



16758202120100103

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE  
Devoted Health Plan of Ohio, Inc.

NAIC Group Code	4924	4924	NAIC Company Code	16758	Employer's ID Number	83-4458231
	(Current Period)	(Prior Period)				
Organized under the Laws of	OH		State of Domicile or Port of Entry	OH		
Country of Domicile	US					
Licensed as business type:	Life, Accident and Health [ ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ X ]			
	Other [ ]	Is HMO Federally Qualified? Yes [ ] No [ X ]				
Incorporated/Organized	April 18, 2019		Commenced Business	January 1, 2021		
Statutory Home Office	221 Crescent Street Suite 202		Waltham, MA US 02453			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	221 Crescent Street Suite 202					
	(Street and Number)					
	Waltham, MA US 02453		860-916-9120			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	221 Crescent Street Suite 202		Waltham, MA US 02453			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	221 Crescent Street Suite 202		Waltham, MA US 02453		860-916-9120	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Website Address	www.devoted.com					
Statutory Statement Contact	Joseph Alfano		860-916-9120			
	(Name)		(Area Code) (Telephone Number)		(Extension)	
	joseph.alfano@devoted.com				978-616-7824	
	(E-Mail Address)				(Fax Number)	

OFFICERS

Name	Title
1. <u>Daniel Quintana</u>	<u>President and Chief Executive Officer</u>
2. <u>Joseph Alfano #</u>	<u>Chief Financial Officer and Treasurer</u>
3. <u>Jeremy Delinsky</u>	<u>Chief Operating Officer</u>
4. <u>Paul Jernigan</u>	<u>Secretary</u>

VICE-PRESIDENTS

Name	Title	Name	Title
<u>David Johnson MD #</u>	<u>Medical Director</u>	<u>Dan Quinn</u>	<u>Appointed Actuary</u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

DIRECTORS OR TRUSTEES

<u>Ed Park</u>	<u>Daniel Quintana</u>	<u>Todd Park</u>	<u>Jeremy Delinsky</u>
<u>Paul Jernigan #</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

State of OH

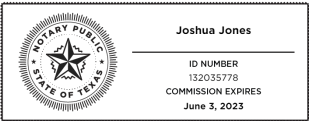
County of Columbus ss

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.

N/A	<u>Joseph Alfano</u>	N/A
(Signature)	(Signature)	(Signature)
Daniel Quintana	Joseph Alfano	Jeremy Delinsky
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and Chief Executive Officer	Chief Financial Officer and Treasurer	Chief Operating Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this  
9th day of November, 2021

[Signature]



a. Is this an original filing? [ X ] Yes [ ] No  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Notarized online using audio-video communication