



BEST'S CREDIT RATING DISCLOSURE FORM

AMB #: 060022 - Oxford Health Insurance, Inc.

1. The Symbol, Number, or Score in the Rating Scale used to Denote the Credit Rating Categories and Notches as required by Paragraph (a)(1)(ii)(A) of Rule 17g-7

Oxford Health Insurance, Inc.

AM Best #: 060022

NAIC #: 78026

FEIN #: 22-2797560

Financial Strength Rating View Definition	
Rating:	A (Excellent)
Affiliation Code:	g (Group Rating)
Financial Size Category:	XV (Greater than or Equal to USD 2.00 Billion)
Outlook:	Stable
Action:	Downgraded
Effective Date:	August 28, 2025
Initial Rating Date:	February 1, 2001

Long-Term Issuer Credit Rating View Definition	
Long-Term:	a+ (Excellent)
Outlook:	Stable
Action:	Downgraded
Effective Date:	August 28, 2025
Initial Rating Date:	June 22, 2005

(i) Denotes Indicative Rating

u Denotes Under Review Rating

pca Best's Preliminary Credit Assessment is an independent opinion on the relative general credit strengths and weaknesses of an issuer, obligor, security, or a proposed transaction or financing structure primarily based on business plans, term sheets, and AM Best's expectations relative to the execution of such business plans. AM Best does not define a PCA as a Credit Rating; however, the assessment is expressed using the existing Best's Credit Rating scales.

Best's Credit Rating Analyst	
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Senior Director :	Sally A. Rosen



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2. The Version of the Procedure or Methodology used to Determine the Credit Rating as required by Paragraph (a)(1)(ii)(B) of Rule 17g-7

Rating Methodology and Criteria Report:	Version
The following Methodologies and Criteria Procedures were used at the time of and the basis for the proposed rating	
Best's Credit Rating Methodology	08/29/2024
Available Capital and Insurance Holding Company Analysis	08/15/2024
Scoring and Assessing Innovation	02/20/2025
Understanding BCAR for US and Canadian Life/Health Insurers	05/29/2025

3. The Main Assumptions and Principles used to Construct the Procedures and Methodology used to Determine the Credit Rating as required by Paragraph (a)(1)(ii)(C) of Rule 17g-7

Assumptions

Based on historical experience and AM Best's transition studies, ratings typically move no more than one or two notches when Rating Actions occur. However, certain factors could cause larger scale movement in the ratings. AM Best identifies the following primary factors as having the potential to significantly affect ratings:

- Data accuracy and reliability
- Interest rates
- Investment impairments
- Liquidity
- Equity markets
- Catastrophe model risk
- Reinsurance market capacity and credit risk
- Mortality risk
- Morbidity risk
- Holding company/affiliates
- Country risk
- Regulatory risk

Elements of Country Risk

AM Best defines country risk as the risk that country-specific factors could adversely affect an insurer's ability to meet its financial obligations. Country risk is evaluated and incorporated into all of AM Best's credit ratings. As part of evaluating country risk, AM Best identifies the various risks within a country that may directly or indirectly affect an insurance company.

AM Best separates these risks into three main categories: economic risk, political risk and financial system risk. Given AM Best's particular focus on the insurance industry, financial system risk is further divided into two sections: insurance risk and non-insurance financial system risk.



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Economic risk is the likelihood that fundamental weaknesses in a country's economy will cause adverse developments for an insurer. AM Best's determination of economic risk evaluates the state of the domestic economy, government finances, and international transactions, as well as prospects for growth and stability.

Political risk is the likelihood that governmental or bureaucratic inefficiencies, societal tensions, an inadequate legal system or international tensions will cause adverse developments for an insurer. Political risk comprises the stability of a government and society, the effectiveness of international diplomatic relationships, the reliability and integrity of the legal system and business infrastructure, the efficiency of the government bureaucracy, and the appropriateness and effectiveness of the government's economic policies.

