



## ASSETS

|  | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|--|------------------------|-------------------------|---|---|
|  | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....   |                        |                         | 0   | 0   |
| 2. Stocks:   |                        |                         | 0   | 0   |
| 2.1 Preferred stocks .....   |                        |                         | 0   | 0   |
| 2.2 Common stocks .....  |                        |                         | 0   | 0   |
| 3. Mortgage loans on real estate:  |                        |                         | 0   | 0   |
| 3.1 First liens .....  |                        |                         | 0   | 0   |
| 3.2 Other than first liens .....   |                        |                         | 0   | 0   |
| 4. Real estate:  |                        |                         | 0   | 0   |
| 4.1 Properties occupied by the company (less \$<br>encumbrances) .....   |                        |                         | 0   | 0   |
| 4.2 Properties held for the production of income (less<br>\$ <span style="padding-left: 2em;">encumbrances) .....</span>   |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less \$<br>encumbrances) .....   |                        |                         | 0   | 0   |
| 5. Cash (\$ <span style="padding-left: 2em;">12,709,324</span> ), cash equivalents<br>(\$ <span style="padding-left: 2em;">) and short-term<br/>        investments (\$ <span style="padding-left: 2em;">) .....</span></span> | 12,709,324             |                         | 12,709,324                                | 9,891,038   |
| 6. Contract loans (including \$ <span style="padding-left: 2em;"> premium notes) .....</span>  |                        |                         | 0   | 0   |
| 7. Derivatives .....   |                        |                         | 0   | 0   |
| 8. Other invested assets .....   |                        |                         | 0   | 0   |
| 9. Receivables for securities .....  |                        |                         | 0   | 0   |
| 10. Securities lending reinvested collateral assets .....  |                        |                         | 0   | 0   |
| 11. Aggregate write-ins for invested assets .....  | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....  | 12,709,324             | 0                       | 12,709,324                                | 9,891,038   |
| 13. Title plants less \$ <span style="padding-left: 2em;"> charged off (for Title insurers<br/>        only) .....</span>  |                        |                         | 0   | 0   |
| 14. Investment income due and accrued .....  |                        |                         | 0   | 0   |
| 15. Premiums and considerations:   |                        |                         | 0   | 0   |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....   |                        |                         | 0   | 0   |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ <span style="padding-left: 2em;"><br/>            earned but unbilled premiums) .....</span>                    |                        |                         | 0   | 0   |
| 15.3 Accrued retrospective premiums (\$ <span style="padding-left: 2em;">) and<br/>        contracts subject to redetermination (\$ <span style="padding-left: 2em;">) .....</span></span>                                     |                        |                         | 0   | 0   |
| 16. Reinsurance:   |                        |                         | 0   | 0   |
| 16.1 Amounts recoverable from reinsurers .....   |                        |                         | 0   | 0   |
| 16.2 Funds held by or deposited with reinsured companies .....   |                        |                         | 0   | 0   |
| 16.3 Other amounts receivable under reinsurance contracts .....  |                        |                         | 0   | 0   |
| 17. Amounts receivable relating to uninsured plans .....   | 2,890,458              |                         | 2,890,458                                 | 2,392,119   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....   |                        |                         | 0   | 0   |
| 18.2 Net deferred tax asset .....  |                        |                         | 0   | 0   |
| 19. Guaranty funds receivable or on deposit .....  |                        |                         | 0   | 0   |
| 20. Electronic data processing equipment and software .....  |                        |                         | 0   | 0   |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ <span style="padding-left: 2em;">) .....</span>  | 162,094                | 162,094                 | 0   | 0   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....   |                        |                         | 0   | 0   |
| 23. Receivables from parent, subsidiaries and affiliates .....   | 85,817                 |                         | 85,817                                    | 80,237  |
| 24. Health care (\$ <span style="padding-left: 2em;">) and other amounts receivable .....</span>   | 201,807                |                         | 201,807                                   | 201,807   |
| 25. Aggregate write-ins for other than invested assets .....   | 87,532                 | 87,532                  | 0   | 0   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....  | 16,137,032             | 249,626                 | 15,887,406                                | 12,565,201  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....   |                        |                         | 0   | 0   |
| 28. Total (Lines 26 and 27) .....  | 16,137,032             | 249,626                 | 15,887,406                                | 12,565,201  |
| <b>DETAILS OF WRITE-INS</b>  |                        |                         |   |   |
| 1101. .....  |                        |                         |   |   |
| 1102. .....  |                        |                         |   |   |
| 1103. .....  |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....  | 0                      | 0                       | 0   | 0   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....  | 0                      | 0                       | 0   | 0   |
| 2501. Prepaid Expenses .....   | 87,532                 | 87,532                  | 0   | 0   |
| 2502. .....  |                        |                         |   |   |
| 2503. .....  |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | 0                      | 0                       | 0   | 0   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....  | 87,532                 | 87,532                  | 0   | 0   |

