

The Supplemental Interrogatories also state that the Accident and Health Policy Experience Exhibit marked as YES; however, it appears it should be marked as NO because there is no business being written



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

RiverLink Health

NAIC Group Code 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 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, 763-321-3631
(Street and Number) (Area Code) (Telephone Number)
Federal Way, WA, US 98001, (City or Town, State, Country and Zip Code)

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

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

President/CEO Charles William Hanson
Corporate Secretary Shirley Ann Johnson #

OTHER

DIRECTORS OR TRUSTEES

Charles William Hanson Jerry White Thuy Mong Le

State of _____ 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 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
President/CEO

Shirley Ann Johnson
Corporate Secretary

Subscribed and sworn to before me this
day of _____

a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes No