Correction of Investment data.

9 5 2 0 4 2 0 1 9 2 0 1 0 0 1 0 5

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Integrated Care

(Name)

NAIC Group Code 04831 (Current Period), 04831 (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 [X]
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 03/29/1962 Commenced Business 10/27/1976

Statutory Home Office 1701 Mercy Health Place (Street and Number), Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)

Main Administrative Office 1701 Mercy Health Place (Street and Number)
Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code) 216-319-1618 (Area Code) (Telephone Number)

Mail Address 1701 Mercy Health Place (Street and Number or P.O. Box), Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1701 Mercy Health Place (Street and Number)
Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code), 216-319-1618 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address HealthSpan.org

Statutory Statement Contact Dorothy Williamson (Name), 310-561-7932 (Area Code) (Telephone Number) (Extension)
dorothywilliamson@mercy.com (E-Mail Address) 216-623-8793 (Fax Number)

OFFICERS

Name	Title	Name	Title
Jeffrey Copeland	President & CEO	Dave Nowiski	Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Jeffrey Copeland	Dave Nowiski	Allan Calonge	

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

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.

Jeffrey Copeland	Dave Nowiski	
President & CEO	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
2. Date filed 04/30/2020
3. Number of pages attached