

Office of Risk Assessment
50 W. Town Street, Ste 300
Columbus, OH 43215
(614) 644-2658
Fax (614) 644-3256
www.insurance.ohio.gov

Ohio Department of Insurance
John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: HealthSpan Integrated Care

NAIC No. 95204

We, the undersigned executive officers of HealthSpan Integrated Care (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: 08/15/2023.
 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: _____.
 Original filing. Amended filing.

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.

DocuSigned by: 8/15/2023
Jeff Copeland Date _____
 95B5DD50A24A4B0
 Jeffrey Copeland (Name)

DocuSigned by: 8/15/2023
Dorothy Williamson Date _____
 1F4022804C104D8
 Dorothy Williamson (Name)

Date _____
 _____ (Name)
 _____ (Title)*

Notary Public _____

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



QUARTERLY STATEMENT

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

HealthSpan Integrated Care

NAIC Group Code	04831 (Current Period)	04831 (Prior Period)	NAIC Company Code	85204	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 []	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	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, County and Zip Code)	
Main Administrative Office	1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, County and Zip Code)		216-319-1616 (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)	
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)		216-319-1616 (Area Code) (Telephone Number)	
Internet Web Site Address			HealthSpan.org			
Statutory Statement Contact	Dorothy Williamson (Name)				310-561-7932 (Area Code) (Telephone Number) (Extension)	
	dorothy.williamson@mercy.com (E-Mail Address)				513-671-3721 (FAX Number)	

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Jeffrey Copeland	Dorothy Williamson #	Alan Calonge
------------------	----------------------	--------------

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 _____.

DocuSigned by:

Jeffrey Copeland
President a& CEO

Dorothy Williamson
Treasurer

Subscribed and sworn to before me this
13 day of August, 2023

a. Is this an original filing?

Yes [] No []

b. If no:

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

8/14/2023	02:30:40 PM	Statement Name: 2023 Quarterly HealthSpan Integrated Care Q2
Printed by eFreedomAS Administrator Not Checking for Identifiers being edited		