



HEALTH QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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) 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.uhcommunityplan.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 Marilyn Victoria Hirsch #
Secretary Bryn Searns Chief Financial Officer Alba 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
County of Franklin

State of _____
County of _____

State of Ohio
County of Franklin

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

Bryn Searns
Secretary

Scott Douglas Waulters
Chief Executive Officer and President

Subscribed and sworn to before me this
4th day of Nov 2024
[Signature]

Subscribed and sworn to before me this
____ day of _____

Subscribed and sworn to before me this
4th day of Nov 2024
[Signature]

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.....

DALE E. LEHMANN, Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
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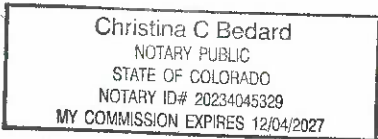
Brendan Paul Hostetler Debra Joanne Sather Scott Douglas Waulters

State of _____ State of COLORADO State of _____
County of _____ County of ARAPAHOE County of _____

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Alba McGinnis Bryn Searns Scott Douglas Waulters
Chief Financial Officer Secretary Chief Executive Officer and President

Subscribed and sworn to before me this _____ day of _____
30 day of OCTOBER 2024



a. Is this an original filing?..... Yes ☒ No ☐
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....