



# QUARTERLY STATEMENT

AS OF JUNE 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## HealthSpan Integrated Care

NAIC Group Code	04831 (Current Period)	04831 (Prior Period)	NAIC Company Code	95204	Employer's ID Number		34-0922268
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio		
Country of Domicile		United States					
Licensed as business type:		Life, Accident & Health [ ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]			
		Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ X ]			
		Other [ ]		Is HMO Federally Qualified? Yes [ ] No [ ]			
Incorporated/Organized		03/29/1962	Commenced Business		10/27/1976		
Statutory Home Office		1701 Mercy Health Place (Street and Number)			Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		
Main Administrative Office		1701 Mercy Health Place (Street and Number)			Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		
Mail Address		1701 Mercy Health Place (Street Number or P.O. Box)			Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		
Primary Location of Books and Records		1701 Mercy Health Place (Street and Number)			Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		
Internet Web Site Address		HealthSpan.org					
Statutory Statement Contact		Dorothy Williamson (Name)			310-561-7932 (Area Code) (Telephone Number) (Extension)		
		dorothywilliamson@mercy.com (E-Mail Address)			513-671-3721 (Area Code) (Telephone Number) (FAX Number)		

### OFFICERS

Name	Title	Name	Title
Jeffrey Copeland	President & CEO	Ronald Wehtje	Treasurer

### OTHER OFFICERS

DIRECTORS OR TRUSTEES		
Jeffrey Copeland	Ronald Wehtje	Allan Calonge

State of Ohio  
County of

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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.

Documented by:

*Jeff Copeland*  
Jeff Copeland  
President & CEO

*Ronald Wehtje*  
Ronald Wehtje  
Treasurer

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