



# HEALTH QUARTERLY STATEMENT

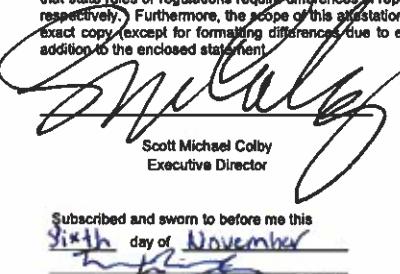
AS OF SEPTEMBER 30, 2024

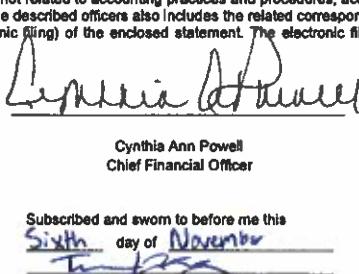
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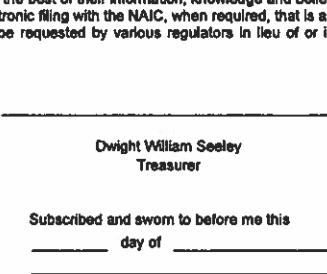
## Ohio Chamber Health Benefit Program Trust

NAIC Group Code	0000 (Current)	NAIC Company Code	16619	Employer's ID Number	83-6804328
Organized under the Laws of	Ohio	State of Domicile or Port of Entry			OH
Country of Domicile	United States of America				
Licensed as business type:	Other				
Is HMO Federally Qualified? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]					
Incorporated/Organized	06/21/2019	Commenced Business	08/07/2018		
Statutory Home Office	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (City or Town, State, County and Zip Code)			
Main Administrative Office	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (Area Code) (Telephone Number)			
Mail Address	34 S. Third Street, Suite 100 (Street and Number or P.O. Box)	Columbus, OH, US 43215 (City or Town, State, County and Zip Code)			
Primary Location of Books and Records	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (Area Code) (Telephone Number)			
Internet Website Address	www.ohiochamber.com				
Statutory Statement Contact	Cynthia Ann Powell (Name) CPowell@ohiochamber.com (E-mail Address)	614-629-0913 (Area Code) (Telephone Number)			
<b>OFFICERS</b>					
Executive Director	Scott Michael Colby	Treasurer	Dwight William Seeley		
Chief Financial Officer	Cynthia Ann Powell	Secretary	Jonathan Alexander Allison		
<b>OTHER</b>					
Steven Ernst Stivers, Chairman of the Board					
<b>DIRECTORS OR TRUSTEES</b>					
Dwight William Seeley Jennifer Heaton Sitterley Lisa Marie Wesolek #	Steven Ernst Stivers Eric Henderson Kearney	Jonathan Alexander Allison Thomas Mark Zaino #			

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 statement 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.

  
Scott Michael Colby  
Executive Director

  
Cynthia Ann Powell  
Chief Financial Officer

  
Dwight William Seeley  
Treasurer

Subscribed and sworn to before me this

Sixth day of November

Subscribed and sworn to before me this

Sixth day of November

Subscribed and sworn to before me this

day of



TUCKER JAMES KING  
Notary Public, State of Ohio  
My Commission Expires  
10/25/28

a. Is this an original  
filing?

Yes [  ] No [  ]

b. If no,

1. State the amendment number.
2. Date filed.
3. Number of pages attached.