



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429
(Current) (Prior)

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 Insuring Corporation

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9800 Health Care Lane MN006-W500
(Street and Number)
Minnetonka, MN, US 55343 952-931-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane MN006-W500 Minnetonka, MN, US 55343
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9800 Health Care Lane MN006-W500
(Street and Number)
Minnetonka, MN, US 55343 952-931-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com

Statutory Statement Contact Fara Marie Heumann 763-361-4187
(Name) (Area Code) (Telephone Number)
fara_heumann@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

Secretary Nicholas Robert Shjerve # Chief Financial Officer Alba McGinnis
Treasurer Peter Marshall Gill Vice President Nyle Brent Cottingham

OTHER

Heather Anastasia Lang, Assistant Secretary

DIRECTORS OR TRUSTEES

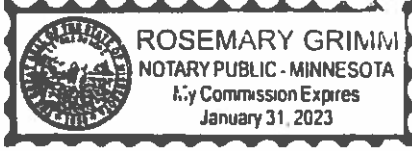
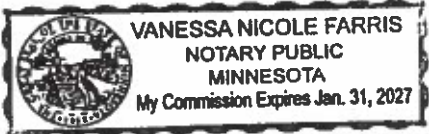
Brendan Paul Hostetler Jean Kalbacher

State of Minnesota State of Ohio State of Minnesota
County of Hennepin County of Franklin County of Hennepin

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 there from 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.

Peter Marshall Gill Alba McGinnis Nyle Brent Cottingham
Treasurer Chief Financial Officer Vice President

Subscribed and sworn to before me this 20 day of July, 2022 Subscribed and sworn to before me this 08 day of July, 2022 Subscribed and sworn to before me this 27th day of July, 2022
Vanessa Saur Debra Miller Rosemary Grimm



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