Report of the Examination of

UnitedHealthcare of Wisconsin, Inc.

Milwaukee, Wisconsin

As of December 31, 2022

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Wisconsin Office of the
COMMISSIONER OF INSURANCE
FINANCIAL REGULATION

Tony Evers, Governor of Wisconsin
Nathan Houdek, Commissioner of Insurance

April 25, 2024

Honorable Nathan D. Houdek
Commissioner of Insurance
State of Wisconsin
125 South Webster Street
Madison, Wisconsin 53703

Commissioner:

In accordance with your instructions, a compliance examination has been made of the affairs and financial condition of:

UNITEDHEALTHCARE OF WISCONSIN, INC.
Milwaukee, Wisconsin

and this report is respectfully submitted.

I. INTRODUCTION

The previous examination of UnitedHealthcare of Wisconsin, Inc., (UHC-WI or the company) was conducted in 2018 as of December 31, 2017. The current examination covered the intervening period ending December 31, 2022, and included a review of such subsequent transactions as deemed necessary to complete the examination.

The examination of the company was conducted concurrently with the examination of UnitedHealth Group Incorporated (UHG) holding company. The Connecticut Insurance Department acted in its capacity as the lead state for the coordinated examinations with Wisconsin serving as examination facilitator. Representatives of Alabama, California, Colorado, Florida, Indiana, Kentucky, Minnesota, Nebraska, Nevada, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, and Texas participated in the examination, and their work was reviewed and relied on where deemed appropriate.

The examination was conducted using a risk-focused approach in accordance with the National Association of Insurance Commissioners (NAIC) *Financial Condition Examiners Handbook*. This approach sets forth guidance for planning and performing the examination of an insurer to evaluate the financial condition, assess corporate governance, identify current and prospective risks (including those

that might materially affect the financial condition, either currently or prospectively), and evaluate system controls and procedures used to mitigate those risks.

All accounts and activities of the company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with statutory accounting principles, annual statement instructions, and Wisconsin laws and regulations. The examination does not attest to the fair presentation of the financial statements included herein. If during the course of the examination an adjustment is identified, the impact of such adjustment will be documented separately at the end of the "Financial Data" section in the area captioned "Reconciliation of Surplus per Examination."

Emphasis was placed on those areas of the company's operations accorded a high priority by the examiner-in-charge when planning the examination. Special attention was given to the action taken by the company to satisfy the recommendations and comments made in the previous examination report.

The company is annually audited by an independent public accounting firm as prescribed by s. Ins 50.05, Wis. Adm. Code. An integral part of this compliance examination was the review of the independent accountant's work papers. Based on the results of the review of these work papers, alternative or additional examination steps deemed necessary for the completion of this examination were performed. The examination work papers contain documentation concerning the alternative or additional examination steps performed during the examination.

Independent Actuary's Review

An independent actuarial firm was engaged under a contract with the Pennsylvania Insurance Department. The actuary assisted in the review of the company's reserving, pricing/underwriting, and reinsurance risks for the coordinated examination. The actuary's results were reported to the examiner-in-charge. As deemed appropriate, reference is made in this report to the actuary's conclusion.

II. HISTORY AND PLAN OF OPERATION

UnitedHealthcare of Wisconsin, Inc., is described as a for-profit network model health maintenance organization (HMO) insurer. An HMO insurer is defined by s. 609.01 (2), Wis. Stat., as ". . . a health care plan offered by an organization established under ch. 185, 611, 613, or 614 or issued a certificate of authority under ch. 618 that makes available to its enrolled participants, in consideration for predetermined fixed payments, comprehensive health care services performed by providers selected by the organization."

The company was incorporated on May 8, 1986, and commenced business on June 6, 1986, as the Heritage Health Plan of Wisconsin, Inc. (Heritage). At the time of formation, Heritage acquired all the assets and assumed all of the liabilities of the PrimeCare Health Plan of Wisconsin, pursuant to an Asset Purchase Agreement dated May 8, 1986. By shareholder consent, dated May 11, 1987, the name of the HMO was changed to PrimeCare Health Plan, Inc. Several transactions have taken place since then as are described below.

- On March 1, 1990, UnitedHealthcare Corporation n/k/a United Health Group Inc., (UHG) then a Minnesota managed care holding company, purchased all outstanding common shares of Heritage Holding Company, Inc., which owned 100% of the HMO's outstanding common stock. Then the ownership interest in the HMO was transferred to UHC Management Company n/k/a United HealthCare Services, Inc. (UHS).
- On August 1, 1991, the HMO merged with an affiliate, Samaritan Health Plan (Samaritan) with Samaritan being the surviving corporation. The company then changed its name to PrimeCare Health Plan, Inc.
- On July 17, 1996, PrimeCare Health Plan, Inc., merged with an affiliate, MetraHealth Care Plan of Wisconsin, Inc.
- On October 9, 1999, the HMO's board amended the Articles of Incorporation to change the corporate name to the one currently used effective December 31, 1999.
- On June 30, 2000, the HMO became a wholly-owned subsidiary of UnitedHealthcare, Inc., a holding company for HMOs that are part of the UnitedHealth Group.

- On March 25, 2004, UnitedHealthcare of Wisconsin, Inc., entered into an asset purchase agreement with Touchpoint Health Plan, Inc. and acquired certain intangible assets, assigned contracts, and select physical assets

UnitedHealthcare of Wisconsin, Inc. provides primary health care through physicians who either contract directly with the company, contract with an independent practice association (IPA), or are part of a clinic that has a contractual relationship with the company. The only exception to this is a lease arrangement with the physicians in the Marshfield Clinic, which is accessed through a partnership agreement with Medica Health Plans of Wisconsin. The company contracts directly with over 542,309 physicians (primary and specialist) nationally. The following table shows the breakdown of physicians by state:

State	Physicians
North Carolina	62,300
Ohio	61,720
Pennsylvania	60,906
Wisconsin	49,482
Illinois	48,558
Massachusetts	47,895
Arizona	32,886
Tennessee	30,195
Virginia	29,998
Kentucky	23,023
Oklahoma	20,651
Iowa	19,723
Maryland	19,107
Mississippi	9,986
New Hampshire	9,019
Rhode Island	7,519
Delaware	5,285
Vermont	4,056
Total	**542,309**

Under the Participating Physician Agreement, the physician agrees to provide health care services in accordance with the benefit plans offered by the HMO. Pursuant to the agreement, physicians agree to provide health services to all members as the patient load permits and to accept members as new patients on the same basis as other new patients in accordance with local, state, and federal laws. In addition, if the physician is a primary care physician, the physician agrees to provide advice and assistance to members in emergency situations 24 hours/day, seven days/week.

Pursuant to the Participating Physician Agreement, a physician is compensated in accordance with approved fee schedules. The agreement precludes a facility from billing members for the

difference between customary charges and the amount that the physician has agreed to accept as full reimbursement under the agreement.

