



QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas Ohio, Inc.

NAIC Group Code	00936	00936	NAIC Company Code	16980	Employer's ID Number	84-2435374
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & 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	07/16/2019		Commenced Business		02/25/2021	
Statutory Home Office	200 Stevens Drive		Philadelphia, PA, US 19113			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	200 Stevens Drive		Philadelphia, PA, US 19113			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address			N/A			
Statutory Statement Contact	Suzette Nicole Heitkamp		614-204-0597			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	sheitkamp@amerihealthcaritasoh.com		717-671-6523			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Russell Raymond Gianforcaro	President		

OTHER OFFICERS

--	--	--	--

DIRECTORS OR TRUSTEES

Marilyn Lee Eckley	Rebecca Jane Engelman #	Robert James Kolodgy #	
--------------------	-------------------------	------------------------	--

State ofPennsylvania.....

County ofPhiladelphia.....

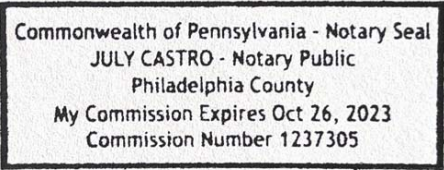
ss

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.

<i>Michael Burgoyne</i>	<i>Robert Tootle</i>	<i>Russell Gianforcaro</i>
Michael John Burgoyne	Robert Edward Tootle, Esquire	Russell Raymond Gianforcaro
Treasurer	Secretary	President

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original filing as filed with me this _____ day of August, 2022.

July Castro



Online Notary Public. This notarial act involved the use of online audio/video communication technology.

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 _____