



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Jillian Froment, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: UnitedHealthcare Community Plan of Ohio, Inc.

NAIC No. 12323

We, the undersigned executive officers of UnitedHealthcare Community Plan of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☐ Health ☒ Other Health Insuring Corporation

Applicable documents:

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."

Date of filing with the NAIC: _____

☐ Original filing. ☐ Amended filing. ☐ An original jurat page is attached.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: _____

☐ Original filing. ☐ Amended filing. ☐ An original, notarized signature page is attached.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement instructions*."

Date of filing with the NAIC: _____

List of supplemental documents included in this Affidavit: _____

☐ All original notarized signature pages are attached, as applicable.

☐ Original filing. ☐ Amended filing.

☒ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: _____

☒ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: _____

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: _____

☐ Original filing. ☐ Amended filing.

E-SIGNED by Alba McGinnis
on 2022-10-07 17:58:48 GMT

Signature _____ Date _____

(Name) Alba McGinnis

(Title)* Chief Financial Officer

E-SIGNED by Peter Marshall Gill
on 2022-10-08 08:00:35 GMT

Signature _____ Date _____

(Name) Peter Marshall Gill

(Title)* Treasurer

E-SIGNED by Nicholas Robert Shjerve
on 2022-10-08 12:12:39 GMT

Signature _____ Date _____

(Name) Nicholas Robert Shjerve

(Title)* Secretary

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

Click to Initial to start the signature process:



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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 OHCountry of Domicile United States of AmericaLicensed as business type: Health Insuring Corporation

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005Statutory 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) 952-931-4014
Minnetonka, MN, US 55343 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)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) 952-931-4014
Minnetonka, MN, US 55343 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)Internet Website Address www.uhccommunityplan.comStatutory Statement Contact Collin James Lindquist 952-931-4179
(Name) (Area Code) (Telephone Number)
collin_lindquist@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 KalbacherState of Minnesota
County of HennepinState of Minnesota
County of HennepinState of Ohio
County of Franklin

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
Treasurer

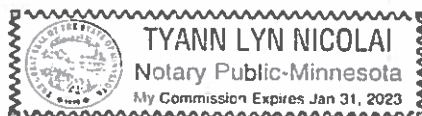
Nicholas Robert Shjerve
Secretary

Alba McGinnis
Chief Financial Officer

Subscribed and sworn to before me this
18 day of October 2022
Tyann Nicolai

Subscribed and sworn to before me this
21st day of October 2022
Jean Kalbacher

Subscribed and sworn to before me this
25 day of October 2022
Nyle Brent Cottingham



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

DALE E. LEHMANN, Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Under Section 147 of R.C.