The company contracts with 176 hospitals to provide inpatient services in the State of Wisconsin. Hospitals are reimbursed on a negotiated per diem, per case, per visit, and discounted fee-for-service basis. The contracts include hold-harmless provisions for the protection of policyholders.

The company's Wisconsin service area is statewide. According to its financial statement as of December 31, 2022, the company is licensed and doing business in 18 states, including the state of Wisconsin. During 2022, the company produced $12.7 billion in health premiums written from a total enrollment of 953,823 members nationally. The state breakouts are shown in the following table:

State	2022 Health Premiums Written	2022 Enrollment
North Carolina	$3,400,577,582	229,152
Wisconsin	2,602,019,423	222,028
Ohio	2,284,712,949	158,806
Tennessee	1,083,202,040	82,152
Virginia	929,507,581	76,180
Oklahoma	366,748,195	25,579
Kentucky	348,264,473	25,446
Iowa	329,348,502	27,809
Rhode Island	301,657,595	23,230
Pennsylvania	277,579,067	20,548
Massachusetts	161,443,707	12,496
New Hampshire	156,783,782	12,713
Mississippi	120,870,796	10,419
Arizona	102,243,171	8,653
Illinois	94,442,103	7,269
Vermont	74,242,738	6,945
Delaware	46,829,717	3,780
Maryland	14,734,223	618
Total	**$12,695,207,644**	**953,823**

Kansas, Maine, Missouri, and Nebraska are states UHC are licensed to do business in but as of 2022, did not report having any premiums written or individuals enrolled in those states.

The company offers comprehensive health care coverage through its commercial HMO product, which may be changed by riders to include deductibles and copayments. The following basic health care coverage is provided:

- Ambulance Services
- Chiropractic Treatment
- Clinical Trials
- Dental/Anesthesia Services – Hospital or Ambulatory Surgery
- Dental Services – Accident Only
- Diabetes Treatment

- Emergency Services
- Home Health Care
- Hospice
- Hospital – Inpatient Services
- Kidney Disease Treatment
- Lab, X-Ray, Diagnostic Services
- Maternity Services
- Mental Health and Substance Abuse Services – Outpatient, Inpatient and Transitional Care
- Ostomy Supplies
- Outpatient Pharmaceutical Products
- Outpatient Surgery, Diagnostic, and Therapeutic Services
- Physician's Office Services
- Preventive Care Services
- Professional Surgical and Medical Services
- Prosthetic Devices & Durable Medical Equipment
- Reconstructive Procedures
- Rehabilitation Services – Outpatient Therapy
- Skilled Nursing Facility/Inpatient Rehabilitation Facility Services
- Temporomandibular Joint Disorders
- Transplantation Services
- Urgent Care Services
- Vision Exam

UnitedHealthcare of Wisconsin, Inc., offers a variety of commercial products that are marketed to groups of various sizes. For all commercial business, the company adjusts the base rates monthly (quarterly for small group Patient Protection and Affordable Care Act [ACA] plans) to reflect medical trends. The company periodically makes updates to reflect emerging experience. Additionally, when major rating factors change, the company makes revenue neutrality adjustments to ensure that the total projected revenue for the product remains the same. Commercial plans include small group (ACA compliant, transitional relief, and grandfathered) and large group plans. In addition to these commercial plans, the company offers plans that are sponsored by various agencies of the government including Medicare Advantage, dual special needs plan (DSNP), institutional special needs, and Medicaid plans.

Small Group Commercial - ACA

Small group ACA plans are those offered to groups with an average number of employees of one to 50 that are fully compliant with the requirements of the ACA. Any groups in the one to 50 segment with an effective date of January 1, 2014, or later will fall into this category. The rates are calculated on a guaranteed issue, member-level basis and only vary due to the group differences in the following factors:

- geographic location;
- age of enrolled employees;
- plan benefit design;
- plan an effective quarter.

As such, two groups with the same demographics, effective date, plan design, and rating region will have the exact same premium.

Small Group Commercial - Transitional Relief

Small group transitional relief plans are those offered to groups with an average number of employees of one to 50 when they were purchased that are compliant with all Centers for Medicare and Medicaid Services (CMS) and Office of the Commissioner of Insurance (OCI) regulations applicable to small group transitional relief plans. Any group in the one to 50 segment that initially purchased their plan with an effective date after March 23, 2010, and on or before October 1, 2013, falls into this category. These were available for purchase with effective dates from April 1, 2010, through October 1, 2013, and are no longer open to new business. Policies for renewal groups' ended on December 31, 2019.

The renewal premiums are calculated similarly to their ACA-compliant plans with several key differences. Rates are still based on the factors listed above with the following major differences (note that the below list is not inclusive of all differences):

- Location – Rates can be different at the ZIP-code level rather than the county/rating area level
- Age/gender – ACA business in the State of Wisconsin must use the federally prescribed age curve. In accordance with the regulations applicable to transitional business, UHC-WI uses a different age curve for these plans. Additionally, rates can vary by gender and employer industry as well.
- Plan effective date – Plan base rates change monthly instead of quarterly
- Rate Bands – Unlike for ACA-compliant plans, the rates for transitional plans can be adjusted within the applicable rating band.

Small Group Commercial - Grandfathered

Small group grandfathered plans are those offered to groups with an average number of employees of one to 50 when they were purchased that are compliant with all CMS and OCI regulations applicable to grandfathered plans. These plans are no longer available for new business. These plans are currently available for renewals indefinitely. They are rated similarly to transitional relief plans.

51+ Commercial Group

These are plans available to groups with an average number of employees of 51+. They are rated based on group size, group industry, age/gender, employer location, effective date, benefit design,

and more. Additionally, these plans are underwritten for health status, so two groups with identical characteristics in all of the above may not have identical premium.

Medicare Advantage

The company serves as a plan sponsor offering Medicare Advantage and Medicare Part D prescription drug insurance coverage under a contract with CMS. Under the Medicare program, there are seven separate elements of payment received by the company either during the year or at settlement in the subsequent year. The payment elements are CMS premium, member premium, CMS low-income subsidy, CMS catastrophic reinsurance subsidy, CMS low-income member cost-sharing subsidy, CMS risk share, and the CMS coverage gap discount program.

The company has a contract with CMS to serve as a plan sponsor offering a DSNP product. This product is solely funded by CMS. A DSNP is a specialized type of Medicare Advantage Prescription Drug Plan (MAPD) that is limited to dual-eligible members and provides additional Medicaid coordination and clinical programs.

The company serves as a plan sponsor offering an institutional special needs plan (ISNP) under a contract with CMS. An ISNP is designed to meet the needs of enrollees who reside in contracted nursing facilities by providing primary care and care management within the nursing facility, which includes Medicare-covered benefits, supplemental services, and Part D benefits.