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Period |                |             | Prior Year  |
|--|----------------|----------------|-------------|-------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total  | 4<br>Total  |
| 1. Claims unpaid (less \$ reinsurance ceded)   | 7,914,403      |                | 7,914,403   | 6,860,764   |
| 2. Accrued medical incentive pool and bonus amounts  | 2,749,356      |                | 2,749,356   | 2,749,356   |
| 3. Unpaid claims adjustment expenses   |                |                | 0           | 0           |
| 4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act | 44,686         |                | 44,686      | 44,686      |
| 5. Aggregate life policy reserves  |                |                | 0           | 0           |
| 6. Property/casualty unearned premium reserve  |                |                | 0           | 0           |
| 7. Aggregate health claim reserves   |                |                | 0           | 0           |
| 8. Premiums received in advance  |                |                | 0           | 0           |
| 9. General expenses due or accrued   | 561,084        |                | 561,084     | 194,649     |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))                   |                |                | 0           | 0           |
| 10.2 Net deferred tax liability  |                |                | 0           | 0           |
| 11. Ceded reinsurance premiums payable   |                |                | 0           | 0           |
| 12. Amounts withheld or retained for the account of others   |                |                | 0           | 0           |
| 13. Remittances and items not allocated  |                |                | 0           | 0           |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)   |                |                | 0           | 0           |
| 15. Amounts due to parent, subsidiaries and affiliates   | 367,500        |                | 367,500     | 80,237      |
| 16. Derivatives  |                |                | 0           | 0           |
| 17. Payable for securities   |                |                | 0           | 0           |
| 18. Payable for securities lending   |                |                | 0           | 0           |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)    |                |                | 0           | 0           |
| 20. Reinsurance in unauthorized and certified (\$ ) companies  |                |                | 0           | 0           |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates  |                |                | 0           | 0           |
| 22. Liability for amounts held under uninsured plans   |                |                | 0           | 0           |
| 23. Aggregate write-ins for other liabilities (including \$ current)   | 0              | 0              | 0           | 0           |
| 24. Total liabilities (Lines 1 to 23)  | 11,637,029     | 0              | 11,637,029  | 9,929,692   |
| 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            | 10,528,550  | 9,278,550   |
| 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            | (6,278,673) | (6,643,541) |
| 32. Less treasury stock, at cost:  |                |                |             |             |
| 32.1 shares common (value included in Line 26 \$ )   | XXX            | XXX            |             |             |
| 32.2 shares preferred (value included in Line 27 \$ )  | XXX            | XXX            |             |             |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)   | XXX            | XXX            | 4,250,377   | 2,635,509   |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            | 15,887,406  | 12,565,201  |
| <b>DETAILS OF WRITE-INS</b>  |                |                |             |             |
| 2301.  |                |                |             |             |
| 2302.  |                |                |             |             |
| 2303.  |                |                |             |             |
| 2398. Summary of remaining write-ins for Line 23 from overflow page  | 0              | 0              | 0           | 0           |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)  | 0              | 0              | 0           | 0           |
| 2501.  | XXX            | XXX            |             |             |
| 2502.  | XXX            | XXX            |             |             |
| 2503.  | XXX            | XXX            |             |             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page  | XXX            | XXX            | 0           | 0           |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)  | XXX            | XXX            | 0           | 0           |
| 3001.  | XXX            | XXX            |             |             |
| 3002.  | XXX            | XXX            |             |             |
| 3003.  | XXX            | XXX            |             |             |
| 3098. Summary of remaining write-ins for Line 30 from overflow page  | XXX            | XXX            | 0           | 0           |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)  | XXX            | XXX            | 0           | 0           |

