



**ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE**

NAIC Group Code 5035, 5035 NAIC Company Code 16725.... Employer's ID Number 84-2285422
(Current) (Prior)

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
Country of Domicile.....US.....
Licensed as business type:.....Health Maintenance Organization.....Is HMO Federally Qualified?.....YES.....
Incorporated/Organized.....11/10/2018.....Commenced Business.....02/06/2020.....
Statutory Home Office.....10123 ALLIANCE ROAD, SUITE 240.....BLUE ASH, OH, US 45242.....
Main Administrative Office.....10123 ALLIANCE ROAD, SUITE 240.....
.....BLUE ASH, OH, US 45242.....513-530-1600.....
.....(Telephone).....
Mail Address.....10123 ALLIANCE ROAD, SUITE 240.....BLUE ASH, OH, US 45242.....
Primary Location of Books and
Records.....10123 ALLIANCE ROAD, SUITE 240.....
.....BLUE ASH, OH, US 45242.....513-530-1600.....
.....(Telephone).....
Internet Website Address.....N/A.....
Statutory Statement Contact.....JEREMY C HEIMGARTNER.....513-469-8545.....

OFFICERS

ROBERT HAGER, CHIEF EXECUTIVE OFFICER.....
RONALD WILHEIM#, PRESIDENT & CHAIRMAN OF BOARD.....
OFFICERS.....
JEREMY HEIMGARTNER, CHIEF FINANCIAL OFFICER.....
CHARLES STOLTZ, TREASURER AND SECRETARY.....

DIRECTORS OR TRUSTEES

VIKAS GUPTA.....RONALD WILHELM.....
AMY SEVERINO.....CHARLES STOLTZ.....
ISAAC ROSEDALE.....STEPHEN ROSEDALE.....

State of OHIO.....
County of HAMILTON.....

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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.

X **X** **X**
RONALD WILHEIM JEREMY HEIMGARTNER ROBERT HAGER
PRESIDENT & CHAIRMAN OF BOARD CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER

Subscribed and sworn to before me
this _____ day of
_____, 2024

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of Amounts Not Individually Listed.....	13,976	14,054	14,027	137,231	137,231	42,058
0199999 - Pharmaceutical Rebate Receivables.....	13,976	14,054	14,027	137,231	137,231	42,058
0799999 - Gross Health Care Receivables.....	13,976	14,054	14,027	137,231	137,231	42,058

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	279,736		28,652	150,636	308,388	308,388
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						1,059,593
7. Totals (Lines 1 through 6)	279,736		28,652	150,636	308,388	1,367,981

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	992,381					992,381
0499999 - Subtotals.....	992,381					992,381
0599999 - Unreported claims and other claim reserves.....						9,541,618
0799999 - Total claims unpaid.....						10,533,999
0899999 - Accrued medical incentive pool and bonus amounts.....						1,114,660

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
HCF Health care Facility Management LLC	3,928,668					3,928,668	
MSO CHS Managed Service Corp, LLC	3,478,670					3,478,670	
West Virginia Senior Advantage, Inc,.....	547,292					547,292	
SNP Holdings, LLC.....	100					100	
0199999 - Individually listed receivables	7,954,730					7,954,730	
0399999 - Total gross amounts receivable.....	7,954,730					7,954,730	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables				

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....				2,021	100.000	
2. Intermediaries.....						
3. All other providers.....	63,003,591	98.346			15,093,300	47,910,291
4. Total capitation payments.....	63,003,591	98.346	2,021	100.000	15,093,300	47,910,291
Other Payments:						
5. Fee-for-service.....				XXX	XXX	
6. Contractual fee payments.....				XXX	XXX	
7. Bonus/withhold arrangements – fee-for-service.....				XXX	XXX	
8. Bonus/withhold arrangements – contractual fee payments.....	1,059,593	1.654		XXX	XXX	1,059,593
9. Non-contingent salaries.....				XXX	XXX	
10. Aggregate cost arrangements.....				XXX	XXX	
11. All other payments.....				XXX	XXX	
12. Total other payments.....	1,059,593	1.654	XXX	XXX		1,059,593
13. Total (Line 4 plus Line 12).....	64,063,184	100.000 %	XXX	XXX	15,093,300	48,969,884

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....						
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023