Effective January 1, 2022, UnitedHealthcare of Illinois, Inc., UnitedHealthcare of Mississippi, Inc., UnitedHealthcare of New England, Inc., Care Improvement Plus Wisconsin Insurance Company, Optimum Choice, Inc., UnitedHealthcare of Kentucky, Ltd., and UnitedHealthcare of Oklahoma, Inc. novated CMS contracts to UHC-WI. The novation agreements resulted in full control of the contracts being transferred to the company for dates of service on or after January 1, 2022. Approval for this novation was received from OCI and CMS. There was no transfer of assets or surplus because of the novation.

Effective January 1, 2023, UnitedHealthcare of the Midwest novated a Medicare contract to UHC-WI, which resulted in active membership in the state of Kansas for dates of service on or after January 1, 2023.

Medicaid

The company has a contract with the Wisconsin Department of Health Services (DHS) to provide health care services to Medicaid-eligible beneficiaries in Wisconsin. The current contract is effective through December 31, 2019, and is subject to annual renewal provisions thereafter.

III. MANAGEMENT AND CONTROL

Board of Directors

The board of directors consists of five members. All directors are elected annually to serve a one-year term. Officers are elected annually by the board of directors. Directors need not be residents of the state of Wisconsin or shareholders of the corporation. The bylaws state that the board of directors may establish reasonable compensation of all directors for services to the corporation as directors, officers, or otherwise. All directors currently receive compensation.

Currently, the board of directors consists of the following persons:

Name and Residence	Principal Occupation	Term Expires
Thomas P. O'Connor[1] Chapel Hill, North Carolina	President, Chief Executive Officer UnitedHealthcare of Wisconsin, Inc.	2024
Jessica A. Schrofe[2] Maple Grove, Minnesota	Chief Financial Officer UnitedHeathcare of Wisconsin, Inc.	2024
Dustin L. Hinton Menomonee Falls, Wisconsin	President UnitedHealthcare of Wisconsin, Inc.	2024
Dennis J. Mouras Ypsilanti, Michigan	Director UnitedHealthcare of Wisconsin, Inc.	2024
Daniel B. Ross Franksville, Wisconsin	Senior Medical Director UnitedHealthcare of Wisconsin, Inc.	2024

Officers of the Company

The officers serving at the time of this examination are as follows:

Name	Office
Thomas P. O'Connor[1]	President, Chief Executive Officer
Jessica A. Schrofe[2]	Chief Financial Officer
Peter M. Gill	Treasurer
Alexander M. Miskella[3]	Secretary

[1] Thomas P. O'Connor replaced Michelle L. Graham as Director effective September 13, 2023 and as President and Chief Executive Officer effective September 15, 2023.
[2] Jessica A. Schrofe replaced Peter A. Semmer as Chief Financial Officer and Director effective June 30, 2023.
[3] Alexander M. Miskella replaced Jessica L. Zuba as Secretary as of June 30 2023.

Committees of the Board

The company's bylaws allow for the formation of certain committees by the board of directors. There were no committees of the board at the time of the examination. The Board of Directors of United HealthCare Services, Inc. has established a Central Region Audit Committee for the purpose of overseeing the accounting and financial reporting processes of the company. The members of the Central Region Audit Committee are as follows:

Audit Committee
Christopher J. Kreutzer, Chair
Marc R. Briggs
Mark C. Wentworth

The company has no employees. All business is administered by employees of United Healthcare Services, Inc., (UHS) per the terms of the Management Services Agreement (MSA) effective March 1, 2011. Pursuant to the terms of the MSA, UHS will provide management services to the company under a fee structure, which is based on a percentage of premium charges representing UHS's expenses for services or use of assets provided to the company. In addition, UHS provides or arranges for services on behalf of the company using a passthrough of charges incurred by UHS on a per member per month basis or using another allocation methodology consistent with the MSA. These services may include, but are not limited to, integrated personal health management solutions, such as disease management, treatment decision support, and wellness services, including a 24-hour call-in service, access to a network of transplant providers, and discount program services. The amount and types of services provided pursuant to the pass-through provision of the MSA can change year over year. Direct expenses not covered under the MSA, such as broker commissions, exam fees, ACA assessments, and premium taxes are paid by UHS on behalf of the company. UHS is reimbursed by the company for these direct expenses. The company is a party to various purchased service agreements with various related parties, whereby these related parties provide a combination of network management and benefits administration to the company. In all instances, the fees and costs of such services are to be reasonable and consistent with those provided by a third-party provider. The MSA shall continue until it is terminated. The company may terminate the agreement upon 60 days' written notice if the default of standards of performance continues 30 days after notice of such default.

Insolvency Protection for Policyholders

Under s. Ins 9.04 (6), Wis. Adm. Code, HMOs are required to either maintain compulsory surplus at the level required by s. Ins 51.80, Wis. Adm. Code, or provide for the following in the event of the company's insolvency:

1. Enrollees hospitalized on the date of insolvency will be covered until discharged; and

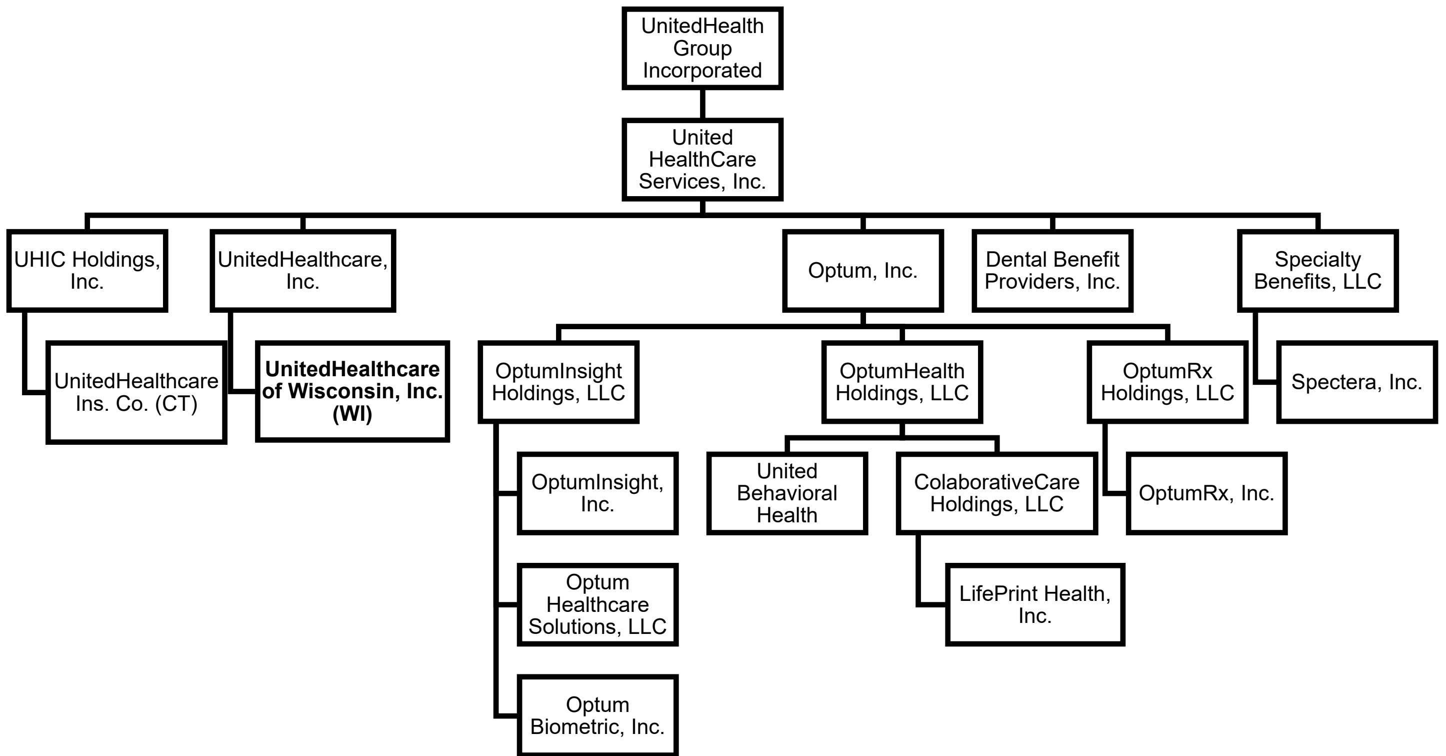
2. Enrollees will be entitled to similar, alternate coverage that does not contain any medical underwriting or preexisting limitation requirements.