**STATEMENT OF REVENUE AND EXPENSES**

|   | Current Year<br>To Date |            | Prior Year<br>To Date | Prior Year Ended<br>December 31 |
|---|-------------------------|------------|-----------------------|---------------------------------|
|   | 1<br>Uncovered          | 2<br>Total | 3<br>Total            | 4<br>Total                      |
| 1. Member Months .....  | XXX                     | 4,675      | 3,462                 | 15,825                          |
| 2. Net premium income ( including \$ non-health premium income).....  | XXX                     | 16,658,376 | 9,925,522             | 56,021,288                      |
| 3. Change in unearned premium reserves and reserve for rate credits.....  | XXX                     |            |                       |                                 |
| 4. Fee-for-service (net of \$ 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                     | 16,658,376 | 9,925,522             | 56,021,288                      |
| <b>Hospital and Medical:</b>  |                         |            |                       |                                 |
| 9. Hospital/medical benefits .....  |                         | 5,502,603  | 3,648,889             | 13,949,736                      |
| 10. Other professional services .....   |                         | 3,087,000  | 2,692,158             | 15,490,748                      |
| 11. Outside referrals .....   |                         |            |                       |                                 |
| 12. Emergency room and out-of-area .....  |                         | 681,413    | 416,616               | 1,564,311                       |
| 13. Prescription drugs .....  |                         | 4,145,517  | 1,271,734             | 13,202,283                      |
| 14. Aggregate write-ins for other hospital and medical .....  | 0                       | 0          | 0                     | 0                               |
| 15. Incentive pool, withhold adjustments and bonus amounts .....  | 0                       |            |                       | 2,749,356                       |
| 16. Subtotal (Lines 9 to 15) .....  | 0                       | 13,416,533 | 8,029,397             | 46,956,434                      |
| <b>Less:</b>  |                         |            |                       |                                 |
| 17. Net reinsurance recoveries .....  |                         |            |                       |                                 |
| 18. Total hospital and medical (Lines 16 minus 17) .....  | 0                       | 13,416,533 | 8,029,397             | 46,956,434                      |
| 19. Non-health claims (net) .....   |                         |            |                       |                                 |
| 20. Claims adjustment expenses, including \$ 141,612 cost containment expenses .....  |                         | 258,559    | 315,297               | 936,713                         |
| 21. General administrative expenses .....   |                         | 2,522,453  | 2,184,030             | 8,550,543                       |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....         |                         |            |                       | 0                               |
| 23. Total underwriting deductions (Lines 18 through 22).....  | 0                       | 16,197,545 | 10,528,724            | 56,443,690                      |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....  | XXX                     | 460,831    | (603,202)             | (422,402)                       |
| 25. Net investment income earned .....  |                         |            | 0                     | 0                               |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....  |                         |            |                       |                                 |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....  | 0                       | 0          | 0                     | 0                               |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ )] (amount charged off \$ )] .....        |                         |            |                       |                                 |
| 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                     | 460,831    | (603,202)             | (422,402)                       |
| 31. Federal and foreign income taxes incurred .....   | XXX                     |            |                       |                                 |
| 32. Net income (loss) (Lines 30 minus 31) .....   | XXX                     | 460,831    | (603,202)             | (422,402)                       |
| <b>DETAILS OF WRITE-INS</b>   |                         |            |                       |                                 |
| 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 through 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 through 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 through 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 through 2903 plus 2998)(Line 29 above) .....   | 0                       | 0          | 0                     | 0                               |

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

|  | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year.....                                      | 2,635,509                    | 2,085,190                  | 2,085,190                            |
| 34. Net income or (loss) from Line 32 .....  | 460,831                      | (603,202)                  | (422,402)                            |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                              |                            |                                      |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                              |                            |                                      |
| 37. Change in net unrealized foreign exchange capital gain or (loss).....              |                              |                            |                                      |
| 38. Change in net deferred income tax .....  |                              |                            |                                      |
| 39. Change in nonadmitted assets .....   | (95,963)                     | (13,224)                   | 15,068                               |
| 40. Change in unauthorized and certified reinsurance .....                             | 0                            | 0                          | 0                                    |
| 41. Change in treasury stock .....   | 0                            | 0                          | 0                                    |
| 42. Change in surplus notes .....  | 0                            | 0                          | 0                                    |
| 43. Cumulative effect of changes in accounting principles.....                         |                              |                            |                                      |
| 44. Capital Changes:   |                              |                            |                                      |
| 44.1 Paid in .....   |                              | 500,000                    | 0                                    |
| 44.2 Transferred from surplus (Stock Dividend).....                                    | 0                            | 0                          | 0                                    |
| 44.3 Transferred to surplus.....   |                              |                            |                                      |
| 45. Surplus adjustments:   |                              |                            |                                      |
| 45.1 Paid in .....   | 1,250,000                    | 0                          | 957,653                              |
| 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 & surplus (Lines 34 to 47) .....                             | 1,614,868                    | (116,426)                  | 550,319                              |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                      | 4,250,377                    | 1,968,764                  | 2,635,509                            |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                                      |
| 4701. ....   |                              |                            |                                      |
| 4702. ....   |                              |                            |                                      |
| 4703. ....   |                              |                            |                                      |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              | 0                            | 0                          | 0                                    |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)                        | 0                            | 0                          | 0                                    |

