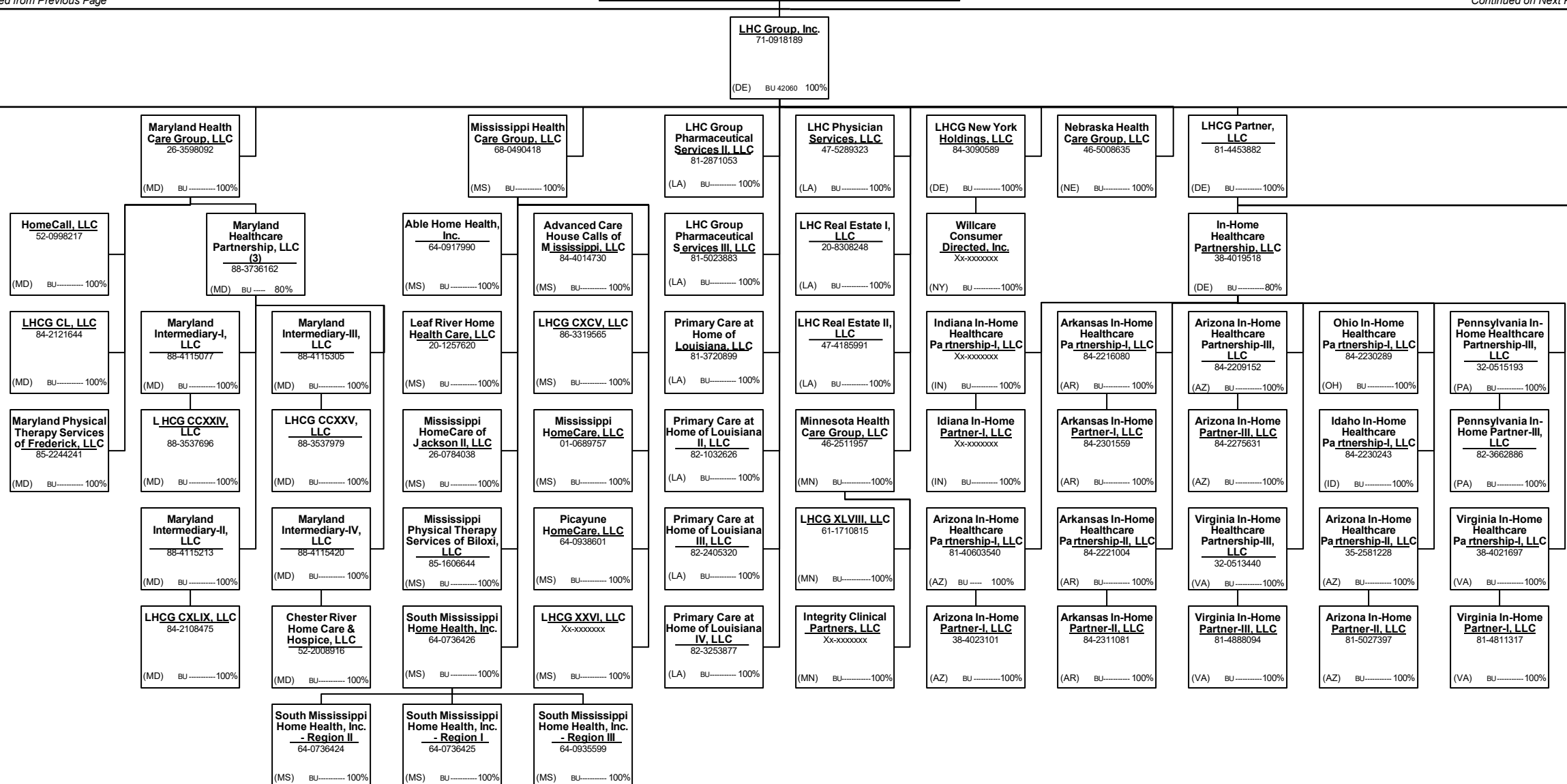
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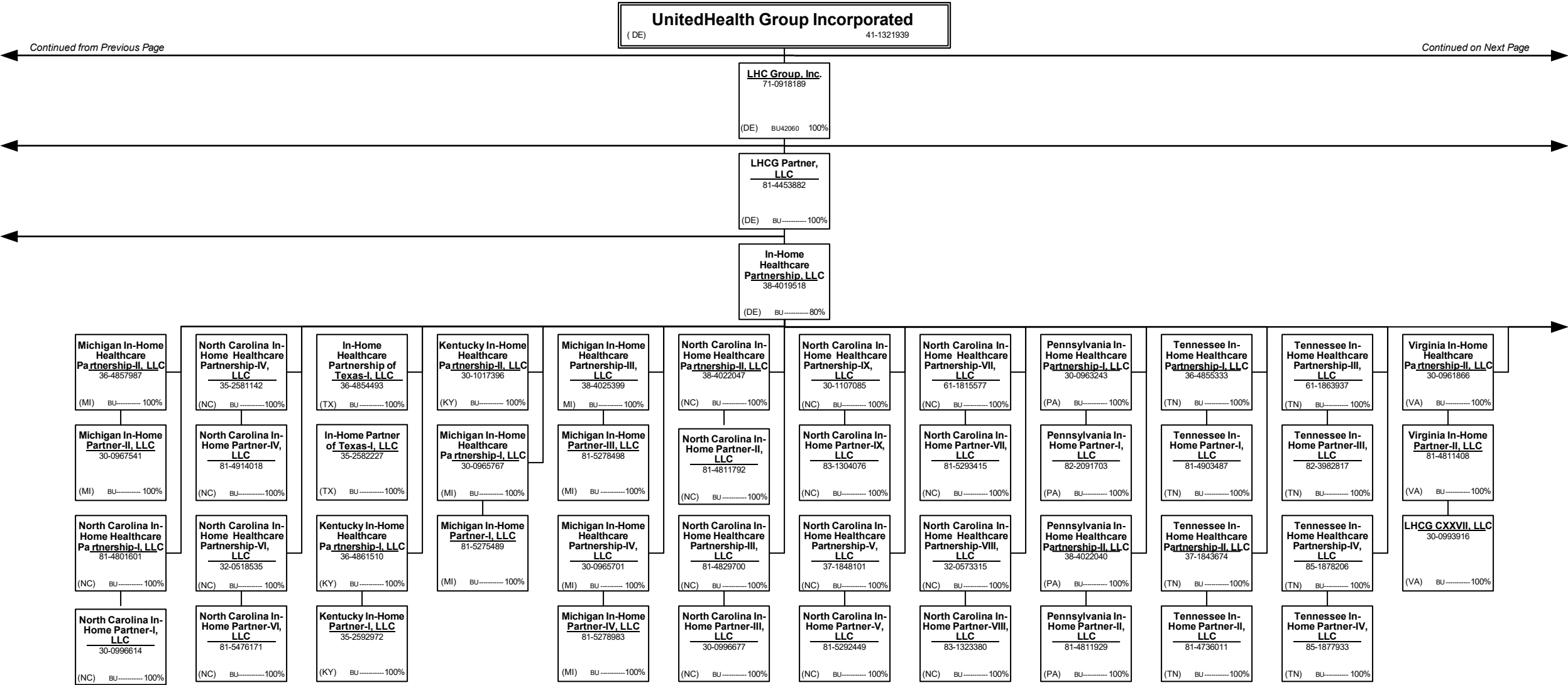
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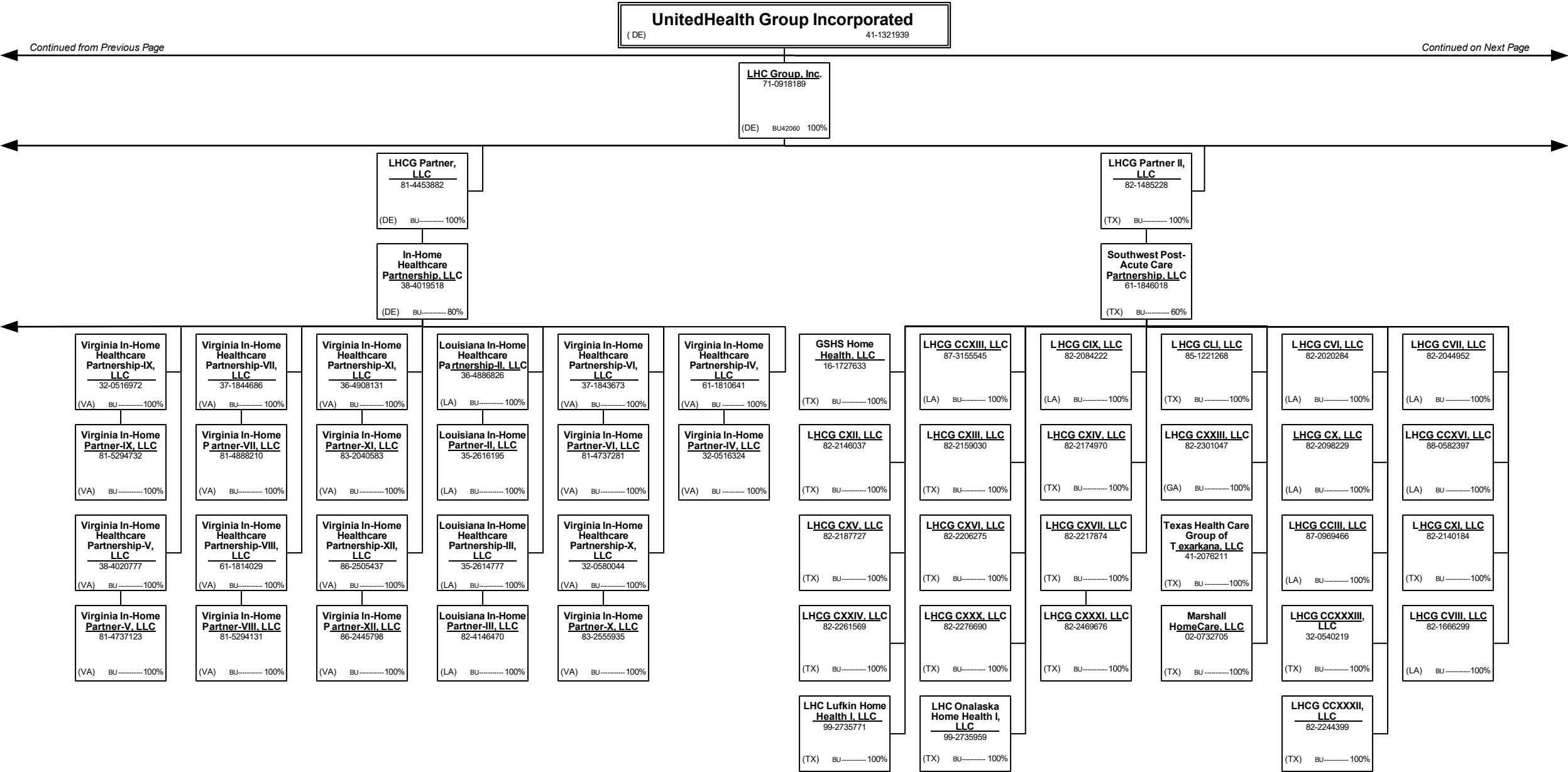
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(DE) 41-1321939



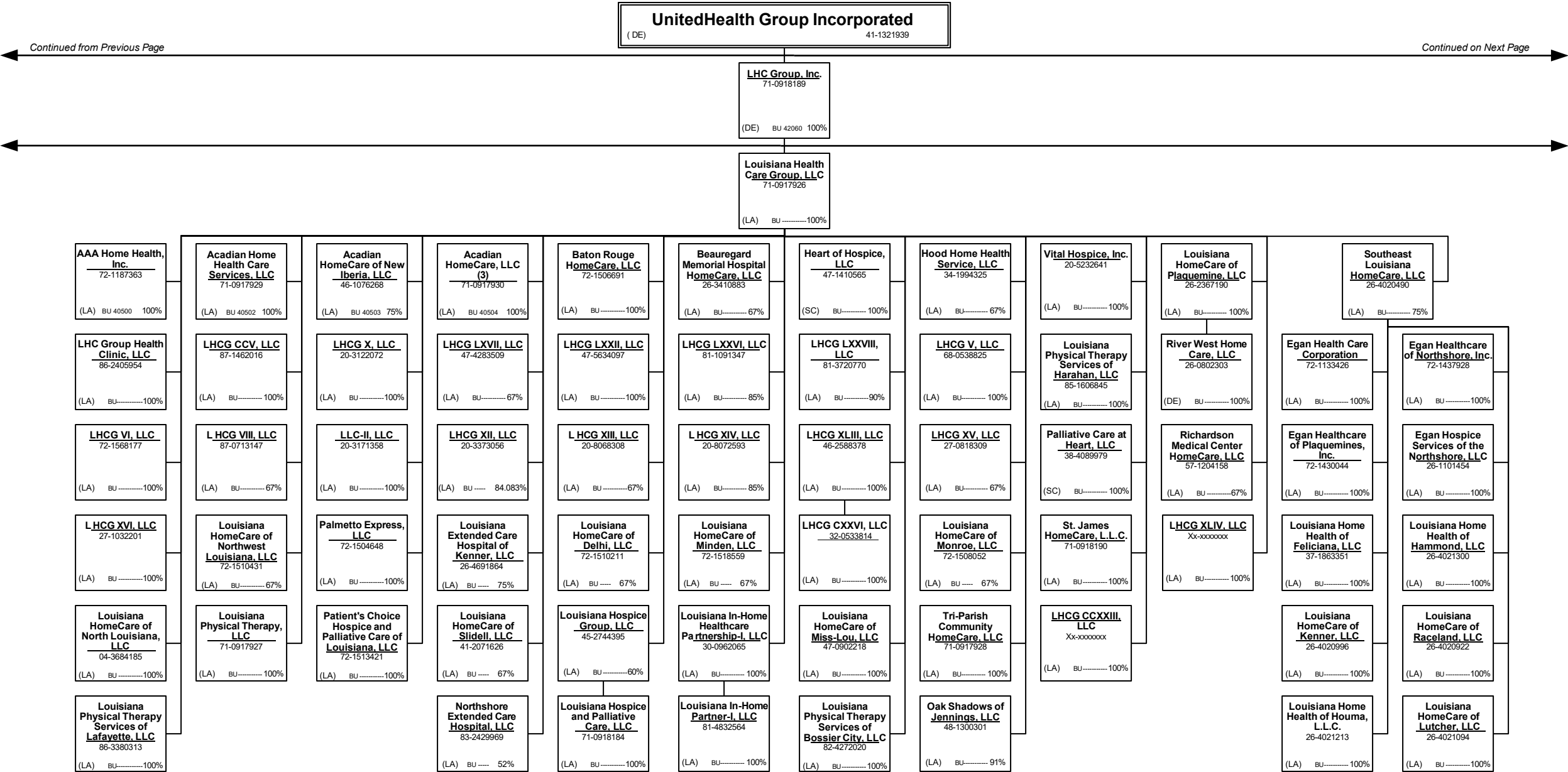
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PART 1 – ORGANIZATIONAL CHART



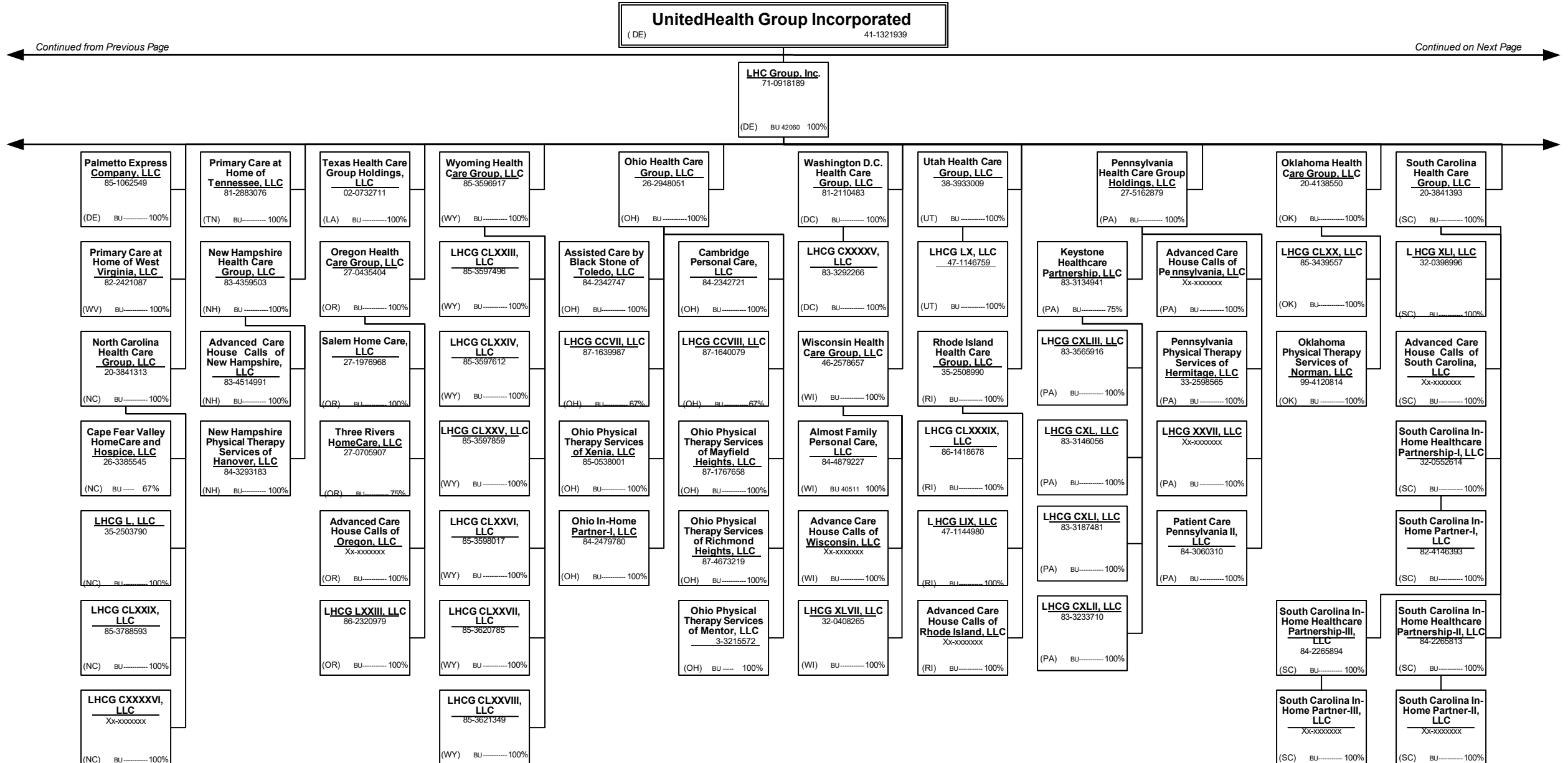
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PART 1 – ORGANIZATIONAL CHART



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PART 1 – ORGANIZATIONAL CHART



