



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## RiverLink Health

NAIC Group Code	4807 (Current)	4807 (Prior)	NAIC Company Code	15499	Employer's ID Number	46-4380824
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified?	Yes [ X ] No [ ]					
Incorporated/Organized	12/18/2013		Commenced Business		01/01/2015	
Statutory Home Office	10496 Montgomery Road, Suite 212 (Street and Number)		Cincinnati, OH, US 45242 (City or Town, State, Country and Zip Code)			
Main Administrative Office	33820 Weyerhaeuser Way S (Street and Number)		Federal Way, WA, US 98001 (City or Town, State, Country and Zip Code)			
			763-321-3631 (Area Code) (Telephone Number)			
Mail Address	33820 Weyerhaeuser Way S (Street and Number or P.O. Box)		Federal Way, WA, US 98001 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	33820 Weyerhaeuser Way S (Street and Number)		Federal Way, WA, US 98001 (City or Town, State, Country and Zip Code)			
			763-321-3631 (Area Code) (Telephone Number)			
Internet Website Address	www.RiverLinkHealth.com					
Statutory Statement Contact	Thuy Le (Name)		253-517-4340 (Area Code) (Telephone Number)			
	thuy.le@qualchoicehealth.com (E-mail Address)		253-517-4385 (FAX Number)			

### OFFICERS

CEO/President	Mark Fred Bjornson	
Treasurer	Charles William Hanson	

### OTHER

Mark Fred Bjornson	Charles William Hanson	Gregory Porter Moore
Randall Alvin Crow		

State of Minnesota SS:  
County of Hennepin

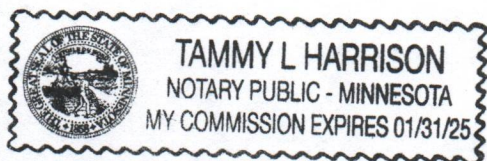
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

Mark Fred Bjornson  
CEO/President

Charles William Hanson  
Treasurer

Subscribed and sworn to before me this 33rd day of April  
Tammy L Harrison

- 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.....







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Statutory Statement Contact Thuy Le 253-517-4340  
(Name) (Area Code) (Telephone Number)  
thuy.le@qualchoicehealth.com 253-517-4385  
(E-mail Address) (FAX Number)

## OFFICERS

CEO/President Mark Fred Bjornson  
Treasurer Charles William Hanson

## OTHER

## DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Gregory Porter Moore  
Randall Alvin Crow

State of WA SS:  
County of Pierce

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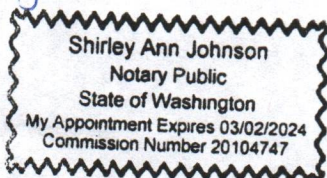
Mark Fred Bjornson

Mark Fred Bjornson  
CEO/President

Charles William Hanson  
Treasurer

Subscribed and sworn to before me this 28th day of April 2021

Shirley Ann Johnson



- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
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