



QUARTERLY STATEMENT

AS OF JUNE 30, 2023

OF THE CONDITION AND AFFAIRS OF THE

Northwest Ohio Business Alliance Health & Wellness Trust

NAIC Group Code 0000 (Current Period) 17313 (Prior Period) NAIC Company Code 17313 Employer's ID Number 88-77111

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health Dental Service Corporation Health Maintenance Organization Property/Casualty Vision Service Corporation Is HMO Federally Qualified? Yes No Hospital, Medical and Dental Service or Indemnity Other MEWA

Incorporated/Organized March 24, 2022 Commenced Business May 01, 2022

Statutory Home Office 5632 N Main Street, Sylvania, Ohio, US 43560
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537
(Street and Number, City or Town, State, Country and Zip Code) (419) 794-7323
(Area Code) (Telephone Number)

Mail Address 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537
(Street and Number, City or Town, State, Country and Zip Code) (419) 794-7323
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Tiffany Lynn Scott Bosch (Name) (419) 882-2135
(Area Code) (Telephone Number) (Extension)

tbosch@sylvaniachamber.org (E-Mail Address) (Fax Number)

OFFICERS

Tiffany Lynn Scott Bosch (Chairperson and Trustee)
Joshua Burnell Torres (Trustee)
Richard Tuteur Eppstein (Trustee)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Tiffany Lynn Scott Bosch
Joshua Burnell Torres
Richard Tuteur Eppstein

State of _____
County of _____ }ss

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.

DocuSigned by:
Tiffany Lynn Scott Bosch
5565F500C0D03409
Tiffany Lynn Scott Bosch
Chairperson and Trustee

DocuSigned by:
Joshua Burnell Torres
03C5FB28A4BA423
Joshua Burnell Torres
Trustee

DocuSigned by:
Richard Tuteur Eppstein
D999DC1090E240B
Richard Tuteur Eppstein
Trustee

Subscribed and sworn to before me this _____

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 _____