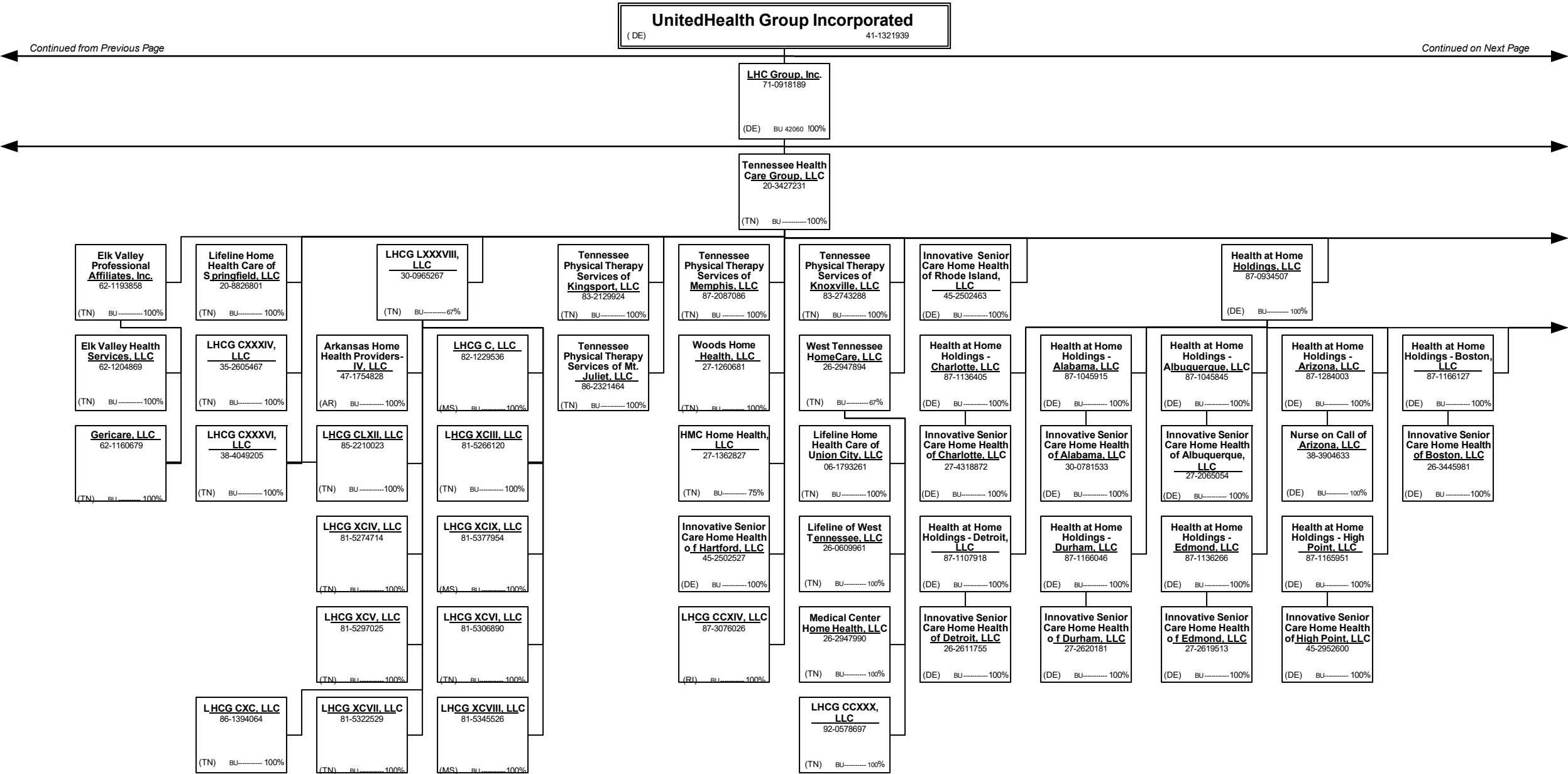
UnitedHealth Group Incorporated (DE) 41-1321939
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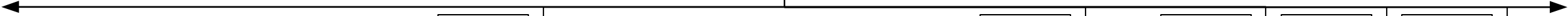
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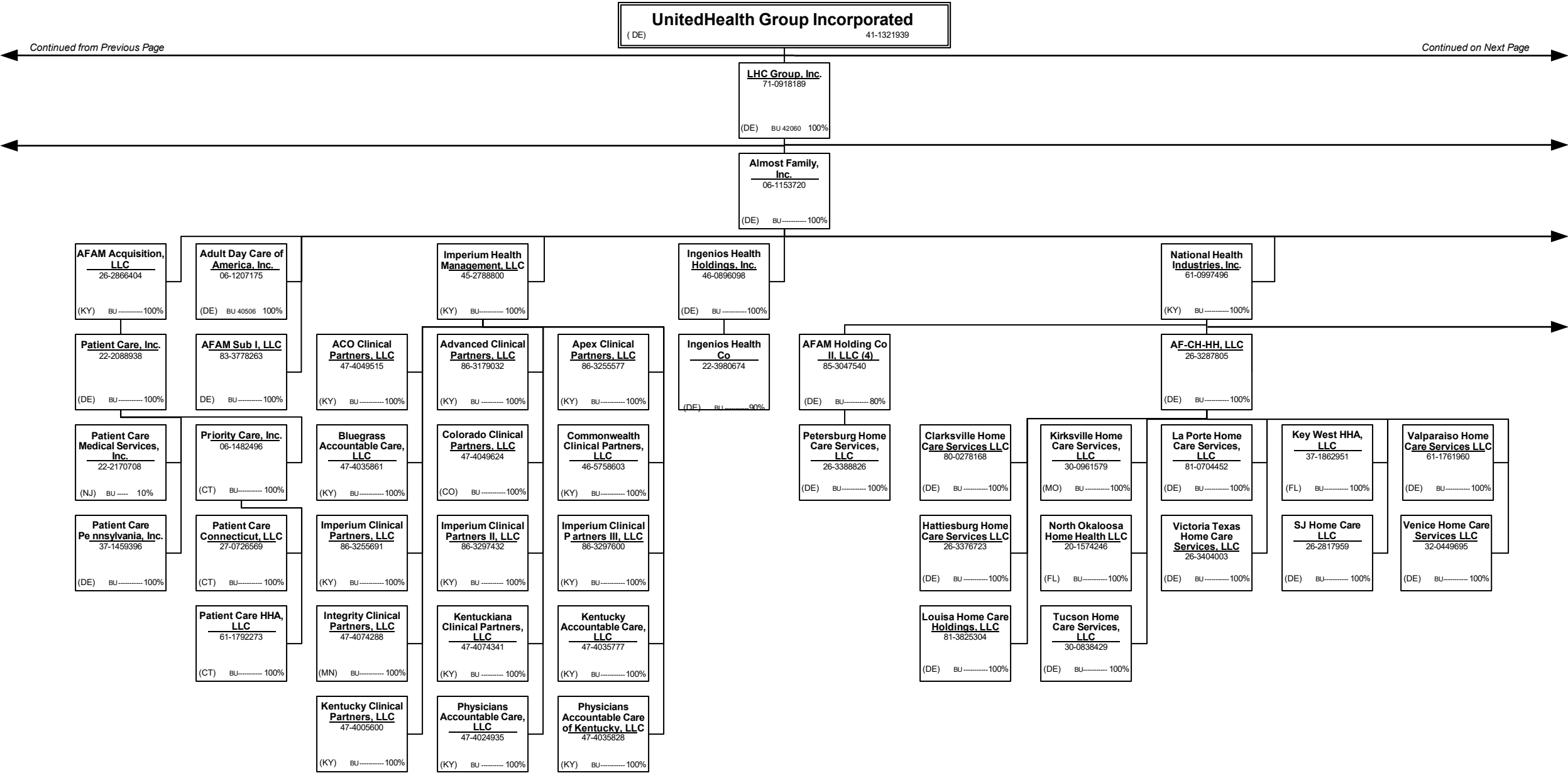
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



UnitedHealth Group Incorporated
(DE) 41-1321939

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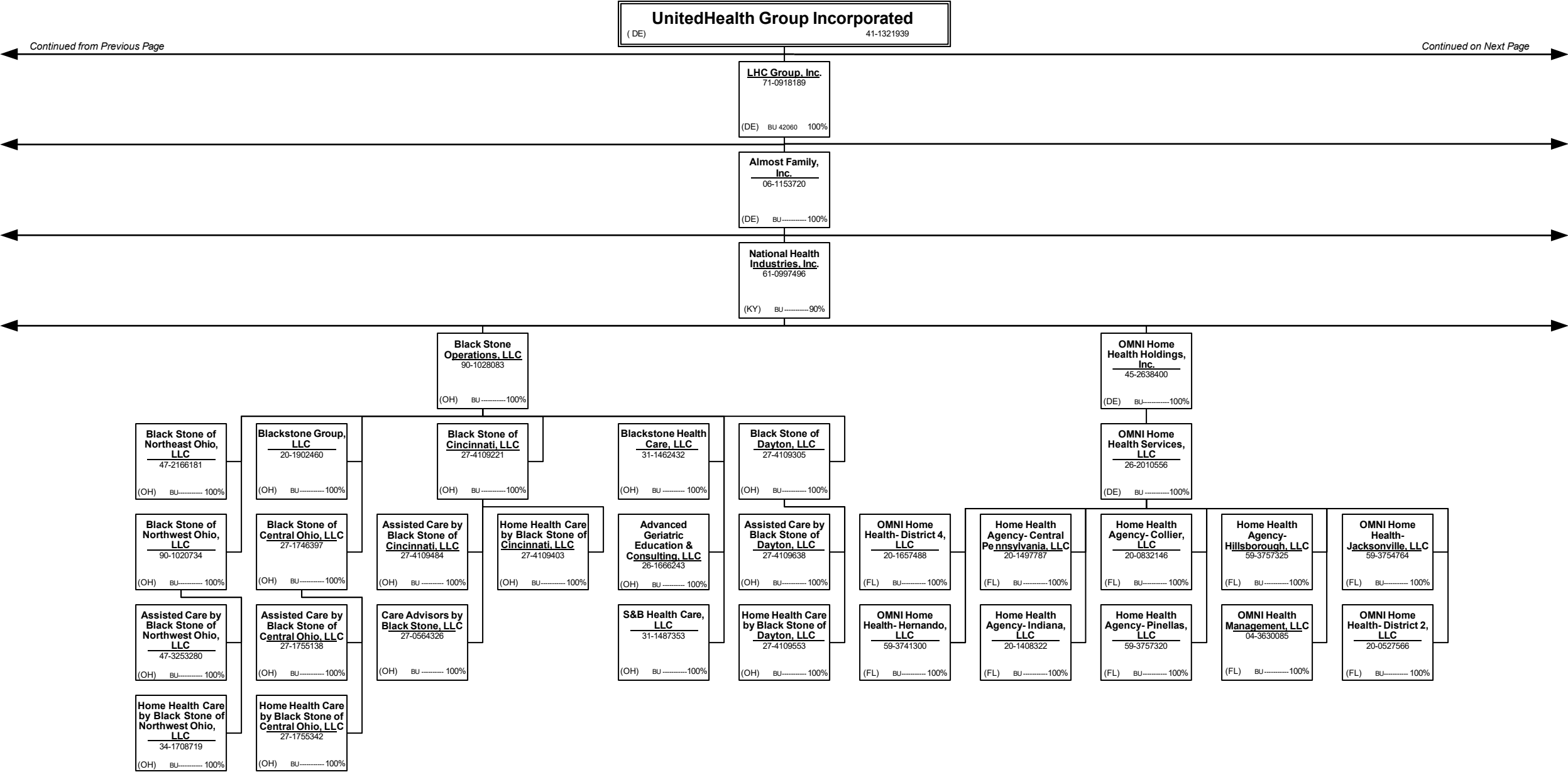
LHC Group, Inc.
71-0918189
(DE) BU 42060 100%

Almost Family, Inc.
06-1153720
(DE) BU-----100%

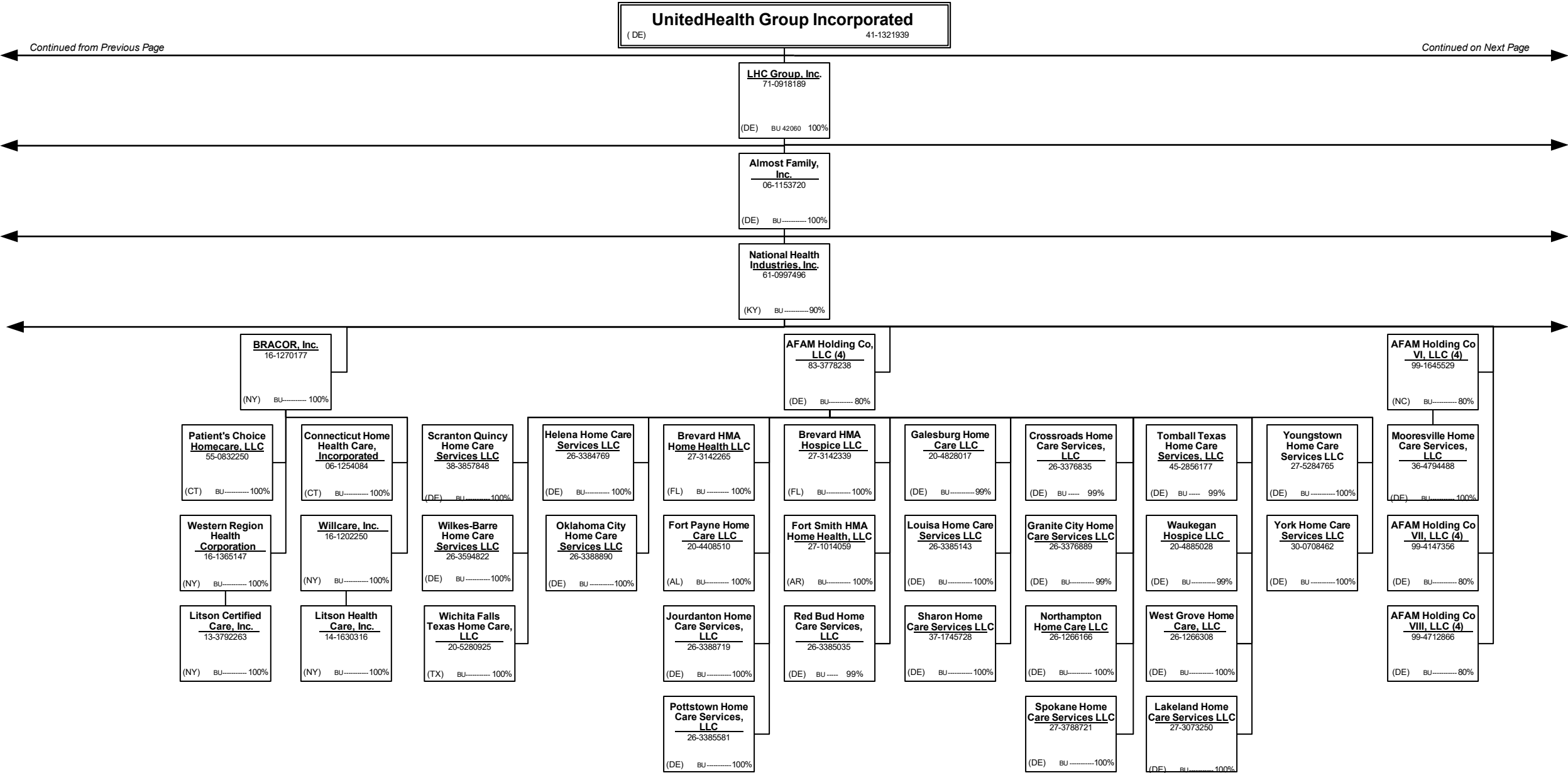
National Health Industries, Inc.
61-0997496
(KY) BU-----90%

Berwick Home Care Services LLC 26-3376776 (DE) BU-----100%	AFAM Holding Co III, LLC (4) 86-3137505 (DE) BU-----80%	Almost Family PC of SW Florida, LLC 26-1261522 (FL) BU-----100%	Caretenders Visiting Services of District 6, LLC 30-0425709 (KY) BU-----100%	Caretenders Visiting Services of Pinellas County, LLC 20-5826531 (FL) BU-----100%	Almost Family PC of Kentucky, LLC 26-1259925 (KY) BU 40508 100%	Caretenders VS of Ohio, LLC 26-3706241 (OH) BU-----100%	Caretenders VNA of Ohio, LLC 27-3756374 (OH) BU-----100%	Caretenders VS of Western KY, LLC 26-1258938 (KY) BU-----100%	Mederi Caretenders VS of Broward, LLC 26-1264504 (FL) BU-----100%	NP Services of NC, LLC 82-3026260 (NC) BU-----100%	Long Term Solutions, Inc. 04-3485196 (MA) BU-----100%
AFAM Holding Co IV, LLC (4) 92-2908587 (OK) BU-----80%	Almost Family ACO Services of Kentucky, LLC 61-1166649 (KY) BU-----100%	Almost Family PC of West Palm, LLC 26-1263982 (FL) BU 40510 100%	Caretenders Visiting Services of District 7, LLC 30-0425714 (KY) BU-----100%	Caretenders Visiting Services of Southern Illinois, LLC 20-5826553 (IL) BU-----100%	Caretenders of Jacksonville, LLC 20-5890994 (FL) BU-----100%	IN Homecare Network North, LLC 46-3020499 (IN) BU-----100%	Caretenders VS of Boston, LLC 26-1258759 (MA) BU-----100%	HHA of Wisconsin, LLC 37-1826396 (WI) BU-----100%	Mederi Caretenders VS of SE FL, LLC 26-1264234 (FL) BU-----100%	NP Services of OH, LLC 82-4255048 (OH) BU-----100%	LTS At Home, LLC 85-1275334 (DE) BU-----100%
Clinton Home Health & Hospice LLC 45-4406745 (OK) BU-----100%	AFAM Holding Co V, LLC (4) 93-2670946 (DE) BU-----80%	BHC Services, Inc. 06-1137222 (NY) BU-----80%	Caretenders Visiting Services of Gainesville, LLC 30-0425715 (FL) BU-----100%	Almost Family PC of Ft. Lauderdale, LLC 26-1260724 (FL) BU 40507 100%	Caretenders Visiting Services of St. Augustine, LLC 20-2910357 (FL) BU-----100%	Caretenders Visiting Services of Ocala, LLC 20-4522444 (FL) BU-----100%	Caretenders VS of Central KY, LLC 26-1259391 (KY) BU-----100%	Home Health of Jefferson Co, LLC 38-4003190 (KY) BU-----60%	Mederi Caretenders VS of SW FL, LLC 26-1264384 (FL) BU-----100%	Princeton Home Health, LLC 20-5081107 (AL) BU-----100%	Cambridge Home Health Care Holdings, Inc. 20-0591577 (DE) BU-----100%
Woodward Home Care Services LLC 26-3375945 (DE) BU-----100%	El Dorado Home Care Services, LLC 26-4626302 (DE) BU-----100%	Caretenders of Cleveland, Inc. 61-1306845 (KY) BU-----100%	Caretenders Visiting Services of Hernando County, LLC 20-5826497 (FL) BU-----100%	Almost Family ACO Services of South Florida, LLC 46-5765971 (FL) BU-----100%	Caretenders Visiting Services of St. Louis, LLC 20-5826598 (MO) BU-----100%	Caretenders VS of Lincoln Trail, LLC 26-3632764 (KY) BU-----100%	Caretenders VS of Louisville, LLC 26-1264112 (KY) BU-----100%	Mederi Caretenders VS of Tampa, LLC 26-1248096 (FL) BU-----100%			Cambridge Home Health Care, Inc./ Private 34-1772291 (OH) BU-----100%
Ponca City Home Care Services LLC 20-4345976 (OK) BU-----100%	Springdale Home Care Services, LLC 26-3389049 (DE) BU-----100%	Caretenders of Columbus, Inc. 61-1302995 (KY) BU-----100%	Caretenders Visiting Services of Kentuckiana, LLC 20-3021812 (KY) BU-----100%	Caretenders Visiting Services Employment Company, Inc. 61-1326749 (KY) BU-----100%		Illinois Home Care Holdings, LLC 32-0505528 (DE) BU-----80%	IN HomeCare Network Central, LLC 46-3029953 (IN) BU-----100%	Mederi Private Care, LLC 83-4371904 (FL) BU-----100%			

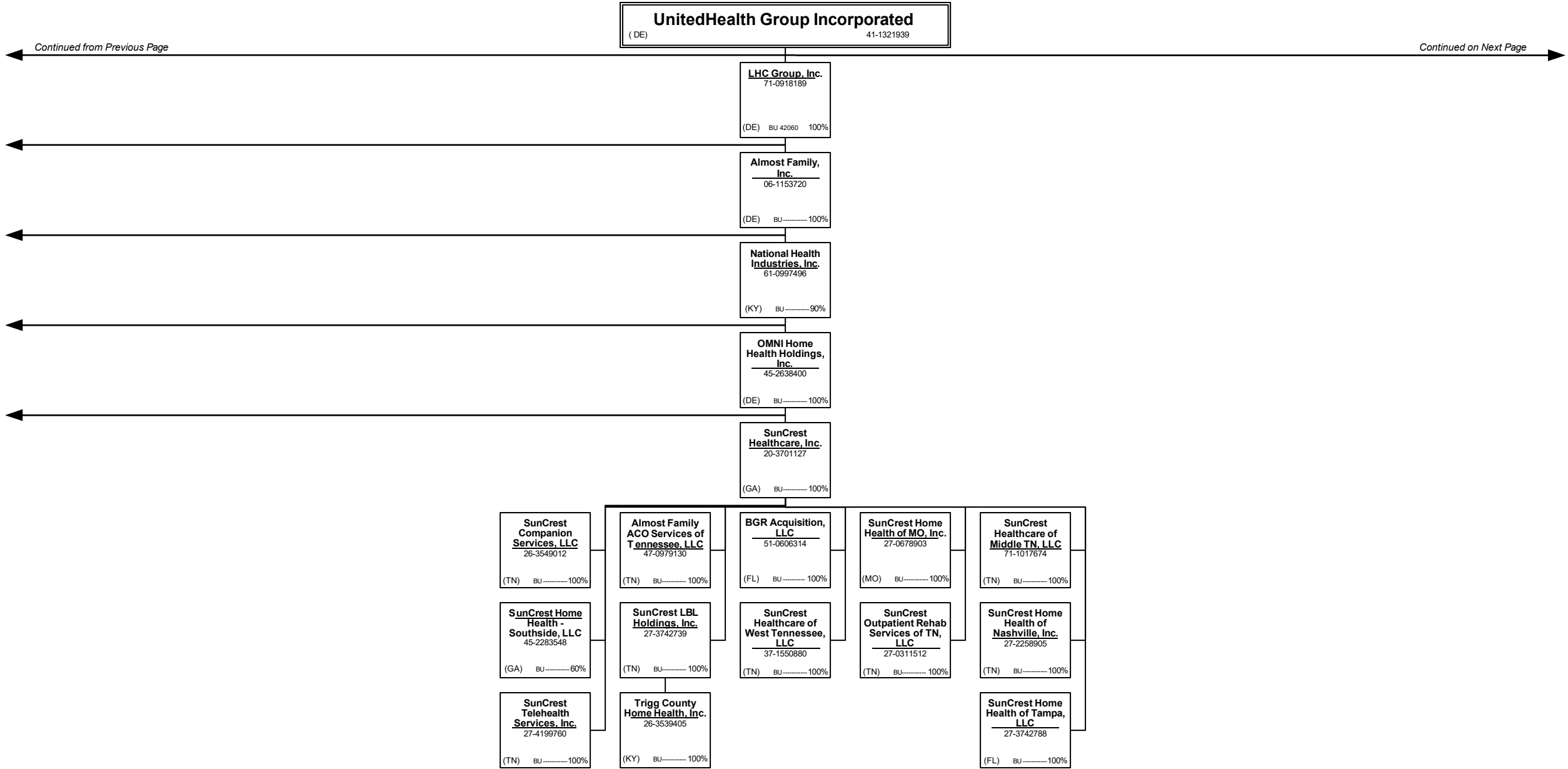
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PART 1 – ORGANIZATIONAL CHART



