



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024
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 (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.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 Sears Chief Financial Officer Alba McGinnis

OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulers Debra Joanne Sather Brendan Paul Hostetler

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

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 Sears
Secretary

Subscribed and sworn to before me this
24th day of April 2024

DALE E. LEHMANN, Attorney at Law
Notary Public, State of Ohio

**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.....



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Internet Website Address www.uhccommunityplan.com

Statutory Statement Contact Rachel Ivellise Corona (Name) 952-406-4923 (Area Code) (Telephone Number) rachel.corona@uhc.com (E-mail Address) 952-931-4651 (FAX Number)

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Secretary Bryn Searns Chief Financial Officer Alba McGinnis

OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulters Debra Joanne Sather Brendan Paul Hostetler

State of Minnesota State of Minnesota State of Alba McGinnis
County of Minneapolis County of Alba McGinnis County of Alba McGinnis

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Peter Marshall Gill

Bryn Searns

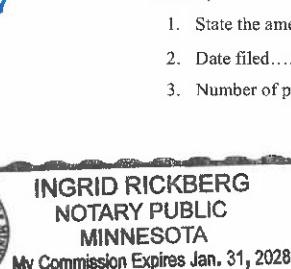
Secretary

Treasurer

Subscribed and sworn to before me this
day of 12/01/2023

Subscribed and sworn to before me this
day of 12/01/2023

Subscribed and sworn to before me this
day of 12/01/2023



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

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Secretary	Bryn Sears	Chief Financial Officer	Alba McGinnis

OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulters Debra Joanne Sather Brendan Paul Hostetler

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

COLORADO
JEFFERSON

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Alba McGinnis

Chief Financial Officer

Subscribed and sworn to before me this
day of

Peter Marshall Gill

Treasures

and sworn to before me this
day of

Bryn Sears

Secretary

1 1 1 1 1

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
24 day of APRIL
2024 ~~2024~~

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

b. If no,

1. State the amendment number.....

2. Date filed.

3. Number o

Christina C Bedard
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID# 2034045329
COMMISSION EXPIRES 12/04/2024