NAIC Company Code: 16725

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	446									446				
2. First Quarter.....	444									444				
3. Second Quarter.....	456									456				
4. Third Quarter.....	434									434				
5. Current Year.....	476									476				
6. Current Year Member Months.....	5,367								5,367					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	7,818									7,818				
8. Non-Physician.....	30,840									30,840				
9. Total.....	38,658									38,658				
10. Hospital Patient Days Incurred.....	1,414									1,414				
11. Number of Inpatient Admissions.....	267									267				
12. Health Premiums Written (b).....	20,854,308									20,854,308				
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	20,730,948									20,730,948				
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	16,119,343									16,119,343				
18. Amount Incurred for Provision of Health Care Services.....	17,510,093									17,510,093				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 20,854,308



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2023

NAIC Company Code: 16725

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	232													
2. First Quarter.....	287													
3. Second Quarter.....	310													
4. Third Quarter.....	317													
5. Current Year.....	328													
6. Current Year Member Months.....	3,704								3,704					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	5,212									5,212				
8. Non-Physician.....	20,560									20,560				
9. Total.....	25,772									25,772				
10. Hospital Patient Days Incurred.....	943									943				
11. Number of Inpatient Admissions.....	178									178				
12. Health Premiums Written (b).....	14,867,779									14,867,779				
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	14,785,539									14,785,539				
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	9,505,931									9,505,931				
18. Amount Incurred for Provision of Health Care Services.....	10,540,844									10,540,844				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 14,867,779



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023

NAIC Company Code: 16725

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	1,096													
2. First Quarter.....	1,075													
3. Second Quarter.....	1,098													
4. Third Quarter.....	1,138													
5. Current Year.....	1,217													
6. Current Year Member Months.....	13,534								13,534					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	19,546									19,546				
8. Non-Physician.....	77,100									77,100				
9. Total.....	96,646									96,646				
10. Hospital Patient Days Incurred.....	3,536									3,536				
11. Number of Inpatient Admissions.....	667									667				
12. Health Premiums Written (b).....	50,304,584									50,304,584				
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	49,996,184									49,996,184				
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	38,437,910									38,437,910				
18. Amount Incurred for Provision of Health Care Services.....	42,076,406									42,076,406				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 50,304,584



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 16725

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	1,774							1,774						
2. First Quarter.....	1,806							1,806						
3. Second Quarter.....	1,864							1,864						
4. Third Quarter.....	1,889							1,889						
5. Current Year.....	2,021							2,021						
6. Current Year Member Months.....	22,605							22,605						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	32,576							32,576						
8. Non-Physician.....	128,500							128,500						
9. Total.....	161,076							161,076						
10. Hospital Patient Days Incurred.....	5,893							5,893						
11. Number of Inpatient Admissions.....	1,112							1,112						
12. Health Premiums Written (b).....	86,026,672							86,026,672						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	85,512,671							85,512,671						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	64,063,184							64,063,184						
18. Amount Incurred for Provision of Health Care Services.....	70,127,343							70,127,343						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 86,026,671

