



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2023
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 []
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) 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.com
Statutory Statement Contact Rachel Ivelisse Corona 952-406-4923
(Name) (Area Code) (Telephone Number)
rachel_corona@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Scott Douglas Waulters Treasurer Peter Marshall Gill
Secretary Bryn [NMN] Seams # Chief Financial Officer Alba [NMN] McGinnis

OTHER

Nyle Brent Cottingham, Vice President Heather Anastasia Lang, Assistant Secretary

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler Debra Joanne Sather # Scott Douglas Waulters

State of Ohio State of Minnesota State of Colorado
County of Franklin County of Hennepin County of Denver

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.

Alba [NMN] McGinnis Peter Marshall Gill Bryn [NMN] Seams
Chief Financial Officer Treasurer Secretary

Subscribed and sworn to before me this _____ day of _____
2nd day of August 2023
3rd day of August

- 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.....





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| | | |
|--|---|---|
| Alba [NMN] McGinnis Chief Financial Officer | Peter Marshall Gill Treasurer | Bryn [NMN] Seams Secretary |
| Subscribed and sworn to before me this <u>9th</u> day of <u>August</u> 2023 | Subscribed and sworn to before me this _____ day of _____ _____ | Subscribed and sworn to before me this _____ day of _____ _____ |

DALE E. LEHMANN, Attorney at Law.
Notary Public, State of Ohio
My Commission Has No Expiration
Under Section 147.03 R.C.

a. Is this an original filing?..... Yes [X] No []

b. If no,

1. State the amendment number.....

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