

Partial Amendment includes actuarial opinion with revised wording.



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code	<u>0707</u> (Current)	<u>0707</u> (Prior)	NAIC Company Code	<u>12323</u>	Employer's ID Number	<u>56-2451429</u>
Organized under the Laws of	<u>Ohio</u>			State of Domicile or Port of Entry	<u>OH</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	<u>03/29/2004</u>			Commenced Business	<u>10/01/2005</u>	
Statutory Home Office	<u>9200 Worthington Road</u> (Street and Number)			<u>Westerville, OH, US 43082</u> (City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>9700 Health Care Lane</u> (Street and Number)			<u>952-979-6165</u> (Area Code) (Telephone Number)		
	<u>Minnetonka, MN, US 55343</u> (City or Town, State, Country and Zip Code)					
Mail Address	<u>9700 Health Care Lane</u> (Street and Number or P.O. Box)			<u>Minnetonka, MN, US 55343</u> (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>9700 Health Care Lane</u> (Street and Number)			<u>952-979-6165</u> (Area Code) (Telephone Number)		
	<u>Minnetonka, MN, US 55343</u> (City or Town, State, Country and Zip Code)					
Internet Website Address	<u>www.uhccommunityplan.com</u>					
Statutory Statement Contact	<u>Rachel Ivelisse Ramos</u> (Name)			<u>952-406-4923</u> (Area Code) (Telephone Number)		
	<u>rachel_ramos@uhc.com</u> (E-mail Address)			<u>952-979-7825</u> (FAX Number)		

OFFICERS

President	<u>Tracy Lynn Davidson</u>	Treasurer	<u>Robert Worth Oberrender</u>
Secretary	<u>Christina Regina Palme-Krizak</u>	Chief Financial Officer	<u>Dale Ray Moore</u>

OTHER

<u>Nyle Brent Cottingham, Vice President</u>	<u>Heather Anastasia Lang Jacobsen #, Assistant Secretary</u>
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DIRECTORS OR TRUSTEES

<u>Richard Gordon Dunlop</u>	<u>Joseph Gilbert Gaudio</u>	<u>Yasmine Herminia Winkler</u>
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State of OH
County of Franklin

State of Minnesota
County of Ramsey

State of OH
County of Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Tracy Lynn Davidson
President

Christina Regina Palme-Krizak
Secretary

Dale Ray Moore
Chief Financial Officer

Subscribed and sworn to before me this
15th day of March 2017
Stacy W. Friedman

Subscribed and sworn to before me this
10 day of MARCH 2017
Peggy A. Ringhofer

Subscribed and sworn to before me this
14th day of March 2017
Stacy W. Friedman

a. Is this an original filing?..... Yes [] No [X]
b. If no,

1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