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2023	PartnerRe America Insurance Company	DE	SSL/I	MR	178,109						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							178,109						
1099999 - General Account, Authorized, Total Authorized Non-Affiliates							178,109						
1199999 - Total General Account Authorized							178,109						
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							178,109						
9199999 - Total U.S.							178,109						
9999999 - Total (Sum of 4599999 and 9099999)							178,109						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
1	Premiums.....					
2	Title XVIII-Medicare.....	178	170	132		
3	Title XIX-Medicaid.....					
4	Commissions and reinsurance expense allowance.....					
5	Total hospital and medical expenses.....					
B.	BALANCE SHEET ITEMS					
6	Premiums receivable.....					
7	Claims payable.....					
8	Reinsurance recoverable on paid losses.....					
9	Experience rating refunds due or unpaid.....					
10	Commissions and reinsurance expense allowances due.....					
11	Unauthorized reinsurance offset.....					
12	Offset for reinsurance with Certified Reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13	Funds deposited by and withheld from (F).....					
14	Letters of credit (L).....					
15	Trust agreements (T).....					
16	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust.....					
18	Funds deposited by and withheld from (F).....					
19	Letters of credit (L).....					
20	Trust agreements (T).....					
21	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12).....	8,357,153		8,357,153
2 Accident and health premiums due and unpaid (Line 15).....	5,406		5,406
3 Amounts recoverable from reinsurers (Line 16.1).....			
4 Net credit for ceded reinsurance.....	XXX		
5 All other admitted assets (Balance).....	12,152,302		12,152,302
6 Total assets (Line 28).....	20,514,861		20,514,861
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1).....	10,533,999		10,533,999
8 Accrued medical incentive pool and bonus payments (Line 2).....	1,114,660		1,114,660
9 Premiums received in advance (Line 8).....	405,787		405,787
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount).....			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount).....			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....			
14 All other liabilities (Balance).....	2,288,987		2,288,987
15 Total liabilities (Line 24).....	14,343,433		14,343,433
16 Total capital and surplus (Line 33).....	6,171,427	XXX	6,171,427
17 Total liabilities, capital and surplus (Line 34).....	20,514,860		20,514,860
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid.....		XXX	XXX
19 Accrued medical incentive pool.....		XXX	XXX
20 Premiums received in advance.....		XXX	XXX
21 Reinsurance recoverable on paid losses.....		XXX	XXX
22 Other ceded reinsurance recoverables.....		XXX	XXX
23 Total ceded reinsurance recoverables.....		XXX	XXX
24 Premiums receivable.....		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26 Unauthorized reinsurance.....		XXX	XXX
27 Reinsurance with Certified Reinsurers.....		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29 Other ceded reinsurance payables/offsets.....		XXX	XXX
30 Total ceded reinsurance payables/offsets.....		XXX	XXX
31 Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Totals						

NONE

Annual Statement for the Year 2023 of the OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
41	CommuniCare		20-1958124			Rosedale Family Investment Company, Inc.	OH	UIP						NO	
	CommuniCare		20-2142521			Wilheim Family Investment Company, Inc.	OH	UIP						NO	
	CommuniCare		38-3923339			I. Rosedale Family Investment Company, Inc.	OH	UIP						NO	
	CommuniCare		37-1861869			HC IN OPS - MGT, LLC	OH	NIA	RRW, LLC		Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		26-3952967			RRW HCFS, LLC	OH	NIA	RRW, LLC		Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802			RRW, LLC	OH	UIP	Rosedale Family Investment Company, Inc.		Ownership	33.340	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802			RRW, LLC	OH	UIP	Wilheim Family Investment Company Inc		Ownership	33.330	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802			RRW, LLC	OH	UIP	I. Rosedale Family Investment Company, Inc.		Ownership	33.330	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137120			Health Care Holdings, LLC	OH	UIP	RRW, LLC		Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		26-6186517			C R Stoltz Irrevocable Trust	OH	UIP						NO	
	CommuniCare		38-3917891			C.R. Stoltz Family Investment Company, Inc.	OH	UIP	C R Stoltz Irrevocable Trust		Ownership	100.000	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		84-2285179			SNP Holdings, LLC	OH	UDP	C.R. Stoltz Family Investment Company, Inc.		Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		84-2285179			SNP Holdings, LLC	OH	UDP	Health Care Holdings, LLC		Ownership	93.480	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		84-3357360			OHI ISNP, LLC	DE	UDP					OHI ISNP, LLC	NO	

