



**EXAMINATION REPORT
OF
UNITEDHEALTHCARE OF FLORIDA, INC.**

NAIC Company Code: 95264

**MAITLAND, FLORIDA
as of
DECEMBER 31, 2021**

**BY THE
FLORIDA
OFFICE OF INSURANCE REGULATION**

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April 13, 2023

Michael Yaworsky
Commissioner
Office of Insurance Regulation
State of Florida
Tallahassee, Florida 32399-0326

Dear Commissioner:

Pursuant to your instructions, in compliance with Section 641.27, Florida Statutes, and in accordance with the practices and procedures promulgated by the National Association of Insurance Commissioners (“the NAIC”), we have conducted an examination as of December 31, 2021, of the financial condition and corporate affairs of

UnitedHealthcare of Florida, Inc.
495 North Keller Road, Suite 200
Maitland, Florida 32751

hereinafter referred to as “the Company.” Such report of examination is herewith respectfully submitted.

SCOPE OF EXAMINATION

This examination covered the period of January 1, 2017, through December 31, 2021, and the fieldwork commenced with planning with the Florida Office of Insurance Regulation (“OIR”) on November 30, 2022, to January 27, 2023. The fieldwork concluded as of April 13, 2023. The Company’s last full scope exam by representatives of OIR covered the period of January 1, 2012, through December 31, 2016.

The examination was a multi-state/coordinated holding company group examination conducted in accordance with the NAIC Financial Condition Examiners Handbook (“the Handbook”). The Handbook requires that the examination be planned and performed to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company, and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer’s surplus to be materially misstated both currently and prospectively. The lead state for this exam was Connecticut, and states that participated in this exam are as follows: Arkansas, Arizona, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, Mississippi, Nevada, New Jersey, New York, Ohio, Texas, Utah, and Wisconsin.

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 the NAIC Statements of Statutory Accounting Principles (“SSAP”). 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 following the Company’s financial statements.

This examination report includes information obtained from the examination of the records, accounts, files, and documents of or relative to the Company and other information as permitted by Section 624.319, Florida Statutes. There may be other items identified during the examination that, due to their nature (for example, subjective conclusions or proprietary information), are not included within the examination report but separately communicated to other regulators and/or the Company.

SUMMARY OF SIGNIFICANT FINDINGS

Current Examination Findings

There were no significant findings of fact as a result of this examination.

Previous Examination Findings

There were no significant findings of fact for the prior examination as of December 31, 2016.

COMPANY HISTORY

General

The Company was incorporated in Florida on May 26, 1970, and commenced business on March 6, 1973. It was licensed by OIR as a Health Maintenance Organization (“HMO”) on March 6, 1973, in accordance with Part 1 of Chapter 641, Florida Statutes.

Dividends

In accordance with Section 641.365, Florida Statutes, the Company declared and paid dividends to its sole shareholder in 2021, 2020, 2019, 2018, and 2017 in the amounts of \$125,000,000, \$90,000,000, \$75,000,000, \$65,000,000, and \$150,000,000, respectively.

Capital Stock and Capital Contributions

As of December 31, 2021, the Company’s capitalization was as follows:

Number of authorized common capital shares	9
Number of authorized preferred stock	0
Number of shares issued and outstanding	9
Total common capital stock	\$45.00
Stated value per share (par value \$0)	\$5.00

The Company did not receive capital contributions during the examination period.

Surplus Notes

The Company did not have or issue any surplus notes during the period under examination.

Acquisitions, Mergers, Disposals, Dissolutions

The Company had no acquisitions, mergers, or dissolutions during the period under examination.

By way of an Asset Transfer Agreement between the Company and its affiliate, Care Improvement Plus South Central Insurance Company (“CIPSC”), the Company novated its Medicare Advantage Plan/Prescription Drug business (“MAPD Plan”) to CIPSC. See Holding Company System section for further discussion.