Financial system risk (non-insurance) is the risk that financial volatility may erupt due to inadequate reporting standards, weak banking systems or asset markets, or poor regulatory structure. Non-insurance financial system risk considers a country's banking system, accounting standards, financial market development, and government finances, and assesses how vulnerable the financial system is to external or internal volatility. Basel II & III, World Bank Insolvency Principles and international accounting standards are referenced in the analysis, as are the performances of banks, equity indices and fixed-income securities.

Insurance risk is the risk that the insurance industry's levels of development and public awareness, transparency and effectiveness of regulation, reporting standards, and regulatory sophistication will contribute to a volatile financial system and compromise an insurer's ability to pay claims. Insurance risk, which AM Best considers as a distinct subsection of financial system risk, is addressed separately because of the importance of, and AM Best's specific focus on, the industry. The determination is based heavily on the Insurance Core Principles (ICP) of the International Association of Insurance Supervisors (IAIS). AM Best employs a sizable subset of the 28 ICPs by organizing them into three categories: 1) government commitment to an open and well-regulated insurance industry; 2) adequacy of supervisory authority and its supporting infrastructure; and 3) insurer accountability.

Country Risk Tiers

The assignment of CRTs to score ranges is based on AM Best's assertion that the risk in countries can be categorized loosely to provide a basis of comparison, provided that country-by-country differences are acknowledged. Therefore, CRTs can be classified, in a typical scenario, by the following:

- CRT-1: A country receiving a CRT-1 assignment is characterized by a predictable and transparent political environment, legal system and business infrastructure, a sophisticated financial system regulation with deep capital markets, and a mature insurance industry framework.
- CRT-2: A country receiving a CRT-2 assignment is characterized by a predictable and transparent political environment, legal system and business infrastructure, sufficient financial system regulation, and a mature insurance industry framework.
- CRT-3: A country receiving a CRT-3 assignment is characterized by a developing political environment, legal system, business infrastructure, capital market, and insurance regulatory structure.
- CRT-4: A country receiving a CRT-4 assignment is characterized by a relatively unpredictable and nontransparent political, legal and business environment with an underdeveloped capital market, and a partially to fully inadequate insurance regulatory structure.
- CRT-5: A country receiving a CRT-5 assignment is characterized by an unpredictable and opaque political, legal and business environment with weak rule of law, lower human development and social instability, a limited, illiquid or nonexistent capital market, and a nascent insurance industry.

In short, as country risk increases (as measured by a higher Country Risk Tier), the distribution of ratings generally migrates down the rating scale. This same relationship effectively applies to any significant category of risk an insurer faces, i.e., higher risk exposure places pressures upon financial stability.

4. The Potential Limitations of the Credit Rating as required by Paragraph (a)(1)(ii)(D) of Rule 17g-7

Please refer to the [Guide to Best's Credit Ratings](#) for the following:

- [1\(a\). Usage of Ratings and Limitations](#)



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- [8. Best's Rating Scales: Categories and Symbols](#)

5. Information on the Uncertainty of the Credit Rating as required by Paragraph (a)(1)(ii)(E) of Rule 17g-7

Please refer to the [Guide to Best's Credit Ratings](#) for the following:

- [2\(b\)ii. Quality of Information](#)

6. Use of Third Party Due Diligence in Taking the Credit Rating Action as required by Paragraph (a)(1)(ii)(F) of Rule 17g-7

AM Best Company did not use due diligence services of a third party in taking the Rating Action. This disclosure only applies to Rating Actions associated with asset-backed securities as defined by section 3(a)(79) of the Securities Exchange Act of 1934, as amended.