The company has met this requirement through its reinsurance contract, as discussed in the section of this report captioned “Affiliated Agreements”.

IV. AFFILIATED COMPANIES

UnitedHealthcare of Wisconsin, Inc., is a member of a holding company system with UnitedHealth Group Inc. as the ultimate parent. The holding company consists of 864 entities, including 95 insurance companies operating in all 50 states. The abbreviated organizational chart below depicts the relationships among the affiliates in the direct succession of control of the company. A brief description of affiliates deemed significant follows the organizational chart.

Abbreviated Organizational Chart
As of December 31, 2022



UnitedHealth Group Incorporated

UnitedHealth Group Incorporated, the ultimate controlling entity in the insurance holding company system, is a diversified health and well-being company. UHG offers a broad spectrum of health care products and services through its affiliated companies. As of December 31, 2022, UHG's audited financial statement (consolidated) reported assets of $245.7 billion, liabilities of $159.4 billion, and retained earnings of $86.2 billion. Operations for 2022 produced net earnings of $20.6 billion on total revenues of $324.2 billion. UHG is traded over the New York Stock Exchange under the symbol "UNH."

UHG has two distinct but strategically aligned business platforms: health benefits operating under UnitedHealthcare and health services operating under Optum through its OptumHealth, OptumInsight, and OptumRx businesses. To the extent there are contracts between Unimerica and any UnitedHealthcare or Optum affiliate, they will be within these four operating segments. The following is the number of total assets, revenues, and total earnings before income taxes as of December 31, 2022, for each segment:

(in billions)	**UnitedHealthcare**	**OptumHealth**	**OptumInsight**	**OptumRx**
Total assets	$107.1	$69.0	$31.1	$47.5
Revenues	249.7	71.2	14.6	99.8
Total earnings before income taxes	14.4	6.0	3.6	4.4

United HealthCare Services, Inc.

United HealthCare Services, Inc. (UHS) is the employer for a large percentage of the personnel who provide services to UHG and its subsidiaries. It is a direct subsidiary of UHG and functions as an intermediate holding company for all the other subsidiaries of UHG. As of December 31, 2022, the consolidated audited financial statements for UHS and subsidiaries reported assets of $204.5 billion, liabilities of $101.0 billion, redeemable noncontrolling interests of $4.8 billion, and equity of $98.6 billion. Operations for 2022 produced net earnings of $15.2 billion on revenues of $297.1 billion.

UnitedHealthcare, Inc.

UnitedHealthcare, Inc. (UHC) is a direct subsidiary of UHS and functions as a holding company. UHC provides global health care benefits, serving individuals and employers, and Medicare and Medicaid beneficiaries. As of December 31, 2022, the unaudited financial statements of

UnitedHealthcare reported assets of $107.1 billion. Operations for 2022 produced a net income of $14.4 billion on total revenues of $249.7 billion.

Optum, Inc.

Optum, Inc. (Optum) is a direct subsidiary of UHS and functions as a holding company for the health services business serving the global health care marketplace, including payers, care providers, employers, governments, life sciences companies, and consumers through its OptumHealth, OptumInsight, and OptumRx businesses. As of December 31, 2022, the unaudited financial statements of Optum reported assets of $147.5 billion. Operations for 2022 produced a net income of $14.1 billion on total revenues of $182.8 billion.

UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company (UHIC) is a life and health insurer domiciled in Connecticut. UHIC is the largest insurer in the holding company and writes group accident and health insurance contracts for employers and associations. As of December 31, 2022, the annual statement of UHIC reported assets of $21.4 billion, liabilities of $15.0 billion, and net worth of $6.4 billion. Operations for 2022 produced a net income of $2.5 billion.

Significant Affiliated Agreements

The company is party to several affiliated agreements. Below are the current significant agreements[4].

UHG Tax Sharing Agreement

UHC-WI became a party to the Tax Sharing Agreement with UHG effective August 1, 1991. This agreement was amended and restated effective March 1, 2019. The Tax Sharing Agreement establishes a formal method for the allocation and payment of federal, state, and local income tax liabilities related to the consolidated federal tax returns of UHG and its subsidiaries filed each year.

UHS-Management Services Agreement

Effective March 1, 2011, the company entered into the Management Services Agreement with United HealthCare Services, Inc. UHS provides management and operational support to the

[4]Significant is defined as entered into during 2022 and/or having transactions under the listed agreements totaling greater than $10.0 million in 2022.

company, including, but not limited to, those services described in Exhibit A of the agreement. The company will pay fees to UHS equal to UHS' expenses for services or use of assets provided solely to the company, and UHC-WI's allocated a portion of UHS' expenses where the services or use of assets are shared among the company and other health plans.

The agreement was amended effective January 1, 2015, to modify the Third-Party Administrator and Other Services Provisions, Medicare Provisions and Medicaid – Other State Program Provisions to be in compliance with regulatory requirements. The agreement was amended for a second time effective March 1, 2017, updating the methodology for calculating management fees. Effective December 1, 2020, the agreement was amended a third time to update various addendums including the Medicare Regulatory Requirements Appendix, Exchange Regulatory Provisions, Third-Party Administrator Regulatory Requirements.

UHS-Subordinated Revolving Credit Agreement

Effective March 25, 2020, the company entered into a Subordinated Revolving Credit Agreement with United HealthCare Services, Inc. (UHS) in which the company agrees to lend and re-lend to UHS such amounts as UHS requests with outstanding principal and interest owing not to exceed the aggregate amount of the lesser of two present of the company's admitted assets or 10% of surplus as regards to the company's policyholder, each as of the 31st day of December of preceding year. On June 28, 2022, the company advanced $50.0 million to UHS, and the loan was repaid in full with $19,455 of interest on July 5, 2022. On September 28, 2022, the company advanced $50 million to UHS, and the loan was repaid in full with $32,965 interest on October 5, 2022. Effective December 31, 2022, this agreement was terminated.