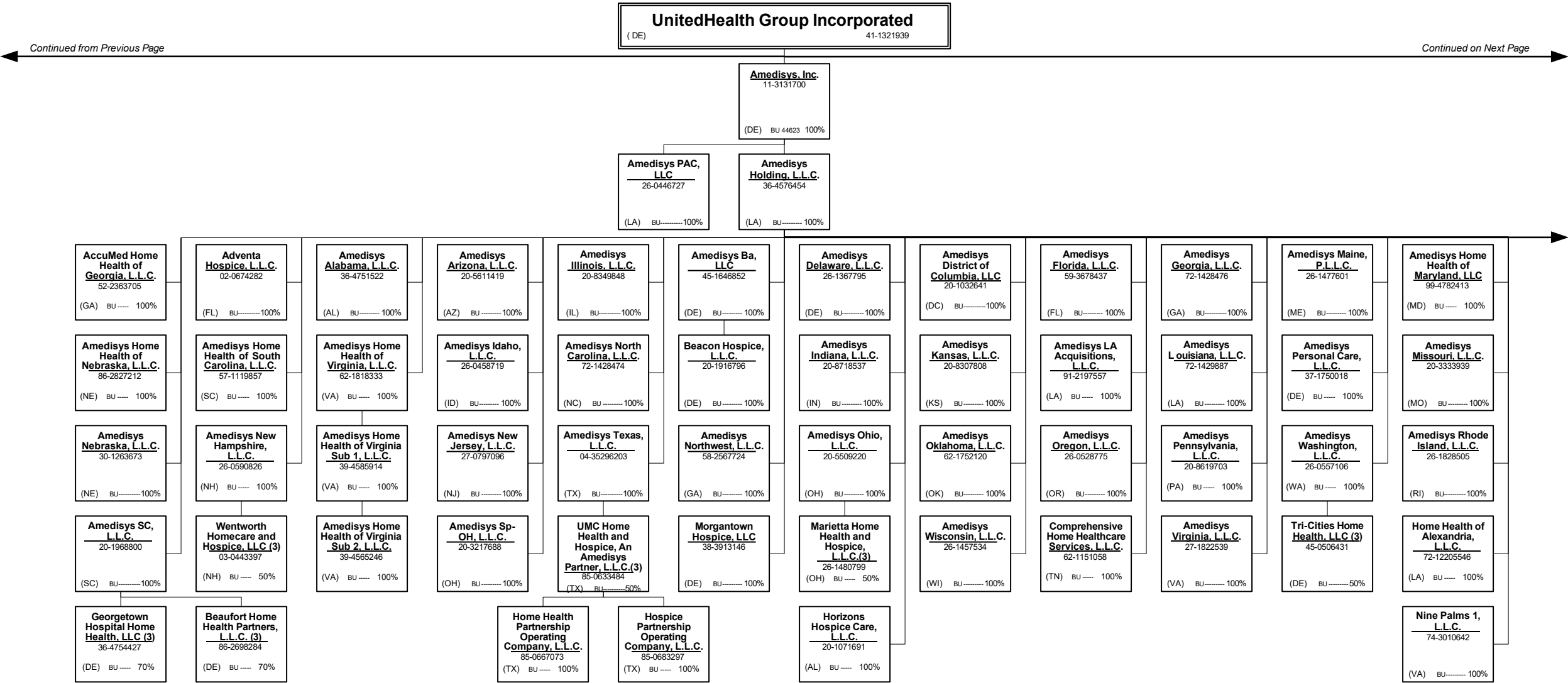
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PART 1 – ORGANIZATIONAL CHART



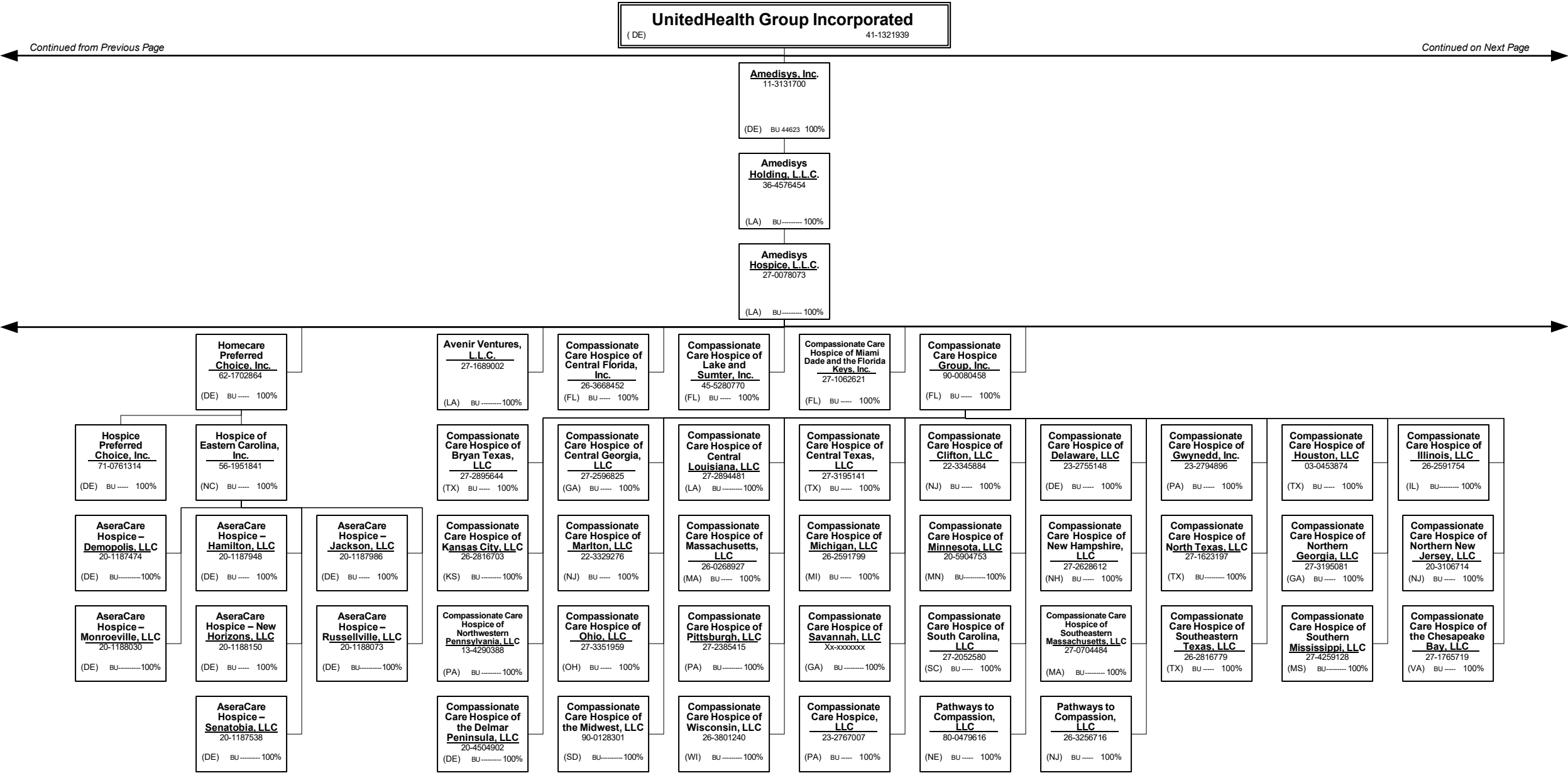
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PART 1 – ORGANIZATIONAL CHART



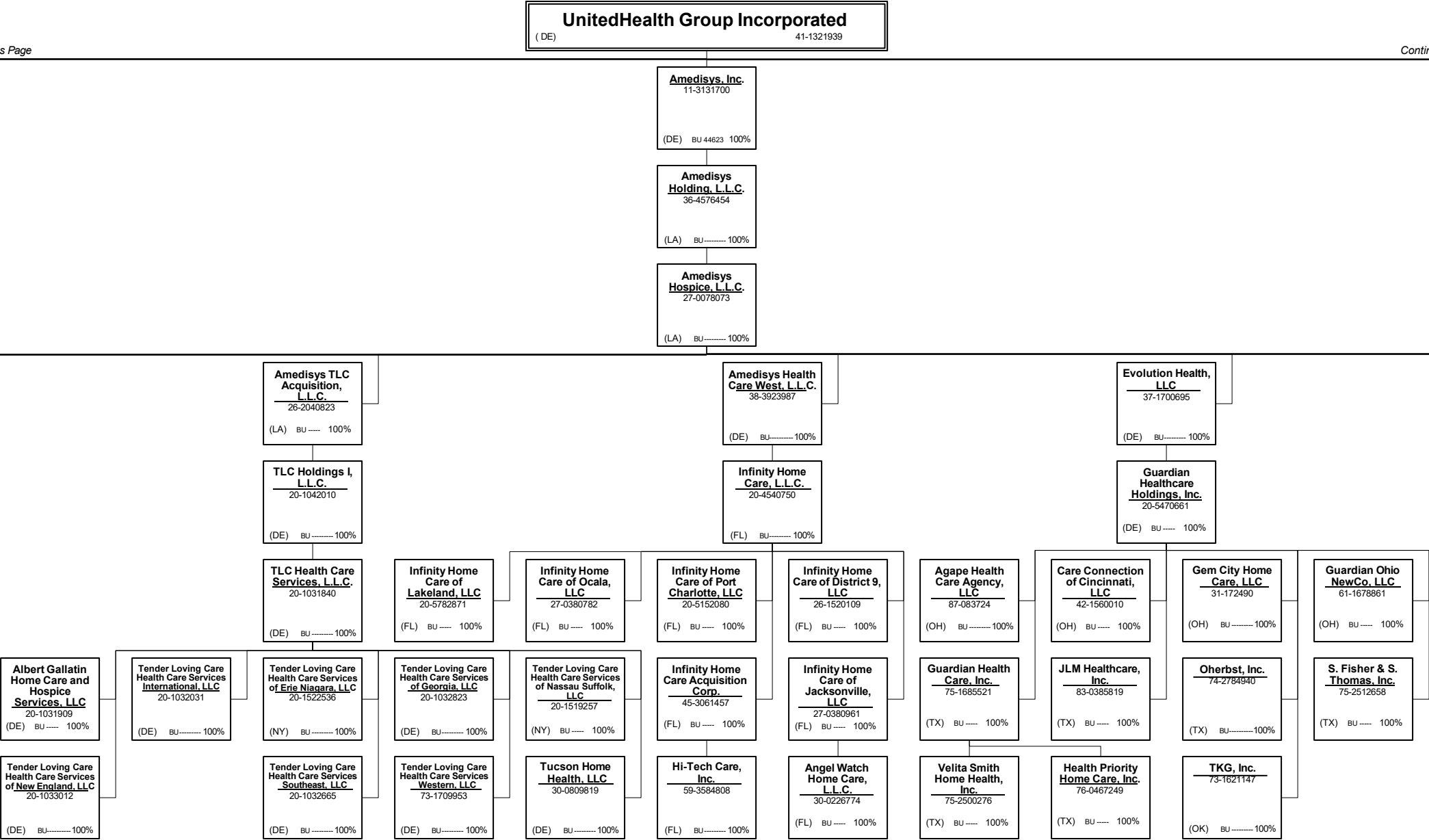
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PART 1 – ORGANIZATIONAL CHART



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PART 1 – ORGANIZATIONAL CHART

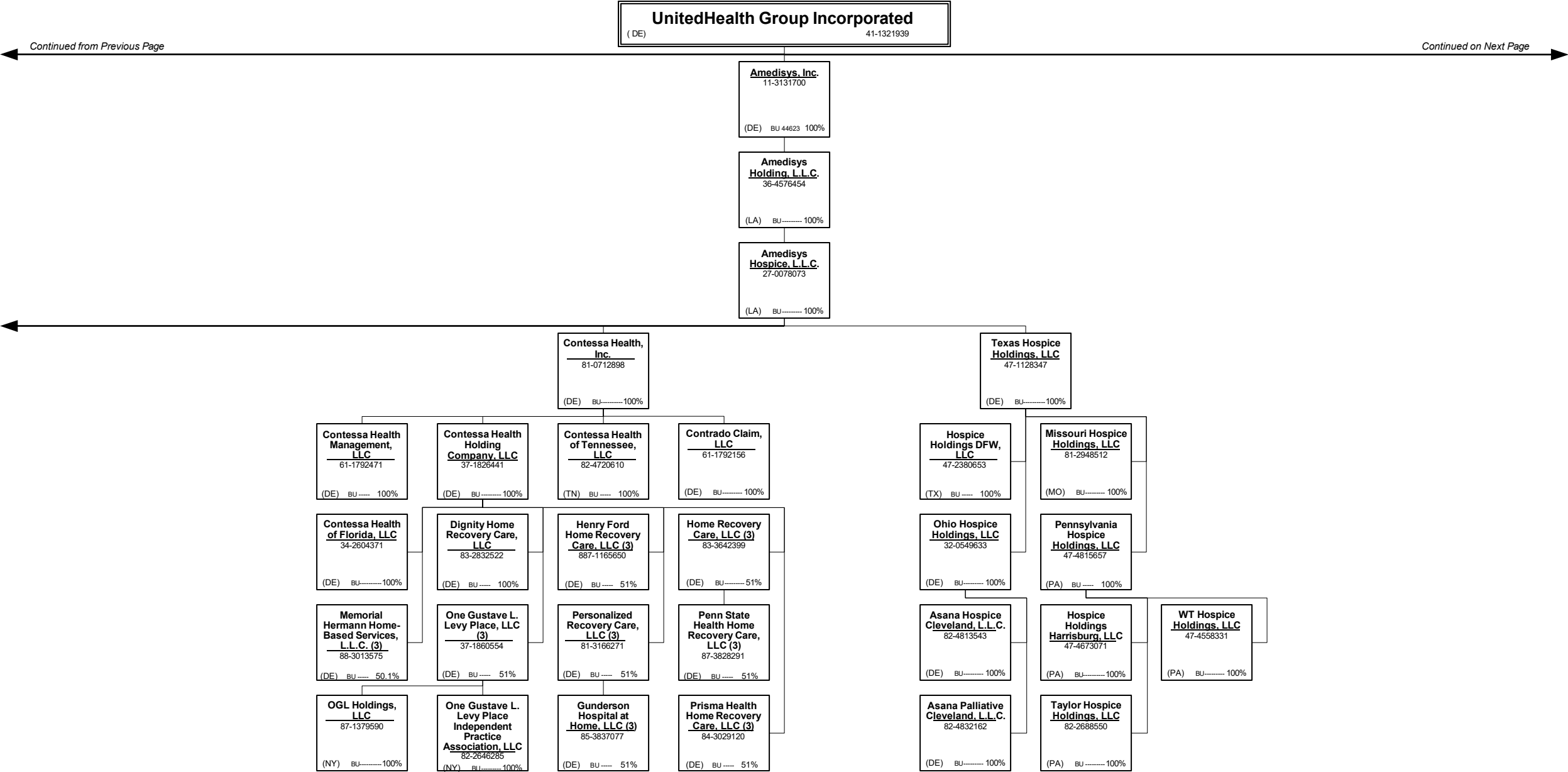


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PART 1 – ORGANIZATIONAL CHART



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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



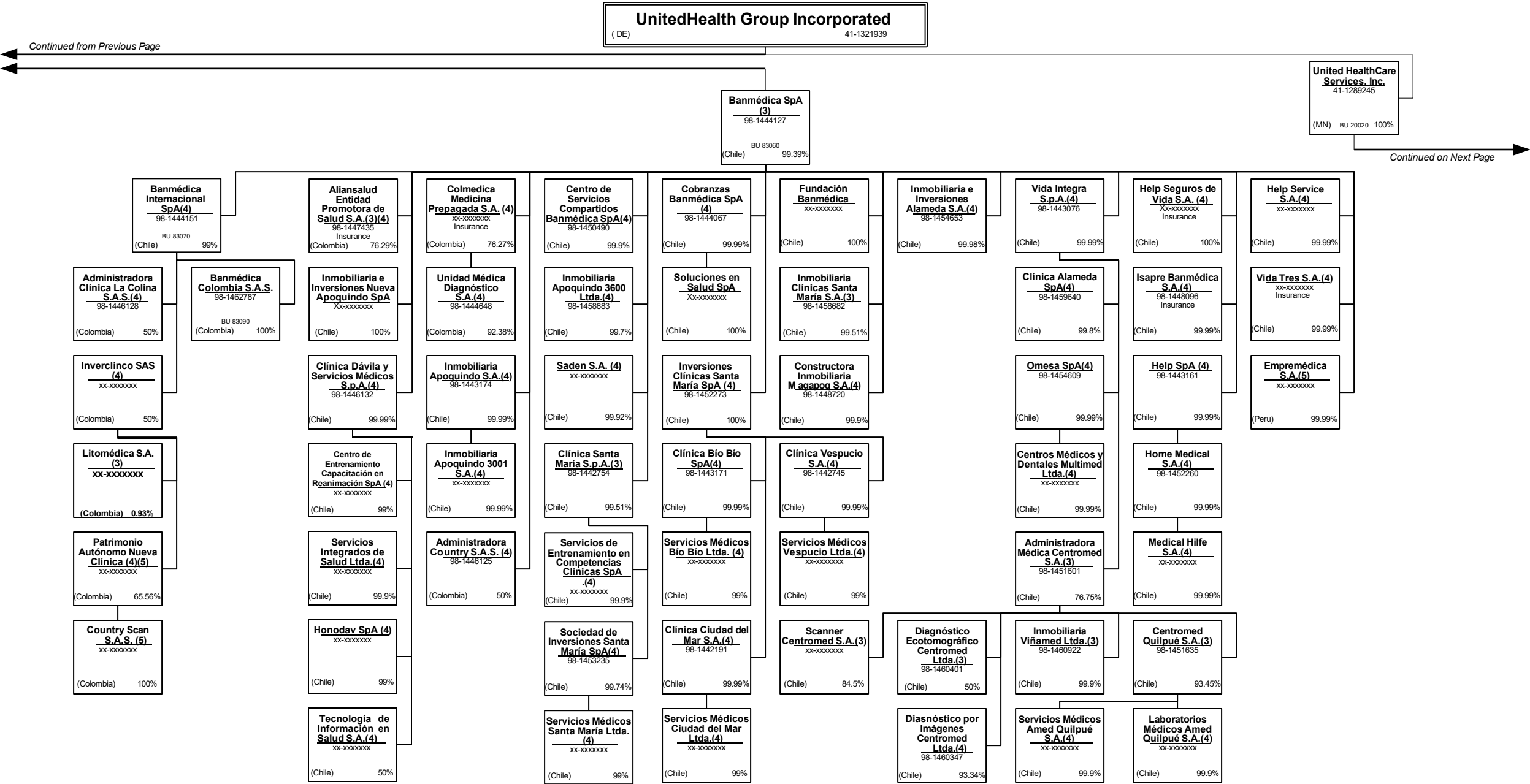
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(DE) 41-1321939