MANAGEMENT AND CONTROL

Corporate Governance

The annual shareholder meeting for the election of Directors was held in accordance with the Company’s Bylaws. Directors serving as of December 31, 2021, are shown below:

Directors		
Name	City, State	Principal Occupation, Company Name
Nicholas Jeffrey Zaffiris, Chair	Sandy Springs, GA	Health Plan Chief Executive Office, Employer & Individual, SE
Lori Iris Halpern	Pembroke Pines, FL	Vice President General Management Optum Behavioral Health
Gregory David Reidy	Brentwood, TN	Region Chief Executive Officer, Employer & Individual Administration
Jonathon Keith Zitur	Odessa, FL	Vice President Finance, Employer & Individual Finance
Michael Sherman Lawton	Fleming Island, FL	Health Plan Chief Executive Officer, Community & State East Region

In accordance with the Company’s Bylaws, the Board of Directors (“Board”) appointed the following Senior Officers:

Senior Officers		
Name	City, State	Title
Nicholas Jeffrey Zaffiris, Chair	Sandy Springs, GA	President, Chief Executive Officer
Jonathon Keith Zitur	Odessa, FL	Chief Financial Officer
Michael Sherman Lawton	Fleming Island, FL	President, Government Programs
Nyle Brent Cottingham	St. Michael, MN	Vice President
Peter Marshall Gill	Eden Prairie, MN	Treasurer
Vacancy ^(a)		Secretary
Heather Anastasia Lang	Bloomington, MN	Assistant Secretary
Jessica Leigh Zuba	Sonoma, CA	Assistant Secretary

(a) Effective September 27, 2021, Sarah A. Murdock was removed as Secretary. Nicholas R. Shjerve was elected to serve as Secretary until successor elected, effective June 30, 2022.

The Board of United HealthCare Services, Inc. (“UHS”), the sole shareholder of the Company’s direct parent company, has appointed the Southeast Region Audit Committee to serve as the Audit Committee of the Company. The following table indicates the Audit Committee and its members as of December 31, 2021.

Audit Committee		
Name	City, State	Title, Company Name
Christopher Kreutzer, Chair	Wayzata, MN	Vice President, Accounting UnitedHealth Group
Eric Johnson	Lutz, FL	Employer & Individual, Vice President, Finance UnitedHealthcare, Inc.
Alissa Weber	Johnston, IA	Community & State, Vice President, Finance UnitedHealthcare, Inc.

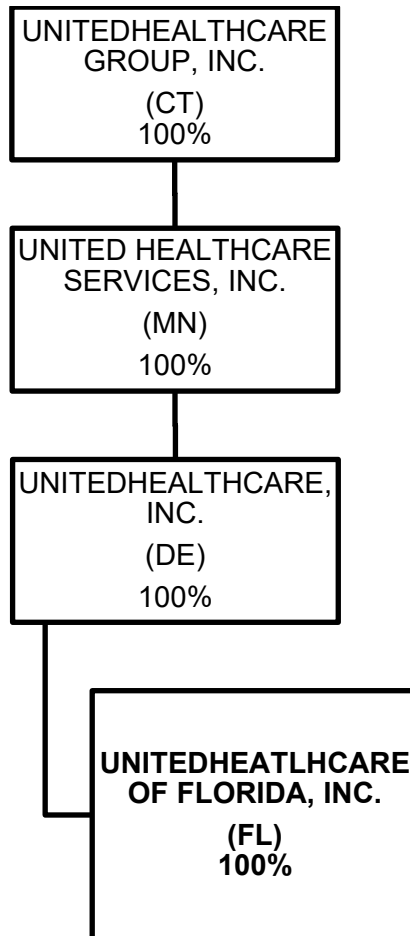
Holding Company System

A simplified organizational chart as of December 31, 2021, reflecting the holding company system, is shown on the following page. Schedule Y of the Company's 2021 annual statement provided a list of all related companies of the holding company group.

UnitedHealthcare of Florida, Inc.

