



**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)	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 [<input type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]		
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input type="checkbox"/>]		
	Other [<input type="checkbox"/>]	Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
Incorporated/Organized	03/29/1962	Commenced Business	10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200 (Street and Number)	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1001 Lakeside Ave. Suite 1200 (Street and Number)				
	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)	216-621-5600 (Area Code) (Telephone Number)			
Mail Address	1001 Lakeside Ave. Suite 1200 (Street and Number or P.O. Box)	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200 (Street and Number)				
	Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)	216-621-5600 (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	Healthspan.org				
Statutory Statement Contact	Griffin Hurd (Name)	513-981-6264 (Area Code) (Telephone Number) (Extension)			
	gehurd@mercy.com (E-Mail Address)	513-981-6118 (Fax Number)			

OFFICERS

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Ohio.....

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

Subscribed and sworn to before me this
day of .

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	7,454,710	3,147,912	463,537	6,225,650	6,225,650	11,066,158
0299999 Total group	7,454,710	3,147,912	463,537	6,225,650	6,225,650	11,066,158
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	7,454,710	3,147,912	463,537	6,225,650	6,225,650	11,066,158

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199999 - Pharmaceutical Rebate Receivables	4,336,901		0	0	0	4,366,901
Other Receivables						
0699999 - Other Receivables	367,530	176,634	209,884	1,947,817	1,917,817	754,04
0799999 Gross Health Care Receivables	4,704,431	176,634	209,884	1,947,817	1,917,817	5,120,94

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables				4,366,901	0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables				2,671,865	0	0
7. Totals (Lines 1 through 6)	0	0	0	7,038,766	0	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						28,495,612
0699999 Total amounts withheld						
0799999 Total claims unpaid						28,495,612
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
HealthSpan Physicians.....	28,507,955					28,507,955	
Mercy Health.....	2,133,975					2,133,975	
HealthSpan Partners.....	12,000,000					12,000,000	
HealthSpan Inc	136,061					136,061	
.....							
.....							
.....							
.....							
.....							
.....							
.....							
0199999 Individually listed receivables	42,777,991	0	0	0	0	42,777,991	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	42,777,991	0	0	0	0	42,777,991	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Due To HealthSpan Partners.....		22,714,915	22,714,915	
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
0199999 Individually listed payables.....		22,714,915	22,714,915	0
0299999 Payables not individually listed				
0399999 Total gross payables		22,714,915	22,714,915	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	79,046,232	21.0		.0	79,046,232	
2. Intermediaries	0	0.0		0.0	0.0	
3. All other providers	0	0.0		0.0	0.0	
4. Total capitation payments	79,046,232	21.0	0	0.0	79,046,232	0
Other Payments:						
5. Fee-for-service	18,713,752	5.0	XXX	XXX		18,713,752
6. Contractual fee payments	177,013,361	47.0	XXX	XXX	55,833,671	121,179,690
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	101,603,160	27.0	XXX	XXX	101,603,160	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	297,330,273	79.0	XXX	XXX	157,436,831	139,893,442
13. Total (Line 4 plus Line 12)	376,376,505	100 %	XXX	XXX	236,483,063	139,893,442

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	5,387,444					5,387,444
4. Durable medical equipment						
5. Other property and equipment						
6. Total	5,387,444	0	0	0	0	5,387,444



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2015								NAIC Company Code	95204
			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		74,819	8,522	44,220				6,000	16,077			
2. First Quarter		68,845	7,497	39,598				5,939	15,811			
3. Second Quarter		66,738	7,060	38,178				5,948	15,552			
4. Third Quarter		63,748	6,119	36,308				5,917	15,404			
5. Current Year		62,249	5,568	35,419				5,930	15,332			
6. Current Year Member Months		791,660	80,148	452,823				71,545	187,144			
Total Member Ambulatory Encounters for Year:												
7. Physician		826,881	55,406	321,141				82,257	368,077			
8. Non-Physician		108,212	8,475	47,524				9,924	42,289			
9. Total		935,093	63,881	368,665	0	0	0	92,181	410,366	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		6,231	480	2,349				549	2,853			
12. Health Premiums Written (b)		360,577,917	12,901,265	184,089,124				36,892,577	126,694,951			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		360,577,917	12,901,265	184,089,124				36,892,577	126,694,951			
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		376,376,508	28,944,412	189,124,267				42,164,277	116,143,552			
18. Amount Incurred for Provision of Health Care Services		362,491,289	31,756,135	181,513,234				38,110,402	111,111,518			

