<u>Clerk of Council</u> 801 Plum Street, Room 308 Cincinnati, Ohio 45202 (513) 352-3246

# LEGISLATIVE AGENT/EMPLOYER INITIAL REGISTRATION STATEMENT

This statement must be filed with the Clerk of Council within ten (10) days of engagement. Please read instructions and review Section 112-5 prior to filing. There is a \$25.00 fee for this filing. *Check or money order only made payable to "Clerk of Council"*. Upon termination of this engagement, there is an affirmative duty to notify the Clerk of Council within thirty (30) days) the form may be obtained from Clerk. ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

## A. LEGISLATIVE AGENT INFORMATION

1. Full Name\_Charles H. Gerhardt, III

2. Occupation\_Government Strategies Group

3. Title/Position President & CEO

4.	Business Address_	700 Walnut Street	Ste 450	
		Street	Suite Number	
	Cincinnati	ОН	45202	
	City	State	Zip(+4)	

5. Telephone Number ( 513 ) 651-4100

6. Date of Engagement as Legislative Agent <u>November 1, 2022</u>

#### B. EMPLOYER INFORMATION

- 1. Full name of company or organization United Healthcare
- 2. Type of Industry\_Insurance

3.	Business Address	5900 Parkwood Place		
		Street	Suite Number	
	Dublin	OH	43016	
	City	State	Z(p(+4)	

# C. BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES.

Activities related to healthcare plans.

D.

## CATEGORICAL LISTING OF PRINCIPAL BUSINESS OR ACTIVITY OF EMPLOYER. PLEASE CHECK ALL THAT ARE APPLICABLE.

Agriculture	Environment	Real Estate/Housing
Alcohcl/Tobacco	Financial Institutions/Consumer Finance	Retail and Commercial
Arts/Entertainment	Medical/Hospitals/Health Care	Service Business
Communications/Media	_X_Insurance	Social Svs./Human Svs.
Contractors/Construction	Labor/Labor Organizations	Science and Technology
County/Local Government	Legal	State Employees
Education	Manufacturer	State Government
Energy/Utilities	Public Interest	Transportation

<u>CERTIFICATION:</u> THE UNDERSIGNED HEREBY CERTIFY THAT ALL REASONABLE EFFORTS AND DUE DILIGENCE HAVE BEEN UNDERTAKEN IN THE PREPARATION AND COMPLETION OF THIS STATEMENT AND THAT THE CONTENTS ARE TRUE AND ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE.

ALL SIGNATURES MUST BE ORIGINAL AND SIGNED PERSONALLY BY THE NAMED INDIVIDUAL.

Charles H. Gerhardt, III Type or Print Name of Legislative Agent Stoneth WILJON Type or Prin Signing for Employer

November 11, 2022

of Wilson BY:

the Sector Sales Vt

11/18/22 Date