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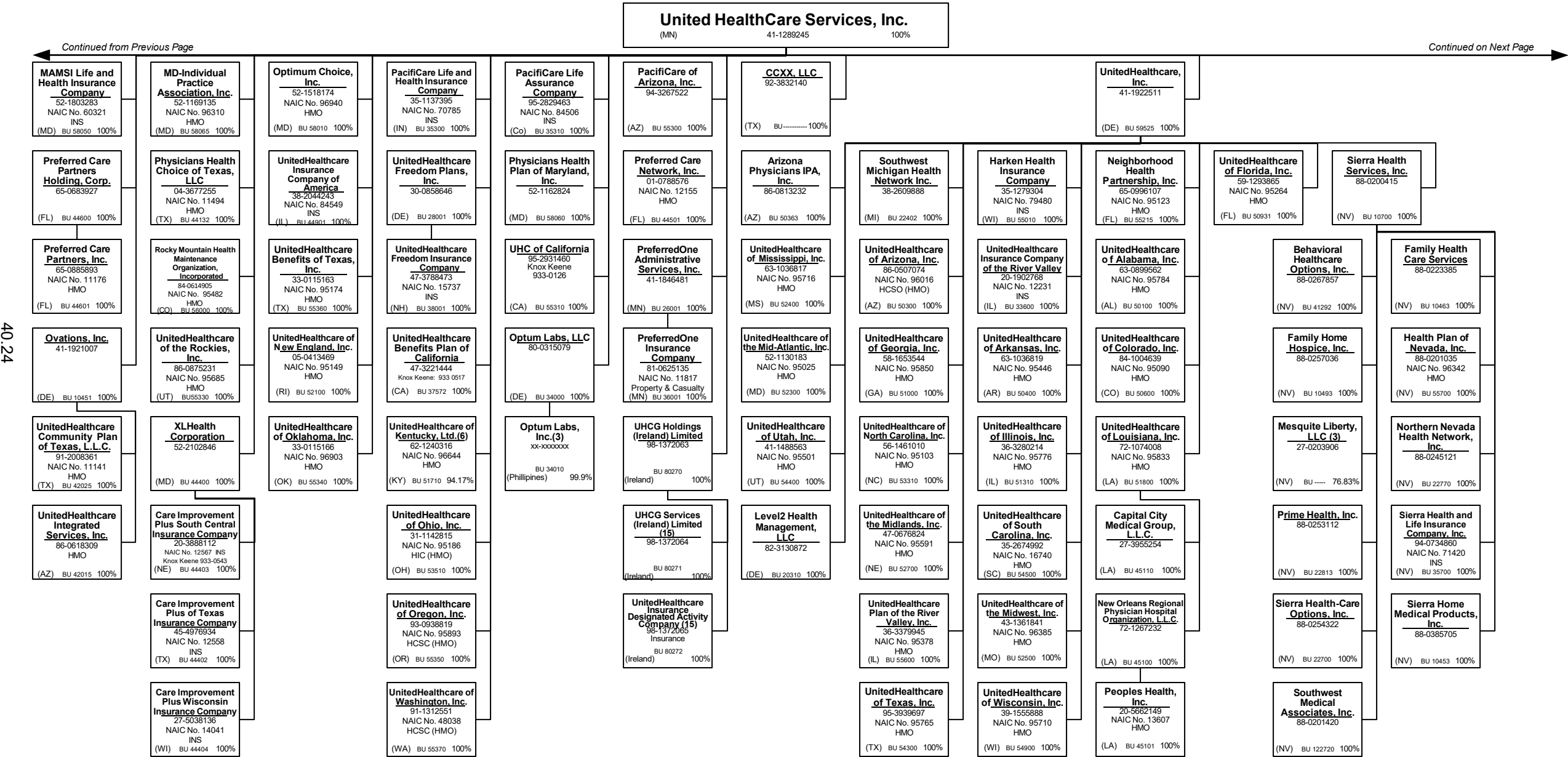
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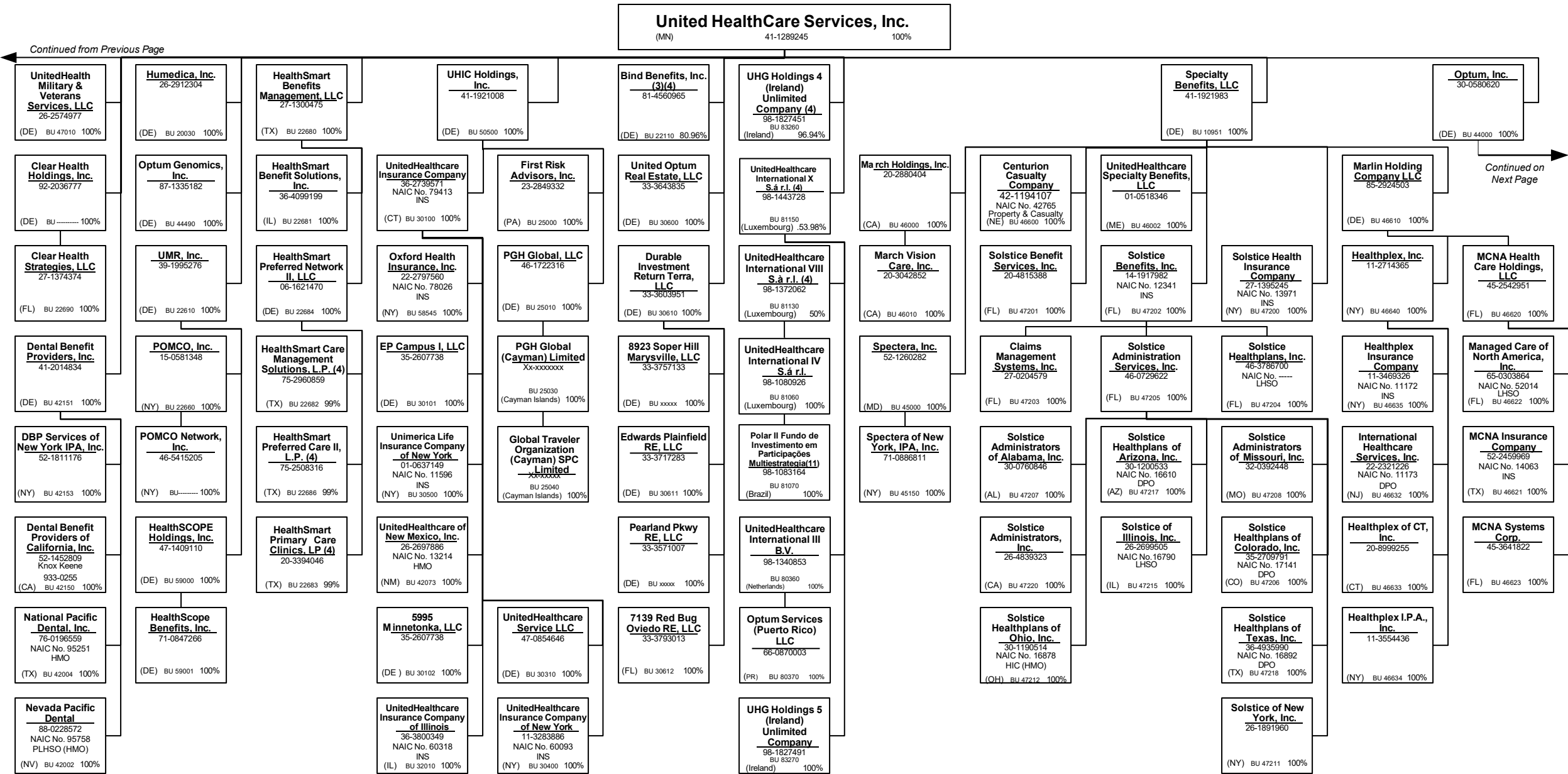
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PART 1 – ORGANIZATIONAL CHART



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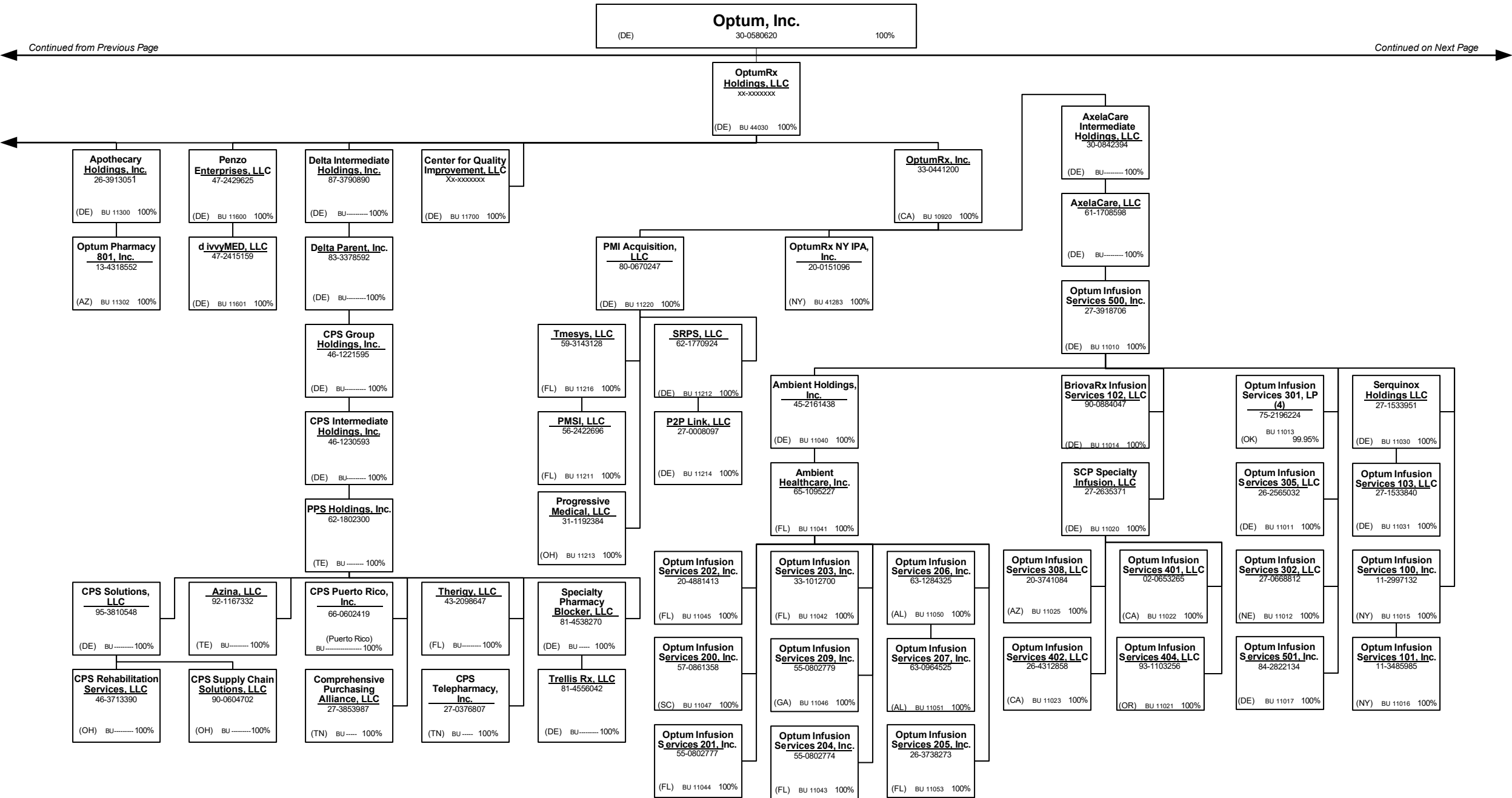


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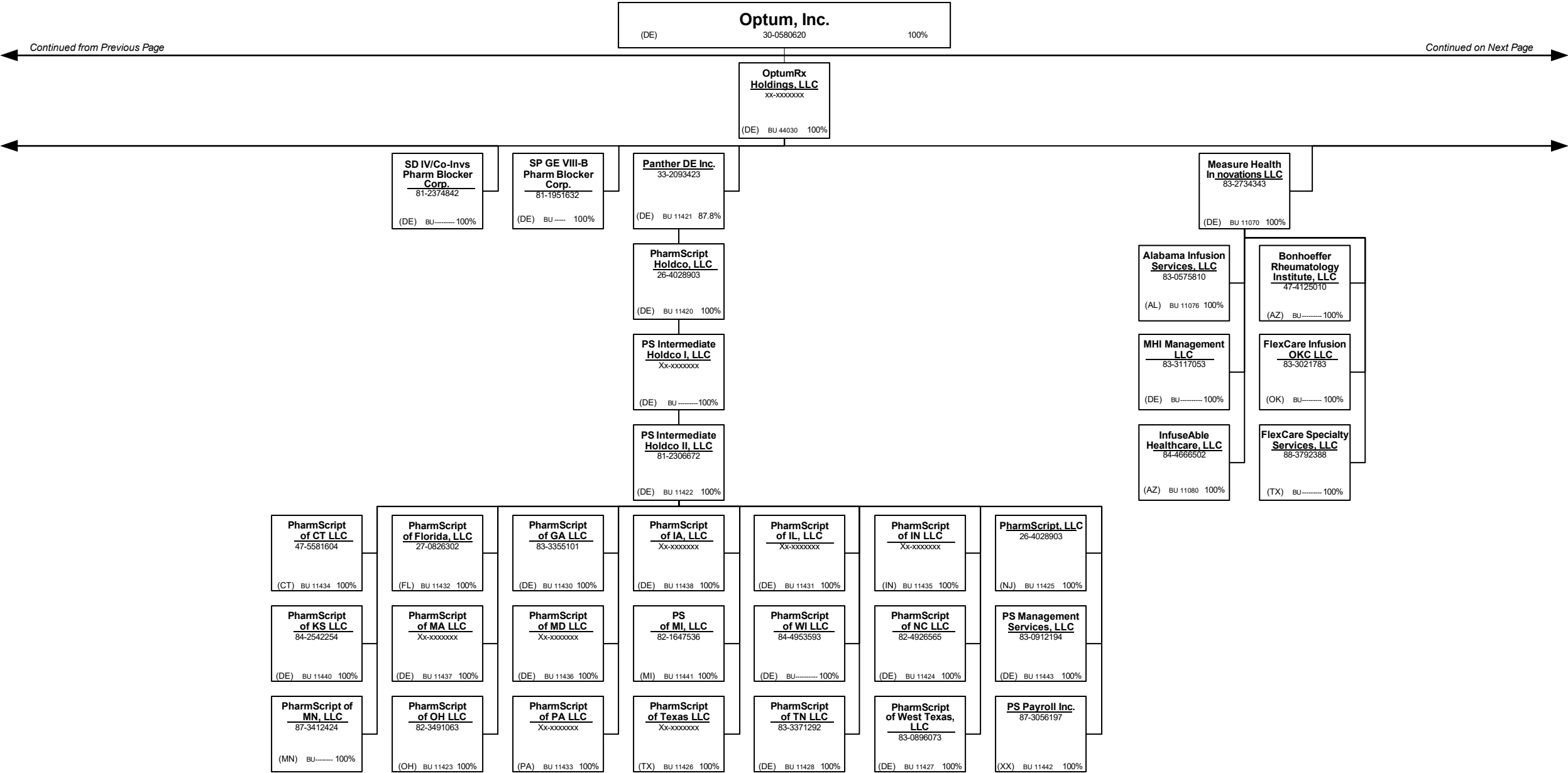


