



# QUARTERLY STATEMENT

AS OF JUNE 30, 2024  
OF THE CONDITION AND AFFAIRS OF THE

## HealthSpan Integrated Care

NAIC Group Code	04831 (Current Period)	04831 (Prior Period)	NAIC Company Code	95204	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 [ <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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]			
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, Country and Zip Code)			
Main Administrative Office		1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)	310-561-7932 (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, Country and Zip Code)			
Primary Location of Books and Records		1701 Mercy Health Place (Street and Number)		Cincinnati, OH, US 45237 (City or Town, State, Country and Zip Code)	310-561-7932 (Area Code) (Telephone Number)		
Internet Web Site Address		HealthSpan.org					
Statutory Statement Contact		Dorothy Williamson (Name)		310-561-7932 (Area Code) (Telephone Number) (Extension)			
		dorothywilliamson@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 ..... Ohio.....

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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.

Jeffrey Copeland President a& CEO	Dorothy Williamson Treasurer	a. Is this an original filing? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
Subscribed and sworn to before me this day of _____,		b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____
_____	_____	_____