

Amending schedules to reflect Ohio Department of Insurance comments and NAIC data validation notification.



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Integrated Care

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268
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 []			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization []		
	Other []			Is HMO, Federally Qualified? Yes [X] No []					
Incorporated/Organized	03/29/1962			Commenced Business			10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200					Cleveland, OH, US 44114-1153			
	(Street and Number)					(City or Town, State, Country and Zip Code)			
Main Administrative Office	1001 Lakeside Ave. Suite 1200								
	Cleveland, OH, US 44114-1153					216-621-5600			
	(City or Town, State, Country and Zip Code)					(Area Code) (Telephone Number)			
Mail Address	1001 Lakeside Ave. Suite 1200					Cleveland, OH, US 44114-1153			
	(Street and Number or P.O. Box)					(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200								
	Cleveland, OH, US 44114-1153					216-621-5600			
	(City or Town, State, Country and Zip Code)					(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	Healthspan.org								
Statutory Statement Contact	Felicia Browning					216-479-5510			
	(Name)					(Area Code) (Telephone Number) (Extension)			
	Felicia.browning@mercy.com								
	(E-Mail Address)					(Fax Number)			

OFFICERS

Name	Title	Name	Title
Allan Greenberg #	President	Dave Nowiski	Treasurer

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Jeffrey J Copeland	Robert Campbell	William Franks	Allan Calonge
Walid Sidani MD			

State ofOhio.....
County ofCuyahoga.....
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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 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.

Allan Greenberg President	Dave Nowiski Treasurer	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [] No [X] 2 07/13/2016
Subscribed and sworn to before me this day of ,			