



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Integrated Care

NAIC Group Code	04831 (Current Period)	04831 (Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268			
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio					
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health	<input type="checkbox"/>	Property/Casualty	<input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity		<input type="checkbox"/>		
	Dental Service Corporation	<input type="checkbox"/>	Vision Service Corporation	<input type="checkbox"/>	Health Maintenance Organization		<input checked="" type="checkbox"/>		
	Other	<input type="checkbox"/>			Is HMO Federally Qualified? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>
Incorporated/Organized	03/29/1962	Commenced Business					10/27/1976		
Statutory Home Office	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)						
Main Administrative Office	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)			216-319-1618 (Area Code) (Telephone Number)			
Mail Address	1701 Mercy Health Place (Street and Number or P.O. Box)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)			216-319-1618 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)			216-319-1618 (Area Code) (Telephone Number)			
Internet Web Site Address	HealthSpan.org								
Statutory Statement Contact	Felicia Browning (Name)		216-319-1618 (Area Code) (Telephone Number) (Extension)			216-623-8793 (FAX Number)			
	felicia.browning@mercy.com (E-Mail Address)								

OFFICERS

Name	Title	Name	Title
Jeffrey Copeland	President & CEO	Dorothy Williamson	Treasurer

OTHER OFFICERS

Jeffrey Copeland	Dorothy Williamson	Allan Calonge

State of Ohio

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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 an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators or auditors in addition to the enclosed statement.

Jeffrey Copeland
President & CEO

Dorothy Williamson
Treasurer

Subscribed and sworn to before me this
day of _____.

a. Is this an original filing? Yes No

b. If no:

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