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage  
**CASH FLOW**

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....  | 16,658,376                   | 11,327,777                 | 56,065,974                           |
| 2. Net investment income .....  | 0                            | 0                          | 0                                    |
| 3. Miscellaneous income .....   | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3) .....   | 16,658,376                   | 11,327,777                 | 56,065,974                           |
| 5. Benefit and loss related payments .....  | 12,362,894                   | 6,577,038                  | 37,547,370                           |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                                |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....  | 2,912,916                    | 444,569                    | 11,890,989                           |
| 8. Dividends paid to policyholders .....  |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital<br>gains (losses) .....                 | 0                            | 0                          | 0                                    |
| 10. Total (Lines 5 through 9) .....   | 15,275,810                   | 7,021,607                  | 49,438,359                           |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | 1,382,566                    | 4,306,170                  | 6,627,615                            |
| <b>Cash from Investments</b>  |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds .....  | 0                            | 0                          | 0                                    |
| 12.2 Stocks .....   | 0                            | 0                          | 0                                    |
| 12.3 Mortgage loans .....   | 0                            | 0                          | 0                                    |
| 12.4 Real estate .....  | 0                            | 0                          | 0                                    |
| 12.5 Other invested assets .....  | 0                            | 0                          | 0                                    |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                       | 0                            | 0                          | 0                                    |
| 12.7 Miscellaneous proceeds .....   | 0                            | 0                          | 0                                    |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 0                            | 0                          | 0                                    |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds .....  | 0                            | 0                          | 0                                    |
| 13.2 Stocks .....   | 0                            | 0                          | 0                                    |
| 13.3 Mortgage loans .....   | 0                            | 0                          | 0                                    |
| 13.4 Real estate .....  | 0                            | 0                          | 0                                    |
| 13.5 Other invested assets .....  | 0                            | 0                          | 0                                    |
| 13.6 Miscellaneous applications .....   | 0                            | 0                          | 0                                    |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 0                            | 0                          | 0                                    |
| 14. Net increase (or decrease) in contract loans and premium notes .....  | 0                            | 0                          | 0                                    |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....   | 0                            | 0                          | 0                                    |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....   | 0                            | 0                          | 0                                    |
| 16.2 Capital and paid in surplus, less treasury stock .....   | 1,250,000                    | 500,000                    | 957,653                              |
| 16.3 Borrowed funds .....   | 0                            | 0                          | 0                                    |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....   | 0                            | 0                          | 0                                    |
| 16.5 Dividends to stockholders .....  | 0                            | 0                          | 0                                    |
| 16.6 Other cash provided (applied) .....  | 185,719                      | 463,664                    | 88,443                               |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5<br>plus Line 16.6) ..... | 1,435,719                    | 963,664                    | 1,046,096                            |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>  |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                   | 2,818,285                    | 5,269,834                  | 7,673,711                            |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year .....  | 9,891,038                    | 2,217,327                  | 2,217,327                            |
| 19.2 End of period (Line 18 plus Line 19.1) .....   | 12,709,323                   | 7,487,161                  | 9,891,038                            |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|   | 1<br>Total | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
|   |            | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |             |
| <b>Total Members at end of:</b>                           |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 1. Prior Year   | 1,573      | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 1,573                        | 0                          | 0           |
| 2. First Quarter  |            | 1,571                                 |            |                             |                     |                     |   |                              | 1,571                      |             |
| 3. Second Quarter   |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 4. Third Quarter  |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 5. Current Year   |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 6. Current Year Member Months                             | 4,675      |                                       |            |                             |                     |                     |   |                              | 4,675                      |             |
| <b>Total Member Ambulatory Encounters for Period:</b>     |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 7. Physician  |            | 4,213                                 |            |                             |                     |                     |   |                              | 4,213                      |             |
| 8. Non-Physician  |            | 17,692                                |            |                             |                     |                     |   |                              | 17,692                     |             |
| 9. Total  | 21,905     | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 21,905                       | 0                          | 0           |
| 10. Hospital Patient Days Incurred                        | 723        |                                       |            |                             |                     |                     |   |                              | 723                        |             |
| 11. Number of Inpatient Admissions                        | 113        |                                       |            |                             |                     |                     |   |                              | 113                        |             |
| 12. Health Premiums Written (a)                           |            | 16,658,376                            |            |                             |                     |                     |   |                              | 16,658,376                 |             |
| 13. Life Premiums Direct                                  |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 14. Property/Casualty Premiums Written                    |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 15. Health Premiums Earned                                |            | 16,658,376                            |            |                             |                     |                     |   |                              | 16,658,376                 |             |
| 16. Property/Casualty Premiums Earned                     |            | 0                                     |            |                             |                     |                     |   |                              |                            |             |
| 17. Amount Paid for Provision of Health Care Services     | 12,362,894 |                                       |            |                             |                     |                     |   |                              | 12,362,894                 |             |
| 18. Amount Incurred for Provision of Health Care Services |            | 13,416,533                            |            |                             |                     |                     |   |                              | 13,416,533                 |             |