Organizational Chart

December 31, 2021



AFFILIATED AGREEMENTS

The following agreements were in effect between the Company and its affiliates:

Amended and Restated Tax Sharing Agreement

Effective March 1, 2019, the Company entered into the Amended and Restated Tax Sharing Agreement (“the Agreement”) with UnitedHealth Group, Inc. (“United”). The Agreement established a formal method for the allocation and payment of federal, state, and local income tax liabilities related to the consolidated federal tax returns filed each year. The terms of the Agreement are consistent with the terms of the prior Tax Sharing Agreement except Section 9(a) reflects that the Company shall pay United for amounts owed under the Agreement consistent with applicable tax payment due dates, and Section 15 reflects that the Agreement shall automatically be amended in the event any change in the Tax Law (as defined in the Agreement) makes any provision of the Agreement invalid or unenforceable. Except for the foregoing as described in Section 15, any other modifications, alterations, and amendments to the Agreement shall be in writing signed by both the Company and United. As reported in the prior Form B for period ending December 31, 2019, the Agreement was submitted for review and approval to the OIR on December 17, 2018, and was acknowledged by the OIR on January 25, 2019.

The tax liability associated with the Agreement for the calendar year 2021 was \$54,354,217.

Management Services Agreement

Effective March 1, 2011, the Company entered into the Management Services Agreement (“the Agreement”) with UHS. Under the terms of the Agreement, UHS provides management and operational support to the Company. The Agreement replaced and superseded the Restated Management Agreement by and between the Company and UHS effective December 31, 1999. The Agreement includes additional services as compared to the previous Restated Management Agreement between the Company and UHS. The Agreement was submitted for review and approval to the OIR on February 3, 2011, and was acknowledged by the OIR on March 29, 2011.

Effective January 1, 2015, the Company entered into the First Amendment to the Agreement (“the First Amendment”). The First Amendment reflected modifications to the Third-Party Administrator and Other Services Provisions, the Medicare Provisions, the Medicaid – Other State Program

Provisions, and the addition of an Exchange Regulatory Appendix Provision and Other Provisions. The updates to the Agreement were made to comply with the Company regulatory requirements. The First Amendment was submitted for review and approval to the OIR on November 5, 2014, and was acknowledged by the OIR on January 13, 2015.

Effective March 1, 2017, the Company entered into the Second Amendment to the Agreement (“the Second Amendment”). The Second Amendment’s primary purpose is to implement an updated methodology for calculating management fees. Specifically, the updated language implements a current year true-up, which will yield more accurate results and ensure that adjustments apply in the current year. Additionally, Exhibit A has been updated to include a more complete list of services subject to the agreement. Exhibit B, which includes a description of the methodology for calculating management fees, has been updated. Exhibit C has also been updated; specifically, Addendum C-5 has been deleted and replaced with an addendum also titled Addendum C-5. The Second Amendment was submitted for review and approval to the OIR on November 11, 2016, and was acknowledged by the OIR on February 8, 2017.

The associated management fees for the Agreement during the 2021 calendar year were \$264,353,791.

Subordinated Revolving Credit Agreement

Effective September 1, 2012, the Company entered into the Subordinated Revolving Credit Agreement (“the Agreement”) with United. Pursuant to the Agreement, United is providing a short-term borrowing facility for the Company, which shall be repaid within one year of the date on which the loan was initially made. the Company is able to borrow upon demand from United up to a maximum amount of \$50,000,000. The Agreement was submitted for review and approval to the OIR on June 29, 2012, and was acknowledged by the OIR on August 15, 2012.

No advances were made under the agreement and there is no outstanding balance as of December 31, 2021.

Agreement for Combined Billing and Disbursement Operations

Effective December 1, 2006, UnitedHealthcare Insurance Company (“UHIC”), UHS, and PacifiCare Health Plan Administrators, Inc. entered into the Agreement for Combined Billing and Disbursement Operations (“the Agreement”).

Effective June 1, 2010, the Company entered into the Agreement by signing a Participating Addendum. The purpose of the Agreement is to provide a common lockbox for premium collection and zero balance disbursements account for paying certain bills. The agreement was submitted for review and approval to the OIR on April 8, 2010, and was acknowledged by the OIR on April 29, 2010.

