



**QUARTERLY STATEMENT**  
AS OF JUNE 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**HEALTHSPAN INTEGRATED CARE**

NAIC Group Code ..... 4831, ..... 4831 ..... NAIC Company Code ..... 95204 ..... Employer's ID Number ..... 34-0922268 .....  
(*Current*) (*Prior*)

Organized under the Laws of ..... OH ..... State of Domicile or Port of Entry ..... OH .....  
Country of Domicile ..... US .....

Licensed as business type: .....  
Incorporated/Organized ..... 03/29/1962 ..... Commenced Business ..... 10/27/1976 .....

Statutory Home Office ..... 4600 McAuley Place, Suite 100 ..... Blue Ash, OH, US 45242 .....

Main Administrative Office ..... 4600 McAuley Place, Suite 100 ..... 310-561-7932 .....  
Blue Ash, OH, US 45242 ..... (*Telephone Number*)

Mail Address ..... 4600 McAuley Place, Suite 100 ..... Blue Ash, OH, US 45242 .....

Primary Location of Books and  
Records ..... 4600 McAuley Place, Suite 100 ..... 310-561-7932 .....  
Blue Ash, OH, US 45242 ..... (*Telephone Number*)

Internet Website Address ..... HealthSpan.org .....

Statutory Statement Contact ..... Dorothy Williamson Carlson ..... 310-561-7932 .....  
dorothywilliamson@mercy.com ..... (*Telephone Number*)  
(*E-Mail Address*) ..... 216-623-8793 ..... (*Fax Number*)

OFFICERS

Jeffrey Copeland, President a& CEO .....  
Dorothy Williamson, Treasurer .....

DIRECTORS OR TRUSTEES

Jeffrey Copeland ..... Dorothy Williamson .....

Alan Calonge .....

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  
\_\_\_\_\_, 2025

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

x \_\_\_\_\_

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	468,880		468,880	466,254
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances).....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$.....15,354,461), cash equivalents (\$.....) and short-term investments (\$.....1).....	15,354,461		15,354,461	14,783,106
6. Contract loans (including \$..... premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	15,823,341		15,823,341	15,249,360
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,823,341		15,823,341	15,249,360
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	15,823,341		15,823,341	15,249,360
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Prepaid & Other Current Assets.....				
2502. Receivable on Sale of Business.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....	2,144		2,144	37,530
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....	32,443		32,443	31,746
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....	34,587		34,587	69,276
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	115,750,000	115,750,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	(99,961,246)	(100,569,916)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$.....).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$.....).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	15,788,754	15,180,084
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	15,823,341	15,249,360
<b>Details of Write-Ins</b>				
2301. Accrued Payroll and Related.....				
2302. Workers Comp.....				
2303. Other Liabilities.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501. Special Surplus.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
				4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX.....			
2. Net premium income (including \$..... non-health premium income).....	XXX.....			
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....			
4. Fee-for-service (net of \$..... medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....			
7. Aggregate write-ins for other non-health revenues.....	XXX.....	658,308		
8. Total revenues (Lines 2 to 7).....	XXX.....	658,308		-
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....				
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....				
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....				
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....				
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$..... cost containment expenses.....				
21. General administrative expenses.....		48,576	47,608	117,583
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....		48,576	47,608	117,583
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	609,732	(47,608)	(117,583)
25. Net investment income earned.....		(1,062)	315	(8,087)
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26).....		(1,062)	315	(8,087)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....				
29. Aggregate write-ins for other income or expenses.....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	608,670	(47,293)	(125,670)
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	608,670	(47,293)	(125,670)
<b>Details of Write-Ins</b>				
0601. Other Revenues.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....			
0701. Miscellaneous Revenue.....	XXX.....	658,308		
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	658,308		
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

**STATEMENT OF REVENUE AND EXPENSES (CONTINUED)**

CAPITAL & SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	15,180,084	15,305,754	15,305,754
34. Net income or (loss) from Line 32.....	608,670	(47,293)	(125,670)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	—	—	—
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....			
48. Net change in capital and surplus (Lines 34 to 47).....	608,670	(47,293)	(125,670)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	15,788,754	15,258,461	15,180,084
<b>Details of Write-Ins</b>			
4701. Other Gains and Losses in Surplus.....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....			
2. Net investment income.....	(1,062)	315	(8,087)
3. Miscellaneous income.....	658,308		
4. Total (Lines 1 to 3).....	657,246	315	(8,087)
5. Benefit and loss related payments.....			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	83,962	47,222	82,197
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	83,962	47,222	82,197
11. Net cash from operations (Line 4 minus Line 10).....	573,284	(46,907)	(90,284)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	(2,626)		845,983
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	—		—
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	(2,626)		845,983
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			892,268
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	—		—
13.7 Total investments acquired (Lines 13.1 to 13.6).....	—		892,268
14. Net increase/(decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(2,626)		(46,284)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	—		—
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	697	16,570	1,249
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	697	16,570	1,249
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	571,355	(30,337)	(135,319)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	14,783,106	14,919,556	14,918,425
19.2 End of period (Line 18 plus Line 19.1).....	15,354,461	14,889,219	14,783,106

