



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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 [] No []							
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 (City or Town, State, Country and Zip Code)		952-931-4014 (Area Code) (Telephone Number)		
Mail Address	9800 Health Care Lane MN006-W500 (Street and Number or P.O. Box)		Minnetonka, MN, US 55343 (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 (City or Town, State, Country and Zip Code)		952-931-4014 (Area Code) (Telephone Number)		
Internet Website Address	www.uhcommunityplan.com						
Statutory Statement Contact	Rachel Ivelisse Corona (Name)		Treasurer		952-406-4923 (Area Code) (Telephone Number)		
	rachel.corona@uhc.com (E-mail Address)		Chief Financial Officer		952-931-4651 (FAX Number)		

OFFICERS

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

OTHER

Nyle Brent Cottington, Vice President	Heather Anastasia Lang, Assistant Secretary
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DIRECTORS OR TRUSTEES

Brendan Paul Hostetter	Debra Joanne Sather #	Scott Douglas Waulters
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State of <u>Ohio</u> County of <u>Franklin</u>	State of _____ County of _____	State of _____ County of _____
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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 McGinnis

Chief Financial Officer

Peter Marshall Gill

Treasurer

Bryn Searns

Secretary

Subscribed and sworn to before me this

18th day of October 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.....
 2. Date filed.....
 3. Number of pages attached.....



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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

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Secretary Bryn Searns # Chief Financial Officer Alba McGinnis

OTHER

Nyle Brent Cottington, Vice President Heather Anastasia Lang, Assistant SecretaryDIRECTORS OR TRUSTEES
Brendan Paul Hosteller Debra Joanne Sather # Scott Douglas WaultersState of _____ State of Minnesota State of _____
County of Hennepin County of _____

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Alba McGinnis

Chief Financial Officer

Peter Marshall Gill

Treasurer

Bryn Searns

Secretary

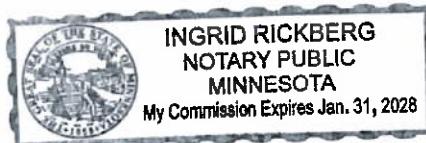
Subscribed and sworn to before me this
day of _____Subscribed and sworn to before me this
day of 3rd November 2023Subscribed and sworn to before me this
day of _____a. Is this an original filing? Yes [] No []

b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....





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	(Name)		(Area Code) (Telephone Number)			
	rachel.corona@uhc.com		952-931-4651			
	(E-mail Address)		(FAX Number)			

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OTHER

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

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler **Debra Joanne Sather #** **Scott Douglas Waulters**

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

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Alba McGinnis

Chief Financial Officer

Peter Marshall Gill

Treasurer

Bryn Searns

Secretary

Subscribed and sworn to before me this
day of _____

Subscribed and sworn to before me this
day of _____

Subscribed and sworn to before me this
23 day of October

a. Is this an original filing?..... Yes [] No []
b. If no,

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

MARTHA ISABEL AYALA BARRIENTOS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20234020211
MY COMMISSION EXPIRES 05/30/2027