

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 Inc.

NAIC No. 15284

We, the undersigned executive officers of Healthspan Inc. (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: 11/15/2023.

☒ 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: _____.

☐ 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: 11/13/2023

Jeff Copeland Date _____

06B5DD50A24A4B0
Jeffrey Copeland (Name)

President & CEO (Title)*

DocuSigned by: 11/13/2023

Dorothy Williamson Date _____

1E4022B04C10408
Dorothy Williamson (Name)

Treasurer (Title)*

Date

(Name)

(Title)*

Notary Public _____

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



QUARTERLY STATEMENT

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

HealthSpan Inc

NAIC Group Code	<u>04831</u>	<u>04831</u>	NAIC Company Code	<u>15284</u>	Employer's ID Number	<u>31-1431434</u>
	(Current Period)	(Prior Period)				
Organized under the Laws of	<u>Ohio</u>			State of Domicile or Port of Entry	<u>Ohio</u>	
Country of Domicile	<u>United States</u>					
Licensed as business type:	<input type="checkbox"/> 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 type="checkbox"/> Other [] <input type="checkbox"/> Is HMO Federally Qualified? Yes [] No []					
Incorporated/Organized	<u>07/30/2013</u>		Commenced Business	<u>07/30/2013</u>		
Statutory Home Office	<u>1701 Mercy Health Place</u>			<u>Cincinnati, OH, US 45237</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>1701 Mercy Health Place</u>			<u>Cincinnati, OH, US 45237</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Mail Address	<u>1701 Mercy Health Place</u>			<u>Cincinnati, OH, US 45237</u>		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>1701 Mercy Health Place</u>			<u>Cincinnati, OH, US 45237</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Internet Web Site Address				<u>N/A</u>		
Statutory Statement Contact	<u>Dorothy Williamson</u>			<u>310-581-7932</u>		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	<u>dorothywilliamson@mercy.com</u>			<u>513-671-3721</u>		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
<u>Jeffrey Copeland</u>	<u>President & CEO</u>	<u>Dorothy Williamson</u>	<u>Treasurer</u>

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

<u>Jeffrey Copeland</u>	<u>Dorothy Williamson</u>	<u>Alan Calogno</u>
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State of Ohio
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 an enclosed statement.

DocuSigned by:
Jeffrey Copeland
 Jeffrey Copeland
 President & CEO
Dorothy Williamson
 Dorothy Williamson
 Treasurer

a. Is this an original filing? ☐ Yes ☒ No

b. If no:

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

Subscribed and sworn to before me this _____ day of _____