

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						Cincinnati, OH, US 45246		
	(Street and Number)						(City or Town, State, Country and Zip Code)		
Main Administrative Office	225 Pictoria Dr STE 320								
	Cincinnati, OH, US 45246						513-551-1400		
	(City or Town, State, Country and Zip Code)						(Area Code) (Telephone Number)		
Mail Address	225 Pictoria Dr STE 320						Cincinnati, OH, US 45246		
	(Street and Number or P.O. Box)						(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	4600 McAuley Place								
	Cincinnati, OH, US 45242						513-981-5300		
	(City or Town, State, Country and Zip Code)						(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	N/A								
Statutory Statement Contact	Fecelia Browning						216-479-5510		
	(Name)						(Area Code) (Telephone Number) (Extension)		
	Fecelia.browning@mercy.com								
	(E-Mail Address)						(Fax Number)		

OFFICERS

Name	Title	Name	Title
Allan Greenberg #	President	David Nowiski	Treasurer

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Jeffrey Copeland	Walid Sidani MD	Robert Campbell	Allen Calonge
William Franks			

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	David 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
Subscribed and sworn to before me this day of ,			



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		DURING THE YEAR 2015				NAIC Company Code		15284
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	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 \$ _____

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				2	3					9
		Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare
										Title XIX Medicaid
										10
										Other
Total Members at end of:										
1. Prior Year		15,083	14,411	672	.0	.0	.0	.0	.0	.0
2. First Quarter		11,709	9,743	1,966	.0	.0	.0	.0	.0	.0
3. Second Quarter		12,030	9,400	2,630	.0	.0	.0	.0	.0	.0
4. Third Quarter		12,124	9,017	3,107	.0	.0	.0	.0	.0	.0
5. Current Year		12,330	8,726	3,604	0	0	0	0	0	0
6. Current Year Member Months		138,757	107,850	30,907	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
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9. Total		43,052	25,633	17,419	0	0	0	0	0	0
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12. Health Premiums Written (b).....		41,408,836	28,571,424	12,837,412	.0	.0	.0	.0	.0	.0
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14. Property/Casualty Premiums Written.....		0	.0	0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....		41,408,836	28,571,424	12,837,412	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned.....		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
18. Amount Incurred for Provision of Health Care Services		56,850,024	42,675,768	14,174,256	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

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