7. How Servicer or Remittance Reports were used, and with what Frequency, to Conduct Surveillance of the Credit Rating as required by Paragraph (a)(1)(ii)(G) of Rule 17g-7

How Servicer / Remittance reports were used:

Not Applicable

Frequency of surveillance:

Not Applicable

8. A Description of the Types of Data about the Obligor, Issuer, Security, or Money Market Instrument that were Relied Upon for the Purpose of Determining the Credit Rating as required by Paragraph (a)(1)(ii)(H)(i) of Rule 17g-7

Please refer to the [Guide to Best's Credit Ratings](#) for the following:

- [2\(b\). Compile Information](#)
- [2\(b\)i. Material Sources of Information](#)

9. An Overall Assessment of the Quality of Information Available and Considered in Determining the Credit Rating as required by Paragraph (a)(1)(ii)(I) of Rule 17g-7

Please refer to the [Guide to Best's Credit Ratings](#) for the following:

- [2\(b\)i. Material Sources of Information](#)
- [2\(b\)ii. Quality of Information](#)



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10. Information Relating to Conflicts of Interest as required by Paragraph (a)(1)(ii)(J) of Rule 17g-7

1) AM Best Company has been paid to determine the Credit Rating by the obligor being rated or the issue, underwriter, depositor, or sponsor of the security or money market instrument being rated.

Rating Opinion Characteristics	
Solicited	Participating

2) AM Best Company was also paid for services by the company other than determining Credit Ratings during the most recently ended fiscal year.

Please refer to the [Guide to Best's Credit Ratings](#) for the following:

- [1\(d\). Not an Investment Advisor or Consultant](#)

11. An Explanation or Measure of the Potential Volatility of the Credit Rating as required by Paragraph (a)(1)(ii)(K) of Rule 17g-7

Factors and Magnitude - Change Rating:

Negative rating action could occur if there is a material decline in balance sheet strength metrics. Potential rating impact: Minor

Negative rating action could occur if there is a significant unfavorable change in the balance sheet strength metrics of UnitedHealth Group Incorporated. Potential rating impact: Minor

Positive rating action could result if there is sustained improvement in balance sheet strength metrics. Potential rating impact: Minor

NOTE: Only a rating committee can make a rating decision and the above referenced factors would be taken into consideration, along with all available relevant information in determining a Rating Action. However, the magnitude of a potential change in the rating that could reasonably occur as a result of the impact of the factors listed above are characterized by the following summary chart:

Rating Change Characterization	Number of ICR Notches (Up or Down)
Minor	0 - 1
Moderate	2 - 3
Severe	> 3

12. The Information on the Content of the Information of the Credit Rating as required by Paragraph (a)(1)(ii)(L) of Rule 17g-7

(1) Rating History and Performance

- [Financial Strength / Issuer Credit Rating History](#)

(2) Expected Probability of Default and Expected Loss



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The Commission states that it does not expect NRSROs to alter the meanings of their Credit Ratings or rating procedures and methodologies to conform to this disclosure requirement. Rather, the Commission expects NRSROs to provide "information" to the extent it is consistent with their procedures and methodologies for determining Credit Ratings, on the expected probability of default and expected loss in the event of default. According to the Commission, this information could consist of, for example, historical default and loss statistics, respectively, for the class or subclass of the Credit Rating.

AM Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of a specific default probability or loss expectation. AM Best is providing the historical default statistics or derivatives of such default statistics to comply with Rule 17g-7(a)(ii)(L)(2). AM Best does not produce any loss statistics related to any classes of Credit Ratings so it has no information about expected loss given default. Furthermore, expected losses given default is not consistent with AM Best's procedures and methodologies for determining Credit Ratings.

INSURANCE COMPANY DEFAULT RATES (FSR)

FSR	1 - Year	3 - Year	10 - Year
A++	0.00%	0.00%	0.00%
A+	0.04%	0.17%	0.51%
A	0.04%	0.27%	1.80%
A-	0.15%	0.73%	2.80%
B++	0.34%	1.45%	4.29%
B+	0.75%	2.16%	6.31%
B	1.51%	4.39%	8.81%
B-	3.45%	6.90%	12.07%
C++	3.97%	6.96%	11.20%
C+	3.51%	7.28%	11.64%
C	3.37%	7.37%	15.50%
C-	11.94%	13.95%	17.39%
D	17.35%	22.16%	29.41%

Note: Data from 1992 to 2018

1. Impairments as a Proxy for Defaults. Upon the public placement of a company, via public court order or other international equivalent, into conservation, rehabilitation and/or insolvent liquidation it is designated by AM Best as a Financially Impaired Company (FIC). Supervisory actions undertaken by Insurance Department regulators without court order are not considered impairments for purposes of compiling Securities and Exchange Commission (SEC) Exhibit 1 statistics unless clear direction is given by the regulator to delay or limit policy or contract payments.