The services covered under the Agreement are covered under the Management Services Agreement between the Company and UHS.

Various Administrative Services Agreements

- Effective February 1, 2016, the Company entered into a Facility Participation Agreement with AxelaCare Intermediate Holdings, LLC (“AxelaCare”). Under the terms of the Agreement, AxelaCare provides home infusion therapy services to members. The Agreement is a Fee for Service arrangement.
- Effective August 1, 2014, the Company entered into a Dental Services Agreement with Dental Benefit Providers, Inc. (“DBP”). DBP is responsible for managing a network of dental providers, claims processing and other administrative functions in order to provide dental services. Fees incurred under this agreement during 2021 amounted to \$1,086,853.
- Effective May 1, 2016, the Company entered into an Ancillary Provider Participation Agreement with MedExpress Urgent Care of Boynton Beach, LLC and DWIC of Tampa Bay, Inc. (collectively referred to as the “Facility”). Facility provides home urgent care services to members. The Agreement is a Fee for Service arrangement.
- Effective February 1, 2021, the Company entered into a Post-Acute Care Services Agreement with naviHealth, Inc. (“NHI”). NHI arranges for the delivery and provision of Post-Acute Services, including, without limitation, utilization management services, through an integrated care delivery system, and (ii)

provides SNF Network Infrastructure and Maintenance Services. Fees incurred under this agreement during 2021 amounted to \$30,664,425.

- Effective April 1, 2013, the Company entered into an Administrative Services Agreement with OptumHealth Care Solutions, Inc. (“OptumHealth”). OptumHealth is responsible for managing a network of therapy providers and other administrative functions in order to provide physical health solutions such as chiropractic and physical, occupation, and speech therapy for Commercial, Medicaid and Medicare members. Fees incurred under this agreement during 2021 amounted to \$6,030,696.
- Effective October 2, 2010, the Company entered into a Facility Participation Agreement with Optum Biometrics (f/k/a Wellness, Inc.). Optum Biometrics provides influenza and pneumococcal vaccination services to Commercial and Medicare members. Fees incurred under this agreement during 2021 amounted to \$0.
- Effective February 1, 2012, the Company entered into a Vision Services Agreement with Spectera, Inc. (“Spectera”). Spectera provides administrative services related to vision benefit management and claims processing. Fees incurred under this agreement during 2021 amounted to \$61,186.
- Effective January 1, 2020, the Company entered into an Amended and restated Master Ancillary Health Supplies Agreement with OptumRx, Inc. (“OptumRx”). OptumRx provides administrative services related to pharmacy management and pharmacy claims processing for its enrollees. Additionally, the Company contracted with OptumRx to provide personal health products catalogues showing the healthcare products and the specific benefits credits that were needed to redeem the products. OptumRx also distributed personal health products to individual members based upon the terms of the agreement.
 - Fees incurred under the Ancillary Health Supplies agreement during 2021 amounted to \$57,355,482.
 - Fees incurred under the Prescription Drug Benefit Administration agreement (Medicaid) during 2021 amounted to \$195,388,262.
 - Fees incurred under the Medicare Advantage Durable Medical Equipment and Supplies Mail Order agreement during 2021 amounted to \$20,585,954.
 - Fees incurred under the Prescription Drug Benefit Administration (Commercial) agreement during 2021 amounted to \$0.

- Fees incurred under the Facility Participation agreement during 2021 amounted to \$0.
 - Fees incurred under the Medicare Prescription Drug Benefit Administration and Medicare Prescription Drug Benefit Mail Order Network agreement during 2021 amounted to \$68,569,986.
- Effective July 1, 2011, the Company entered into a Services Agreement with OptumInsight, Inc. (f/k/a Ingenix, Inc.). OptumInsight, Inc. provides services related to claim analytics, recovery of medical expense overpayments, retroactive fraud, waste and abuse, subrogation, and premium audit services. Fees incurred under this agreement during 2021 amounted to \$7,233,239.
- Effective March 1, 2012, the Company entered into a Behavioral Health Services Agreement with United Behavioral Health (“UBH”). UBH provides mental health and substance abuse services. Fees incurred under this agreement during 2021 amounted to \$115,068,966.