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20,000.1.....			
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	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	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (a)														
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

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

**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
<b>Claims Unpaid (Reported)</b>						
0899999 - Accrued medical incentive pool and bonus amounts.....						

**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT**

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual.						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)						
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)						

**NONE**

(a) Excludes \$ loans or advances to providers not yet expensed.

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The accompanying statutory financial statements of HealthSpan Integrated Care ("HealthSpan or the Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP"), the NAIC Annual Statement Instructions, and other accounting practices as prescribed or permitted by the State of Ohio – Ohio Department of Insurance (ODI). There were no reported differences to net income, statutory surplus, or risk based capital for specific practices, prescribed or permitted by the State of Ohio, that deviate from NAIC SSAP in the reported periods.

	SSAP #	F/S Page	F/S Line #	06/30/2025	12/31/2024
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4).....	XXX	XXX	XXX	\$ 608,670	\$ (125,670)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4).....	XXX	XXX	XXX	\$ 608,670	\$ (125,670)
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX	XXX	XXX	\$ 15,788,754	\$ 15,180,084
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8).....	XXX	XXX	XXX	\$ 15,788,754	\$ 15,180,084

#### B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

#### C. Accounting Policy

##### (1) Short-term investments - No Significant Changes

##### (2) Bonds and Amortization

No significant changes from the 2024 annual statement.

##### (3) Common stocks - Not Applicable

##### (4) Preferred stocks - Not Applicable

##### (5) Mortgage loans - Not Applicable

##### (6) Asset-backed securities - Not Applicable

##### (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable

##### (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable

##### (9) Derivatives - Not Applicable

##### (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes

##### (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes

##### (12) Changes in capitalization policy - No Significant Changes

##### (13) Pharmaceutical rebate receivables - No Significant Changes

#### D. Going Concern

Effective January 1, 2017, HealthSpan ceased operating all lines of business. HealthSpan maintains sufficient cash and reserves to meet statutory requirements and to fund run out operations.

### 2. Accounting Changes and Corrections of Errors - None

### 3. Business Combinations and Goodwill - None

### 4. Discontinued Operations - None

### 5. Investments

#### A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable

#### B. Debt Restructuring - Not Applicable

#### C. Reverse Mortgages - Not Applicable

#### D. Asset-Backed Securities - Not Applicable

#### E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

#### F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

#### G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

#### H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

#### I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

#### J. Real Estate - Not Applicable

#### K. Investments in Tax Credit Structures (tax credit investments) - Not Applicable

## Notes to the Financial Statements

### 5. Investments (Continued)

#### L. Restricted Assets

HealthSpan is required to keep investments on deposit in the State of Ohio, where it is licensed. At June 30, 2025 and December 31, 2024, Healthspan maintained \$400 thousand restricted long-term U.S. Treasury notes to satisfy the state's regulatory requirements.

##### (1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted to Total Assets
a. Subject to contractual obligation for which liability is not shown.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
b. Collateral held under security lending agreements.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
c. Subject to repurchase agreements.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
d. Subject to reverse repurchase agreements.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
e. Subject to dollar repurchase agreements.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
f. Subject to dollar reverse repurchase agreements.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
g. Placed under option contracts.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
i. FHLB capital stock.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
j. On deposit with states.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
k. On deposit with other regulatory bodies.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
l. Pledged as collateral to FHLB (including assets backing funding agreements).....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
m. Pledged as collateral not captured in other categories.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
n. Other restricted assets.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%
o. Total restricted assets (Sum of a through n).....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	%

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - None

#### M. Working Capital Finance Investments - None

#### N. Offsetting and Netting of Assets and Liabilities - None

#### O. 5GI Securities - None

#### P. Short Sales - None

#### Q. Prepayment Penalty and Acceleration Fees

#### General Account

(1) Number of CUSIPs.....	\$ .....
(2) Aggregate amount of investment income.....	\$ .....
R. Reporting Entity's Share of Cash Pool by Asset Type - None	
S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable	

#### 6. Joint Ventures, Partnerships and Limited Liability Companies - None

#### 7. Investment Income - No Significant Changes

#### 8. Derivative Instruments - None

#### 9. Income Taxes

HealthSpan is a nonprofit corporation and is exempt from federal and state income taxes.

