



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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 No
 Incorporated/Organized 12/18/2013 Commenced Business 01/01/2015
 Statutory Home Office 10496 Montgomery Road, Suite 212, Cincinnati, OH, US 45242
 (Street and Number) (City or Town, State, Country and Zip Code)
 Main Administrative Office 33820 Weyerhaeuser Way S
 (Street and Number) Federal Way, WA, US 98001, 763-321-3631
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Mail Address 33820 Weyerhaeuser Way S, Federal Way, WA, US 98001
 (Street and Number or P.O. Box) (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, 763-321-3631
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Internet Website Address www.RiverLinkHealth.com
 Statutory Statement Contact Thuy Le, 253-517-4340
 (Name) thuy.le@qualchoicehealth.com, (Area Code) (Telephone Number)
 (E-mail Address) 253-517-4385
 (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

State of Minnesota
 County of Hennepin SS:

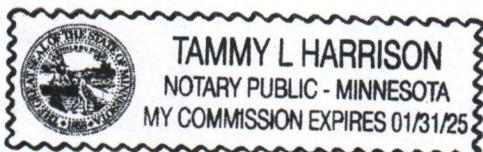
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

a. Is this an original filing? Yes No
 b. If no,
 1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

Subscribed and sworn to before me this
29th day of July, 2021





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OFFICERS

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Treasurer Charles William Hanson

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Gregory Porter Moore

State of Washington SS:
County of King

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Mark Fred Bjornson
CEO/President

Charles William Hanson
Treasurer

a. Is this an original filing?
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Yes No

Subscribed and sworn to before me this
5th day of August 2021

Shirley Ann Johnson