(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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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2015						NAIC Company Code	95204	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9			
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid			
Total Members at end of:													
1. Prior Year		74,819	8,522	44,220	0	0	0	6,000	16,077	0		0	
2. First Quarter		68,845	7,497	39,598	0	0	0	5,939	15,811	0		0	
3. Second Quarter		66,738	7,060	38,178	0	0	0	5,948	15,552	0		0	
4. Third Quarter		63,748	6,119	36,308	0	0	0	5,917	15,404	0		0	
5. Current Year		62,249	5,568	35,419	0	0	0	5,930	15,332	0		0	
6. Current Year Member Months		791,660	80,148	452,823	0	0	0	71,545	187,144	0		0	
Total Member Ambulatory Encounters for Year:													
7. Physician		826,881	55,406	321,141	0	0	0	82,257	368,077	0		0	
8. Non-Physician		108,212	8,475	47,524	0	0	0	9,924	42,289	0		0	
9. Total		935,093	63,881	368,665	0	0	0	92,181	410,366	0		0	
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0		0	
11. Number of Inpatient Admissions		6,231	480	2,349	0	0	0	549	2,853	0		0	
12. Health Premiums Written (b)		360,577,917	12,901,265	184,089,124	0	0	0	36,892,577	126,694,951	0		0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0		0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0		0	
15. Health Premiums Earned		360,577,917	12,901,265	184,089,124	0	0	0	36,892,577	126,694,951	0		0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0		0	
17. Amount Paid for Provision of Health Care Services		376,376,508	28,944,412	189,124,267	0	0	0	42,164,277	116,143,552	0		0	
18. Amount Incurred for Provision of Health Care Services		362,491,289	31,756,135	181,513,234	0	0	0	38,110,402	111,111,518	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
36234.....47-0580977.....01/01/2015.....PREFERRED PROFESSIONAL INS CO.....				NE.....DC.....	ASL/I/A.....ASL/I/A.....	CMM.....CMM.....	1,751,157.....326,445.....						
00000.....AA-9990032.....01/01/2015.....US Dept of Hlth & Human Serv.....													
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,077,602		0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							2,077,602		0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							2,077,602		0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							2,077,602		0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,077,602		0	0	0	0	0
9999999 Totals							2,077,602		0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

34

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (See Definitions)																																		
1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating(1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)		13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16 Multiple Beneficiary Trust		17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)		19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers		21 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)		22 Other	23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)		24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)		25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 22 / Col. 14)		26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)	
999999	Total (Sum of 2399999 and 3499999)								0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0								

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	1,991	2,473	0	0	0
2. Title XVIII-Medicare.....	86	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	886	0	0	0	0
8. Reinsurance recoverable on paid losses.....	4,136	3,012	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	145,228,184		145,228,184
2. Accident and health premiums due and unpaid (Line 15).....	11,066,156		11,066,156
3. Amounts recoverable from reinsurers (Line 16.1).....	4,136,470		4,136,470
4. Net credit for ceded reinsurance.....	XXX	4,136,470	4,136,470
5. All other admitted assets (Balance).....	58,062,246		58,062,246
6. Total assets (Line 28)	218,493,056	4,136,470	222,629,526
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	28,495,612		28,495,612
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	5,181,979		5,181,979
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	153,001,531		153,001,531
15. Total liabilities (Line 24).....	186,679,122		186,679,122
16. Total capital and surplus (Line 33).....	31,813,932	XXX	31,813,932
17. Total liabilities, capital and surplus (Line 34)	218,493,054	0	218,493,054
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	4,136,470		4,136,470
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	4,136,470		4,136,470
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	4,136,470		4,136,470

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	JN					0
16. Iowa	JA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk

Explanation

4

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:

11. 
9 5 2 0 4 2 0 1 5 3 6 0 5 9 0 0 0 0 0

12. 
9 5 2 0 4 2 0 1 5 2 0 5 0 0 0 0 0 0

13. 
9 5 2 0 4 2 0 1 5 2 0 7 0 0 0 0 0 0

14. 
9 5 2 0 4 2 0 1 5 4 2 0 0 0 0 0 0 0

15. 
9 5 2 0 4 2 0 1 5 3 7 1 0 0 0 0 0 0

16. 
9 5 2 0 4 2 0 1 5 3 7 0 0 0 0 0 0 0

17. 
9 5 2 0 4 2 0 1 5 3 6 5 0 0 0 0 0 0

18. 
9 5 2 0 4 2 0 1 5 2 2 4 0 0 0 0 0 0

19. 
9 5 2 0 4 2 0 1 5 2 2 5 0 0 0 0 0 0

20. 
9 5 2 0 4 2 0 1 5 2 2 6 0 0 0 0 0 0

21. 
9 5 2 0 4 2 0 1 5 3 0 6 0 0 0 0 0 0

22. 
9 5 2 0 4 2 0 1 5 2 1 1 5 9 0 0 0 0

23. 
9 5 2 0 4 2 0 1 5 2 1 3 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Medicare Reserves / Payables.....	8,998,310		8,998,310	10,036,317
2305. Premium Tax and Other Taxes Payable.....	2,330,302		2,330,302	2,867,801
2306. Affordable Care Act Payable.....	14,534,169		14,534,169	3,442,707
2307.			0	0
2308.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	25,862,781	0	25,862,781	16,346,825

M004 Additional Aggregate Lines for Page 04 Line 14.

*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Other Benefits (Home Care, Hospice, DME).....			3,662,454
1405. Community Service.....		3,302,427	15,532,450
1406.			0
1407.			0
1408.			0
1409.			0
1410.			0
1411.			0
1412.			0
1413.			0
1414.			0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	3,302,427	19,194,904

M005 Additional Aggregate Lines for Page 05 Line 47.

*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. Payroll related liabilities transferred to Kaiser.....		0
4705. PDR liability transferred to Kaiser.....		0
4706. Pension liability transferred to Kaiser.....		0
4707. Post retirement liability transferred to Kaiser.....		0
4708. Other liabilities transferred to Kaiser.....		0
4709. Aggregate write-in for gains (losses) in surplus.....		(317)
4710.		0
4711.		0
4797. Summary of remaining write-ins for Line 47 from Page 05	0	(317)

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Severance.....	3,475		13,958,000		13,961,475
2505. Miscellaneous.....			0		0
2597. Summary of remaining write-ins for Line 25 from Page 14	3,475	0	13,958,000	0	13,961,475

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