UHIC – Insolvency Reinsurance Agreement

Effective January 1, 2013, the company entered into the Insolvency Reinsurance Agreement with UHIC for insolvency reinsurance. The agreement was amended effective January 1, 2016, for non-material updates to various sections.

UHIC - Prospero Health Partners, P.C. – Medical Group Participation Agreement

UHIC and Prospero Health Partners, P.C. entered into the Medical Group Participation Agreement effective March 1, 2020. Under the agreement, Prospero Health Partners, P.C. provides

palliative care management and supportive care services to UHICIL's Medicare Advantage members within the last 12 months of their lives. Payment will be a per member per month care management fee.

UHIC - Prospero Health Partners, P.C. – Accountable Care Organization Agreement

UHIC and Prospero Health Partners, P.C. entered into the Accountable Care Organization Agreement effective March 1, 2020. The agreement outlines an incentive program. After meeting certain quality criteria, Prospero Health Partners will earn a share of any savings it can generate or be responsible for any deficit as compared to a target budget. Under the agreement, Prospero Health Partners, P.C. provides palliative care management and supportive care services to UHICIL's Medicare Advantage members within the last 12 months of their lives. Payment will be a per member per month care management fee.

UHIC-Reliant Medical Group Accountable Care Organization Agreement

Effective March 1, 2022, UHIC contracting on behalf of itself and other affiliates including the company entered into an accountable care organization agreement in which Reliant Medical Group, Inc. is responsible for the health care needs and arranges for medical services through a network of providers for Medicare Advantage members for specific plans in the Commonwealth of Massachusetts. The agreement was amended six times before the company participated in the agreement. The agreement was amended a seventh time effective March 1, 2023, updating the Clinical Operations Initiative Program Exhibit, and the Covered Benefits Plans Exhibit.

Optum Care Networks – Health Services Agreement

Effective January 1, 2022, entered into a health services agreement with UnitedHealthcare Insurance Company of the River Valley and Optum Care Networks, Inc. (d.b.a. Optum Care Network of Ohio and Optum Care Networks of Kentucky). Under the agreement, provider group and provider group participating providers provide or arrange for covered services to Medicare Advantage Members on a prepaid basis. Effective January 1, 2023, the agreement was amended to change the CMS contract holder from UnitedHealthcare Insurance Co. of the River Valley to Care Improvement Plus South Central for the provision of covered services to persons residing in the state of Ohio.

OptumRx - Medicare Advantage Durable Medical Equipment and Supplies Mail Order Network Agreement

Effective January 1, 2009, the Medicare Advantage Durable Medical Equipment and Supplies Mail Order Network Agreement was entered into by and between RxSolutions, Inc. (OptumRx) and United HealthCare Services, Inc. Effective February 1, 2009, the company entered into the Participating Addendum to the agreement. Pursuant to the agreement and Participating Addendum, OptumRx provides durable medical equipment and diabetic testing supplies to the company's Medicare Advantage members in connection with its Medicare Advantage operations.

OptumRx – Prescription Drug Benefit Administration Agreement (Commercial)

Effective January 1, 2013, United HealthCare Services, Inc., entered into a prescription drug benefit administration agreement with OptumRx, Inc. Pursuant to the agreement, OptumRx provides core prescription drug benefit services and mail-order pharmacy services. Under the core prescription drug benefit services, OptumRx established and maintains a network of pharmacies to service the benefit plans and provide claims processing services, benefits administration and support, marketing and sales support, account management services, rebate administration, clinical services, and finance and analytical support services. Under the mail-order pharmacy services, OptumRx provides a mail-order network prescription services.

Effective January 1, 2013, the company participated as a party to the agreement by signing a participating addendum. The company remains ultimately responsible for the pharmacy benefit administration services provided to its members. There are three amendments to this agreement, all relating to rates charged. Effective January 1, 2018, the agreement was replaced and superseded by the First Amended and Restated Medicare Prescription Drug Benefit Administration Agreement.

OptumRx, Inc. – Facility Participation Agreement – Specialty Pharmacy for the Medical Benefit

Effective December 1, 2015, the company entered into the Facility Participation Agreement. Pursuant to the agreement, OptumRx, Inc. is a specialty pharmacy provider. OptumRx provides specialty pharmacy medications covered under the member's medical benefits. In addition to dispensing and delivering specialty pharmacy medications, OptumRx provides information, including side effect

management, storage of the medication, missed dose management, and disease state information to the company's members or their caregivers.

The agreement was amended effective July 1, 2018, updating listed services and compensations and the State Regulatory Requirements Appendix

OptumRx, Inc. – First Amended and Restated Medicare Prescription Drug Benefit Administration Agreement (MA-PD Plans and PDP Plans)

Effective January 1, 2018, OptumRx, Inc., and UnitedHealthcare Services, Inc. entered into the First Amended and Restated Medicare Prescription Drug Benefit Administration Agreement, including but not limited to the company. Under the terms of the agreement, OptumRx is the pharmacy benefit manager for the company's Individual Medicare Advantage Prescription Drug Plans (MA-PD) and Part D Prescription Drug Plans (PDP). The agreement is a full restatement of the previous agreement Medicare Prescription Drug Benefit Administration Agreement (both MA-PD Plans and PDP Plans), effective January 1, 2017, and has been updated to reflect current processes and procedures, the services being provided, the applicable regulatory requirements, and 2018 pricing. In addition, employer group plans have been removed from the agreement.

Effective January 1, 2018, OptumRx, Inc., and United HealthCare Services, Inc. entered into the Medicare Prescription Drug Benefit Administration Agreement (MA-PD Plans and PDP Plans), for group members, acting on behalf of its affiliates, including but not limited to the company.

The agreement has been amended six times with the most recent amendment effective January 1, 2023. Amendments updated various provisions of the agreement.

OptumRx – First Amended and Restated Ancillary Health Services Agreement

Effective January 1, 2020, OptumRx and UHS entered into an ancillary health services agreement replacing and superseding the Health Supplies Agreement in effect January 1, 2008. Two amendments were made with the latest amendment effective January 1, 2022, updating various exhibits.

OptumInsight, - Medical Analytics and Recovery Agreement

Effective July 1, 2011, the company entered the Ingenix Services Agreement with Ingenix, Inc., now called OptumInsight, Inc. Pursuant to the agreement, OptumInsight provides the company with services related to claim analytics and recovery services, retrospective fraud, waste and abuse services,

and subrogation services. There have been nine amendments to this agreement, most dealing with compensation or administrative changes.