Various Administrative Services Agreements via Addendums to UHIC Agreements

- Effective January 1, 2019, the Company entered into a National Provider Participation Agreement with Real Appeal, Inc. (“Real Appeal”). Real Appeal provides Obesity and Diabetes Prevention Services focusing on weight loss to commercial members for UHIC and its affiliates.
- Effective March 1, 2020, the Company entered into a Medical Group Participation Agreement with Prospero Health Partners, P.C. (“PHPP”). PHPP provides palliative care management services to the Company’s Medicare Advantage members within the last 12 months of their lives and PHPP will not submit claims and will not be paid fee for service but rather will receive a per member per month care management fee.
 - Fees incurred under the Medical Group Participation agreement during 2021 amounted to \$1,015,140.
 - Fees incurred under Accountable Care Organization agreement during 2021 amounted to \$72,566.
- Effective April 1, 2021, the Company entered into an agreement with Surgical Care Affiliates, LLC (“Surgical Care”). The agreement is designed to compensate Surgical Care for savings produced against a baseline for surgical services in prior measurement periods. Savings against the baseline are shared between the

Company and Surgical Care based on the number of surgical events performed by Surgical Care, the savings produced per event, and Surgical Care's performance against specified quality-of-care targets.

- Effective October 1, 2020, the Company entered into an agreement with WellMed Network of Florida, Inc. ("WellMed"). WellMed is responsible for the population health care needs and arranges for medical services through a network of providers for the Company fully insured and self-insured lives. Fees incurred under this agreement during 2021 amounted to \$3,768.

Short-Term Investment Pool Custody Agreement

The Company is a participant to the Short-term Investment Pool agreement with UHS and The Northern Trust Company ("Northern"), effective September 1, 2011. Northern provides management and administration services with respect to investment and treasury functions. The Company's investment in the pool is reported as cash equivalents. The Company's investment in the pool was \$746,757 as of December 31, 2021.

ACCOUNTS AND RECORDS

The Company maintained its principal operational offices in Maitland, Florida; however, the Company maintained its primary books and records in Minnetonka, Minnesota.

The Company and non-affiliates had the following material agreements:

Custodial Agreement

The Company maintained custodial agreements with Bank of New York Mellon and Northern, effective February 3, 2014, and May 1, 2011, respectively.

Managing General Agent Agreement

The Company did not have any direct premiums written or produced by a managing general agent or third-party administrator during the examination period.

Independent Auditor Agreement

An independent CPA, Deloitte & Touche, LLP audited the Company's statutory basis financial statements annually for the years 2021, 2020, 2019, 2018, and 2017, in accordance with Section 641.26(5), Florida Statutes. The Company's statutory basis supporting work papers were prepared by the CPA firm as required by Section 641.26(5), Florida Statutes.

Corporate Records Review

The recorded minutes of the Shareholders, Board, and the Audit Committee were reviewed for the period under examination. The recorded minutes of the Board documented its meetings and approval of Company transactions and events, in compliance with the Handbook adopted by Rule 69O-138.001, Florida Administrative Code, including the authorization of investments, as required by Section 641.35(7), Florida Statutes.

TERRITORY AND PLAN OF OPERATIONS

The Company was authorized as an HMO to provide managed care services on May 26, 1970, and is currently operating in the State of Florida only.

The Company provides health care coverage to Medicaid eligible beneficiaries for the Managed Medical Assistance ("MMA") Long Term Care programs under the contract with the Florida Agency for Health Care Administration. The Company also provides medical coverage to Medicare-eligible individuals under a Medicare Advantage contract with the Centers for Medicare & Medicaid Services. For the year 2021, all premiums in the amount of \$3,479,315,402 were written in Florida.

REINSURANCE

Reinsurance Assumed

The Company did not assume any reinsurance during the period of this examination.

