



QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

HealthSpan Inc

NAIC Group Code	04831 (Current Period)	04831 (Prior Period)	NAIC Company Code	15284	Employer's ID Number	31-1431434
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 []			
	Other []		Is HMO Federally Qualified? Yes [] No []			
Incorporated/Organized	07/30/2013	Commenced Business		07/30/2013		
Statutory Home Office	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		Cincinnati, OH, US 45237 (Area Code) (Telephone Number)	
Main Administrative Office	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		216-319-1818 (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, County and Zip Code)		Cincinnati, OH, US 45237 (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, County and Zip Code)		216-319-1818 (Area Code) (Telephone Number)	
Internet Web Site Address	N/A					
Statutory Statement Contact	Dorothy Williamson (Name)		310-561-7932 (Area Code) (Telephone Number) (Extension)		513-671-3721 (FAX Number)	
	dorothywilliamson@mercy.com (E-Mail Address)					

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES		
Jeffery Copeland	Dorothy Williamson #	Alan Cologue

State of _____

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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 in lieu of or in addition to the enclosed statement.

Dorothy Williamson

Dorothy Williamson
TreasurerSubscribed 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 _____

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