

To reflect ohio Department of Insurance comments.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2015**  
**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 [ ]		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, Country and Zip Code)			
Main Administrative Office	225 Pictoria Dr STE 320 (Street and Number)		Cincinnati, OH, US 45246 (Area Code) (Telephone Number)			
	Cincinnati, OH, US 45246 (City or Town, State, Country 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, Country and Zip Code)			
Primary Location of Books and Records	4600 McAuley Place (Street and Number)		Cincinnati, OH, US 45242 (Area Code) (Telephone Number) (Extension)			
	Cincinnati, OH, US 45242 (City or Town, State, Country and Zip Code)		513-981-5300 (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	N/A					
Statutory Statement Contact	Felecia Browning (Name)		216-479-5510 (Area Code) (Telephone Number) (Extension)			
	Felicia.browning@mercy.com (E-Mail Address)		(Fax Number)			

**OFFICERS**

Name	Title	Name	Title
Allan Greenberg #	President	David Nowiski	Treasurer

**OTHER OFFICERS**

<b>DIRECTORS OR TRUSTEES</b>			
Jeffrey Copeland	Walid Sidani MD	Robert Campbell	Allen Calonge
William Franks			

State of ..... Ohio.....  
ss  
County of ..... Cuyahoga.....

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	David Nowiski Treasurer	
Subscribed and sworn to before me this day of _____	a. Is this an original filing? Yes [ ] No [ X ]	
	b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	2



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Inc

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

HealthSpan Inc

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio	1	DURING THE YEAR 2015								NAIC Company Code	15284
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:													
1. Prior Year .....		15,083		14,411		672							
2. First Quarter .....		11,709		9,743		1,966							
3. Second Quarter .....		12,030		9,400		2,630							
4. Third Quarter .....		12,124		9,017		3,107							
5. Current Year .....		12,330		8,726		3,604							
6. Current Year Member Months .....		138,757		107,850		30,907							
Total Member Ambulatory Encounters for Year:													
7. Physician .....		25,906		10,122		15,784							
8. Non-Physician .....		17,146		15,511		1,635							
9. Total .....		43,052		25,633		17,419		0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0											
11. Number of Inpatient Admissions .....		829		616		213							
12. Health Premiums Written (b) .....		41,408,836		28,571,424		12,837,412							
13. Life Premiums Direct .....		0											
14. Property/Casualty Premiums Written .....		0											
15. Health Premiums Earned .....		41,408,836		28,571,424		12,837,412							
16. Property/Casualty Premiums Earned .....		0											
17. Amount Paid for Provision of Health Care Services .....		50,095,445		38,892,182		11,203,263							
18. Amount Incurred for Provision of Health Care Services .....		56,850,024		42,675,768		14,174,256							

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.OH



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Total Members at end of:													
1. Prior Year .....		15,083	14,411	672	0	0	0	0	0	0	0	0	
2. First Quarter .....		11,709	9,743	1,966	0	0	0	0	0	0	0	0	
3. Second Quarter .....		12,030	9,400	2,630	0	0	0	0	0	0	0	0	
4. Third Quarter .....		12,124	9,017	3,107	0	0	0	0	0	0	0	0	
5. Current Year .....		12,330	8,726	3,604	0	0	0	0	0	0	0	0	
6. Current Year Member Months .....		138,757	107,850	30,907	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician .....		25,906	10,122	15,784	0	0	0	0	0	0	0	0	
8. Non-Physician .....		17,146	15,511	1,635	0	0	0	0	0	0	0	0	
9. Total .....		43,052	25,633	17,419	0	0	0	0	0	0	0	0	
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15. Health Premiums Earned .....		41,408,836	28,571,424	12,837,412	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....		50,095,445	38,892,182	11,203,263	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services .....		56,850,024	42,675,768	14,174,256	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0