



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 56-2451429Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: Health Insuring CorporationIs 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) 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.comStatutory Statement Contact Rachel Ivelisse Corona 952-406-4923
(Name) rachel_corona@uhc.com 952-931-4651
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)

OFFICERS

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

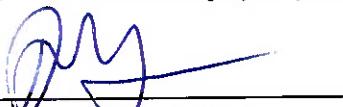
OTHER

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

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler Debra Joanne Sather # Scott Douglas WaultersState 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.



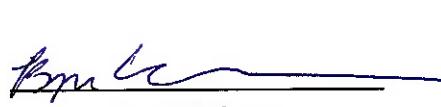
Alba [NMN] McGinnis

Chief Financial Officer



Peter Marshall Gill

Treasurer

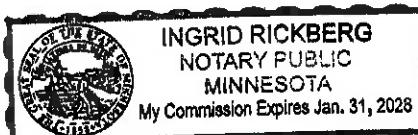


Bryn [NMN] Searns

Secretary

Subscribed and sworn to before me this
day of _____Subscribed and sworn to before me this
day of 3rd August 2023Subscribed and sworn to before me this
day of 3rd August 2023a. Is this an original filing?..... Yes No
b. If no,

1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....



DARA WHEATLEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214041520
MY COMMISSION EXPIRES 10/20/2025

STATEMENT AS OF JUNE 30, 2023 OF THE UnitedHealthcare Community Plan of Ohio, Inc.



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AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	12323	Employer's ID Number	56-2451429
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 [<input type="checkbox"/>] No [<input type="checkbox"/>]						
Incorporated/Organized	03/29/2004		Commenced Business	10/01/2005		
Statutory Home Office	5900 Parkwood Place (Street and Number)		Dublin, OH, US 43016 (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 (Street and Number or P.O. Box)		Minnetonka, MN, US 55343 952-931-4014 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)			
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	Rachel Ivelisse Corona (Name)		952-406-4923 (Area Code) (Telephone Number)			
	rachel_corona@uhc.com (E-mail Address)		952-931-4651 (FAX Number)			

OFFICERS

Chief Executive Officer and President Scott Douglas Waulters Treasurer Peter Marshall Gill
Secretary Bryn [NMN] Sears # Chief Financial Officer Alba [NMN1] McGinnis

OTHER

Nyle Brent Cottington, Vice President **Heather Anastasia Lang, Assistant Secretary**

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler Debra Joanne Sather # Scott Douglas Waulters

County of Franklin County of _____ State of _____
County of _____

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MS

Peter Marshall Gill
Treasurer

Bryn [NMN] Seams
Secretary

Subscribed and sworn to before me this
9th day of August 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 [] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....