



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 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)
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.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 Seams Chief Financial Officer Alba McGinnis

OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulters Debra Joanne Sather Brendan Paul Hostettler

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 Peter Marshall Gill Bryn Seams
Chief Financial Officer Treasurer Secretary

Subscribed and sworn to before me this 24th day of April 2024
DALE E. LEHMANN 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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(Name) (Area Code) (Telephone Number)
rachel_corona@uhc.com 952-931-4651
(E-mail Address) (FAX Number)

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Secretary Bryn Searns Chief Financial Officer Alba McGinnis

OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulters Debra Joanne Sather Brendan Paul Hostetler

State of _____ State of Minnesota State of _____
County of _____ County of Hennepin County of _____

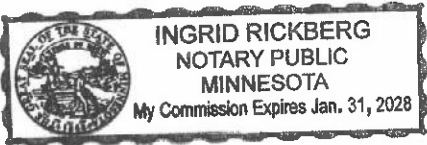
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 Peter Marshall Gill Bryn Searns
Chief Financial Officer Treasurer Secretary

Subscribed and sworn to before me this _____ day of _____
Lord day of April
dash



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OTHER

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

DIRECTORS OR TRUSTEES

Scott Douglas Waulters Debra Joanne Sather Brendan Paul Hostetler

State of _____ State of _____ State of COLORADO
County of _____ County of _____ County of JEFFERSON

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| | | |
|-----------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| <u>Alba McGinnis</u> Chief Financial Officer | <u>Peter Marshall Gill</u> Treasurer | <u>Bryn Searns</u> 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 <u>24</u> day of <u>APRIL</u> <u>2024</u> |

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.....

Christina C Bedard
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID# 20234045329
MY COMMISSION EXPIRES 12/04/2027