Reinsurance Ceded

Effective January 1, 2005, the Company transitioned from a Reinsurance Agreement (RSA-102 effective January 1, 2003), with UHIC, an affiliate insurer, to an Insolvency Reinsurance Agreement IOA-005 ("the Agreement") with UHIC. The Agreement provides coverage only in the case of the Company's insolvency for a premium of one tenth of one per centum (0.1%). The Agreement was submitted for review and approval to the OIR on November 3, 2004, and was acknowledged by the OIR on December 23, 2004. The reinsurance expense incurred under the Agreement during the 2021 calendar year was \$3,450,016.

FINANCIAL STATEMENTS

The following includes the Company's statutory Statement of Assets, Liabilities, Capital and Surplus, and statutory Statement of Revenue and Expenses, which includes an analysis of changes in the Capital and Surplus Account for the year ended December 31, 2021. The financial statements are based on the statutory financial statements filed by the Company with the OIR and present the financial condition of the Company for the period ending December 31, 2021. Due to rounding, column amounts may not add to the totals reflected in this Report.

There were no examination adjustments to the amounts reported by the Company.

UnitedHealthcare of Florida, Inc.

Assets

December 31, 2021

	Per Company
Bonds	301,673,029
Cash, cash equivalents and short-term investments	299,089,731
Other invested assets	2,504,486
Subtotal cash and invested assets	603,267,246
Investment income due and accrued	2,144,521
Premiums and considerations:	
Uncollected premiums and agents' balances	15,242,513
Accrued retrospective premiums	84,276,698
Amounts receivable relating to uninsured plans	28,054,979
Net deferred tax asset	3,987,594
Health care and other amounts receivable	4,022,054
Totals	740,995,605

UnitedHealthcare of Florida, Inc.
Liabilities, Capital and Surplus
December 31, 2021

	Per Company
Claims unpaid	292,382,324
Accrued medical incentive pool and bonus amounts	16,552,871
Unpaid claims adjustment expenses	2,581,563
Aggregate health policy reserves	34,576,588
Aggregate health claim reserves	631,193
Premiums received in advance	21,515,315
General expenses due or accrued	10,876,460
Current federal and foreign income tax payable	5,233,219
Ceded reinsurance premiums payable	350,842
Amounts withheld or retained for the account of others	177,431
Remittances and items not allocated	4,398
Amounts due to parent, subsidiaries and affiliates	23,558,327
Liability for amounts held under uninsured plans	239,704
Aggregate write-ins for other liabilities	1,377,757
Total liabilities	410,057,992
Common capital stock	45
Gross paid-in and contributed surplus	116,078,301
Unassigned funds (surplus)	214,859,267
Total capital and surplus	330,937,613
Total liabilities, capital and surplus	740,995,605

UnitedHealthcare of Florida, Inc.
Statement of Revenue and Expenses
December 31, 2021

	Per Company
Net premium income	3,475,865,386
Change in unearned premium reserves and reserve for rate credits	(17,205,780)
Total revenues	3,458,659,606
Hospital and Medical:	
Hospital/medical benefits	2,485,141,194
Other professional services	29,838,879
Prescription drugs	350,708,901
Incentive pool, withhold adjustments and bonus amounts	19,055,088
Total hospital and medical	2,884,744,062
Claims adjustment expenses	131,738,656
General administrative expenses	195,906,166
Total underwriting deductions	3,212,388,884
Net underwriting gain or (loss)	246,270,722
Net investment income earned	6,645,866
Net realized capital gains (losses) less capital gains tax	4,371,470
Net investment gains (losses)	11,017,336
Net gain (loss) from agents' or premium balances charged off	(46,349)
Net income or (loss) after capital gains tax and before all other federal income taxes	257,241,709
Less: Federal and foreign income taxes incurred	53,192,180
Net Income	204,049,529

UnitedHealthcare of Florida, Inc.
Statement of Revenue and Expenses *continued*
December 31, 2021

