



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Ohio Chamber Health Benefit Program Trust

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 16619 Employer's ID Number 83-6804326

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 ☐ No ☐

Incorporated/Organized 06/21/2019 Commenced Business 08/07/2019

Statutory Home Office 34 S. Third Street, Suite 100 Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 34 S. Third Street, Suite 100
(Street and Number)
Columbus, OH, US 43215 614-629-0936
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 34 S. Third Street, Suite 100 Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 34 S. Third Street, Suite 100
(Street and Number)
Columbus, OH, US 43215 614-629-0936
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.ohiochamber.com

Statutory Statement Contact Cynthia Ann Powell 614-629-0913
(Name) (Area Code) (Telephone Number)
CPowell@ohiochamber.com 614-340-7953
(E-mail Address) (FAX Number)

OFFICERS

Executive Director Scott Michael Colby Treasurer Dwight William Seeley
Chief Financial Officer Cynthia Ann Powell Secretary Jonathan Alexander Allison

OTHER

Steven Ernst Stivers, Chairman of the Board

DIRECTORS OR TRUSTEES

<u>Dwight William Seeley</u>	<u>Steven Ernst Stivers</u>	<u>Jonathan Alexander Allison</u>
<u>Jennifer Heston Sitterley</u>	<u>Eric Henderson Kearney</u>	<u>Thomas Mark Zaino</u>
<u>Lisa Marie Wesolek</u>		

State of Ohio State of Ohio State of Ohio
County of Franklin County of Franklin County of Franklin

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.

Scott Michael Colby Cynthia Ann Powell Dwight William Seeley
Executive Director Chief Financial Officer Treasurer

Subscribed and sworn to before me this 25th day of April Subscribed and sworn to before me this 25th day of April Subscribed and sworn to before me this 25th day of April



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.....