



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE
HEALTHSPAN INC

NAIC Group Code 4831, 4831 NAIC Company Code 15284 Employer's ID Number 31-1431434
 (Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Licensed as business type: Is HMO Federally Qualified?
 Incorporated/Organized 07/30/2013 Commenced Business 07/30/2013
 Statutory Home Office 4600 McAuley Place, Suite 100 Blue Ash, OH, US 45242
 Main Administrative Office 4600 McAuley Place, Suite 100
 Blue Ash, OH, US 45242 310-561-7932
 (Telephone)
 Mail Address 4600 McAuley Place, Suite 100 Blue Ash, OH, US 45242
 Primary Location of Books and
 Records 4600 McAuley Place, Suite 100
 Blue Ash, OH, US 45242 310-561-7932
 (Telephone)
 Internet Website Address N/A
 Statutory Statement Contact Dorothy Williamson Carlson 310-561-7932
 (Telephone)
 dorothywilliamson@mercy.com 513-671-3721
 (E-Mail) (Fax)

OFFICERS

Jeffrey Copeland, President & CEO Dorothy Williamson, Treasurer

DIRECTORS OR TRUSTEES

Jeffery Copeland Dorothy Williamson
 Alan Calogne

State of
 County of 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 _____ x _____ x _____

Subscribed and sworn to before me
 this _____ day of
 _____, 2026

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

x _____

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
0799999 – Gross Health Care Receivables.....						

NONE

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
	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	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

NONE

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
0899999 – Accrued medical incentive pool and bonus amounts.....						

NONE

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
0299999 – Receivables not individually listed	14,408					14,408	
0399999 – Total gross amounts receivable	14,408					14,408	

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

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
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.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....			XXX	XXX		
13. Total (Line 4 plus Line 12).....		%	XXX	XXX		

NONE

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary’s Total Adjusted Capital	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 HealthSpan Inc

2. Blue Ash, OH
(LOCATION)

NAIC Group Code: 4831

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 15284

	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.....														
2. First quarter.....														
3. Second quarter.....														
4. Third quarter.....														
5. Current year.....														
6. Current year member months.....														
Total Member Ambulatory Encounters for Year:														
7. Physician.....														
8. Non-physician.....														
9. Total.....														
10. Hospital patient days incurred.....														
11. Number of inpatient admissions.....														
12. Health premiums written (b).....														
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....														
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....														
18. Amount incurred for provision of health care services.....														

NONE

30.GT

(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 \$

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

(33) Schedule S - Part 3 - Section 2

NONE

(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

(36) Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	5,087,104		5,087,104
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	21,133		21,133
6. Total assets (Line 28)	5,108,238		5,108,238
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
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)	(14,408)		(14,408)
15. Total liabilities (Line 24)	(14,408)		(14,408)
16. Total capital and surplus (Line 33)	5,122,646	XXX	5,122,646
17. Total liabilities, capital and surplus (Line 34)	5,108,238		5,108,238
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

			Direct Business Only					
States, Etc.			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (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

SCHEDULE Y

PART 1A - DETAILS 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)	*
4831	HealthSpan Partners		46-3055925				HealthSpan Partners	OH	UDP	Bon Secours Mercy Health	Ownership	100.000	Bon Secours Mercy Health	NO	
4831	HealthSpan Partners	95204	34-0922268				HealthSpan Integrated Care	OH	RE	HealthSpan Partners	Ownership	100.000	Bon Secours Mercy Health	NO	
4831	HealthSpan Partners	15284	31-1431434				HealthSpan Inc	OH	IA	HealthSpan Partners	Ownership	100.000	Bon Secours Mercy Health	NO	
	HealthSpan Partners		31-1161086				Bon Secours mercy Health	OH	UIP		Board of Directors		Bon Secours Mercy Health	NO	
	HealthSpan Partners		32-0417416				HealthSpan Physicians	OH	NIA	HealthSpan Partners	Ownership	100.000	Bon Seours Mercy Health	NO	

Asterisk	Explanation

(42) Schedule Y - Part 2

NONE

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

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.
















	Responses
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?.....	SEE EXPLANATION.....
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?.....	SEE EXPLANATION.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	SEE EXPLANATION.....

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.

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?.....	NO.....
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. Exemption obtained	
3.	
4.	
5.	
6.	
7.	
8. Exemption obtained	
9. N/A	
10.	 1 5 2 8 4 2 0 2 5 3 6 0 0 0 0 0 0
11.	 1 5 2 8 4 2 0 2 5 2 0 5 0 0 0 0 0
12.	 1 5 2 8 4 2 0 2 5 4 2 0 0 0 0 0 0
13.	 1 5 2 8 4 2 0 2 5 3 7 1 0 0 0 0 0
14.	 1 5 2 8 4 2 0 2 5 3 7 0 0 0 0 0 0
15. Business not written	 1 5 2 8 4 2 0 2 5 3 6 5 0 0 0 0 0
16.	 1 5 2 8 4 2 0 2 5 2 2 4 0 0 0 0 0
17.	 1 5 2 8 4 2 0 2 5 2 2 5 0 0 0 0 0
18.	 1 5 2 8 4 2 0 2 5 2 2 6 0 0 0 0 0
19.	 1 5 2 8 4 2 0 2 5 6 0 0 0 0 0 0 0
20.	 1 5 2 8 4 2 0 2 5 3 0 6 0 0 0 0 0
21.	 1 5 2 8 4 2 0 2 5 2 1 1 0 0 0 0 0
22.	 1 5 2 8 4 2 0 2 5 2 1 6 0 0 0 0 0
23.	 1 5 2 8 4 2 0 2 5 2 9 0 0 0 0 0 0
24.	 1 5 2 8 4 2 0 2 5 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page.....				
2504. ACA Exchange CMS Subsidy.....				
2597. Summary of remaining write-ins for Line 25 from overflow page.....				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Other Long Term Liabilities.....				
2305. Affordable Care Act Payable.....				
2397. Summary of remaining write-ins for Line 23 from overflow page.....				
2597. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
3097. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
0604. RELATED PARTY CONSULTING AND HEALTH BENEFIT PLAN.....	XXX		
0605. PAYMENT INNOVATIONS CLAIMS EXPENSE.....	XXX		
0606. INVESTMENT REVENUE.....	XXX		
0697. Summary of remaining write-ins for Line 6 from overflow page.....	XXX		
0797. Summary of remaining write-ins for Line 7 from overflow page.....	XXX		
1497. Summary of remaining write-ins for Line 14 from overflow page.....			
2997. Summary of remaining write-ins for Line 29 from overflow page.....			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Severance.....					
2505. Miscellaneous.....					
2597. Summary of remaining write-ins for Line 25 from overflow page.....					

OVERFLOW PAGE FOR WRITE-INS