



HEALTH QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

NAIC Group Code.....4842, 4842
(Current Period) (Prior Period)

NAIC Company Code..... 16362

Employer's ID Number..... 82-3676800

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type HEALTH MAINTENANCE ORGANIZATION Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 9, 2017 Commenced Business..... November 9, 2017

Statutory Home Office CORPORATION SERVICE COMPANY, 50 WEST BROAD STREET, ..
COLUMBUS .. OH .. US .. 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD 443-275-9800
.. US .. 21090
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD
.. US .. 21090
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD 443-275-9800
.. US .. 21090
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.pphealthplan.com

Statutory Statement Contact MARY BETH MCINTYRE 443-275-9800
(Name) (Area Code) (Telephone Number) (Extension)
MMCINTYRE@PPHEALTHPLAN.COM
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. BRUCE R GRINDROD	PRESIDENT AND CEO	2. MARY BETH MCINTYRE	SECRETARY AND TREASURER
3. KEITH PERSINGER	CFO AND COO	4.	

OTHER

DIRECTORS OR TRUSTEES

SCOTT M RIFKIN MD BRUCE R GRINDROD JR JOAN NEUSCHELER

State of..... OHIO
County of..... UNITED STATES

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.

(Signature)	(Signature)	(Signature)
BRUCE R GRINDROD	MARY BETH MCINTYRE	KEITH PERSINGER
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT AND CEO	SECRETARY AND TREASURER	CFO AND COO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed

Yes [X] No []

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