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

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| <b>Claims Unpaid (Reported)</b>                              |                  |                   |                   |                    |                    |            |
| 0299999 Aggregate accounts not individually listed-uncovered |                  |                   |                   |                    |                    | 0          |
| 0399999 Aggregate accounts not individually listed-covered   |                  |                   |                   |                    |                    | 0          |
| 0499999 Subtotals  | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0599999 Unreported claims and other claim reserves           |                  |                   |                   |                    |                    | 7,914,403  |
| 0699999 Total amounts withheld                               |                  |                   |                   |                    |                    |            |
| 0799999 Total claims unpaid                                  |                  |                   |                   |                    |                    | 7,914,403  |
| 0899999 Accrued medical incentive pool and bonus amounts     |                  |                   |                   |                    |                    | 2,749,356  |

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business                                    | Claims Paid<br>Year to Date   |   | Liability<br>End of Current Quarter                  |   | 5         | 6         |
|---|---|---|--|---|-----------|-----------|
|   | 1<br>On<br>Claims Incurred Prior<br>to January 1 of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4<br>On<br>Claims Incurred<br>During the Year |           |           |
| 1. Comprehensive (hospital and medical) .....       |   |   |  |   | 0         | 0         |
| 2. Medicare Supplement .....                        |   |   |  |   | 0         | 0         |
| 3. Dental Only .....                                |   |   |  |   | 0         | 0         |
| 4. Vision Only .....                                |   |   |  |   | 0         | 0         |
| 5. Federal Employees Health Benefits Plan .....     |   |   |  |   | 0         | 0         |
| 6. Title XVIII - Medicare .....                     | 3,264,495   | 9,098,399                                     | 2,156,496  | 5,757,907                                     | 5,420,991 | 6,860,764 |
| 7. Title XIX - Medicaid .....                       |   |   |  |   | 0         | 0         |
| 8. Other health .....                               |   |   |  |   | 0         | 0         |
| 9. Health subtotal (Lines 1 to 8) .....             | 3,264,495   | 9,098,399                                     | 2,156,496  | 5,757,907                                     | 5,420,991 | 6,860,764 |
| 10. Healthcare receivables (a) .....                |   |   |  |   | 0         | 0         |
| 11. Other non-health .....                          |   |   |  |   | 0         | 0         |
| 12. Medical incentive pools and bonus amounts ..... |   |   | 2,749,356  |   | 2,749,356 | 2,749,356 |
| 13. Totals (Lines 9-10+11+12)                       | 3,264,495   | 9,098,399                                     | 4,905,852  | 5,757,907                                     | 8,170,347 | 9,610,120 |

(a) Excludes \$ ..... 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 | 2021         |
|--|--------|----------|------------|----------------------|--------------|
| <b>NET INCOME</b>  |        |          |            |                      |              |
| (1) Company state basis (Page 4, Line 32, Columns 2 & 3)                     | XXX    | XXX      | XXX        | \$ 460,831           | \$ (422,402) |
| (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        | \$ 460,831           | \$ (422,402) |
| <b>SURPLUS</b>   |        |          |            |                      |              |
| (5) Company state basis (Page 3, Line 33, Columns 3 & 4)                     | XXX    | XXX      | XXX        | \$ 4,250,377         | \$ 2,635,509 |
| (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        | \$ 4,250,377         | \$ 2,635,509 |

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

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

- (1) Basis for Short-Term Investments  
Not applicable.
- (2) Basis for Bonds and Amortization Schedule  
Not applicable.
- (3) Basis for Common Stocks  
Not applicable.
- (4) Basis for Preferred Stocks  
Not applicable.
- (5) Basis for Mortgage Loans  
Not applicable.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology  
Not applicable.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities  
Not applicable.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities  
Not applicable.
- (9) Accounting Policies for Derivatives  
Not applicable.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation  
Not applicable.
- (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  
Not applicable.
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables  
Not applicable.

## NOTES TO FINANCIAL STATEMENTS

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**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**

No significant changes.

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes.

**Note 7 – Investment Income**

No significant changes.

**Note 8 – Derivative Instruments**

No significant changes.

**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, 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.

## NOTES TO FINANCIAL STATEMENTS

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### **Note 22 – Events Subsequent**

Not Applicable.

