AMENDED FILING EXPLANATION

As a result of the 2020 audit, certain adjustments were recorded to the financial statements for the year ended December 31, 2020. This resulted in the following changes:

- Decrease in cash of $473,350
- Increase in Receivable from Affiliates of $800,087
- Decrease in General Expenses Due and Accrued of $222,863
- Increase in Payable to Affiliates of $725,961
- Increase in expenses, and corresponding decrease in surplus of $176,361

16725202020100105

ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

OH CHS SNP, Inc. dba CommuniCare Advantage

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 16725 Employer's ID Number..... 84-2285422

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... November 10, 2018 Commenced Business..... February 6, 2020

Statutory Home Office: Fountain Point II, 4675 Cornell Rd, Suite 162 .. Cincinnati .. OH .. US .. 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office: 4700 Ashwood Drive, Suite 200 .. Cincinnati .. OH .. US .. 45241 513-530-1600
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address: 4700 Ashwood Drive, Suite 200 .. Cincinnati .. OH .. US .. 45241
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records: Fountain Point II, 4675 Cornell Rd, Suite 162 .. Cincinnati .. OH .. US .. 45241 513-530-1600
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address: N/A

Statutory Statement Contact: Jeremy C Heimgartner 513-469-8545
(Name) (Area Code) (Telephone Number) (Extension)

jheimgartner@communicare-advantage.com 513-247-0589
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Laura Hopkins	CEO	2. Isaac Rosedale	Secretary
3. Jeremy Heimgartner #	CFO	4.	

OTHER

DIRECTORS OR TRUSTEES

Vikas Gupta

Ronald Wilheim

State of..... Ohio
County of..... Hamilton

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.

(Signature)	(Signature)	(Signature)
Laura Hopkins	Isaac Rosedale	Jeremy Heimgartner
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO	Secretary	CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2021

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
CHS SNP Opco, LLC d/b/a Neighborcare				473,350		473,350	
Health Care Facility Management, LLC	326,737					326,737	
0199999. Individually listed receivables	326,737	0	0	473,350	0	800,087	0
0399999. Total gross amounts receivable	326,737	0	0	473,350	0	800,087	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Health Care Facility Management, LLC	Admin services rendered and expenses paid on behalf of the Company	725,961	725,961	
0199999. Individually listed payables		725,961	725,961	0
0399999. Total gross payables		725,961	725,961	0

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)	2,217,327		2,217,327
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	800,087		800,087
6.	Totals assets (Line 28)	3,017,414	0	3,017,414
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			0
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	932,224		932,224
15.	Total liabilities (Line 24)	932,224	0	932,224
16.	Total capital and surplus (Line 33)	2,085,190	XXX	2,085,190
17.	Total liabilities, capital and surplus (Line 34)	3,017,414	0	3,017,414
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		