There are a number of regulatory oversight actions that may be taken with respect to troubled insurers in which court orders are not sought, such as required company action plans, various forms and levels of supervision, and licensure actions. Companies may be subject to these insurance department orders and actions on multiple occasions, particularly in certain jurisdictions, and while these regulatory actions suggest concern and impose constraints, they are not necessarily indicative of an insurer's inability to meet its ongoing policy and contract obligations.

Additionally, companies that enter voluntary dissolution and are not under financial duress at that time are not counted as financially impaired.

2. Construction of Default Rates of Insurance Carriers (FSR). This table was constructed by directly observing the default rates of insurance operating companies rated on the traditional Financial Strength Rating (FSR) scale.



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3. Rating a Measure of Relative Credit Risk. AM Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Consistent With Submission to the Securities and Exchange Commission. The data used to calculate default rates in this table is consistent with the data used to calculate the 1-year, 3-year and 10-year default rates for insurers as required by the SEC in Exhibit 1 of Form NRSRO. Unlike the single cohort method of analysis used in the submission to the Commission, however, the calculations in this table reflect the use of the average cohort approach in order to capture the effect of the various economic cycles experienced by insurance carriers since 1992 when the current 13-point FSR scale (A++ to D) was adopted by AM Best.

5. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "A++" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for companies rated "A++".

6. Data Changes Periodically. AM Best may periodically change the data in the table if warranted. The reasons for the revisions may be as follows: If AM Best 1) adds more rating cohorts which significantly changes the calculated default rates, 2) changes its criteria for recognizing insurance company defaults, or 3) incorporates new defaults or adjusts existing default data.

INSURANCE COMPANY DEFAULT RATES (ICR)

ICRs	1 - Year	3 - Year	10 - Year
aaa	0.00%	0.00%	0.00%
aa+	0.00%	0.00%	0.00%
aa	0.04%	0.17%	0.51%
aa-	0.04%	0.17%	0.51%
a+	0.04%	0.27%	1.80%
a	0.04%	0.27%	1.80%
a-	0.15%	0.73%	2.80%
bbb+	0.34%	1.45%	4.29%
bbb	0.34%	1.45%	4.29%
bbb-	0.75%	2.16%	6.31%
bb+	1.51%	4.39%	8.81%
bb	1.51%	4.39%	8.81%
bb-	3.45%	6.90%	12.07%
b+	3.97%	6.96%	11.20%
b	3.97%	6.96%	11.20%
b-	3.51%	7.28%	11.64%
ccc+	3.37%	7.37%	15.50%
ccc	3.37%	7.37%	15.50%
ccc-	11.94%	13.95%	17.39%
cc	11.94%	13.95%	17.39%
c	17.35%	22.16%	29.41%

Note: Default rates based on FSR to ICR Translation.

See Best's Credit Rating Methodology, *ICR/FSR Rating Translation Table* (Exhibit D.1)



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1. Impairments as a Proxy for Defaults. Upon the public placement of a company, via public court order or other international equivalent, into conservation, rehabilitation and/or insolvent liquidation it is designated by AM Best as a Financially Impaired Company (FIC). Supervisory actions undertaken by Insurance Department regulators without court order are not considered impairments for purposes of compiling Securities and Exchange Commission (SEC) Exhibit 1 statistics unless clear direction is given by the regulator to delay or limit policy or contract payments.

There are a number of regulatory oversight actions that may be taken with respect to troubled insurers in which court orders are not sought, such as required company action plans, various forms and levels of supervision, and licensure actions. Companies may be subject to these insurance department orders and actions on multiple occasions, particularly in certain jurisdictions, and while these regulatory actions suggest concern and impose constraints, they are not necessarily indicative of an insurer's inability to meet its ongoing policy and contract obligations.