### **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**

Reserves as of December 31, 2021 were \$6,860,764. As of March 31, 2022, \$3,264,495 had been paid for incurred claims and claim adjustment expenses attributable to events of prior years. Remaining reserves as of March 31, 2022, attributable to insured events of prior years total \$2,156,496. Therefore, there has been a \$1,439,773 favorable prior-year development since December 31, 2021, to March 31, 2022. This is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

### **Note 26 – Intercompany Pooling Arrangements**

No significant changes.

### **Note 27 – Structured Settlements**

Not Applicable

### **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.

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... If yes, complete Schedule Y, Parts 1 and 1A. Yes [ X ] No [ ]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 01/28/2020

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 01/28/2020

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 02/04/2020

6.4 By what department or departments?  
Ohio (Qualifying Exam)

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage  
**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]

11.2 If yes, give full and complete information relating thereto:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds .....   | \$ .....                                    | \$ .....                                     |
| 14.22 Preferred Stock .....   | \$ .....                                    | \$ .....                                     |
| 14.23 Common Stock .....  | \$ .....                                    | \$ .....                                     |
| 14.24 Short-Term Investments .....  | \$ .....                                    | \$ .....                                     |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....                                    | \$ .....                                     |
| 14.26 All Other .....   | \$ .....                                    | \$ .....                                     |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....                                    | \$ .....                                     |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....                                    | \$ .....                                     |

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]

14.2 If yes, please complete the following:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds .....   | \$ .....                                    | \$ .....                                     |
| 14.22 Preferred Stock .....   | \$ .....                                    | \$ .....                                     |
| 14.23 Common Stock .....  | \$ .....                                    | \$ .....                                     |
| 14.24 Short-Term Investments .....  | \$ .....                                    | \$ .....                                     |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....                                    | \$ .....                                     |
| 14.26 All Other .....   | \$ .....                                    | \$ .....                                     |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....                                    | \$ .....                                     |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....                                    | \$ .....                                     |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

|  |          |   |
|--|----------|---|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....                   | \$ ..... | 0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... | \$ ..... | 0 |
| 16.3 Total payable for securities lending reported on the liability page. ....                                       | \$ ..... | 0 |

**STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage**  
**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1<br>Name of Custodian(s)   | 2<br>Custodian Address                               |
|-----------------------------|--|
| Huntington Securities ..... | 41 S. High Street, HC0510, Columbus, OH, 43287 ..... |

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|                    |                    |                     |             |

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
|                                 |                  |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|--|---------------------------------|------------------------------------|----------------------|---|
|  |                                 |                                    |                      |   |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] No [  ]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [  ] No [  ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [  ] No [  ]