Annual Statement for the Year 2023 of the OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
411	CommuniCare.....	16725.....	84-2285422.....			OH CHS SNP, Inc. DBA Communicare Advantage.....	OH CHS SNP, Inc. DBA Communicare Advantage.....	OH.....	RE.....	SNP Holdings, LLC.....	Ownership.....	91.000.....	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ Rosedale Family Investment Company, Inc.....	NO.....	
	CommuniCare.....	16725.....	84-2285422.....			OH CHS SNP, Inc. DBA Communicare Advantage.....	OH CHS SNP, Inc. DBA Communicare Advantage.....	OH.....	RE.....	OHI ISNP, LLC.....	Ownership.....	9.000.....	OHI ISNP, LLC.....	NO.....	
	CommuniCare.....	15955.....	81-1336922.....			West Virginia Senior Advantage, Inc.....	West Virginia Senior Advantage, Inc.....	WV.....	IA.....	SNP Holdings, LLC.....	Ownership.....	91.000.....	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ Rosedale Family Investment Company, Inc.....	NO.....	
	CommuniCare.....	15955.....	81-1336922.....			West Virginia Senior Advantage, Inc.....	West Virginia Senior Advantage, Inc.....	WV.....	IA.....	OHI ISNP, LLC.....	Ownership.....	9.000.....	OHI ISNP, LLC.....	NO.....	
	CommuniCare.....		26-3322066.....			Health Care Facilities Staffing, LLC.....	Health Care Facilities Staffing, LLC.....	OH.....	NIA.....	C.R. Stoltz Family Investment Company, Inc.....	Ownership.....	6.520.....	C R Stoltz Irrevocable Trust.....	NO.....	
	CommuniCare.....		26-3322066.....			Health Care Facilities Staffing, LLC.....	Health Care Facilities Staffing, LLC.....	OH.....	NIA.....	RRW HCFS, LLC.....	Ownership.....	93.480.....	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ Rosedale Family Investment Company, Inc.....	NO.....	
	CommuniCare.....		61-1776778.....			WVNH EMP LLC.....	WVNH EMP LLC.....	OH.....	NIA.....	Health Care Facilities Staffing, LLC.....	Ownership.....	100.000.....	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ Rosedale Family Investment Company, Inc.....	NO.....	
	CommuniCare.....		20-2137273.....			Health Care Facility Management, LLC.....	Health Care Facility Management, LLC.....	OH.....	NIA.....	HC IN OPS - MGT, LLC.....	Ownership.....	93.480.....	Rosedale Family Investment Company Inc/ Rosedale Family Investment Company, Inc.....	NO.....	
	CommuniCare.....		20-2137273.....			Health Care Facility Management, LLC.....	Health Care Facility Management, LLC.....	OH.....	NIA.....	C.R. Stoltz Family Investment Company, Inc.....	Ownership.....	6.520.....	C R Stoltz Irrevocable Trust.....	NO.....	
	CommuniCare.....		88-3972962.....			CHS Managed Service Corp, LLC.....	CHS Managed Service Corp, LLC.....	OH.....	NIA.....	Health Care Facility Management, LLC.....	Ownership.....	93.480.....	HC IN OPS - MGT, LLC.....	NO.....	
	CommuniCare.....		88-3972962.....			CHS Managed Service Corp, LLC.....	CHS Managed Service Corp, LLC.....	OH.....	NIA.....	Health Care Facility Management, LLC.....	Ownership.....	6.520.....	C R Stoltz Family Investment Company, Inc.....	NO.....	

Asterisk	Explanation

Annual Statement for the Year 2023 of the OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
88-3972962	CHS Managed Service Corp, LLC						6,044,574				6,044,574	
16725	84-2285422	OH CHS SNP, Inc. DBA Communicare Advantage					(6,044,574)				(6,044,574)	
9999999 - Control Totals									XXX			

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

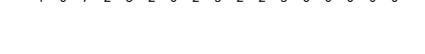
	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
June Filing	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	 1 6 7 2 5 2 0 2 3 3 6 0 0 0 0 0 0
11.	 1 6 7 2 5 2 0 2 3 2 0 5 0 0 0 0 0
12.	 1 6 7 2 5 2 0 2 3 4 2 0 0 0 0 0 0
13.	 1 6 7 2 5 2 0 2 3 3 7 1 0 0 0 0 0
14.	 1 6 7 2 5 2 0 2 3 3 7 0 0 0 0 0 0
15.	 1 6 7 2 5 2 0 2 3 3 6 5 0 0 0 0 0
16.	 1 6 7 2 5 2 0 2 3 2 2 4 0 0 0 0 0
17.	 1 6 7 2 5 2 0 2 3 2 2 5 0 0 0 0 0
18.	 1 6 7 2 5 2 0 2 3 2 2 6 0 0 0 0 0
19.	 1 6 7 2 5 2 0 2 3 3 0 6 0 0 0 0 0
20.	 1 6 7 2 5 2 0 2 3 3 0 6 0 0 0 0 0
21.	 1 6 7 2 5 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	 1 6 7 2 5 2 0 2 3 2 9 0 0 0 0 0 0
24.	 1 6 7 2 5 2 0 2 3 2 2 3 0 0 0 0 0

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