Additionally, companies that enter voluntary dissolution and are not under financial duress at that time are not counted as financially impaired.

2. Construction of Default Rates of Insurance Carriers(ICR). This table was not constructed by directly observing the default rates of insurance operating companies rated on the 21-point Issuer Credit Rating (ICR) scale because default data associated with ICRs is sparse. It was constructed by converting each operating company Financial Strength Rating (FSR) to an equivalent ICR based on AM Best's FSR/ICR translation table.

3. Rating a Measure of Relative Credit Risk. AM Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "aaa" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for companies with an equivalent "aaa" rating.

5. Data Changes Periodically. AM Best may periodically change the data in the table if warranted. The reasons for the revisions may be as follows: If AM Best 1) adds more rating cohorts which significantly changes the calculated default rates, 2) changes its criteria for recognizing insurance company defaults, or 3) incorporates new defaults or adjusts existing default data.

CORPORATE DEFAULT RATES

ICRs	1 - Year	3 - Year	10 - Year
aaa	0.00%	0.00%	0.00%
aa+	0.00%	0.00%	0.00%
aa	0.00%	0.00%	0.00%
aa-	0.00%	0.00%	0.00%
a+	0.02%	0.08%	0.26%
a	0.04%	0.17%	0.51%
a-	0.04%	0.17%	0.51%
bbb+	0.04%	0.27%	1.80%
bbb	0.04%	0.27%	1.80%
bbb-	0.15%	0.73%	2.80%
bb+	0.34%	1.45%	4.29%
bb	0.34%	1.45%	4.29%
bb-	0.75%	2.16%	6.31%



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ICRs	1 - Year	3 - Year	10 - Year
b+	1.13%	3.27%	7.56%
b	1.51%	4.39%	8.81%
b-	1.51%	4.39%	8.81%
ccc+	3.45%	6.90%	12.07%
ccc	3.71%	6.93%	11.64%
ccc-	3.97%	6.96%	11.20%
cc	3.97%	6.96%	11.20%
c	3.51%	7.28%	11.64%

Note: Default rates based on notching applied to insurance ICRs.

See Best's Credit Rating Methodology, *Typical Notching Difference Between Operating Company ICR and Holding Company ICR* (Part IV, Exhibit B.1)

1. Impairments as a Proxy for Defaults. Upon the public placement of a company, via public court order or other international equivalent, into conservation, rehabilitation and/or insolvent liquidation it is designated by AM Best as a Financially Impaired Company (FIC). Supervisory actions undertaken by Insurance Department regulators without court order are not considered impairments for purposes of compiling Securities and Exchange Commission (SEC) Exhibit 1 statistics unless clear direction is given by the regulator to delay or limit policy or contract payments.

There are a number of regulatory oversight actions that may be taken with respect to troubled insurers in which court orders are not sought, such as required company action plans, various forms and levels of supervision, and licensure actions. Companies may be subject to these insurance department orders and actions on multiple occasions, particularly in certain jurisdictions, and while these regulatory actions suggest concern and impose constraints, they are not necessarily indicative of an insurer's inability to meet its ongoing policy and contract obligations.

Additionally, companies that enter voluntary dissolution and are not under financial duress at that time are not counted as financially impaired.

2. Construction of Default Rates of Corporates. This table was not constructed by directly observing the default rates of corporate ratings on the 21-point Issuer Credit Rating (ICR) scale because default data associated with corporate ICRs is sparse. Rather, this table was constructed by a) converting each default rate associated with each Financial Strength Rating (FSR) to its equivalent operating company ICR based on AM Best's FSR/ICR translation table, and then, b) converting the operating company ICR to an equivalent corporate rating based on a notching algorithm set forth in the criteria, Insurance Holding Company and Debt Ratings, to reflect the legal separation of insurance holding companies from operating insurers as well as the normal subordination of insurance holding company creditors to operating company policyholders.

3. Ratings a Measure of Relative Credit Risk. AM Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "aaa" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for corporate obligations with an equivalent "aaa" rating.