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent ..... %

1.2 A&H cost containment percent ..... %

1.3 A&H expense percent excluding cost containment expenses ..... %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

# NON E

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

Direct Business Only

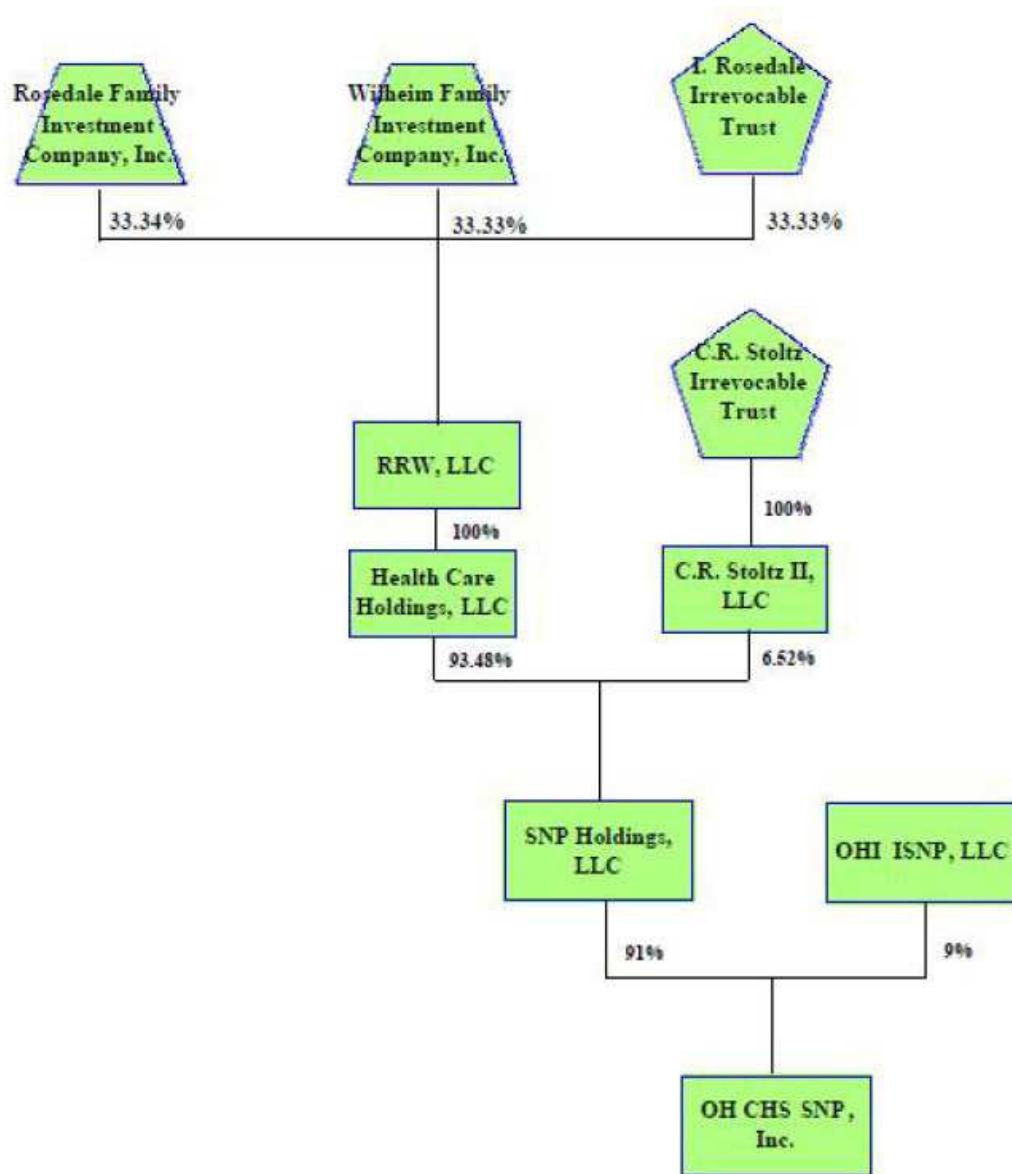
| States, etc.   | 1<br>Active Status<br>(a) | Direct Business Only                    |                              |                            |                        |  |   |  |                                      |                                 |
|--|---------------------------|---|------------------------------|----------------------------|------------------------|--|---|--|--------------------------------------|---------------------------------|
|  |                           | 2<br>Accident and<br>Health<br>Premiums | 3<br>Medicare<br>Title XVIII | 4<br>Medicaid<br>Title XIX | 5<br>CHIP Title<br>XXI | 6<br>Federal<br>Employees<br>Health<br>Benefits<br>Program<br>Premiums | 7<br>Life and<br>Annuity<br>Premiums &<br>Other<br>Considerations | 8<br>Property/<br>Casualty<br>Premiums | 9<br>Total<br>Columns 2<br>Through 8 | 10<br>Deposit-Type<br>Contracts |
| 1. Alabama .....   | AL                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 2. Alaska .....  | AK                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 3. Arizona .....   | AZ                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 4. Arkansas .....  | AR                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 5. California .....  | CA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 6. Colorado .....  | CO                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 7. Connecticut .....   | CT                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 8. Delaware .....  | DE                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 9. District of Columbia .....  | DC                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 10. Florida .....  | FL                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 11. Georgia .....  | GA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 12. Hawaii .....   | HI                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 13. Idaho .....  | ID                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 14. Illinois .....   | IL                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 15. Indiana .....  | IN                        | L                                       |                              | 3,993,270                  |                        |  |   |  | 3,993,270                            |                                 |
| 16. Iowa .....   | IA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 17. Kansas .....   | KS                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 18. Kentucky .....   | KY                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 19. Louisiana .....  | LA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 20. Maine .....  | ME                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 21. Maryland .....   | MD                        | L                                       |                              | 2,417,927                  |                        |  |   |  | 2,417,927                            |                                 |
| 22. Massachusetts .....  | MA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 23. Michigan .....   | MI                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 24. Minnesota .....  | MN                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 25. Mississippi .....  | MS                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 26. Missouri .....   | MO                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 27. Montana .....  | MT                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 28. Nebraska .....   | NE                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 29. Nevada .....   | NV                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 30. New Hampshire .....  | NH                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 31. New Jersey .....   | NJ                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 32. New Mexico .....   | NM                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 33. New York .....   | NY                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 34. North Carolina .....   | NC                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 35. North Dakota .....   | ND                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 36. Ohio .....   | OH                        | L                                       |                              | 10,247,179                 |                        |  |   |  | 10,247,179                           |                                 |
| 37. Oklahoma .....   | OK                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 38. Oregon .....   | OR                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 39. Pennsylvania .....   | PA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 40. Rhode Island .....   | RI                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 41. South Carolina .....   | SC                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 42. South Dakota .....   | SD                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 43. Tennessee .....  | TN                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 44. Texas .....  | TX                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 45. Utah .....   | UT                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 46. Vermont .....  | VT                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 47. Virginia .....   | VA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 48. Washington .....   | WA                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 49. West Virginia .....  | WV                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 50. Wisconsin .....  | WI                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 51. Wyoming .....  | WY                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 52. American Samoa .....   | AS                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 53. Guam .....   | GU                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 54. Puerto Rico .....  | PR                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 55. U.S. Virgin Islands .....  | VI                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 56. Northern Mariana Islands .....   | MP                        | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 57. Canada .....   | CAN                       | N                                       |                              |                            |                        |  |   |  | 0                                    |                                 |
| 58. Aggregate Other Aliens .....   | OT                        | XXX                                     | 0                            | 0                          | 0                      | 0  | 0   | 0                                      | 0                                    | 0                               |
| 59. Subtotal .....   |                           | XXX                                     | 0                            | 16,658,376                 | 0                      | 0  | 0   | 0                                      | 16,658,376                           | 0                               |
| 60. Reporting Entity Contributions for Employee Benefit Plans .....        |                           | XXX                                     |                              |                            |                        |  |   |  |                                      | 0                               |
| 61. Totals (Direct Business) .....   |                           | XXX                                     | 0                            | 16,658,376                 | 0                      | 0  | 0   | 0                                      | 16,658,376                           | 0                               |
| DETAILS OF WRITE-INS   |                           |   |                              |                            |                        |  |   |  |                                      |                                 |
| 58001 .....  |                           | XXX                                     |                              |                            |                        |  |   |  |                                      |                                 |
| 58002 .....  |                           | XXX                                     |                              |                            |                        |  |   |  |                                      |                                 |
| 58003 .....  |                           | XXX                                     |                              |                            |                        |  |   |  |                                      |                                 |
| 58998. Summary of remaining write-ins for line 58 from overflow page ..... |                           | XXX                                     | 0                            | 0                          | 0                      | 0  | 0   | 0                                      | 0                                    | 0                               |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....  |                           | XXX                                     | 0                            | 0                          | 0                      | 0  | 0   | 0                                      | 0                                    | 0                               |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 3 R - Registered - Non-domiciled RRGs..... 0

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 54



STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

# NON-E

| Asterisk | Explanation |
|----------|-------------|
|          |             |

6

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? ..... NO

**AUGUST FILING**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ..... N/A

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF MARCH 31, 2022 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage  
**OVERFLOW PAGE FOR WRITE-INS**

Schedule A - Verification - Real Estate

**N O N E**

Schedule B - Verification - Mortgage Loans

**N O N E**

Schedule BA - Verification - Other Long-Term Invested Assets

**N O N E**

Schedule D - Verification - Bonds and Stock

**N O N E**

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

**N O N E**

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

**N O N E**

Schedule E - Part 2 - Verification - Cash Equivalents

**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository  | 2<br>Code | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest Received<br>During Current<br>Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month<br>During Current Quarter |                   |                  | 9<br>* |
|--|-----------|--------------------------|--|--|---|-------------------|------------------|--------|
|  |           |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |        |
| Huntington National Bank<br>Checking .....   |           |                          |  |  | 10,158,159  | 10,542,874        | 12,158,474       | XXX    |
| Huntington National Bank<br>Brokerage .....  |           |                          |  |  | 550,850   | 550,850           | 550,850          | XXX    |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories      | XXX       | XXX                      |  |  |   |                   |                  | XXX    |
| 0199999. Totals - Open Depositories  | XXX       | XXX                      | 0  | 0  | 10,709,009  | 11,093,724        | 12,709,324       | XXX    |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX       | XXX                      |  |  |   |                   |                  | XXX    |
| 0299999. Totals - Suspended Depositories   | XXX       | XXX                      | 0  | 0  | 0   | 0                 | 0                | XXX    |
| 0399999. Total Cash on Deposit   | XXX       | XXX                      | 0  | 0  | 10,709,009  | 11,093,724        | 12,709,324       | XXX    |
| 0499999. Cash in Company's Office  | XXX       | XXX                      | XXX  | XXX  |   |                   |                  | XXX    |
| 0599999. Total - Cash  | XXX       | XXX                      | 0  | 0  | 10,709,009  | 11,093,724        | 12,709,324       | XXX    |

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter  
**N O N E**