



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: RiverLink Health

NAIC No. 15499

We, the undersigned executive officers of RiverLink Health (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☒ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."
Date of filing with the NAIC: _____. ☐ An original jurat page is attached.
☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.
Date of filing with the NAIC: _____. ☐ An original, notarized signature page is attached.
☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."
Date of filing with the NAIC: _____.
List of supplemental documents included in this Affidavit: _____
☐ All original notarized signature pages are attached, as applicable.
☐ Original filing. ☐ Amended filing.

☒ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.
Date of filing with the NAIC: 08/05/22.
☒ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.
Date of filing with the NAIC: _____.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.
Date of filing with the NAIC: _____.
☐ Original filing. ☐ Amended filing.

Charles William Hanson 7/29/22

Signature _____ Date _____ Signature _____ Date _____ Signature _____ Date _____

(Name) Charles William Hanson (Name) _____ (Name) _____

(Title)* CEO (Title)* _____ (Title)* _____

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



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Date of filing with the NAIC: _____.
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Signature

Date

Signature

Date

Signature

Date

(Name) _____

(Name) Shirley Ann Johnson

(Name) _____

(Title)* _____

(Title)* Corporate Secretary

(Title)* _____

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
RiverLink Health

NAIC Group Code 4807 4807 NAIC Company Code 15499 Employer's ID Number 46-4380824
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized 12/18/2013 Commenced Business 01/01/2015

Statutory Home Office 10496 Montgomery Road, Suite 212 Cincinnati, OH, US 45242
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 33820 Weyerhaeuser Way S
(Street and Number)
Federal Way, WA, US 98001 763-321-3631
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 33820 Weyerhaeuser Way S Federal Way, WA, US 98001
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 33820 Weyerhaeuser Way S
(Street and Number)
Federal Way, WA, US 98001 763-321-3631
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.RiverLinkHealth.com

Statutory Statement Contact Thuy Le 253-517-4340
(Name) (Area Code) (Telephone Number)
thuy.le@qualchoicehealth.com 253-517-4385
(E-mail Address) (FAX Number)

OFFICERS

CEO/President Charles William Hanson

Corporate Secretary Shirley Ann Johnson

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson Charles William Hanson Gregory Porter Moore

State of Washington SS:
County of King

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

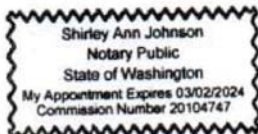
Charles William Hanson

Charles William Hanson
CEO/President

Shirley Ann Johnson
Corporate Secretary

Subscribed and sworn to before me this 2nd day of August 2022
Shirley Ann Johnson

- 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.....





HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
RiverLink Health

NAIC Group Code 4807 4807 NAIC Company Code 15499 Employer's ID Number 46-4380824
(Current) (Prior)
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America
Licensed as business type: Other
Is HMO Federally Qualified? Yes [X] No []
Incorporated/Organized 12/18/2013 Commenced Business 01/01/2015
Statutory Home Office 10496 Montgomery Road, Suite 212, Cincinnati, OH, US 45242
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 33820 Weyerhaeuser Way S
(Street and Number)
Federal Way, WA, US 98001 763-321-3631
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 33820 Weyerhaeuser Way S Federal Way, WA, US 98001
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 33820 Weyerhaeuser Way S
(Street and Number)
Federal Way, WA, US 98001 763-321-3631
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.RiverLinkHealth.com
Statutory Statement Contact Thuy Le, 253-517-4340
(Name) (Area Code) (Telephone Number)
thuy.le@qualchoicehealth.com 253-517-4385
(E-mail Address) (FAX Number)

OFFICERS

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Corporate Secretary Shirley Ann Johnson #

OTHER

DIRECTORS OR TRUSTEES

Mark Fred Bjornson

Charles William Hanson

Gregory Porter Moore

State of Washington SS:
County of pierce

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N/A

Charles William Hanson
CEO/President

Shirley Ann Johnson

Shirley Ann Johnson
Corporate Secretary

N/A

Subscribed and sworn to before me this 28th day of JULY 2022
[Signature]

- 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.....