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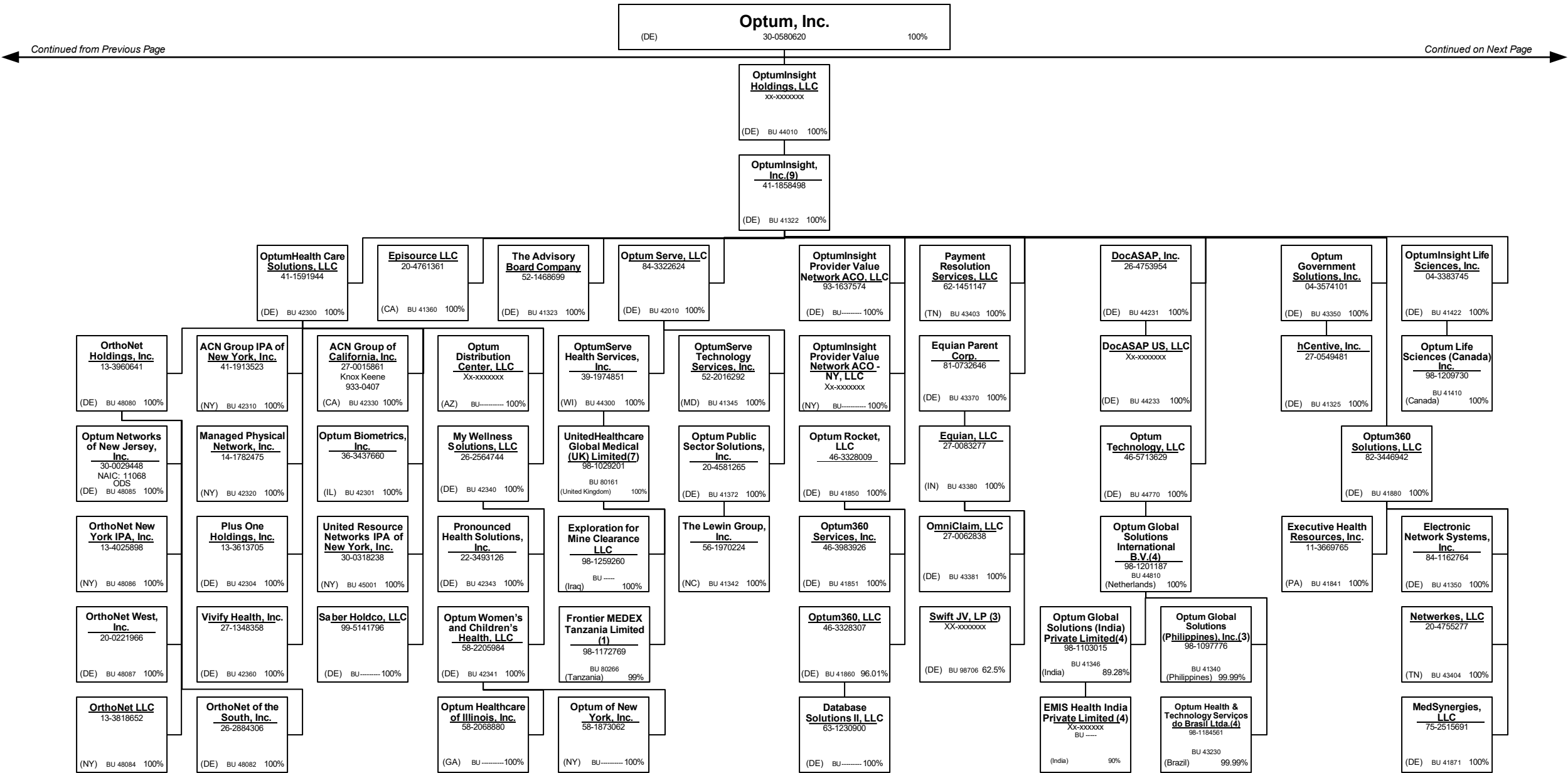
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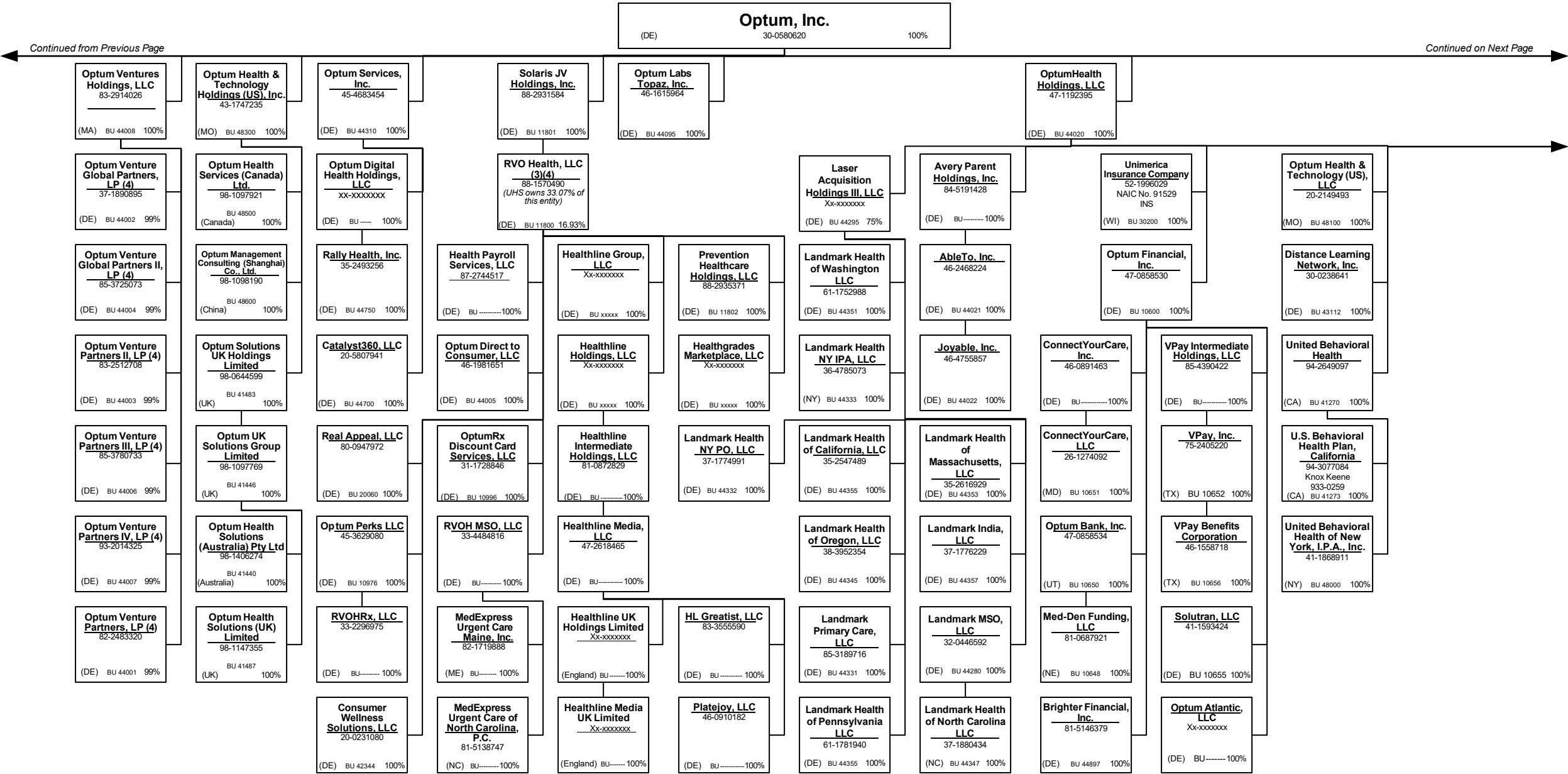
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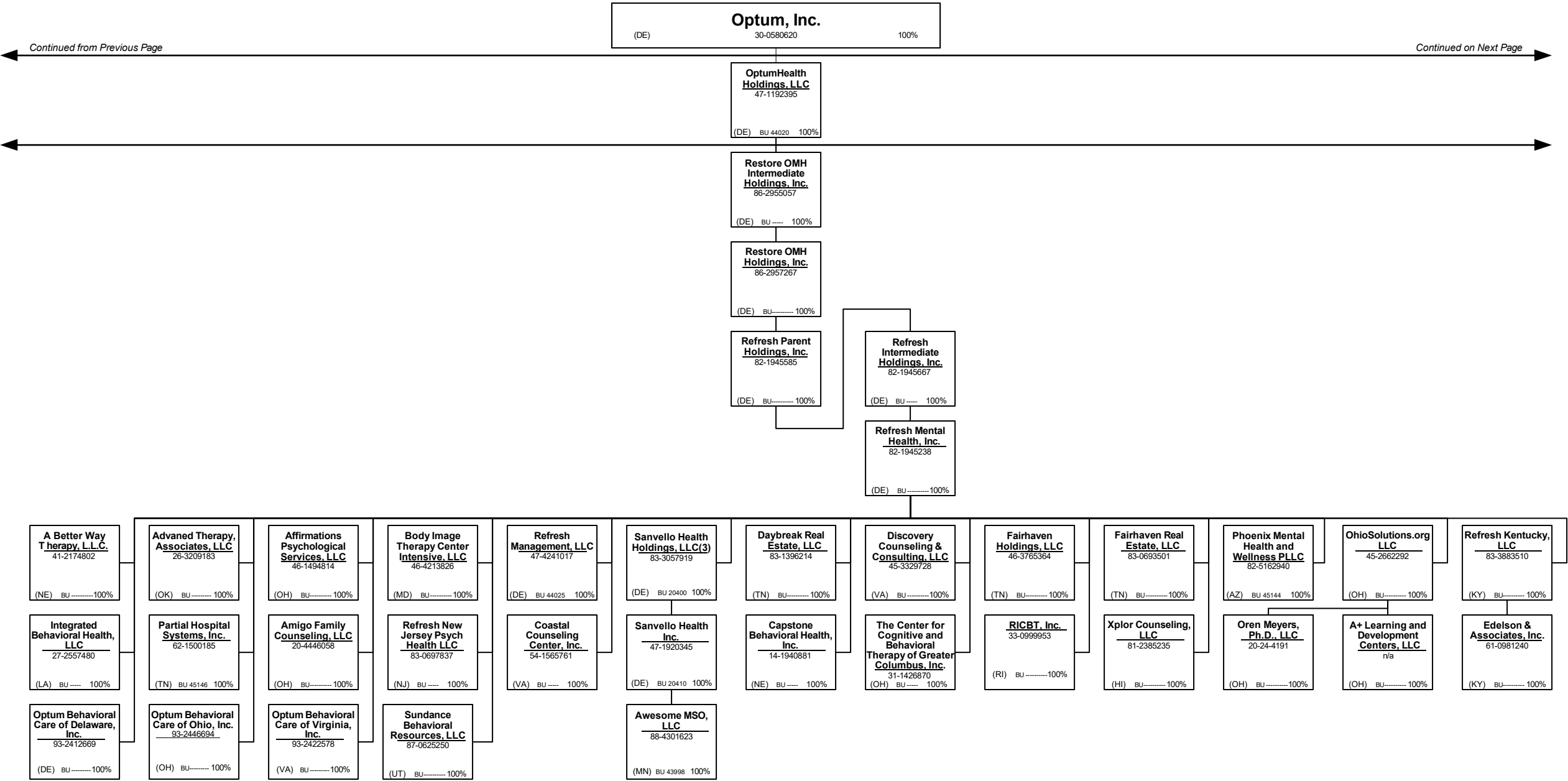
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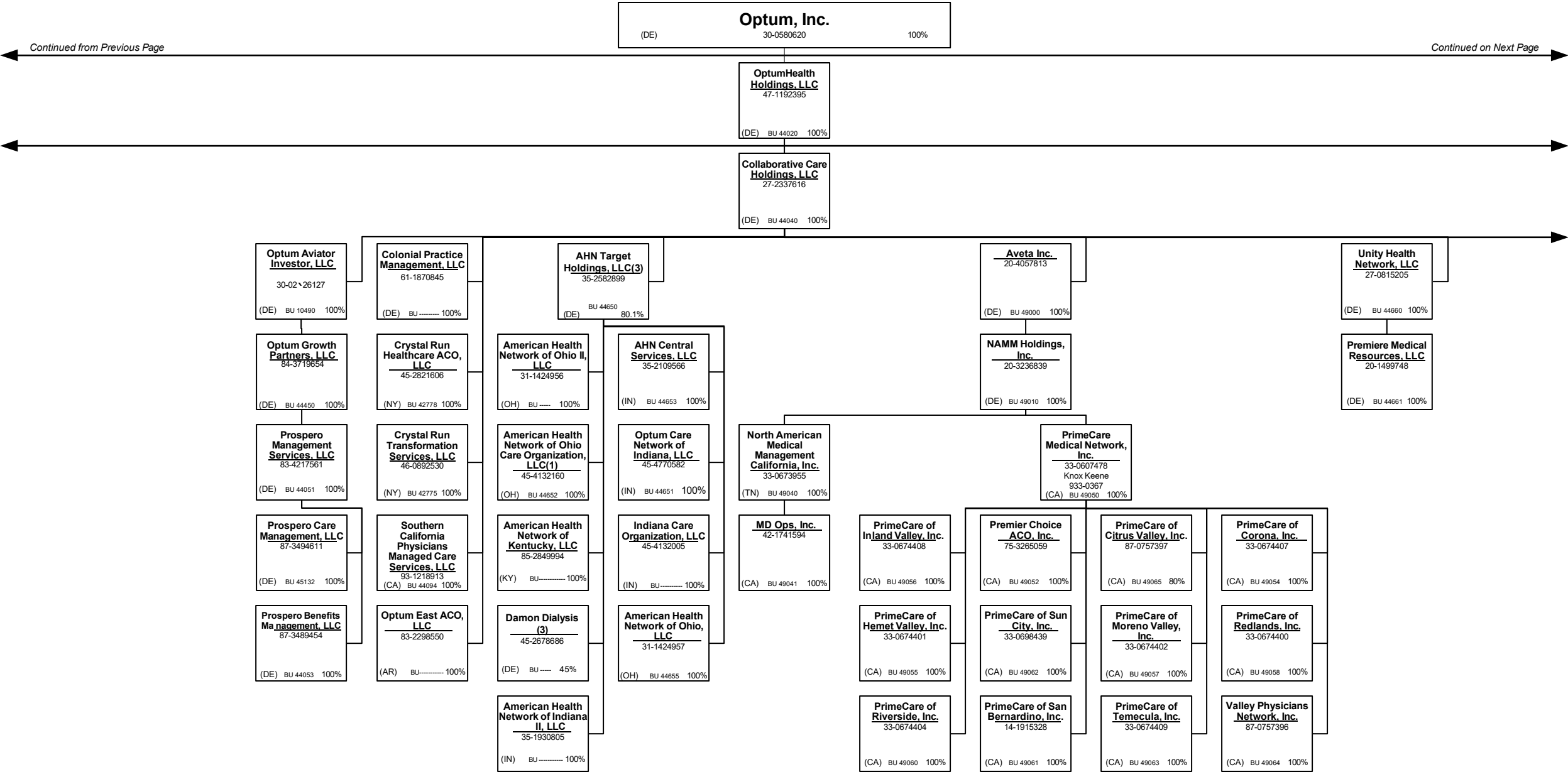
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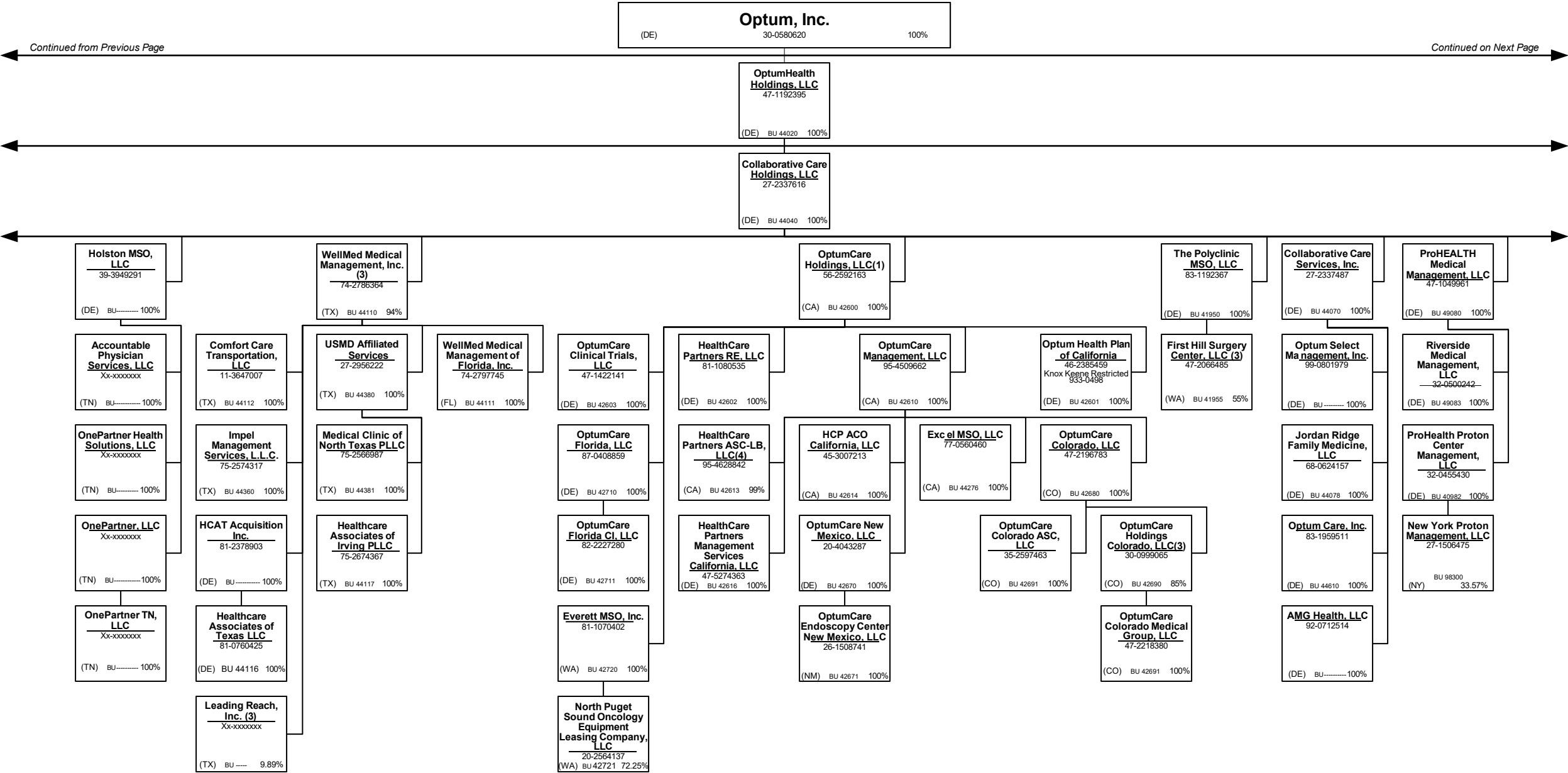
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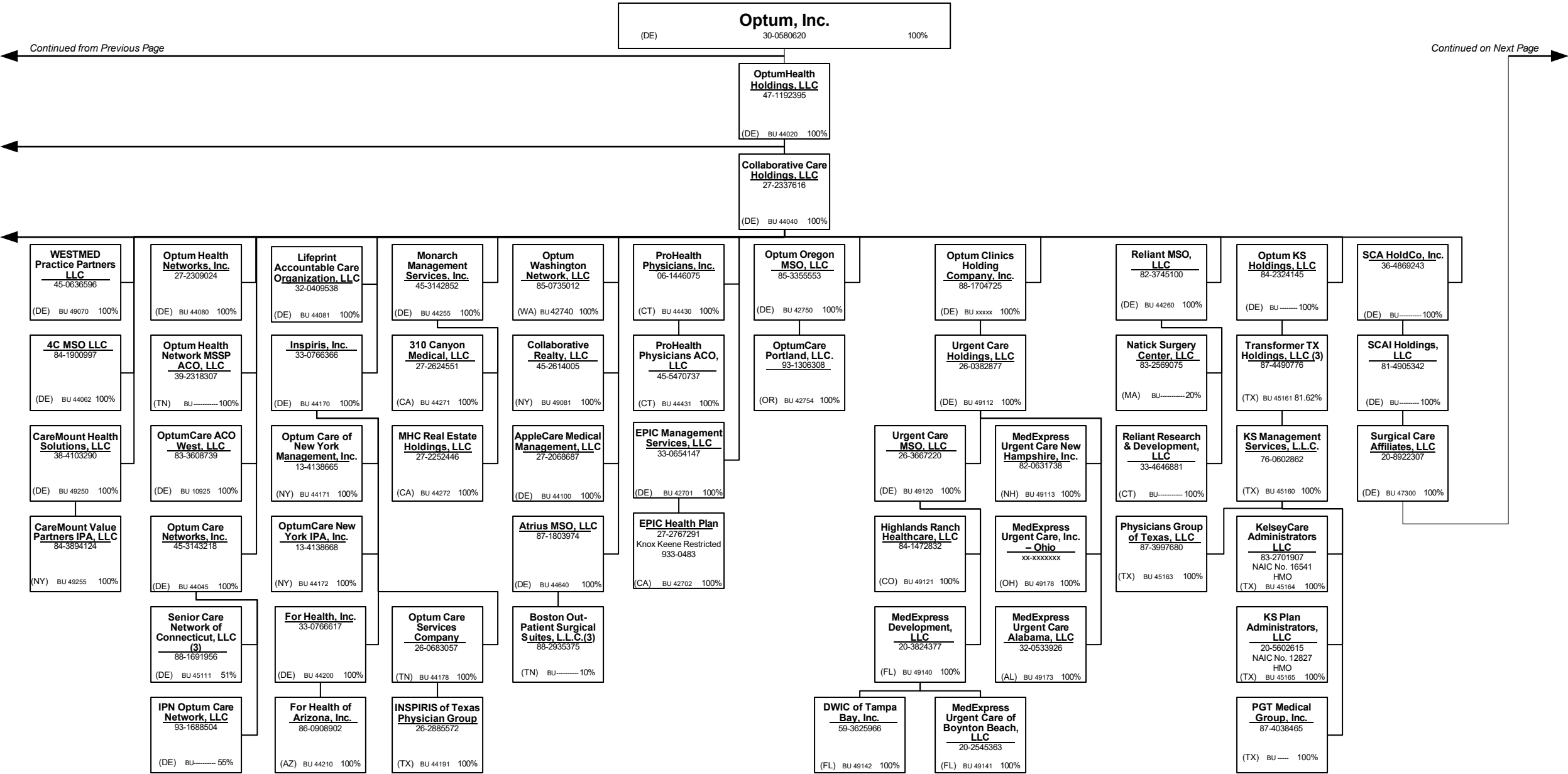
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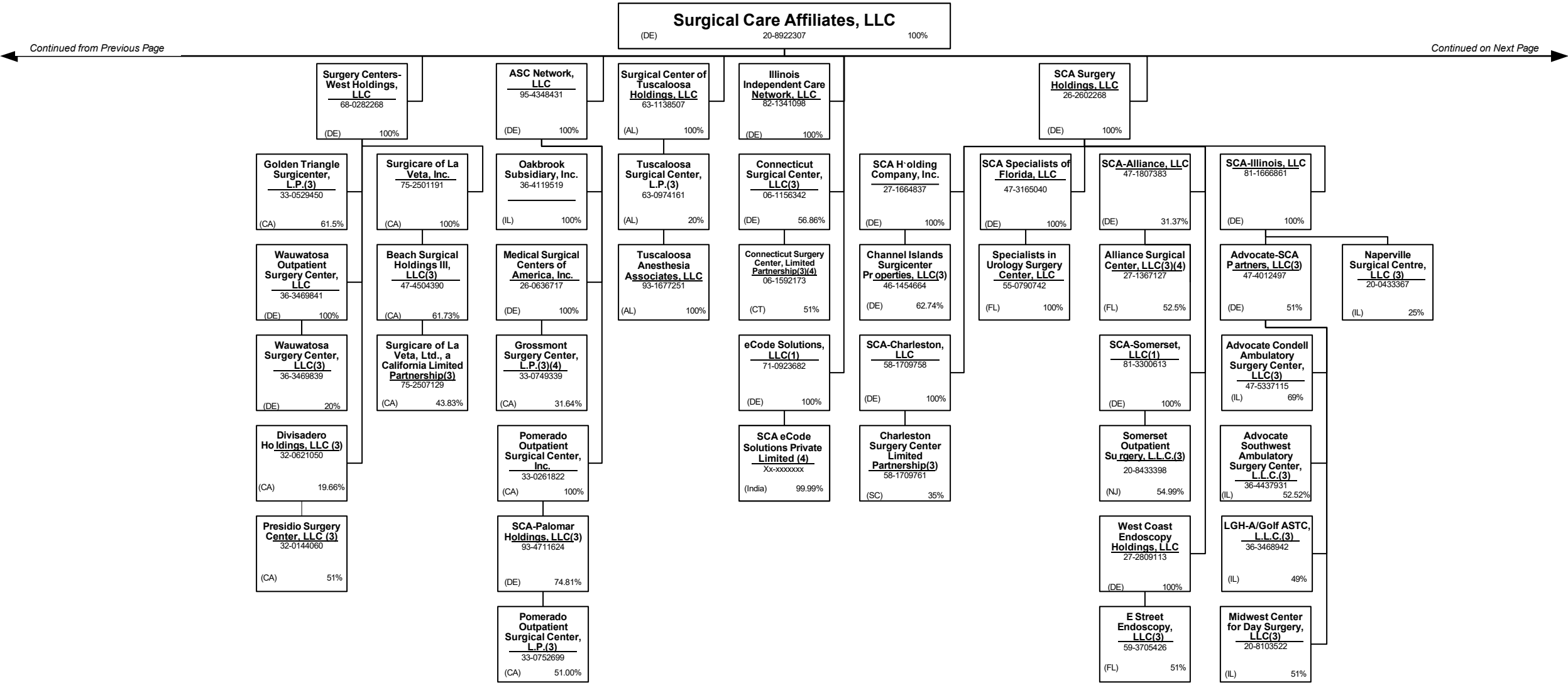
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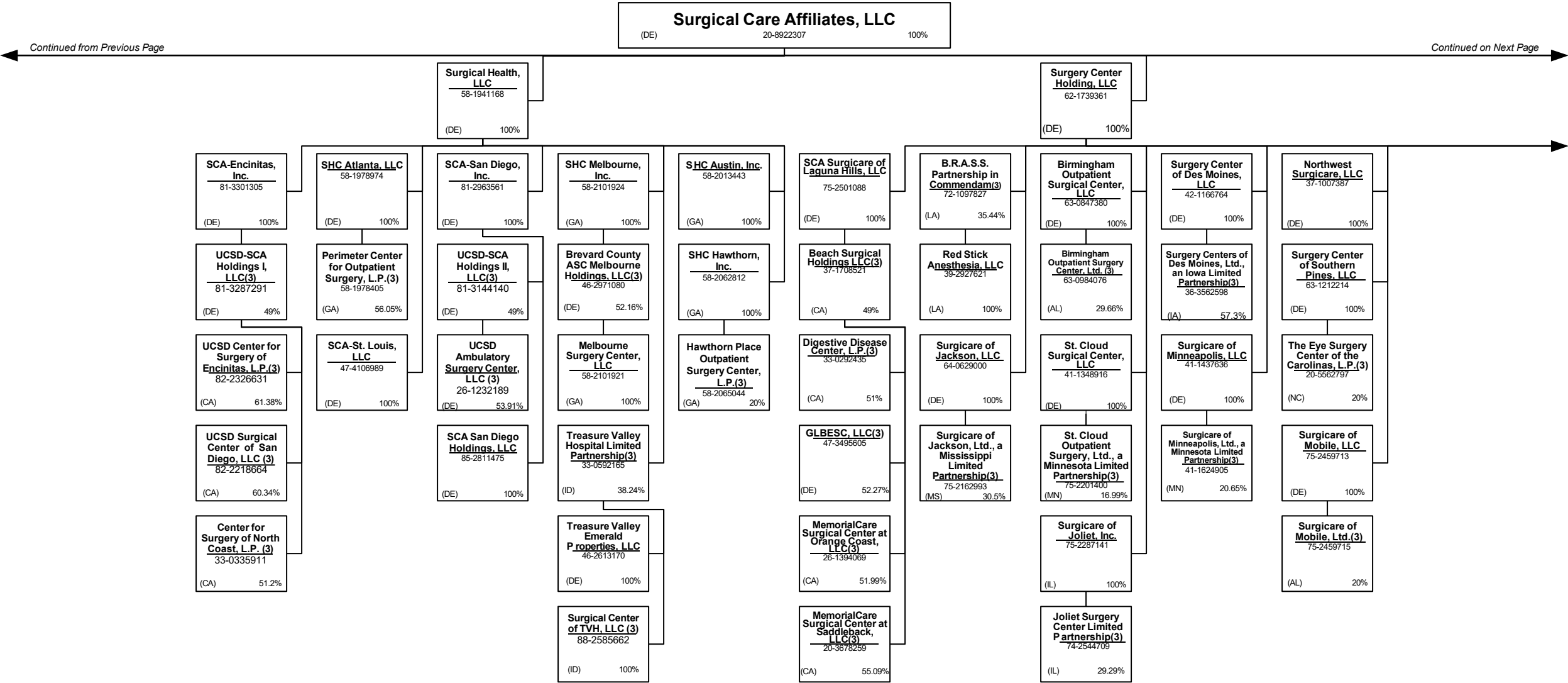
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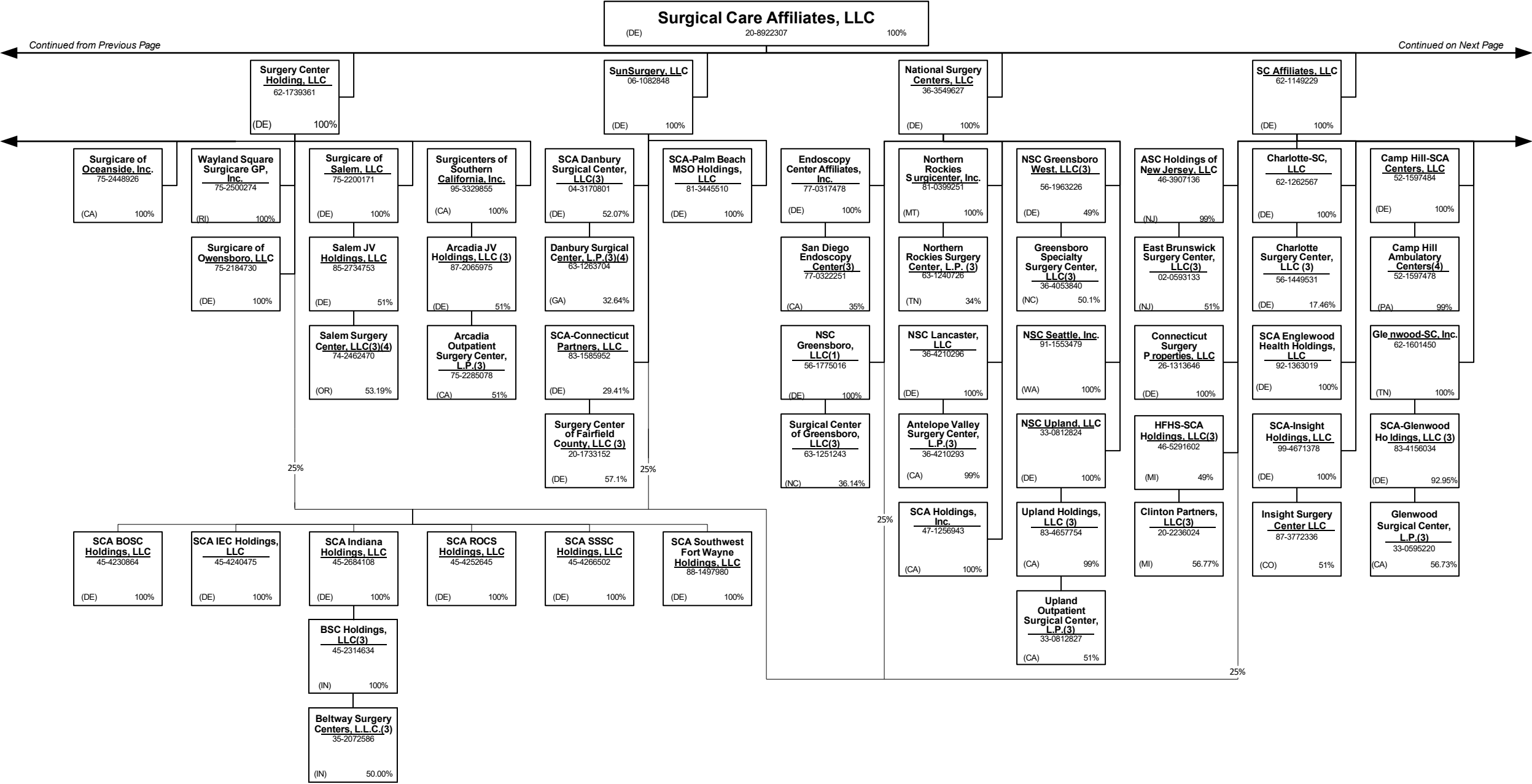
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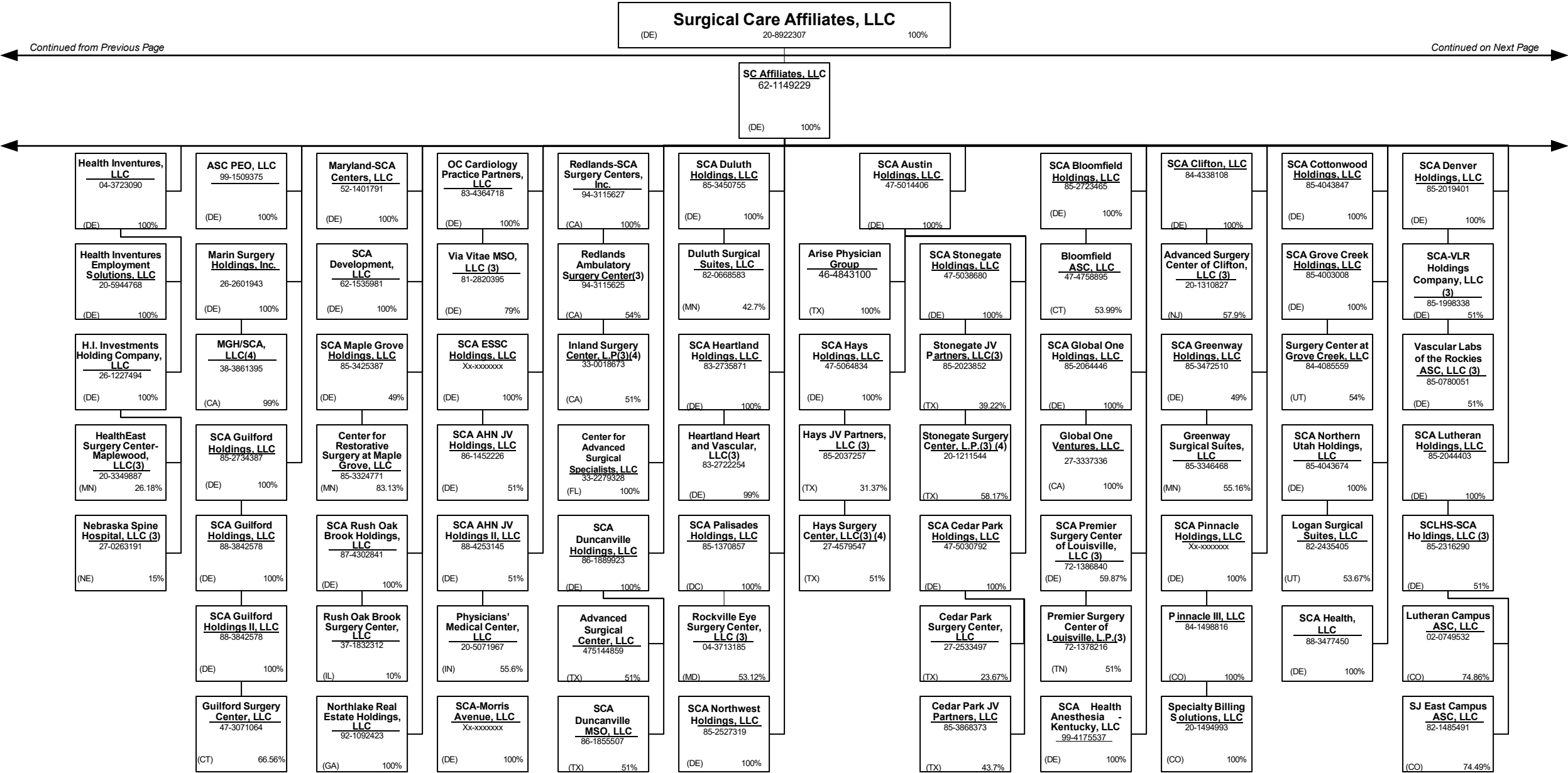
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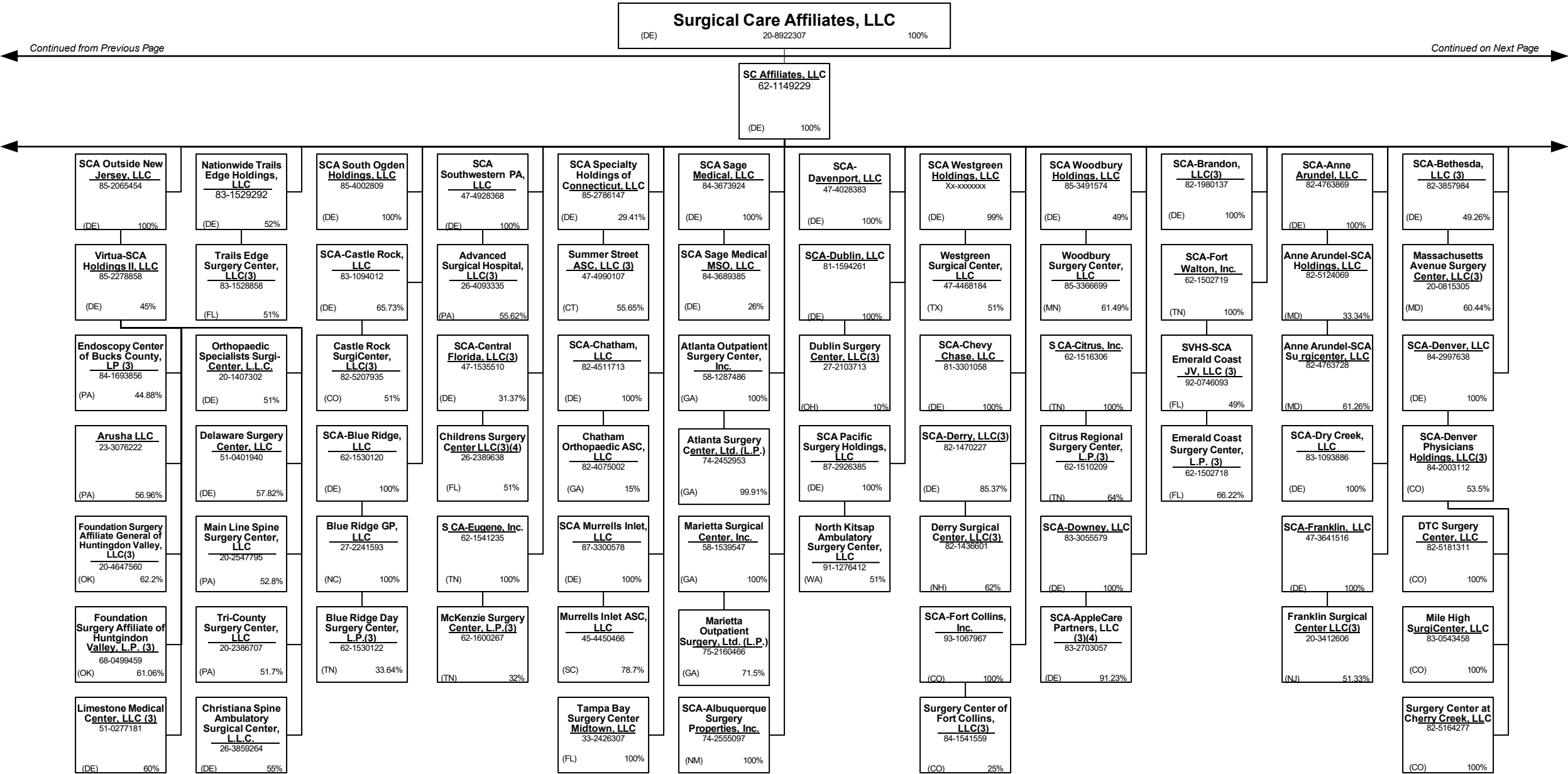
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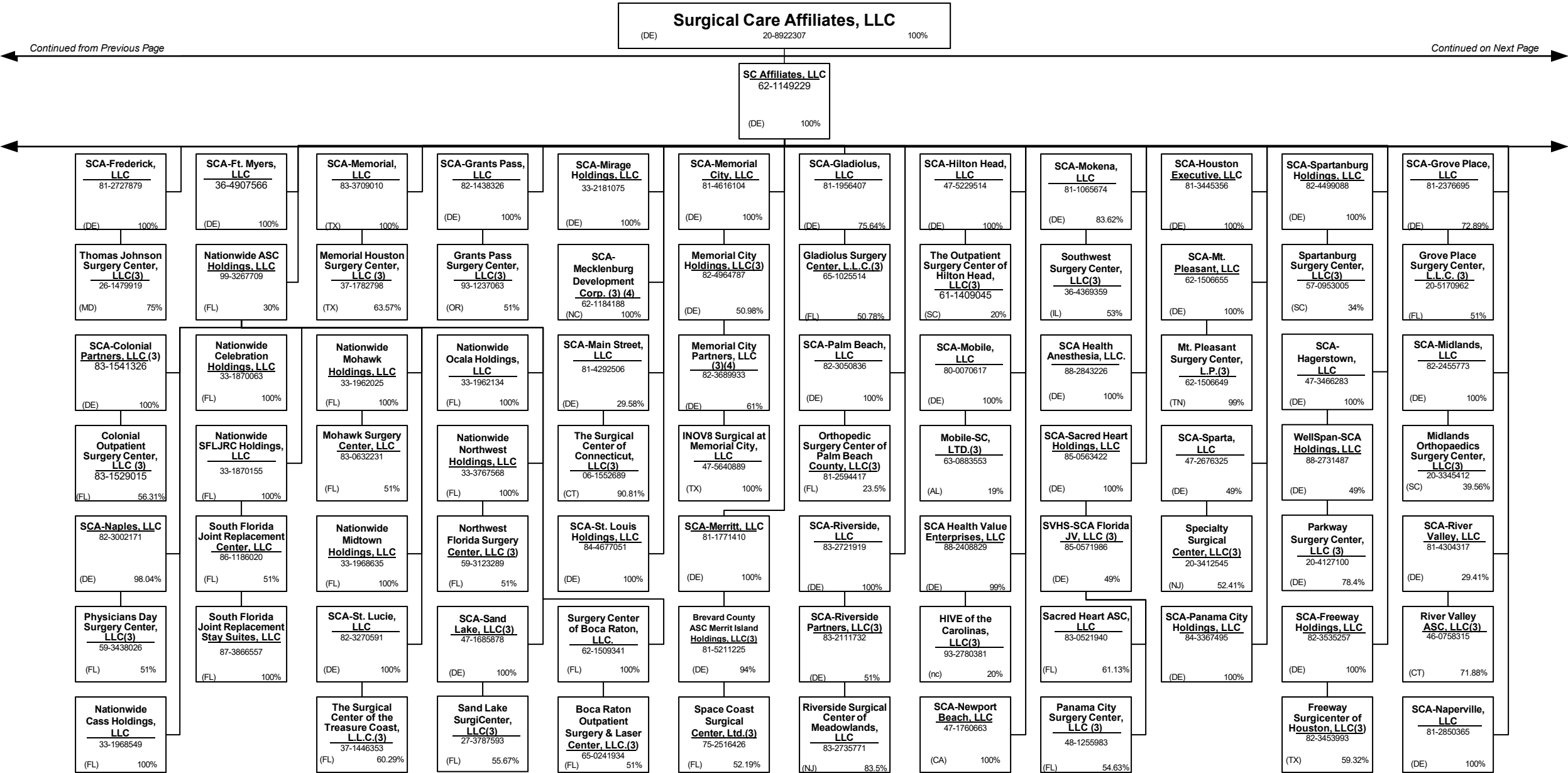
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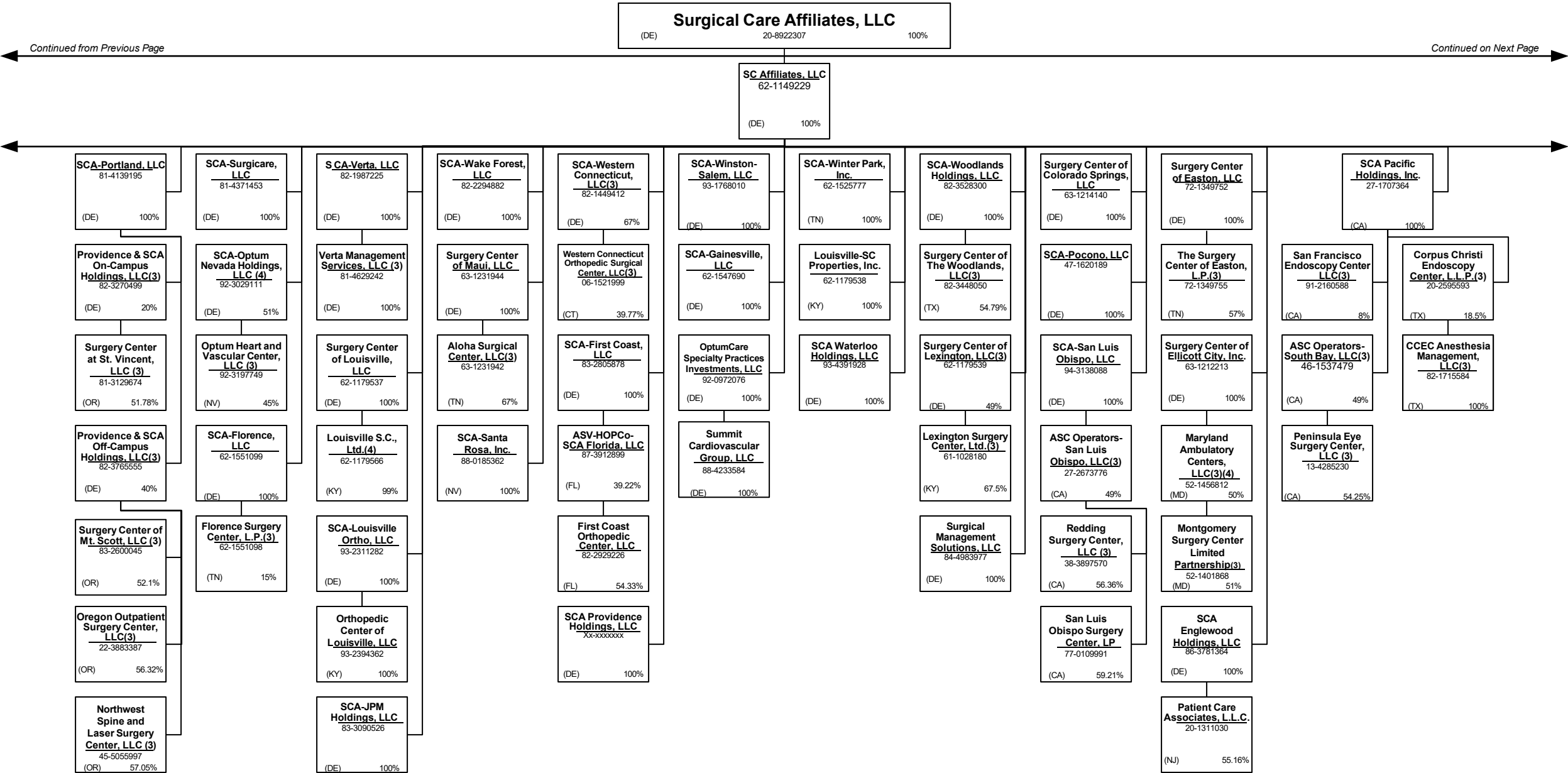
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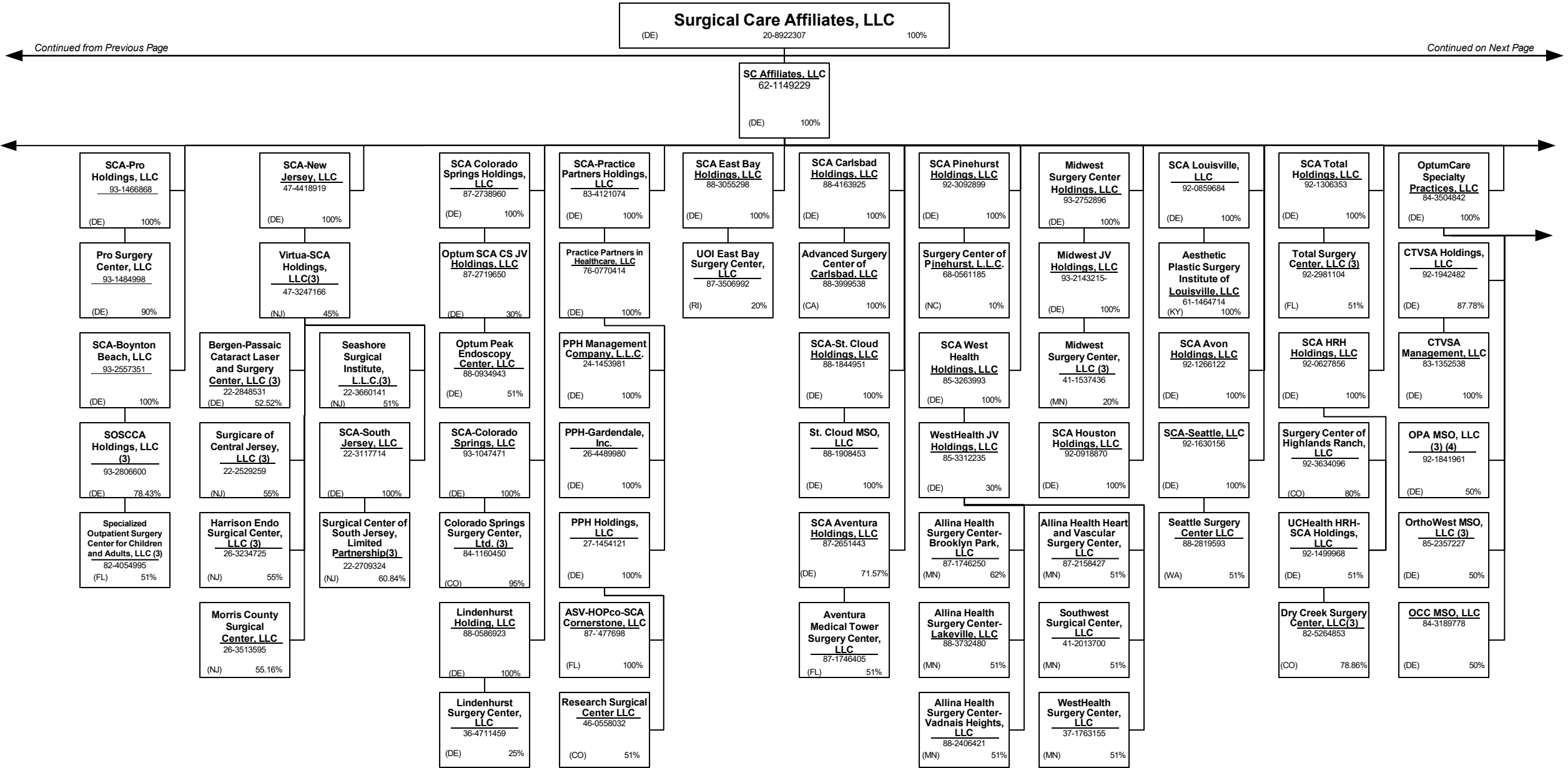
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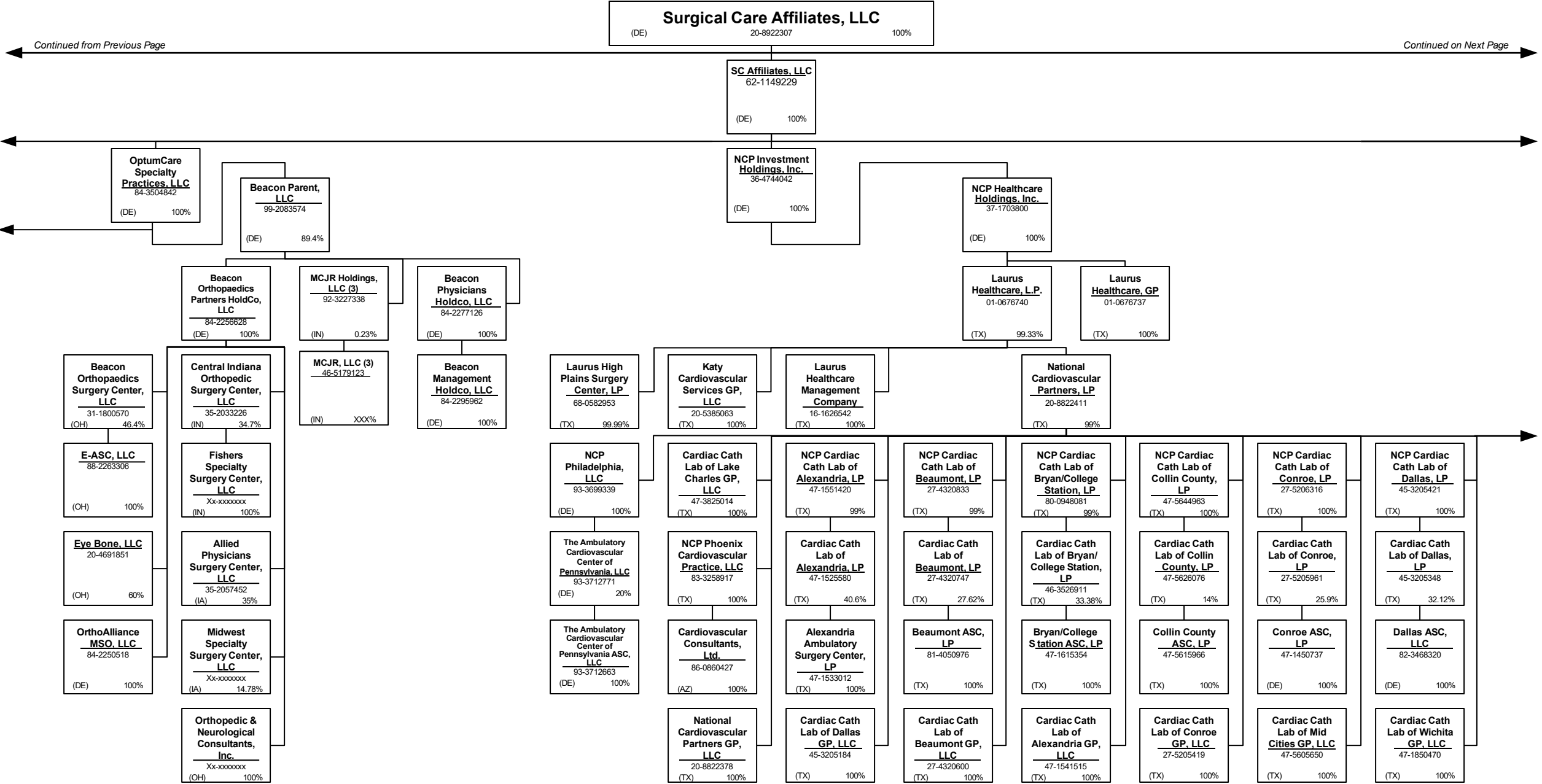
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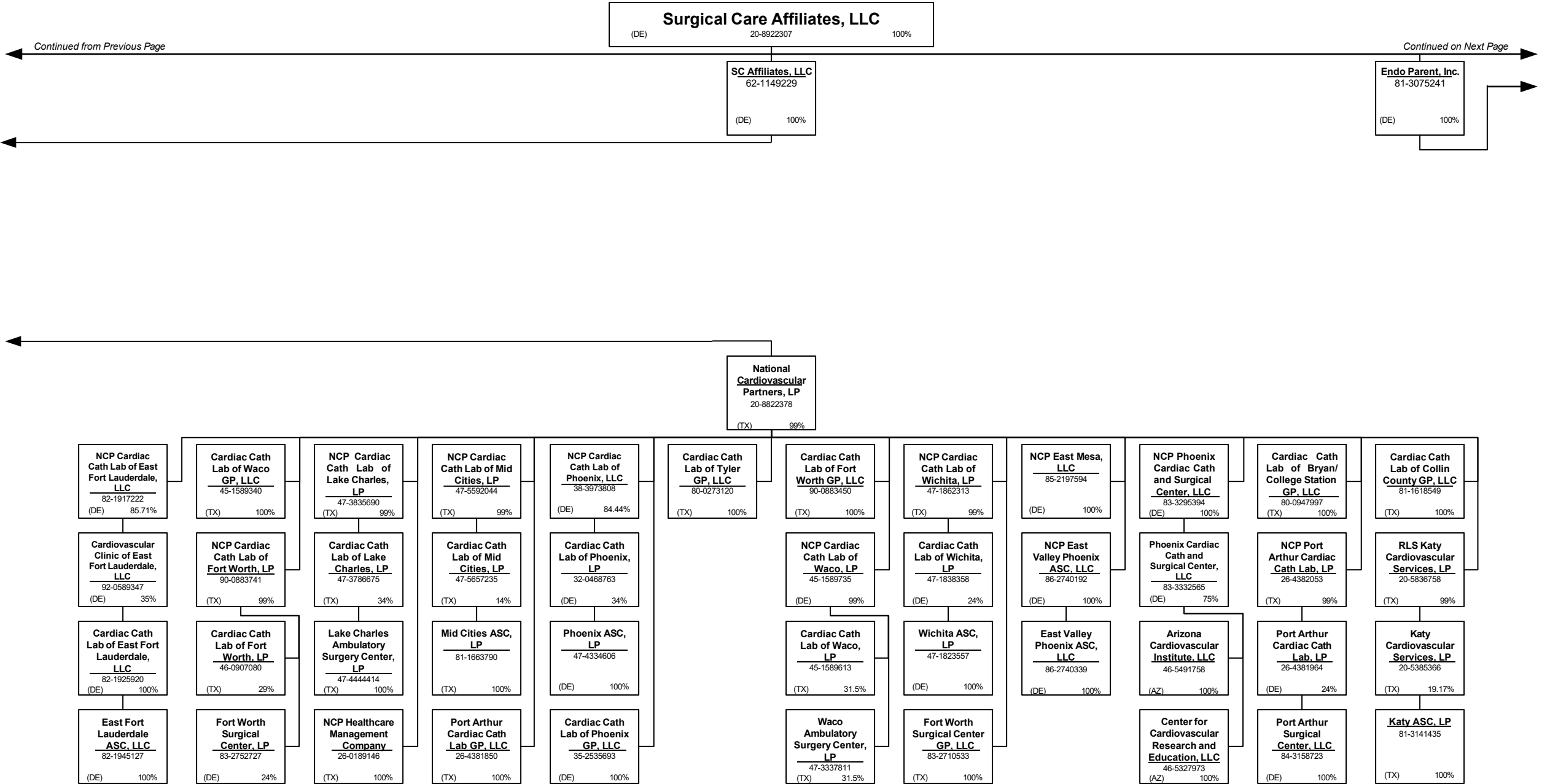


