



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: OH CHS SNP

NAIC No. 16725

We, the undersigned executive officers of OH CHS SNP (CommuniCare Advantage) (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: _____.
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☐ 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.

Signature _____ Date _____

(Name) Ronald Wilhelm

(Title)* President

Signature _____ Date _____

(Name) Jeremy Heimgartner

(Title)* CFO

Signature _____ Date _____

(Name) Robert Hager

(Title)* CEO

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



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Signature	Date	Signature	Date	Signature	Date
(Name) <u>Ronald Wilhelm</u>	<u>11/13/2024</u>	(Name) <u>Jeremy Heimgartner</u>		(Name) <u>Robert Hager</u>	
(Title)* <u>President</u>		(Title)* <u>CFO</u>		(Title)* <u>CEO</u>	

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



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Signature

Date

Signature

Date

Signature

Date

(Name) Ronald Wilhelm

(Name) Jeremy Heimgartner

(Name) Robert Hager

(Title)* President

(Title)* CFO

(Title)* CEO

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



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2024
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 Number)
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 Number)
Internet Website Address.....N/A.....
Statutory Statement Contact.....JEREMY C HEIMGARTNER..... 513-469-8545.....
(Telephone Number)
JHEIMGARTNER@COMMUNICARE-ADVANTAGE.....
COM..... 513-247-0589.....
(E-Mail Address) (Fax Number)
OFFICERS
.....ROBERT HAGER, CHIEF EXECUTIVE OFFICER..... JEREMY HEIMGARTNER, CHIEF FINANCIAL OFFICER.....
.....RONALD WILHEIM, PRESIDENT & CHAIRMAN OF BOARD..... CHARLES STOLTZ, TREASURER AND SECRETARY.....
DIRECTORS OR TRUSTEES
.....VIKAS GUPTA..... RONALD WILHEIM.....
.....AMY SEVERINO..... CHARLES STOLTZ.....
.....ISAAC ROSEDALE..... ROBERT HAGER.....

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

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
RONALD WILHEIM
PRESIDENT & CHAIRMAN OF BOARD

x
JEREMY HEIMGARTNER
CHIEF FINANCIAL OFFICER

x
ROBERT HAGER
CHIEF EXECUTIVE OFFICER

Subscribed and sworn to before me
this 14th day of
November, 2024

x Harold Burt

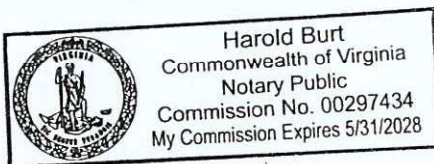
a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2024
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
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(Telephone Number)
Internet Website Address N/A
Statutory Statement Contact JEREMY C HEIMGARTNER 513-469-8545
(Telephone Number)
JHEIMGARTNER@COMMUNICARE-ADVANTAGE.COM 513-247-0589
(E-Mail Address) (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

VIKAS GUPTA RONALD WILHEIM
AMY SEVERINO CHARLES STOLTZ
ISAAC ROSEDALE ROBERT HAGER

State of OHIO
County of HAMILTON SS

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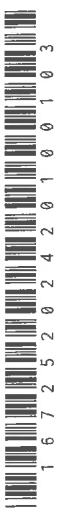
x RONALD WILHEIM x JEREMY HEIMGARTNER x ROBERT HAGER
PRESIDENT & CHAIRMAN OF BOARD CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER

Subscribed and sworn to before me
this 14 day of
November, 2024

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

x Lorie C. Dressman





QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

NAIC Group Code..... 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
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PRESIDENT & CHAIRMAN OF BOARD CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER

Subscribed and sworn to before me

this 13th day of November, 2024

x 

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b. If no:
1. State the amendment number:
2. Date filed:
3. Number of pages attached:



Margaret A. Prior
Notary Public, State of Ohio
Commission #: 2024-RE-981935
My Commission Expires 09-18-2029

HAMILTON
OHIO