5. Data Changes Periodically. AM Best may periodically change the data in the table if warranted. The reasons for the revisions may be as follows: If AM Best 1) adds more rating cohorts which significantly changes the calculated default rates, 2) changes its criteria for recognizing insurance company defaults, or 3) incorporates new defaults or adjusts existing default data.

ASSET-BACKED SECURITIES DEFAULT RATES (All Subclasses)

ICRs	1 - Year	3 - Year	10 - Year
aaa	0.03%	0.11%	0.42%
aa+	0.08%	0.14%	0.58%
aa	0.11%	0.17%	0.69%
aa-	0.14%	0.28%	0.88%
a+	0.16%	0.33%	1.09%
a	0.20%	0.41%	1.31%
a-	0.22%	0.62%	2.24%
bbb+	0.28%	0.96%	3.45%
bbb	0.35%	1.26%	4.50%
bbb-	0.45%	1.56%	5.48%
bb+	0.84%	2.90%	10.00%
bb	1.23%	4.68%	15.65%
bb-	1.56%	6.02%	19.50%
b+	3.28%	9.73%	31.11%
b	3.73%	10.80%	33.58%
b-	4.77%	13.08%	38.23%
ccc+	6.74%	17.66%	47.84%
ccc	10.33%	20.41%	49.46%
ccc-	13.85%	23.11%	51.07%
cc	19.53%	28.87%	57.44%
c	23.30%	31.74%	59.04%

Source: Best's Insurance-Linked Securities & Structures Methodology

Best's Idealized Issue Default Matrix (Exhibit E.2)

1. Asset-Backed Securities Default. AM Best designates an asset-backed security as being in default if the issuer of the security failed to timely pay principal or interest due according to the terms of the security.

2. Construction of Default Rates of Asset-Backed Securities. This table was not constructed by directly observing the default rates of asset-backed securities. The default rates of the ratings in this category are equivalent to the default rates in Best's Idealized Issue Default Matrix. This matrix reflects AM Best's long-term view of defaults of asset-backed securities and structured finance transactions. This view was formed by considering the defaults associated with operating insurance companies rated by AM Best, the notching process employed to derive the ratings associated with holding company debt obligations, and the need to make distinctions between rating categories.

3. Ratings a Measure of Relative Credit Risk. AM Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of and obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Changes Periodically. The data in the table will change if AM Best modifies Best's Idealized Issue Default Matrix. This matrix is published in Best's Insurance-Linked Securities & Structures Methodology and may be revised based on more recent insurance company default data.

For ratings issued in or endorsed into the European Union, historic default rates published by ESMA are available at:

<https://registers.esma.europa.eu/cerep-publication/>

For ratings issued or endorsed into the United Kingdom, historic default rates published by the FCA are available at:
<https://data.fca.org.uk/#/ceres/craStats>

13. Information on the Sensitivity of the Credit Rating to Assumptions as required by Paragraph (a)(1)(ii)(M) of Rule 17g-7