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of Relationships - No Significant Changes
- B. Detail of Related Party Transactions - No Significant Changes
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. The amount due from or to affiliates at June 30, 2025 and December 31, 2024, is primarily related to general expenses paid or credit balances received by HSP and Bon Secours Mercy Health on behalf of HealthSpan. The Company does not provide other parties with guarantees.

HealthSpan general and administrative services for information technology, insurance and other costs are processed and paid through Bon Secours Mercy Health. As of

June 30, 2025 and December 31, 2024, related party and affiliate balances were as follows (in thousands) Due to (Due from):

As of June 30, 2025 and December 31, 2024, HealthSpan does not have an agreement with the Federal Home Loan Bank or other third party lenders.

#### E. Management Service Contracts and Cost Sharing Arrangements - Not Applicable

## Notes to the Financial Statements

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - Not Applicable
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

### 11. Debt - None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

### 14. Liabilities, Contingencies and Assessments - No Significant Changes

### 15. Leases - None

### 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

### 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

### 20. Fair Value Measurements

#### A. Fair Value Measurement

##### (1) Fair value measurements at reporting date

HealthSpan has no nonfinancial assets or liabilities that are required to be measured and reported at fair value on a recurring basis. Fair value is defined as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. HealthSpan's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels.

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.
- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement.

Investments, as discussed in the Investments note, are reported at lower of amortized cost or fair value, with impairment recorded if amortized cost is greater than fair value. The fair values of investments are based on quoted market prices, if available, or estimated using quoted market prices for similar investments. If listed prices or quotes are not available, fair value is based upon other observable inputs or models that primarily use market-based or independently sourced market parameters as inputs. In addition to market information, models also incorporate transaction details such as maturity. Fair value adjustments, including credit, liquidity, and other factors are included, as appropriate, to arrive at a fair value measurement.

Investments at statement value and estimated fair value at June 30, 2025.

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
U.S. Treasury Bonds.....	\$.....	\$.....	\$.....	\$.....	\$.....
Industrial and Miscellaneous Bonds.....					
Total assets at fair value/NAV.....	\$.....	\$.....	\$.....	\$.....	\$.....
b. Liabilities at fair value					
Total liabilities at fair value.....	\$.....	\$.....	\$.....	\$.....	\$.....

##### (2) Fair value measurements in Level 3 of the fair value hierarchy - None

##### (3) Policy on transfers into and out of Level 3 - None

##### (4) Inputs and techniques used for Level 2 and Level 3 fair values - None

##### (5) Derivatives - None

#### B. Other Fair Value Disclosures - Not Applicable

#### C. Fair Values for All Financial Instruments by Level 1, 2 and 3 - Not Applicable

#### D. Not Practicable to Estimate Fair Value - Not Applicable

#### E. Nature and Risk of Investments Reported at NAV - Not Applicable

### 21. Other Items - Not Applicable

## Notes to the Financial Statements

**22. Events Subsequent - None**

**23. Reinsurance - None**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

**A. Method Used to Estimate**

The ACA established risk sharing programs, known as risk adjustment, reinsurance, and risk corridors, to protect health insurers against the incurrence of high claims which may occur as a result of the guarantee issue rules of the ACA. Two of the programs, reinsurance and risk corridors, were temporary and concluded in 2016. The risk adjustment program is permanent.

The risk adjustment program shifts risk by transferring funds to individual and small group plans that report high risk based on the demographic factors and health status of each member as derived from current year medical diagnosis as reported throughout the year. This program transfers funds from lower risk plans to higher risk plans within similar plans in the same state. Under the risk adjustment program, a risk score is assigned to each covered member to determine an average risk score at the individual and small group level by legal entity in a particular market in a state. Additionally, an average risk score is determined for the entire subject population for each market in each state. Settlements are determined on a net basis by legal entity and state. Each health insurance issuer's average risk score is compared to the state's average risk score. Plans with an average risk score below the state average will pay into a pool, and health insurance issuers with an average risk score that is greater than the state average risk score will receive money from that pool. The Company's estimate of amounts receivable and/or payable under the risk adjustment program is based on our estimate of both our own and the state average risk scores.