LifePrint Health, Inc. – Health Service Agreement

Effective January 1, 2020, the company entered into an agreement with United Healthcare Insurance Company (UHIC) and LifePrint Health, Inc. LifePrint Health, Inc. is responsible for the health care needs and arranges for medical services through a network of providers for Medicare Advantage members for specific plans in the state of Arizona. UHC-WI administers the plans for members under a specific section of the agreement. Two amendments were made to the agreement. Effective February 1, 2020, UHIC was removed from the agreement and updated the 2020 Carve Out Table. Second Amendment updated the 2020 Carve Out Table, effective February 1, 2021.

LifePrint Health, Inc. – Health Services Agreement

Effective January 1, 2022, the company entered into a health services agreement with LifePrint Health, Inc. and UnitedHealthcare Benefits of Texas, Inc. (provider group), contracting on behalf of itself, Care Improvement Plus South Central Insurance Company. Provider groups and participating providers desire to participate in UnitedHealthcare's prepaid health service delivery system by providing or arranging for Covered Services to Medicare Advantage Members on a prepaid basis in coordination with the company and its Participating Providers. The agreement was amended effective January 1, 2023, to update terms covering adjustment for performance penalties of products and included benefit plans.

LifePrint Health, Inc. – Services Agreement

Effective January 1, 2022, the company entered into a services agreement with LifePrint Health, Inc. in which LifePrint Health, Inc. provides certain care management services, including care management assessment, recommended courses of action, and the evaluation and monitoring of Vendor Members. Services include (among other things): the management and arrangement of covered services through the company's participating providers to Vendor Members in each Vendor Service Area. The services provided by LifePrint Health, Inc. under the agreement establish an integrated delivery system that provides for the coordination of care and sharing of clinical information, including provider performance reviews, tracking of clinical outcomes, and other similar care delivery efforts. The agreement

was amended effective January 1, 2023, to update Vendor Service areas and the corresponding capitation rates. The amendment also added a new attachment for the Quality Program and revised the product attachment to incorporate the new Quality Program.

Landmark – Managed Group Agreement

Effective May 1, 2022, the company entered into a medical group agreement with Landmark MSO, LLC, and its affiliates. The agreement is for the medical group to work in collaboration with Landmark MSO, LLC, and its affiliates to facilitate the provision and coordination of care for certain of the company's Medicare Advantage members who are chronically ill and have multiple comorbidities and to improve the health quality and health outcomes for these individuals. The agreement further provides that the medical group's physician and non-physician providers will participate in the company's network. The Landmark Program has several medical and related care management components.

Landmark – Program Services Agreement

Effective June 1, 2022, the company entered into a program services agreement with Landmark MSO, LLC, and its affiliates. The agreement is for Landmark MSO, LLC to make its evidence-based program for coordinated care (Landmark Program) available to the company and arrange for the same on behalf of the company. The Landmark Program is intended to improve the health and quality of care of individuals suffering from multiple chronic conditions and has several medical and related care management components including 1) programmatic and technical components, and 2) the arrangement for and provision of accountable, value-based health care services to certain of Medicare Advantage members of the company through the use of interdisciplinary care teams.

UBH – Behavior Health Services Agreement

Effective March 1, 2012, the company entered into the Behavioral Health Services Agreement with United Behavioral Health (UBH). Pursuant to the agreement, UBH is responsible for arranging for the provision of certain mental health and substance abuse treatment services for the company's commercial, Medicare, and Medicaid members. There have been ten amendments to this agreement with the latest amendment effective February 1, 2021. Amendments updates to various provisions and appendices including Compensation Services Addendum and Medicare Advantage Regulatory Requirements.

Dental Benefit Providers, Inc. – Dental Services Agreement

Effective February 1, 2012, the company entered into a dental services agreement with Dental Benefit Providers, Inc. in which Dental Benefit Providers, Inc. is responsible for the management of a network of dental providers, claims processing and other administrative functions in order to provide dental services to UHC-WI's Medicare members. This agreement has been amended nine times and updated the compensation for services and various regulatory requirement appendices.

naviHealth, Inc. – Post-Acute Care Services Agreement

Effective February 1, 2021, the company entered into an agreement for Post-Acute Care services with naviHealth, Inc. and United Healthcare Services (UHS). naviHealth, Inc. arranges for the delivery and provision of Post-Acute Care clinical services to enrollees through an integrated care delivery system.

V. REINSURANCE

The company has no third-party reinsurance coverage. Refer to the Section above captioned "Affiliated Agreements" for all affiliated reinsurance agreements.

VI. FINANCIAL DATA

The following financial statements reflect the financial condition of the company as reported to the commissioner of insurance in the December 31, 2022, annual statement. Adjustments made as a result of the examination are noted at the end of this section in the area captioned "Reconciliation of Capital and Surplus per Examination." Also included in this section are schedules that reflect the growth of the company and the compulsory and security surplus calculation.

UnitedHealthcare of Wisconsin, Inc.
Assets
As of December 31, 2022

	Assets	Nonadmitted Assets	Net Admitted Assets
Bonds	$1,998,121,014	$	$1,998,121,014
Cash, cash equivalents and short-term investments	699,215,441		699,215,441
Investment income due and accrued	18,309,317		18,309,317
Uncollected premiums and agents' balances in the course of collection	15,079,657	2,862,729	12,216,928
Accrued retrospective premiums and contracts subject to redetermination	591,372,818		591,372,818
Amounts receivable relating to uninsured plans	81,290,429	142,822	81,147,607
Current federal and foreign income tax recoverable and interest thereon	38,000,793		38,000,793
Net deferred tax asset	21,908,326		21,908,326
Receivables from parent, subsidiaries, and affiliates	60,017,174	60,017,174	
Health care and other amounts receivable	27,075,007	24,021,185	3,053,822
Write-ins for other than invested assets:	602,902	5,088	597,814
Premium tax recoverable	587,814		587,814
Deposit	10,000		10,000
Prepaid commissions	5,070	5,070	
Miscellaneous Receivables	18	18	
Total Assets	$3,550,992,878	$87,048,998	$3,463,943,880

UnitedHealthcare of Wisconsin, Inc.
Liabilities and Net Worth
As of December 31, 2022

Claims unpaid		$1,096,684,902
Accrued medical incentive pool and bonus payments		155,427,636
Unpaid claims adjustment expenses		9,032,560
Aggregate health policy reserves		147,719,952
Aggregate health claim reserves		1,697,565
Premiums received in advance		12,469,852
General expenses due or accrued		62,199,931
Ceded reinsurance premiums payable		1,536,800
Amounts withheld or retained for the account of others		1,324,841
Remittance and items not allocated		255,640
Amounts due to parent, subsidiaries, and affiliates		102,261,937
Payable for securities		3,627,732
Liability for amounts held under uninsured accident and health plans		299,618,472
Aggregate write-ins for other liabilities (including $211,936 current)		211,936
Total Liabilities		1,894,069,756
Common capital stock	$ 1,000,000	
Gross paid in and contributed surplus	100,289,807	
Unassigned funds (surplus)	1,468,584,317	
Total Capital and Surplus		1,569,874,124
Total Liabilities, Capital, and Surplus		$3,463,943,880

