



HEALTH QUARTERLY STATEMENT
 AS OF SEPTEMBER 30, 2021
 OF THE CONDITION AND AFFAIRS OF THE
PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

NAIC Group Code	4842 (Current)	4842 (Prior)	NAIC Company Code	16362	Employer's ID Number	82-3676800
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	11/09/2017		Commenced Business	11/09/2017		
Statutory Home Office	CORPORATION SERVICE COMPANY, 50 WEST BROAD STREET (Street and Number)			COLUMBUS, OH, US 43215 (City or Town, State, Country and Zip Code)		
Main Administrative Office	785 ELKRIDGE LANDING ROAD, SUITE 300 (Street and Number)			443-275-9800 (Area Code) (Telephone Number)		
LINTHICUM HEIGHTS, MD, US 21090 (City or Town, State, Country and Zip Code)						
Mail Address	785 ELKRIDGE LANDING ROAD, SUITE 300 (Street and Number or P.O. Box)			LINTHICUM HEIGHTS, MD, US 21090 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	785 ELKRIDGE LANDING ROAD, SUITE 300 (Street and Number)			443-275-9800 (Area Code) (Telephone Number)		
LINTHICUM HEIGHTS, MD, US 21090 (City or Town, State, Country and Zip Code)						
Internet Website Address	www.pphhealthplan.com					
Statutory Statement Contact	MARY BETH MCINTYRE (Name) MMCINTYRE@PPHEALTHPLAN.COM (E-mail Address)			443-275-9800 (Area Code) (Telephone Number)		
OFFICERS						
PRESIDENT AND CEO	BRUCE R GRINDRON		CFO AND COO	KEITH PERSINGER		
SECRETARY AND TREASURER	MARY BETH MCINTYRE					
OTHER						
DIRECTORS OR TRUSTEES						
SCOTT M RIFKIN MD	BRUCE R GRINDROD JR			JOAN NEUSCHELER		

State of Missouri
 County of St. Charles SS:

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.

Bruce R. Grindrod

BRUCE R. GRINDROD
PRESIDENT AND CEO

Mary Beth McIntyre

MARY BETH MCINTYRE
SECRETARY AND TREASURER

Keith D. Persinger

KEITH PERSINGER
CFO AND COO

Subscribed and sworn to before me this
12th day of November, 2021

a. Is this an original filing? _____
 b. If no,
 1. State the amendment number.....
 2. Date filed.....
 3. Number of pages attached.....

Yes [] No []

Lynn M. Ballantyne
 LYNN M. BALLANTYNE
 Notary Public, Notary Seal
 State of Missouri
 St. Charles County
 Commission # 11435731
 My Commission Expires 09-27-2025