



HEALTH QUARTERLY STATEMENT

As of June 30, 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)  
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. Charles Stoltz #	Treasurer
3. Jeremy Heimgartner	CFO	4. Chuck Satterfield #	COO

OTHER

Isaac Rosedale Secretary

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)  
Laura Hopkins  
1. (Printed Name)  
CEO  
(Title)

(Signature)  
Charles Stoltz  
2. (Printed Name)  
Treasurer  
(Title)

(Signature)  
Jeremy Heimgartner  
3. (Printed Name)  
CFO  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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 \_\_\_\_\_



SHIRLEY A CROOKER  
Notary Public, State of Ohio  
My Commission Expires:  
05-18-2026