Topic	(1) Key Assumption Detail	(2) Potential Impact on the Rating
Data Accuracy and Reliability	While public information is considered as part of the rating process, AMB relies primarily on audited financial statements, third party actuarial reports, documents and assertions provided by management. The assumption is that the financial information provided is reliable and credible, although AMB does not undertake to verify the accuracy of this information.	A material misstatement of financial performance or capital position, whether through negligence or fraud, could negatively affect a company's rating. For example, inflated asset valuations or a faulty actuarial opinion of reserve adequacy could result in an incorrect assessment of the financial strength of a company.
Morbidity Risk	Normal morbidity experience is assumed. Assumes that there is no significant flu, catastrophic disease, terror or biological attack which causes spike in morbidity incidence or duration. No major drug breakthrough which leads to higher utilization costs. Assumes a&h business is priced appropriately.	BCAR Stress test undertaken. Significant morbidity event (e.g. pandemic) causes asymmetrical morbidity and business disruption. Event may have secondary economic impacts as well. Deviation could result in rating change for companies with significant health exposure.
Holding Company / Affiliates	Assumes no sudden change in holding company leverage, coverage and/or liquidity. Additional assumptions include no change in credit facilities to obtain letters of credit from a commercial bank, through the placement of assets in trust. If rating includes a level of rating enhancement based on a degree of implicit and explicit support provided by the parent company and/or affiliate, the assumption is that the level of support will remain prospectively.	Any sudden change in holding company leverage, coverage, and or liquidity could result in a rating change for both the holding company and its operating insurance subsidiaries. Any alteration in a parent (holding) company's ability to provide implicit and/or explicit parental support could alter Best's view of rating enhancement which could suddenly cause a rating downgrade. In addition, changes in enhancement provided to group-rated members, may have an impact on the rating(s). Best evaluates impact on capital via forecasted BCAR including planned dividends to Parent and by evaluating BCAR for the entire Enterprise based on tangible equity. The starting point for every rating is the stand-alone evaluation of the legal entity's balance sheet strength, operating performance and business profile.
Regulatory Risk	A key assumption used in determining this rating takes into account this company's significant concentration risk and exposure to changes in judicial, regulatory and legislative decisions. This assessment assumes no material changes in these areas but is considered as part of this company's qualitative review and business profile.	Due to the company's significant concentration risk, it's exposure to changes in judicial, regulatory and legislative decisions could adversely impact the ongoing operational and underwriting strategies of the company. This could result in a potential impact on the Credit Ratings prospectively and is considered as part of this company's qualitative review and business profile.

14. Information on the Representations, Warranties, and Enforcement Mechanisms as required by Paragraph (a)(1)(ii)(N) of Rule 17g-7



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The representations, warranties, and enforcement mechanisms available to investors which were disclosed in the prospectus, private placement memorandum, or other offering documents for the asset-backed security and that relate to an asset pool underlying the asset-backed security. This disclosure only applies to Rating Actions associated with asset-backed securities as defined by section 3(a)(79) of the Securities Exchange Act of 1934, as amended. Furthermore, the disclosure applies to asset-backed securities that were initially rated on or after September 26, 2011.



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15. Attestation as required by Paragraph (a)(1)(iii) of Rule 17g-7

Attestation

Attached is a signed statement by a person within AM Best that has responsibility for the Rating Action and, to the best knowledge of the person: (A) No part of the Credit Rating was influenced by any other business activities; (B) The Credit Rating was based solely upon the merits of the obligor, security, or money market instrument being rated; and (C) The Credit Rating was an independent evaluation of the credit risk of the obligor, security, or money market instrument.

As the person responsible for this Rating Action, which was determined through the rating committee process, to the best of my knowledge:

- No part of the Credit Rating was influenced by any other business activities;
- The Credit Rating was based solely upon the merits of the obligor, security, or money market instrument being rated; and
- The Credit Rating was an independent evaluation of the credit risk of the obligor, security, or money market instrument.

Note: Best's Credit Ratings are a product/service of AM Best Rating Services, Inc. and not of any particular individual group or committee within AM Best.

Name, Title: **/s/ Sally A. Rosen**, Senior Director



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16. Additional Regulatory Disclosures

Key Elements Underlying the Rating

The Rating Rationale is based on the consolidated financials of the Rating Unit 069183 UnitedHealthcare Companies of which 060022 Oxford Health Insurance, Inc. is a member.

Rating Rationale

Balance Sheet Strength: Strong

- Very strong Best's Capital Adequacy Ratio (BCAR) of 13.7 at the 99.6% VaR. Capital growth supported by consistently favorable earnings from operations offset by large dividends to the parent. Risk-adjusted capital has remained stable.
- Solid consolidated statutory risk-based capital. Ratio has remained in the targeted range of 225-250% company action level.
- Conservative investment portfolio that is held predominantly in investment-grade fixed-income securities and cash & short-term investments. Nominal exposure to equities and mortgage loans. Low level of invested asset risk.
- Strong liquidity supported by favorable operating cash flows, short-duration investment portfolio and high level of cash. Liquidity is enhanced by credit facilities with the parent for the vast majority of insurance subsidiaries.