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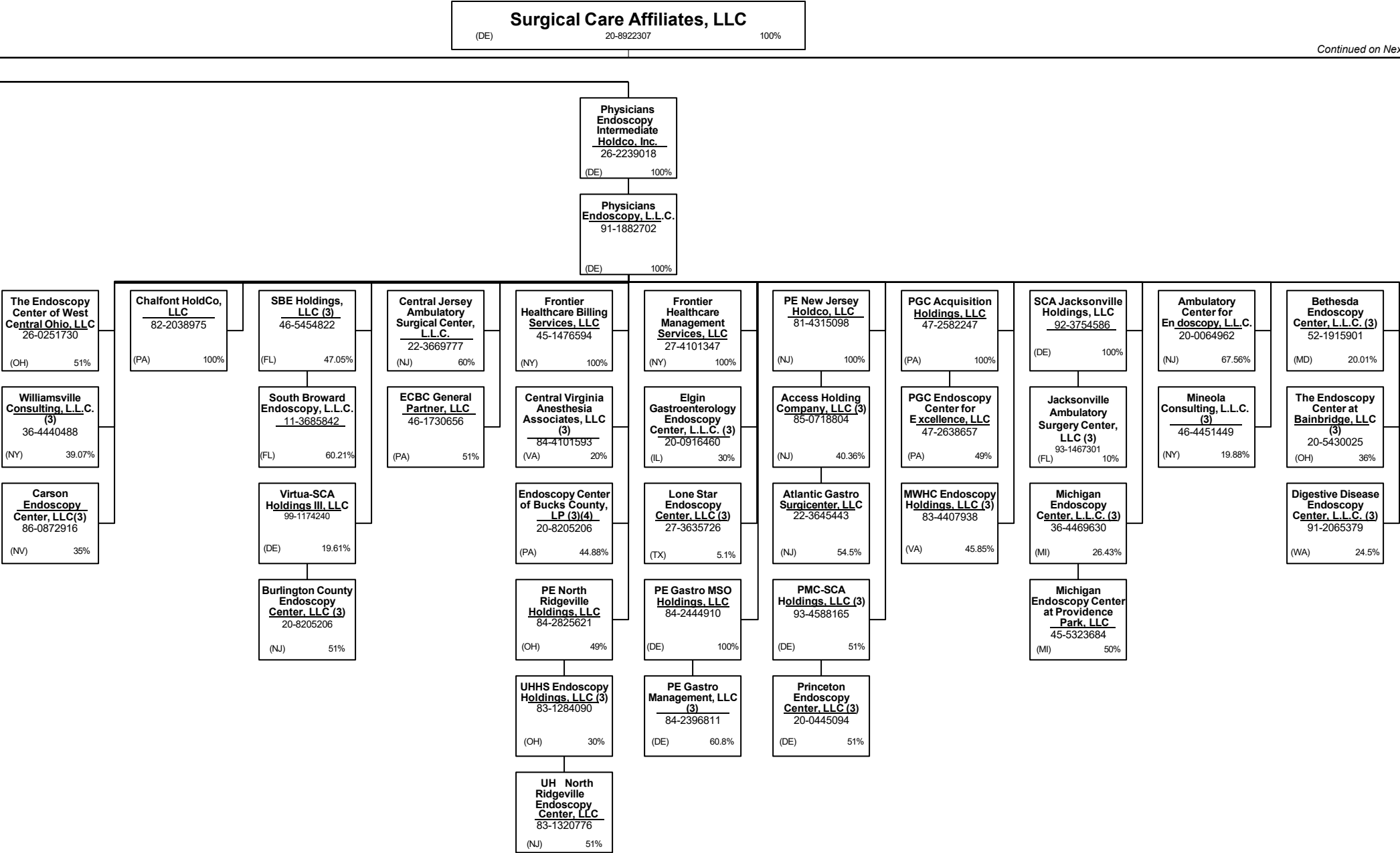


