

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 amendments being needed to the Q1 2021 filing, which are documented below. These edits also include an adjustment to certain line items related to Rx transactions due to feedback from the Company's actuary:

- Increase to recoverable from reinsurer, and corresponding decrease in Prescription Drug expenses of \$1,668,770
- Increase to receivable from affiliate of \$816,200
- Increase to other receivables of \$326,738
- Increase to advance premium, and corresponding decrease to premium revenue of \$1,402,255
- Increase to general accruals of \$1,207,417
- Increase in due to affiliate of \$254,098
- Decrease in surplus of \$52,062
- Increase in general and administrative expense of \$356,205
- Increase in Q1 paid in capital of \$213,989

The "prior year ended" balances were also amended to agree to the amended Annual Statement Filing.



HEALTH QUARTERLY STATEMENT

As of March 31, 2021
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
(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)
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(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. Charles Stoltz #	Treasurer
3. Jeremy Heimgartner	CFO	4. Chuck Satterfield #	COO

OTHER

Isaac Rosedale Secretary

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) Charles Stoltz	(Signature) Jeremy Heimgartner
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO	Treasurer	CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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]

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....7,487,161), cash equivalents (\$.....0) and short-term investments (\$.....0).....	7,487,161		7,487,161	2,217,327
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	7,487,161	0	7,487,161	2,217,327
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,668,770		1,668,770	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	150,713	150,713	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	896,334		896,334	800,087
24. Health care (\$.....0) and other amounts receivable.....	420,365		420,365	
25. Aggregate write-ins for other than invested assets.....	31,242	31,242	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	10,654,585	181,955	10,472,630	3,017,414
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	10,654,585	181,955	10,472,630	3,017,414

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Expenses.....	31,242	31,242	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	31,242	31,242	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	3,540,743		3,540,743	
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....			.0	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.0	
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	1,402,255		1,402,255	
9. General expenses due or accrued.....	2,261,021		2,261,021	206,263
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	1,299,847		1,299,847	725,961
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	8,503,866	.0	8,503,866	932,224
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	.0
26. Common capital stock.....	XXX	XXX	500	500
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	8,820,897	8,320,897
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	(6,852,633)	(6,236,207)
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,968,764	2,085,190
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	10,472,630	3,017,414

DETAILS OF WRITE-INS

2301.			.0	
2302.			.0	
2303.			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.0	.0	.0	.0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.0	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

OH CHS SNP, Inc. dba CommuniCare Advantage
STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	.XXX.....	3,462		
2. Net premium income (including \$.....0 non-health premium income).....	.XXX.....	9,925,522		
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX.....			
4. Fee-for-service (net of \$.....0 medical expenses).....	.XXX.....			
5. Risk revenue.....	.XXX.....			
6. Aggregate write-ins for other health care related revenues.....	.XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	.XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	.XXX.....	9,925,522	0	0
Hospital and Medical:				
9. Hospital/medical benefits.....		3,648,889		
10. Other professional services.....		2,692,158		
11. Outside referrals.....				
12. Emergency room and out-of-area.....		416,616		
13. Prescription drugs.....		1,271,734		
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	8,029,397	0	0
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	8,029,397	0	0
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....149,672 cost containment expenses.....		315,297		
21. General administrative expenses.....		2,184,030	978,488	6,074,056
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	10,528,724	978,488	6,074,056
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX.....	(603,202)	(978,488)	(6,074,056)
25. Net investment income earned.....			1	6,580
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	0	1	6,580
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	.XXX.....	(603,202)	(978,487)	(6,067,476)
31. Federal and foreign income taxes incurred.....	.XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	.XXX.....	(603,202)	(978,487)	(6,067,476)

DETAILS OF WRITE-INS				
0601.	.XXX.....			
0602.	.XXX.....			
0603.	.XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.XXX.....	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	.XXX.....	0	0	0
0701.	.XXX.....			
0702.	.XXX.....			
0703.	.XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	.XXX.....	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	.XXX.....	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

OH CHS SNP, Inc. dba CommuniCare Advantage
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33.	Capital and surplus prior reporting year.....	2,085,190	1,399,383	1,399,383
34.	Net income or (loss) from Line 32.....	(603,202)	(978,487)	(6,067,476)
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....			
39.	Change in nonadmitted assets.....	(13,224)	(603,072)	(168,731)
40.	Change in unauthorized and certified reinsurance.....			
41.	Change in treasury stock.....			
42.	Change in surplus notes.....			
43.	Cumulative effect of changes in accounting principles.....			
44.	Capital changes:			
44.1	Paid in.....	500,000		6,922,014
44.2	Transferred from surplus (Stock Dividend).....			
44.3	Transferred to surplus.....			
45.	Surplus adjustments:			
45.1	Paid in.....		1,473,244	
45.2	Transferred to capital (Stock Dividend).....			
45.3	Transferred from capital.....			
46.	Dividends to stockholders.....			
47.	Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47).....	(116,426)	(108,315)	685,807
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	1,968,764	1,291,068	2,085,190

DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	11,327,777		
2. Net investment income.....		1	6,580
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	11,327,777	1	6,580
5. Benefit and loss related payments.....	6,577,038		751
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	444,569	370,158	5,986,910
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	7,021,607	370,158	5,987,661
11. Net cash from operations (Line 4 minus Line 10).....	4,306,170	(370,157)	(5,981,081)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			556,067
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	556,067
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		556,067	556,067
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	556,067	556,067
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	(556,067)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	500,000	1,473,244	6,922,014
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	463,664	(603,072)	(242,106)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	963,664	870,172	6,679,908
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	5,269,834	(56,052)	698,827
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,217,327	1,518,500	1,518,500
19.2 End of period (Line 18 plus Line 19.1).....	7,487,161	1,462,448	2,217,327

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 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.....	0									
2. First Quarter.....	1,243							1,243		
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	0									
Total Member Ambulatory Encounters for Period:										
7. Physician.....	2,963							2,963		
8. Non-Physician.....	12,619							12,619		
9. Total.....	15,582	0	0	0	0	0	0	15,582	0	0
10. Hospital Patient Days Incurred.....	206							206		
11. Number of Inpatient Admissions.....	31							31		
12. Health Premiums Written (a).....	11,327,777							11,327,777		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,925,522							9,925,522		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	4,488,654							4,488,654		
18. Amount Incurred for Provision of Health Care Services.....	8,029,397							8,029,397		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....		4,488,654		3,540,743	0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	0	4,488,654	0	3,540,743	0	0
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	0	4,488,654	0	3,540,743	0	0

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of OH CHS SNP, Inc. dba CommuniCare Advatange (CommuniCare) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissions' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Company is not aware of any deviations from NAIC SAP adopted by the State of Ohio which would impact these financial statements.

The ODI has approved no permitted practices for the Company that differ from NAIC SAP or state prescribed accounting practices. A reconciliation of the Company's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the ODI is shown below:

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
NET INCOME					
(1) OH CHS SNP, Inc. dba CommuniCare Advantage Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (603,202)	\$ (6,067,476)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (603,202)	\$ (6,067,476)
SURPLUS					
(5) OH CHS SNP, Inc. dba CommuniCare Advantage Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,968,764	\$ 2,085,190
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 1,968,764	\$ 2,085,190

B. Use of Estimates in the Preparation of the Financial Statement

No significant changes

C. Accounting Policy

(1) Basis for Short-Term Investments

No significant changes

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds are stated at amortized cost using the interest method.

(3) Basis for Common Stocks

No significant changes

(4) Basis for Preferred Stocks

No significant changes

(5) Basis for Mortgage Loans

No significant changes

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Not applicable.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

No significant changes

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

No significant changes

(9) Accounting Policies for Derivatives

No significant changes

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

No significant changes

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

No significant changes

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

No significant changes

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

No significant changes

D. Going Concern

Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

NOTES TO FINANCIAL STATEMENTS

	Not applicable.
B.	Debt Restructuring
	Not applicable.
C.	Reverse Mortgages
	Not applicable.
D.	Loan-Backed Securities
	Not applicable.
E.	Dollar Repurchase Agreements and/or Securities Lending Transactions
	Not applicable.
F.	Repurchase Agreements Transactions Accounted for as Secured Borrowing
	Not applicable.
G.	Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
	Not applicable.
H.	Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction – Cash Taker – Overview of Sale Transactions
	Not applicable.
I.	Reverse Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction – Cash Provider – Overview of Sale Transactions
	Not applicable.
J.	Real Estate
	Not applicable.
K.	Low-Income Housing Tax Credits (LIHTC)
	Not applicable.
L.	Restricted Assets
	Not applicable.
M.	Working Capital Finance Investments
	Not applicable.
N.	Offsetting and Netting of Assets and Liabilities
	Not applicable.
O.	Structured Notes
	Not applicable.
P.	Short Sales
	Not applicable.
Q.	Prepayment Penalty and Acceleration Fees
	Not applicable.
R.	Reporting Entity’s Share of Cash Pool by Asset Type
	Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant changes

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes

Note 20 – Fair Value Measurements

Not applicable

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through May 17, 2021 for these statutory financial statements which are to be issued on May 17, 2021. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The Company began writing business effective January 1, 2021; therefore, there were no reserves recorded as of December 31, 2020. Reserves of \$3,540,743 are recorded as of March 31, 2021 and are based on management's estimates of claims experience.

B. Information about Significant Changes in Methodologies and Assumptions

Not applicable.

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes