



# QUARTERLY STATEMENT

AS OF MARCH 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE

## HealthSpan Integrated Care

|                                       |                                 |                |                                             |                                                     |                      |            |
|---------------------------------------|---------------------------------|----------------|---------------------------------------------|-----------------------------------------------------|----------------------|------------|
| NAIC Group Code                       | 04831                           | 04831          | NAIC Company Code                           | 95204                                               | Employer's ID Number | 34-0922268 |
|                                       | (Current Period)                | (Prior Period) |                                             |                                                     |                      |            |
| Organized under the Laws of           | Ohio                            |                | State of Domicile or Port of Entry          | Ohio                                                |                      |            |
| Country of Domicile                   | United States                   |                |                                             |                                                     |                      |            |
| Licensed as business type:            | Life, Accident & Health [ ]     |                | Property/Casualty [ ]                       | Hospital, Medical & Dental Service or Indemnity [ ] |                      |            |
|                                       | Dental Service Corporation [ ]  |                | Vision Service Corporation [ ]              | Health Maintenance Organization [ X ]               |                      |            |
|                                       | Other [ ]                       |                |                                             | Is HMO Federally Qualified? Yes [ ] No [ ]          |                      |            |
| Incorporated/Organized                | 03/29/1962                      |                | Commenced Business                          | 10/27/1976                                          |                      |            |
| Statutory Home Office                 | 1701 Mercy Health Place         |                | Cincinnati, OH, US 45237                    |                                                     |                      |            |
|                                       | (Street and Number)             |                | (City or Town, State, Country and Zip Code) | (Area Code) (Telephone Number)                      |                      |            |
| Main Administrative Office            | 1701 Mercy Health Place         |                | Cincinnati, OH, US 45237                    | 216-319-1618                                        |                      |            |
|                                       | (Street and Number)             |                | (City or Town, State, Country and Zip Code) | (Area Code) (Telephone Number)                      |                      |            |
| Mail Address                          | 1701 Mercy Health Place         |                | Cincinnati, OH, US 45237                    |                                                     |                      |            |
|                                       | (Street and Number or P.O. Box) |                | (City or Town, State, Country and Zip Code) | (Area Code) (Telephone Number)                      |                      |            |
| Primary Location of Books and Records | 1701 Mercy Health Place         |                | Cincinnati, OH, US 45237                    | 216-319-1618                                        |                      |            |
|                                       | (Street and Number)             |                | (City or Town, State, Country and Zip Code) | (Area Code) (Telephone Number)                      |                      |            |
| Internet Web Site Address             | HealthSpan.org                  |                |                                             |                                                     |                      |            |
| Statutory Statement Contact           | Dorothy Williamson              |                | 310-561-7932                                |                                                     |                      |            |
|                                       | (Name)                          |                | (Area Code) (Telephone Number) (Extension)  |                                                     |                      |            |
|                                       | dorothywilliamson@mercy.com     |                | 513-371-3721                                |                                                     |                      |            |
|                                       | (E-Mail Address)                |                | (FAX Number)                                |                                                     |                      |            |

### OFFICERS

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

### OTHER OFFICERS

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

### DIRECTORS OR TRUSTEES

|                  |               |               |  |
|------------------|---------------|---------------|--|
| Jeffrey Copeland | Ronald Wehtje | Allan Calonge |  |
|                  |               |               |  |

State of .....Ohio..... ss  
County of .....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is, the electronic filing of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

|                                                                          |                                                                                                         |                                                                                             |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <p>Subscribed and sworn to before me this</p> <p>day of</p> <p>_____</p> | <p>Deponent's Signature</p> <p>Jeffrey Copeland</p> <p>9885D09074A480...</p> <p>President &amp; CEO</p> | <p>Deponent's Signature</p> <p>Ronald Wehtje</p> <p>9BA3A92F5C5F4E8...</p> <p>Treasurer</p> |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_