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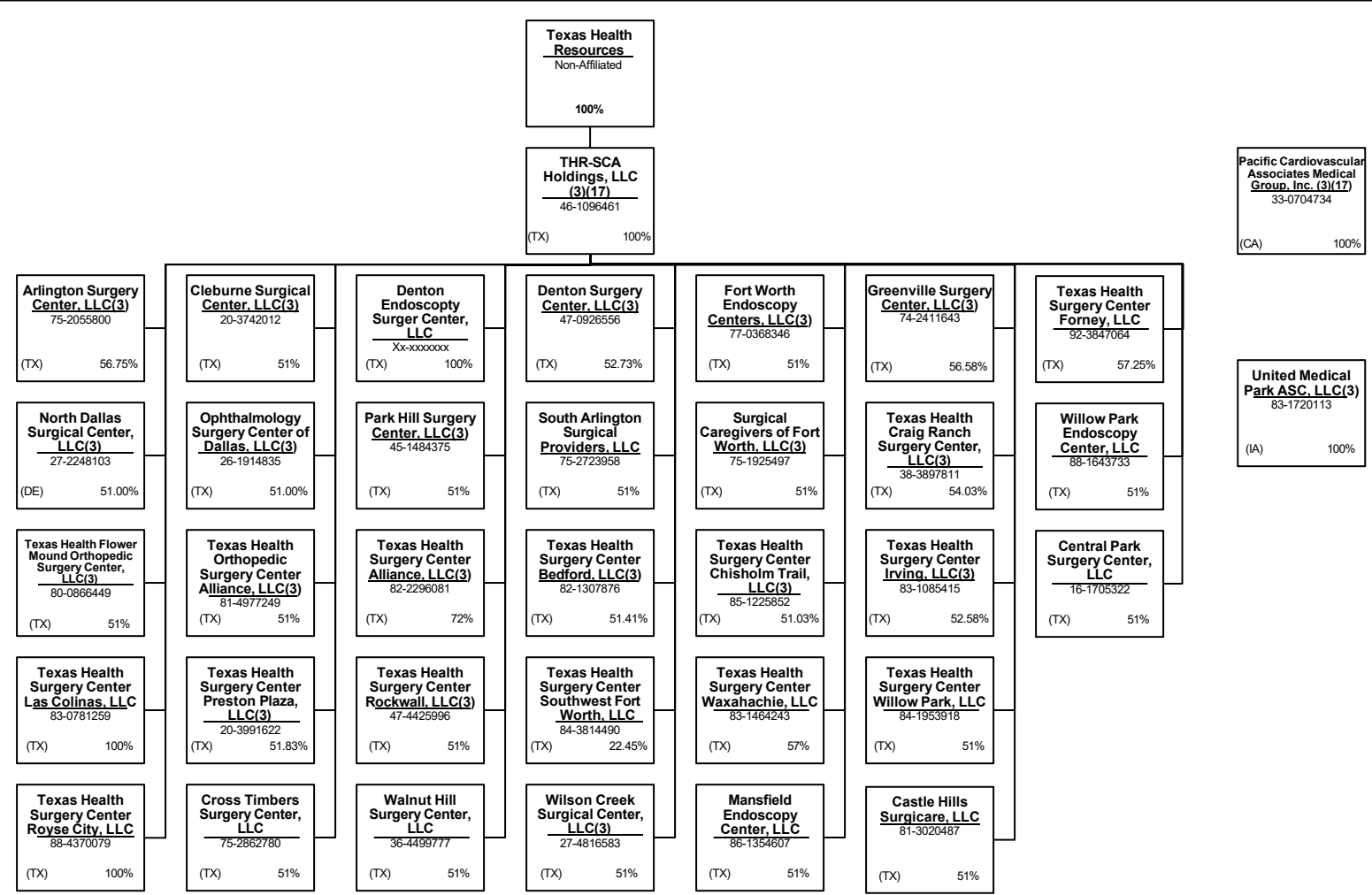
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Surgical Care Affiliates, LLC