Operating Performance: Strong

- UnitedHealthcare continues to report overall favorable underwriting and net income results albeit at lower levels than historically.
- Consistent premium growth driven by enrollment gains in commercial and government business. Top-line growth is expected to moderate as it implements rate actions and changes to product offerings to reflect current medical trends.
- Operating results remain good, but margins are expected to decline materially due to an elevated medical loss ratio driven by increased utilization on unit costs across all lines on business.
- The administrative expense ratio benefits from UnitedHealthcare's large scale. Nevertheless, the organization is focused on gaining efficiencies to control administrative expenses.
- Revenue and earnings are well diversified across business segments and geographies.

Business Profile: Very Favorable

- UnitedHealthcare has a substantial nationwide presence with solid market share in all business segments.
- Large, diversified enrollment base that UnitedHealthcare leverages for economies of scale for both medical and administrative expenses.
- Benefits from longstanding strategic partnership with AARP for product and service offerings, which supports membership growth and retention trends in senior markets.
- The organization continues to increase value-based care reimbursement arrangements with providers to provide high-quality, cost-effective healthcare with better outcomes and member well-being.
- The organization is data driven with high utilization of technology and data analytics in all areas of the organization. Innovation is a core competency of the organization and is looked to for business solutions and transformation.

Enterprise Risk Management: Appropriate

- Mature and comprehensive enterprise risk management (ERM) program that continues to evolve due to the complexity of the organization and the operating environment. Well-defined framework for risk identification, assessment, reporting and monitoring.
- The ERM process is continuous and involves all levels of the organization. Ultimate responsibility for ERM falls to senior management and the board of directors.
- Tolerance and appetite statements are used to guide day-to-day operations, business development and innovation investments.



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- Advanced modeling and solvency stress scenario testing are part of ERM capabilities. UnitedHealth Group Incorporated utilizes economic capital modeling outputs and solvency stress testing to support long-term operating plans.
- Cyber and information security has been a component of ERM for the organization but has now moved up in priority due to the data breach experienced by affiliate, Optum Insight.

Outlook Rationale

The stable outlooks reflect the expectation that balance sheet strength will be maintained at the strong level, supported by favorable operating earnings and a history of prudent capital management for insurance subsidiaries. Furthermore, the outlooks also reflect UnitedHealthcare's solid market position as well as material geographic and business diversification.

Note: An outlook determination is assigned in tandem with a Best's Credit Rating and other opinion types to supplement the opinion by providing an indication of the potential future direction of the opinion over an intermediate period, generally defined as 36 months. For additional information refer to: [Guide to Best's Credit Ratings](#)

Additional Disclosures:

- For information on whether the credit rating is solicited or unsolicited, please see Section 10 above.
- For information on the lead rating analyst and name and address of the entity responsible for the rating, please see the "Best's Credit Rating Analyst" box at the beginning of this form.
- For information on the person primarily responsible for approving the credit rating, please see Section 15 above.
- For information on the substantially material sources of information for this rating action, please see Section 8 above.
- For more information on the methodology used to develop this rating action, please see Section 2 above.
- The below listed model was used to determine this rating. For a description of the model, see the link to the associated criteria in Section 2.
 - US and Canadian Life/Health Best's Capital Adequacy Ratio (BCAR) Model
- For information on actions or events that could lead to an upgrade or downgrade, please see Section 11 above.
- For information on the rating categories and symbols, please see the "View Definition" links in the rating boxes in Section 1 above.
- For information on the definition of default, please see Section 12 above.
- For information on the sensitivity of assumptions in the rating process, please see Section 13 above.
- The credit rating was disclosed to the rated entity prior to publication.
- The below Environmental, Social, and Governance (ESG) factors are considered key drivers regarding the change to the AM Best Credit Rating or Rating Outlook:

ESG factor and materiality to the Best's Credit Rating and/or rating outlook change:

Governance factors are a key driver leading to the credit rating action.

- [Guidance on how ESG factors are considered](#)

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