	Per Company
Capital and Surplus Account	
Capital and surplus, prior reporting year	206,643,660
Net Income	204,049,529
Change in net deferred income tax	(11,541,921)
Change in nonadmitted assets	56,786,345
Dividends to stockholders	(125,000,000)
Net change in capital and surplus	124,293,953
Capital and surplus, end of reporting year	330,937,613

UnitedHealthcare of Florida, Inc.
Reconciliation of Capital and Surplus
December 31, 2021

Capital/Surplus Change during Examination Period			
Capital and Surplus at December 31, 2016, per Examination			348,678,966
	Increase	Decrease	
Increase in surplus	488,739,908		
Change in net deferred income tax		(7,968,552)	
Change in nonadmitted assets	6,487,291		
Change in paid in surplus		(380,000,000)	
Dividends to stockholders		(125,000,000)	
Net increase (or decrease)			(17,741,353)
Capital and Surplus at December 31, 2021, per Examination			330,937,613

No adjustments were made to surplus as regards policyholders as a result of this examination.

COMMENTS ON FINANCIAL STATEMENT ITEMS

Liabilities

Losses and Loss Adjustment Expenses

Tracy R. Sudak, Senior Director, Actuarial Services of UHS, appointed by the Board, rendered an opinion that the amounts carried in the balance sheet as of December 31, 2021, made a reasonable provision for all unpaid loss and loss expense obligations of the Company under the terms of its policies and agreements.

The OIR consulting actuaries, Andrew Larocque ASA, MAAA, Kenneth Mwangi, Actuarial Senior Associate, and Patricia Matson, FSA, MAAA, of Risk & Regulatory Consulting, LLC, reviewed the loss and loss adjustment expense work papers provided by the Company and they were in concurrence with this opinion.

Capital and Surplus

The amount of capital and surplus reported by the Company of \$330,937,613 exceeded the minimum of \$69,517,308 required by Section 641.225, Florida Statutes.

SUBSEQUENT EVENTS

The Company entered into an Asset Transfer Agreement (“the Agreement”) with Care Improvement Plus South Central, Inc. (CIPSC) effective January 1, 2022. Pursuant to the Agreement, an asset transfer for the intercompany transfer of its Medicare Advantage Plan/Prescription Drug (MAPD) contract with CMS to CIPSC from the Company by means of a novation of a CMS contract with identifiable number H1889. OIR had approved the Form D filing of the Agreement on June 9, 2021.

The Company declared and paid ordinary cash dividends of \$50,000,000, \$50,000,000, and \$50,000,000 to its parent company, UnitedHealthcare Inc., on May 27, 2022, June 22, 2022, and September 19, 2022, respectively.

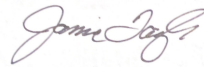
The Subordinated Revolving Credit Agreement with United was terminated on December 31, 2022.

CONCLUSION

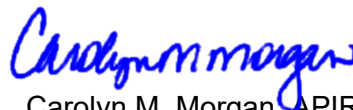
The insurance examination practices and procedures as promulgated by the NAIC have been followed in ascertaining the financial condition of UnitedHealthcare of Florida, Inc. as of December 31, 2021, consistent with the insurance laws of the State of Florida.

The following individuals with the firm of Risk & Regulatory Consulting, LLC. participated in the examination: Jamie Taylor, CFE, MCM, Examiner-in-Charge and Jan Moenck, CFE, Exam Supervisor, Participating Examiner. Members of OIR who participated in the examination include Alicia Thompkins-Perryman, CFE (Fraud), APIR, Examination Oversight Supervisor. Additionally, Patricia Matson, FSA, MAAA; Andrew Larocque, ASA, MAAA, and Kenneth Mwangi, Actuarial Senior Associate of Risk & Regulatory Consulting, LLC, are recognized for participation in the examination.

Respectfully submitted,



Jamie Taylor, CFE, MCM
Examiner-in-Charge
Risk & Regulatory Consulting, LLC.



Carolyn M. Morgan, APIR
Director
Life & Health Financial Oversight
Florida Office of Insurance Regulation
Date Signed: 6/7/23