(DE)20-8922307100%

Continued from Previous Page

Substantively Controlled Surgical Care Affiliate Entities



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
4C Medical Group, PLC	AZ	45-2402948	Christopher Stalberg, M.D., PLLC	AZ	26-4651320
A.G. Dikengil, Inc.	NJ	22-3149900	Cielo House, Inc.	CA	27-1655973
AbleTo Behavioral Health Services of New Jersey, P.C.	NJ	85-4306375	Cognitive-Behavioral Therapy Center of Western North Carolina, P.A.	NC	20-3056794
AbleTo Behavioral Health Services, PC	CT	47-5519672	Colonial Family Practice, L.L.C.	SC	02-0626080
AbleTo Licensed Clinical Social Worker Services, P.C.	CA	85-0739865	Columbia Counseling Center P.A.	MD	52-2052733
AHN Accountable Care Organization, LLC	IN	45-4171713	Connect Medical, P.C.	NY	32-0551188
AHN Surgery Center Holdings, LLC	IN	82-5224188	Crystal Run Ambulatory Surgery Center of Middletow n, LLC	NY	27-0476822
Aleph Psychological Services, Inc.	CA	46-3477124	Crystal Run Healthcare Physicians LLP	NY	13-3843560
Ambulatory Partner Holdings, LLC	NY	88-2464526	David C. Anderholm, M.D., P.A.	MN	41-1879063
American Health Netw ork of Indiana, LLC	IN	35-2108729	David Moen, M.D. P.C.	NY	81-5101448
Angie Coil FNP, PLLC	AZ	81-2112951	David R. Ferrell, M.D., P.C.	NV	45-2380022
AppleCare Hospitalists Medical Group, Inc.	CA	14-1890491	Day-Op Center of Long Island, LLC	NY	11-2811353
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	DBT and EMDR Specialists, P.A.	MN	47-3322541
AppleCare Medical Group, Inc.	CA	33-0898174	Digestive Diseases Diagnostic & Treatment Center, LLC	NY	26-1319443
ARTA Western California, Inc.	CA	33-0658815	Doc Martins, PLLC	AZ	20-0419099
Astra Medical Clinic, PLLC	AZ	86-0882561	Durable Medical Equipment, Inc.	MA	04-3106404
Atrius Health Ambulatory Surgery Center, LLC	MA		East Side Endoscopy, L.L.C.	NY	26-3006590
Atrius Health, Inc.	MA	04-3397450	Elite Focus Clinic, Inc., a Professional Corporation	CA	47-3861802
Beacon Orthopaedics & Sports Medicine, Ltd.	OH	31-1483173	Empire Physicians' Medical Group, Inc.	CA	33-0181426
Beaver Medical Group, P.C.	CA	33-0645967	Endoscopy Center of Western New York, L.L.C.	NY	36-4427974
Behavioral Solutions, P.C.	MA	04-3316367	Eugene Center for Anxiety and Stress, LLC	OR	83-2740282
Bexar Imaging Center, LLC	TX	22-3858211	Eugene Therapy, LLC	OR	90-0624377
California Spring Holdings, PC	CA	81-0881243	Everett Physicians, Inc. P.S.	WA	81-1625636
Carbondale Counseling Associates, PLLC	IL	47-1130641	Evolve, LLC	WI	61-1752488
Cardiothoracic & Vascular Surgical Associates, P.A.	FL	59-3338654	Family Counseling Associates of Salem Andover LLC	NH	27-0820363
CARE Clinics LLC	MN	46-4814778	Ferrell Physician Services, P.C.	NY	87-4007730
CAREFree Counseling LLC	MN	88-0822778	First Step Services, PLLC	NC	51-0484581
CareMount Health Solutions ACO, LLC	NY	n/a	Five Rivers South L.L.C.	MN	92-0459013
Carnegie Hill Endoscopy, LLC	NY	27-0385539	Flagstaff Family Physicians, PLLC	AZ	86-0959327
Carolina Behavioral Care, P.A.	NC	56-1780933	Good Samaritan Medical Practice Association, Inc., A Medical Group	CA	95-3969271
Carroll Counseling Center LLC	MD	52-2072546	Great South Bay Endoscopy Center, LLC	NY	46-3055867
Centers for Family Medicine, GP	CA	33-0483510	Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725
Central Indiana Orthopedics, LLC	IN	35-1709418	Gunn Behavioral Care of California, P.C.	CA	27-3237563

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities					
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Gunn Behavioral Holdco, P.C.	CA	92-3292446	Landmark Medical of New Hampshire, P.C.	NH	85-1174070
HealthCare Partners Affiliates Medical Group	CA	95-4526112	Landmark Medical of North Carolina, P.C.	NC	82-4256752
HealthCare Partners ASC-HB, LLC	CA	26-4247365	Landmark Medical of Ohio, Professional Corporation	OH	82-4864947
HealthCare Partners Associates Medical Group, P.C.	CA	45-5273760	Landmark Medical of Oregon, P.C.	OR	47-2926188
HealthCare Partners Medical Group, P.C.	CA	95-4340584	Landmark Medical of Pennsylvania, PC	PA	81-1605378
Heron Ridge Assoc., P.L.C.	MI	80-0020865	Landmark Medical of Rhode Island, PC	RI	84-2830065
Homecare Dimensions of Florida, Inc.	TX	81-0884465	Landmark Medical of Tennessee, PC	TN	30-1288593
Homecare Dimensions, Inc.	TX	74-2758644	Landmark Medical of Texas, PA	TX	83-2296389
IN Style OPTICAL, LLC	MA	27-3296953	Landmark Medical of Utah, PC	UT	84-2660339
Inland Faculty Medical Group, Inc.	CA	33-0618077	Landmark Medical of Virginia, P.C.	VA	85-0839774
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134	Landmark Medical of Washington, PC	WA	47-3028655
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	Landmark Medical, P.C.	NY	47-1588943
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739	Level2 Medical Services, P.A.	DE	84-5003916
INSPIRIS of Pennsylvania Medical Services, P.C.	PA	26-2895670	Level2 Medical Services, P.A.	DE	87-2684015
Jonathan E. Goldberg, Ph.D., Inc.	MA	26-3013277	Level2 Medical Services, P.C.	AK	87-2600511
Joyce Marter & Associates, P.C.	IL	26-3478896	Level2 Medical Services, P.C.	CA	92-1153396
K.P. Counseling, Ltd.	IL	30-0089259	Level2 Medical Services, P.C.	UT	87-0989804
Kelsey-Seybold Medical Group, PLLC	TX	76-0386391	Liberty Endoscopy Center, LLC	NY	46-4588779
Keys Counseling, Inc.	IN	30-0358493	Life Strategies Counseling, Inc.	AR	20-0468524
KS Pharm, LLC	TX	84-2355006	LifeSolutions Counseling Associates, P.C.	IN	26-3292877
KS SC, LLC	TX	84-2241460	Long Island Digestive Endoscopy Center, LLC	NY	45-4714972
Landmark Medical of Arkansas, P.A.	AR	85-0997438	Manhattan Endoscopy Center, LLC	NY	27-1510596
Landmark Medical of California, PC	CA	47-4553619	March Vision Care Group, Incorporated	CA	95-4874334
Landmark Medical of Connecticut, PC	CT	83-2295301	March Vision Care IPA, Inc.	NY	27-3115058
Landmark Medical of Florida, P.A.	FL	85-0838149	MAT-RX DEVELOPMENT, L.L.C.	TX	43-1967820
Landmark Medical of Idaho, PC	ID	92-0496439	ME Urgent Care Nebraska, Inc.	NE	81-0936574
Landmark Medical of Kansas, P.A.	KS	82-4633545	MedExpress Employed Services, Inc.	DE	81-1265129
Landmark Medical of Kentucky, P.S.C.	KY	82-4881602	MedExpress Primary Care Arizona, P.C.	AZ	81-4550969
Landmark Medical of Louisiana, a Professional Corporation	LA	82-4881732	MedExpress Primary Care Arkansas, P.A.	AR	84-4234388
Landmark Medical of Massachusetts, PLLC	MA	81-5364097	MedExpress Primary Care Kansas, P.A.	KS	81-4605885
Landmark Medical of Michigan, P.C.	MI	86-3599871	MedExpress Primary Care Maryland, P.C.	MD	82-3384324
Landmark Medical of Mississippi, P.C.	MS	82-5084178	MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099
Landmark Medical of Missouri, P.C.	MO	82-4857713	MedExpress Primary Care Minnesota P.C.	MN	81-4396738

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities					
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265	MedExpress, Inc. – Delaware	DE	45-5436856
MedExpress Primary Care South Carolina, P.C.	SC	83-0764858	Mental Health Resources, PLLC	TN	62-1396317
MedExpress Primary Care Texas, P.A.	TX	84-2500750	MH Physician Three Holdco, a Medical Corporation	CA	27-4691544
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MHCH, Inc.	CA	80-0507474
MedExpress Primary Care West Virginia, Inc.	WV	82-4401181	MHIPA Physician Two Holdco, a Medical Corporation	CA	27-4691508
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	Midtown Medical, P.C.	CA	83-2873776
MedExpress Urgent Care – New Jersey, P.C.	NJ	45-5388778	Mindscapes Counseling, PLLC	CT	47-2117693
MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	Mobile Medical Services of New Jersey, PC	NJ	81-2977678
MedExpress Urgent Care Arizona, P.C.	AZ	81-4030280	Mobile Medical Services, P.C.	NY	30-0445773
MedExpress Urgent Care Arkansas, P.A.	AR	46-4348120	Monarch Health Plan, Inc.	CA	22-3935634
MedExpress Urgent Care California, P.C.	CA	82-0930142	Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
MedExpress Urgent Care Connecticut, P.C.	CT	81-1956812	NAMM Medical Group Holdings, Inc.	CA	56-2627070
MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	NC Center For Resiliency, PLLC	NC	47-2693055
MedExpress Urgent Care Illinois, P.C.	IL	47-4308614	New Perspectives Center for Counseling & Therapy, L.L.C.	OR	93-1173779
MedExpress Urgent Care Iowa, P.C.	IA	81-5353472	New York Licensed Clinical Social Work, P.C.	NY	86-3891057
MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	Northern California Physicians Network, Inc., a Professional Corporation	CA	81-1573604
MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	Northlight Counseling Associates, Inc.	AZ	86-0646417
MedExpress Urgent Care Missouri P.C.	MO	47-3132625	Oakland Psychological Clinic, P.C.	MI	38-2481929
MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	OHR Physician Group, P.C.	OR	93-0979031
MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	Olympia Arthritis and Rehabilitation Clinic, Inc., P.S.	WA	91-1160442
MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	Optum Behavioral Care of California, P.C.	CA	84-4887072
MedExpress Urgent Care South Carolina, P.C.	SC	81-5380706	Optum Behavioral Care of Colorado, P.C.	CO	93-2952612
MedExpress Urgent Care Texas, P.A.	TX	47-5147441	Optum Behavioral Care of Connecticut, P.C.	CT	93-2339326
MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Optum Behavioral Care of Kansas, P.A.	KS	93-3404672
MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Optum Behavioral Care of New Jersey, P.C.	NJ	85-0666386
MedExpress Urgent Care, P.C. – Georgia	GA	47-1804667	Optum Behavioral Care of North Carolina, P.C.	NC	85-1959641
MedExpress Urgent Care, P.C. – Indiana	IN	90-0929572	Optum Behavioral Care of Texas, P.A.	TX	84-3152209
MedExpress Urgent Care, P.C. – Maryland	MD	45-3461101	Optum Behavioral Care Therapy Services of Illinois, P.C.	IL	99-4597708
MedExpress Urgent Care, P.C. – Massachusetts	MA	47-1857908	Optum Care Washington, PLLC	WA	91-0214500
MedExpress Urgent Care, P.C. – Michigan	MI	46-4793937	Optum Everycare, P.C.	PR	66-1026448
MedExpress Urgent Care, P.C. – Oklahoma	OK	47-1824365	Optum Medical Care of New Jersey, P.C.	NJ	22-3624559
MedExpress Urgent Care, P.C. – Tennessee	TN	45-4973138	Optum Medical Care, P.C.	PR	13-3544120
MedExpress Urgent Care, P.S.C. - Kentucky	KY	83-1565124	Optum Medical Group (Rhodes), P.C.	NV	88-0310956

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities					
Entity Name	Juris.	Federal Tax ID	Entity Name	Juris.	Federal Tax ID
Optum Medical Group II (Rhodes), P.C.	NV	86-0857176	Prospero Medical Services, P.A.	FL	87-2406404
Optum Medical Group, P.A.	KS	46-2662506	Psychiatry Services of New York, P.C.	NY	85-0921665
Optum Medical Services of California, P.C.	CA	30-0826311	Psychiatry Specialists, S.C.	IL	27-3409538
Optum Medical Services of Colorado, P.C.	CO	45-5424191	Psychological Healthcare, PLLC	NY	16-1484552
Optum Medical Services, P.C.	NC	45-3866363	Queens Endoscopy ASC, LLC	NY	27-4189294
Optum Urgent Care, PLLC	NY	46-1883579	Red Oak Counseling, Ltd.	WI	20-0785644
OptumCare Portland, LLC	OR	93-1306308	Redlands Family Practice Medical Group, Inc.	CA	56-2627067
Oregon Healthcare Resources, LLC	OR	27-3674492	Refresh Canopy Cove, Inc.	FL	82-3603285
Ortho Physician Partners, P.C.	WA	93-3367856	Refresh Connecticut, PLLC	CT	84-2663780
OW Physician Partners, P.C.	CA	85-4386308	Refresh Evolve, LLC	WI	83-4507157
Pacific Cardiovascular Associates Medical Group, Inc.	CA	33-0704734	Refresh In-Home Counseling LLC	IL	82-5351068
PE Healthcare Associates, LLC	NY	27-4496894	Reliant Medical Group The Endoscopy Center, LLC	MA	20-5251393
Peninsula Psychological Center, Inc., P.S.	WA	91-1885912	Reliant Medical Group, Inc.	MA	04-2472266
Perspectives of Troy, P.C.	MI	38-2592367	Rheumatology and Pulmonary Clinic, P.L.L.C.	WV	55-0775651
Physician United PLLC	AZ	84-3476733	Riverside Community Healthplan Medical Group, Inc.	CA	33-0055097
Physicians Medical Group of San Jose, Inc.	CA	94-2722082	Riverside Electronic Healthcare Resources, Inc.	CA	20-3420379
Physicians Medical Holdings	CA	86-2631012	Saddleback Medical Group, Inc.	CA	33-0571462
Pilot Holdings, P.C.	CA	87-3931756	San Bernardino Medical Group, Inc.	CA	95-3088615
Pinnacle Medical Group, Inc.	CA	33-0795271	San Diego Physicians Medical Group, Inc.	CA	33-0457134
Polyclinic Holdings, P.C.	WA	83-3042027	Saris Counseling, LLC	WI	n/a
POLYCLINIC MANAGEMENT SERVICES COMPANY, LLC	WA	46-0508606	Serenity Family and Psychological Counseling Center, P.C.	CA	45-3802527
Primary Care Associated Medical Group, Inc.	CA	33-0527335	Shark Holdings, P.C.	CA	87-3142148
ProHealth Ambulatory Surgery Center, LLC	NY	11-3447394	Sherman Counseling Management, S.C.	WI	47-5082677
ProHEALTH Care Associates of New Jersey LLP	NJ	47-5656253	Silicon Valley TMS of Monterey Bay, GP	CA	81-3200297
ProHEALTH Care Associates, L.L.P.	NY	11-3355604	Southwest Internal Medicine Group, Roberto Ruiz, M.D., PLLC	AZ	86-0516447
ProHEALTH Medical NY, P.C.	NY	47-1388406	Spring Behavioral Health of New Jersey, LLC	NJ	82-3087236
ProHealth Physicians, P.C.	CT	06-1469068	Springfield Psychological, P.C.	PA	23-2833266
ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535	St. Vincent IPA Medical, P.C.	CA	95-4729595
Prospero Health Partners Florida, Inc.	FL	85-0775386	Summit Rheumatology and Arthritis - Colorado, PLLC	CO	33-3231503
Prospero Health Partners New York, P.C.	NY	82-2400620	Surgical Eye Experts, LLC	MA	65-1321064
Prospero Health Partners North Carolina, P.C.	NC	84-4569314	Surprise Health Center, PLLC	AZ	86-1047772
Prospero Health Partners, P.C.	MN	84-3234753	Susan Albright P.L.C.	AZ	20-5176158
Prospero Medical Services New Jersey, P.C.	NJ	84-3844362	Talbert Medical Group, P.C.	CA	93-1172065

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Beneficially Owned Legal Entities

Entity Name	Juris.	Federal Tax ID
The Corvallis Clinic, P.C.	OR	93-1221257
The Polyclinic, PLLC	WA	91-0369070
The Potter's House Family & Children Treatment Center, LLC	GA	20-8357849
The Salveo Center, PLLC	WA	80-0281838
The Tabor Therapy Group, Inc.	IL	46-5461304
Triangle Counseling Agency, Inc.	NC	26-2552129
USMD of Arlington GP, L.L.C.	TX	73-1662757
Warner Family Practice, P.C.	AZ	86-0462952
WellMed Florida Medicare ACO, LLC	TX	84-2233329
WellMed Florida Services, PLLC	TX	45-2158334
WellMed Foundation Medicare ACO, LLC	TX	84-2193803
WellMed Medical Group, P.A.	TX	74-2574229
WellMed MSSP ACO, LLC	TX	84-2178104
WellMed Netw ork Medicare ACO, LLC	TX	84-2204650
WellMed Netw ork of Florida, Inc.	TX	35-2314192
WellMed Netw orks, Inc.	TX	74-2889447
WellMed of Las Cruces, Inc.	TX	92-0183013
WellMed Texas Medicare ACO, LLC	TX	84-2219968
XLHome Michigan, P.C.	MI	46-3537245
XLHome Northeast, P.C.	NJ	45-5530241
XLHome Oklahoma, Inc.	OK	46-2931689
XLHome, P.C.	MD	27-3543997
Yorktow n ASO LLC	DE	99-1074356
Yorkville Endoscopy, LLC	NY	46-0857425

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Affiliated, Non-Owned Not-for-Profit Entities

<u>Legal Entity</u>	<u>State</u>	<u>FEIN</u>
LHC Group Employee Hardship Relief Fund	LA	n/a
One World Surgery	IL	47-5128573
The Hospice Promise Foundation	LA	46-3961250
Hospice Promise Thrift Store, L.L.C.	LA	n/a
United Health Foundation	MN	41-1941615
UnitedHealthcare Children’s Foundation, Inc.	MD	52-2177891

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Organizational Chart Footnotes

- 40.53
- 33
- (1) Entity is owned in full or in part by a UnitedHealth Group Incorporated friendly physician.
 - (2) Control of the Foundation is based on sole membership, not the ownership of voting securities.
 - (3) The remaining percentage is owned either by a non-affiliated entity, outside investor(s), current/former company officer(s), or third party shareholder(s).
 - (4) The minority percentage is owned by one or more affiliated UnitedHealth Group Incorporated subsidiaries. Voting rights do vary.
 - (5) No information of the other shareholder(s) has been provided
 - (6) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
 - (7) Branch offices in Iraq and Uganda.
 - (8) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
 - (9) Registered as a foreign shareholder in Brazil.
 - (10) Open
 - (11) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
 - (12) N/A
 - (13) Open
 - (14) Open
 - (15) Registered branch in the United Kingdom.
 - (16) Open
 - (17) Entity is not directly owned by the parent. However, the parent does have a viable economic interest as well as control over the entity through contractual agreements.

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