UnitedHealthcare of Wisconsin, Inc.
Statement of Revenue and Expenses
For the Year 2022

Net premium income		$12,676,935,246
Change in unearned premium reserves and reserve for rate credits		111,452,366
Total revenues		12,788,387,612
Medical and Hospital:		
Hospital/medical benefits	$9,219,803,528	
Other professional services	218,063,101	
Prescription drugs	654,317,384	
Incentive pool and withhold adjustments	212,982,753	
Subtotal	10,305,166,766	
Less		
Net reinsurance recoveries	(1,283,895)	
Total medical and hospital	10,306,450,661	
Claims adjustment expenses	429,601,260	
General administrative expenses	999,108,532	
Total underwriting deductions		11,735,160,453
Net underwriting gain or (loss)		1,053,227,159
Net investment income earned	68,706,678	
Net realized capital gains or (losses)	(1,540,704)	
Net investment gains or (losses)		67,165,974
Net gain or (loss) from agents' or premium balances charged off		(2,265,369)
Write-ins for other income or expenses:		
Miscellaneous Proceeds		126
Net income or (loss) before federal income taxes		1,118,127,890
Federal and foreign income taxes incurred		234,942,728
Net Income (Loss)		$ 883,185,162

UnitedHealthcare of Wisconsin, Inc.
Capital and Surplus Account
For the Five-Year Period Ending December 31, 2022

	2022	2021	2020	2019	2018
Capital and surplus, beginning of year	$1,215,249,461	$1,107,156,858	$1,042,309,102	$833,400,784	$665,879,218
Net income (loss)	883,185,162	653,102,139	604,195,825	498,646,274	383,830,969
Change in net unrealized capital gains/losses	(8,843,765)	(439,944)	25,851	148,808	182,033
Change in net deferred income tax	3,483,730	(1,977,857)	11,827,912	(8,784,353)	10,966,436
Change in nonadmitted assets	(23,200,464)	7,408,265	(51,201,832)	43,907,589	(52,457,872)
Dividends to stockholders	(500,000,000)	(550,000,000)	(500,000,000)	(325,000,000)	(175,000,000)
Capital and Surplus, End of Year	$1,569,874,124	$1,215,249,461	$ 1,107,156	$ 1,042,309	$ 833,400

UnitedHealthcare of Wisconsin, Inc.
Statement of Cash Flow
For the Year 2022

Premiums collected net of reinsurance			$12,496,693,071
Net investment income			73,080,820
Total			12,569,773,891
Less:			
Benefit- and loss-related payments		$10,008,510,876	
Commissions, expenses paid and aggregate write-ins for deductions		1,153,896,326	
Federal and foreign income taxes paid (recovered) net of tax on capital gains (losses)		253,141,739	
Total			11,415,548,941
Net cash from operations			1,154,224,950
Proceeds from Investments Sold, Matured or Repaid:			
Bonds	$271,966,103		
Net gains (losses) on cash, cash equivalents, and short-term investments	(287,862)		
Miscellaneous proceeds	6,027,732		
Total investment proceeds		277,705,973	
Cost of Investments Acquired—Long-term Only:			
Bonds		467,681,624	
Net cash from investments			(189,975,651)
Cash Provided for/Applied from Financing and Miscellaneous Sources:			
Dividends to stockholders		500,000,000	
Other cash provided (applied)		(10,772,081)	
Net cash from financing and miscellaneous sources			(510,772,081)
Net Change in Cash, Cash Equivalents, and Short-Term Investments			
Cash, cash equivalents, and short-term investments:			
Beginning of year			245,738,223
End of Year			$ 699,215,441

Growth of UnitedHealthcare of Wisconsin, Inc.

Year	Assets	Liabilities	Capital and Surplus	Net Premium Earned	Medical Expenses Incurred	Net Income
2022	$3,463,943,880	$1,894,069,756	$1,569,874,124	$12,788,387,612	$10,306,450,661	$ 883,185,162
2021	2,657,928,682	1,442,679,221	1,215,249,461	9,531,184,979	7,688,772,153	653,102,139
2020	2,517,950,280	1,410,793,422	1,107,156,858	8,684,893,888	6,781,542,591	604,195,825
2019	2,069,443,505	1,027,134,403	1,042,309,102	7,259,122,195	5,819,416,062	498,646,274
2018	1,705,514,441	872,113,657	833,400,784	6,426,764,351	5,104,389,137	383,830,969

Year	Profit Margin	Medical Loss Ratio	Administrative Expense Ratio	Change in Enrollment
2022	6.9%	80.6%	11.2%	29.4%
2021	6.8	80.7	11.1	-16.7
2020	6.9	78.1	13.1	22.3
2019	6.8	80.2	11.8	6.7
2018	5.9	79.4	13.1	9.4

Enrollment and Utilization

Year	Enrollment	Hospital Days/1,000	Average Length of Stay
2022	953,823	893.9	6.2
2021	736,897	972.8	6.1
2020	884,692	845.3	5.6
2019	723,474	934.9	5.4
2018	678,093	853.1	4.9

Per Member Per Month Information

	2022	2021	Percentage Change
Premiums:			
Commercial	$ 615.02	$ 537.22	14.5%
Medicare	1,174.96	1,115.24	5.3
Medicaid	(3,109.11)	218.46	-1,523.2
Expenses:			
Hospital/medical benefits	835.56	734.85	13.7
Other professional services	19.76	15.41	28.2
Prescription Drugs	59.30	51.92	14.2
Incentive pool and withhold adjustments	19.3	15.24	26.7
Less: Net reinsurance recoveries	(.12)	0.19	-161.4
Total medical and hospital	934.04	817.23	14.3
Claims adjustment expenses	38.93	33.48	16.3
General administrative expenses	91.55	78.82	14.9
Total underwriting deductions	$1,063.52	$ 929.53	14.4

Capital and Surplus increased steadily during the examination period increasing 88.4% from 2018. Operations have been favorable during the examination period resulting in net income each year higher than the year prior and a 130.1% higher net income in 2022 than 2018. The increase in revenue was primarily driven by the novation of contracts from other UHG affiliates effective in 2022.

The profit margin remained steady, and the medical loss ratio was above 80% for three years of the examination period with the other two years being very near to 80%.

Financial Requirements

The financial requirements for an HMO under s. Ins 9.04, Wis. Adm. Code, are as follows:

		Amount Required
1.	Minimum capital or permanent surplus	Either: $750,000, if organized on or after July 1, 1989 or $200,000, if organized prior to July 1, 1989
2.	Compulsory surplus	The greater of $750,000 or: If the percentage of covered liabilities to total liabilities is less than 90%, 6% of the premium earned in the previous 12 months; If the percentage of covered liabilities to total liabilities is at least 90%, 3% of the premium earned in the previous 12 months
3.	Security surplus	The greater of: 140% of compulsory surplus reduced by 1% of compulsory surplus for each $33 million of additional premiums earned in excess of $10 million or 110% of compulsory surplus

Covered liabilities are those due to providers who are subject to statutory hold-harmless provisions.

