



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	NAIC Company Code.....	16725	Employer's ID Number.....	84-2285422
(Current Period) (Prior Period)					
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 (Street and Number) (City or Town, State, Country and Zip Code)			513-530-1600 (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 (Street and Number) (City or Town, State, Country and Zip Code)			513-530-1600 (Area Code) (Telephone Number)	
Internet Web Site Address	N/A				
Statutory Statement Contact	Jeremy C Heimgartner (Name) jheimgartner@communicare-advantage.com (E-Mail Address)			513-469-8545 (Area Code) (Telephone Number) (Extension) 513-247-0589 (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 Wilhelm

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) Laura Hopkins	(Signature) Isaac Rosedale	(Signature) Jeremy Heimgartner
1. (Printed Name) CEO	2. (Printed Name) Secretary	3. (Printed Name) CFO
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2021	b. If no	1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

Ex. 2 - Accident and Health Premiums Due and Unpaid
NONE

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

Ex. 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus
NONE

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

Ex. 7 - Pt. 1 - Summary of Transactions with Providers
NONE

Ex. 7 - Pt. 2 - Summary of Transactions with Intermediaries
NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	165,874			165,874	165,874	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	165,874	0	0	165,874	165,874	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....OH CHS SNP, Inc. dba CommuniCare Advantage 2. Cincinnati, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....0

NAIC Company Code.....16725

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	0									
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	0									
18. Amount incurred for provision of health care services.....	0									

NONE

(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

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	2,690,677		2,690,677
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).....			.0
6. Totals assets (Line 28).....	2,690,677	0	2,690,677
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).....	429,126		429,126
15. Total liabilities (Line 24).....	429,126	0	429,126
16. Total capital and surplus (Line 33).....	2,261,551	XXX	2,261,551
17. Total liabilities, capital and surplus (Line 34).....	2,690,677	0	2,690,677
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		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		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
States, Etc.						
						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.....IN					.....0
16.	Iowa.....IA					.....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

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

OH CHS SNP, Inc. dba CommuniCare Advantage

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?	SEE EXPLANATION
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 the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	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
15.	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
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	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
18.	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
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

OH CHS SNP, Inc. dba CommuniCare Advantage

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.	
2.	The Company has not begun writing business at this juncture, therefore no actuarial reserve
3.	
4.	
5.	
6.	
7.	The Company has not begun writing business at this juncture, therefore no policy experie
8.	
9.	
10.	
11.	The data for this supplement is not required to be filed.
12.	The data for this supplement is not required to be filed.
13.	The data for this supplement is not required to be filed.
14.	The data for this supplement is not required to be filed.
15.	The data for this supplement is not required to be filed.
16.	The data for this supplement is not required to be filed.
17.	The data for this supplement is not required to be filed.
18.	The data for this supplement is not required to be filed.
19.	The data for this supplement is not required to be filed.
20.	The data for this supplement is not required to be filed.
21.	The data for this supplement is not required to be filed.
22.	The data for this supplement is not required to be filed.
23.	The data for this supplement is not required to be filed.
24.	The data for this supplement is not required to be filed.
25.	The data for this supplement is not required to be filed.
26.	The data for this supplement is not required to be filed.

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NONE**

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NONE**