

Amended filing due to 2013 audit adjustments



# QUARTERLY STATEMENT

AS OF JUNE 30, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## HealthSpan Inc

NAIC Group Code	00000 (Current Period)	00000 (Prior Period)	NAIC Company Code	15284	Employer's ID Number		31-1431434
Organized under the Laws of			Ohio	State of Domicile or Port of Entry			Ohio
Country of Domicile				United States			
Licensed as business type:	Life, Accident & Health [ X ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]				
	Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ ]				
	Other [ ]		Is HMO Federally Qualified? Yes [ ] No [ ]				
Incorporated/Organized	07/30/2013	Commenced Business			07/30/2013		
Statutory Home Office	225 Pictoria Dr STE 320 (Street and Number)			Cincinnati, OH, US 45246 (City or Town, State, County and Zip Code)			
Main Administrative Office	225 Pictoria Dr STE 320 (Street and Number)			Cincinnati, OH, US 45246 (City or Town, State, County and Zip Code)			513-551-1400 (Area Code) (Telephone Number)
Mail Address	225 Pictoria Dr STE 320 (Street and Number or P.O. Box)			Cincinnati, OH, US 45246 (City or Town, State, County and Zip Code)			
Primary Location of Books and Records	4600 McAuley Place (Street and Number)			Cincinnati, OH, US 45242 (City or Town, State, County and Zip Code)			513-981-5300 (Area Code) (Telephone Number)
Internet Web Site Address	N/A						
Statutory Statement Contact	Griffin E Hurd (Name)			513-981-6264 (Area Code) (Telephone Number) (Extension)			
	gehurd@mercy.com (E-Mail Address)			513-981-6118 (FAX Number)			

## OFFICERS

Name	Title	Name	Title
Kenneth C Page	President	Deborah S Bloomfield	Treasurer
Robert Campbell	Secretary		

## OTHER OFFICERS

DIRECTORS OR TRUSTEES			
R Jeffrey Copeland	Kenneth C Page	Molly Seals	Deborah Bloomfield PhD, CPA
Robert Campbell	Allan Calonge		

State of ..... Ohio .....  
ss  
County of ..... Hamilton .....

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 therefrom 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.

Kenneth C Page President	Deborah S Bloomfield Treasurer	a. Is this an original filing? Yes [ ] No [ X ]
Subscribed and sworn to before me this day of ,		b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached
		2 09/26/2014