The company's calculation as of December 31, 2022, as modified for examination adjustments is as follows:

Assets		$3,463,943,880
Less:		
Liabilities		1,894,069,756
Investments in excess of maximum allowable by Ch. 620, Wis. Stat.		13,710,796
Net amount available to satisfy surplus requirements		1,556,163,328
Net premium earned		
HMO business	$12,788,387,612	
Factor	3%	
Compulsory surplus		383,651,628
Compulsory Surplus Excess (Deficit)		$1,172,511,700
Net amount available to satisfy surplus requirements		$1,556,163,328
Compulsory surplus	$383,651,628	
Security factor	110%	
Security surplus		422,016,791
Security Surplus Excess (Deficit)		$1,134,146,537

In addition, there is a special deposit requirement equal to the lesser of the following:

1. An amount necessary to maintain a deposit equaling 1% of premium written in this state in the preceding calendar year;

2. One-third of 1% of premium written in this state in the preceding calendar year.

The company has satisfied this requirement for 2022 with a deposit of $3,150,000 with the state treasurer.

Reconciliation of Capital and Surplus per Examination

No adjustments were made to surplus as a result of the examination. The amount of surplus reported by the company as of December 31, 2022, is accepted.

VII. SUMMARY OF EXAMINATION RESULTS

Compliance with Prior Examination Report Recommendations

There was one specific comment and recommendation in the previous examination report.

The action taken by the company as a result of the comment and recommendation was as follows:

1. Executive Compensation—It is recommended that the company comply with s. 611.63 (4), Wis. Stat., by reporting all compensation received by officers, executive management, and directors in accordance with the instructions stated on the Report on Executive Compensation.

   Action—Compliance.

2. Delegation of Authority Policy—It is recommended that the company formally document and deploy its Delegation of Authority Policy across all segments and lines of business.

   Action—Compliance.

Summary of Current Examination Results

This section contains comments and elaboration on those areas where adverse findings were noted or where unusual situations existed. Comment on the remaining areas of the company's operations is contained in the examination work papers.

Intersegment Rate Negotiation Documentation

During the lead state's review of the intercompany transactions during the as of 2021 examination, it was noted that the documents used by UnitedHealthcare segments to analyze and renegotiate the inter-segment rates, for appropriateness, are not maintained as support in accordance with s. 617.21 Wis. Stat., s. Ins. 40.04 (2) (d) Wis. Adm. Code, NAIC Accounting Practices and Procedures Manual Statement of Statutory Accounting Principles No 25 – Affiliates and Other Related Parties (SSAP No. 25), and Appendix A-440 – Insurance Holding Companies (A-440). Additionally, the company did not provide comprehensive support to demonstrate that charges between affiliates were fair and reasonable as required by SSAP No. 25 and A-440. Due to the timing of the examination, the examination team was unable to confirm compliance with the lead state's recommendation and as such, the following recommendations were carried forward to the current examination. It is recommended that the company maintain, for review, the accounting information necessary to support the reasonableness of charges or fees for affiliated transactions, as required by s. 617.21 Wis. Stat. and s. Ins. 40.04 (2) (d) Wis. Adm. Code, SSAP No. 25, and A-440. It is further recommended for future affiliated contracts that the company either be able to fully demonstrate that the charges or fees are fair and reasonable or enter into those arrangements on a cost basis.

Unclaimed Property – Timely Due Diligence

UHG has one unclaimed property procedure for all entities within the group. During the lead state's review of the lead state's unclaimed property during the as of 2021 examination, it was noted that the company failed to perform timely due diligence and/or failed to escheat unclaimed property back to the state, in accordance with the state law. During the current examination, it was noted that an additional audit of UHC-WI's unclaimed property resulted in two checks not being remitted within the requirements set forth in Chapter 177, Wis. Stat. It is recommended that the company review its policies and

procedures to ensure they are in compliance with their policies and in accordance with s. 177, Wis. Stat., including but not limited to, the reissuance of checks, and the timely escheatment of unclaimed property.

VIII. CONCLUSION

The company commenced business in 1986 and became part of UnitedHealthcare Corporation n/k/a United Health Group in 1990. During 2022, the company produced $12.7 billion in health premiums written from a total enrollment of 953,823 members nationally.

Operations have been favorable during the examination period resulting in net income each year higher than the year prior and a 130.1% higher net income in 2022 than 2018. The increase in revenue was primarily driven by the novation of contracts from other UHG affiliates effective in 2022.

The profit margin remained steady, and the medical loss ratio was above 80% for three years of the examination period with the other two years also being very near 80%.

The examination resulted in three recommendations and no adjustments to surplus. The amount of surplus reported by the company as of December 31, 2022, is accepted.

IX. SUMMARY OF COMMENTS AND RECOMMENDATIONS

1. Page 33 - Intersegment Rate Negotiation Documentation—It is recommended that the company maintain, for review, the accounting information necessary to support the reasonableness of charges or fees for affiliated transactions, as required by s. 617.21 Wis. Stat. and s. Ins. 40.04 (2) (d) Wis. Adm. Code, SSAP No. 25, and A-440.

2. Page 33 - Intersegment Rate Negotiation Documentation—It is further recommended for future affiliated contracts that the company either be able to fully demonstrate that the charges or fees are fair and reasonable or enter into those arrangements on a cost basis.

3. Page 33 - Unclaimed Property – Timely Due Diligence—It is recommended that the company review its policies and procedures to ensure they are in compliance with their policies and in accordance with s. 177, Wis. Stat., including but not limited to, the reissuance of checks, and the timely escheatment of unclaimed property.

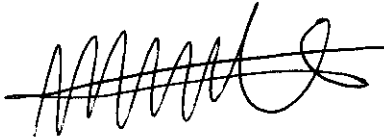
X. ACKNOWLEDGMENT

The courtesy and cooperation extended during the course of the examination by the officers and employees of the company are acknowledged.

In addition to the undersigned, the following representatives of the Office of the Commissioner of Insurance, State of Wisconsin, participated in the examination:

Name	Title
Takoda Boyd	Insurance Financial Examiner
Gabriel Gorske, CFE	Insurance Financial Examiner
Kongmeng Yang, AFE	Quality Control Specialist
Jerry DeArmond, CFE	Reserve Specialist

Respectfully submitted,



Marisa K. Rodgers
Examiner-in-Charge

XI. SUBSEQUENT EVENT

On February 21, 2024, UnitedHealth Group (UHG) identified a cyber security threat actor had gained access to the Change Healthcare (Change) information technology systems. Change is a clearinghouse used by providers and health insurers to facilitate claim submissions and payment processes. Change is owned by UHG. UHG has reported that it has isolated the impacted systems from other connecting systems in the interest of protecting its partners and patients, to contain, assess and remediate the incident. The company has indicated that the event has not resulted in unauthorized access, disruption, or misuse of any information system supporting its regulated insurance entities.