The risk corridor program limits issuer gains and losses for qualified health plans in the individual and small markets by comparing allowable medical costs to a target amount, each defined/prescribed by Department of Health and Human Services (HHS), and sharing the risk for allowable costs with the federal government. Allowable medical costs are adjusted for risk adjustment settlements, transitional reinsurance recoveries, and cost sharing reductions received from HHS. Variances from the target exceeding certain thresholds may result in HHS making additional payments to HealthSpan or require HealthSpan to refund HHS a portion of the premiums we received. HHS guidance provides that risk corridor collections over the life of the three year program will first be applied to any shortfalls from previous benefit years before application to current year obligations.

**B. Method Used to Record - None**

**C. Amount and Percent of Net Retrospective Premiums**

On December 21, 2020, HealthSpan Integrated Care received \$25M in funds resulting from the settlement of a class action lawsuit related to unpaid Risk Corridor receivables. The amount received was reported as Other Revenue for the year ended December 31, 2020 net of a 5% reduction for attorney and other fees. A schedule reflecting the final amounts due and collected is depicted in the Risk Corridor table below.

During 2017, HealthSpan recognized \$0 thousand and collected \$1.8 million in income related to the 2014 Risk Corridor receivable. No receivable from 2015 or 2016 was reflected in the financial statements as the program was not funded and management has determined that the collectability is uncertain. Additionally, the NAIC's position on the risk corridor required that any receivable recorded be non-admitted on the statutory-basis financial statements. As of June 30, 2025, the 2014, 2015 and 2016 receivables were fully settled.

**D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None**

**E. Risk-Sharing Provisions of the Affordable Care Act (ACA)**

The reinsurance program requires HealthSpan to make reinsurance contributions for calendar years 2014 through 2016 to HHS based on a national contribution rate per covered member as determined by HHS. While all commercial medical plans, including self-funded plans, are required to fund the reinsurance entity, only fully-insured non-grandfathered plans compliant with the ACA in the individual commercial market will be eligible for recoveries if individual claims exceed a specified threshold.

For individual members, who may incur high claim costs eligible for reimbursement, the ACA reinsurance program is accounted for as reinsurance. Accordingly, plan contributions are recorded as premium reductions and recoveries are recorded as a reduction of claim expense. For group members, the ACA reinsurance program is accounted for as an assessment because claims incurred for group members are not eligible for recovery under the program.

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions - Not Applicable
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - Not Applicable

**25. Change in Incurred Claims and Claim Adjustment Expenses - None**

**26. Intercompany Pooling Arrangements - None**

**27. Structured Settlements - Not Applicable**

**28. Health Care Receivables - No Significant Changes**

**29. Participating Policies - None**

**30. Premium Deficiency Reserves - None**

**31. Anticipated Salvage and Subrogation - None**

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO.....

1.2 If yes, has the report been filed with the domiciliary state?.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO.....

2.2 If yes, date of change:.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES.....  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO.....

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO.....

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO.....  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2015.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2015.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 01/30/2017.....

6.4 By what department or departments?  
Ohio Department of Insurance .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A.....

6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A.....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO.....

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO.....

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO.....

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... YES .....

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
.....

9.2 Has the code of ethics for senior managers been amended? ..... NO .....

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... NO .....

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO.....

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... NO .....

14.2 If yes, please complete the following:

1. **What is the primary purpose of the study?**

	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds.....	\$	\$
14.22 Preferred Stock.....		
14.23 Common Stock.....		
14.24 Short-Term Investments.....		
14.25 Mortgage Loans on Real Estate.....		
14.26 All Other.....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO .....

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
16.3 Total payable for securities lending reported on the liability page .....	\$ .....

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... YES .....

17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
State Street Bank and Trust.....	801 Pennsylvania, Kansis City, MO 64105.....
Fifth Third Bank.....	38 Fountain Square Plaza, Cincinnati, OH 45263.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... NO .....

17.4 If yes, give full and complete information relating thereto:

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2
Name of Firm or Individual	Affiliation
.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... NO.....

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... NO.....

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... YES.....

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... NO.....

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... NO.....

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO.....

**GENERAL INTERROGATORIES**  
PART 2 – HEALTH

1. Operating Percentages:

1.1 A&H loss percent..... %

1.2 A&H cost containment percent..... %

1.3 A&H expense percent excluding cost containment expenses..... %

2.1 Do you act as a custodian for health savings accounts?..... NO.....

2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$.....

2.3 Do you act as an administrator for health savings accounts?..... NO.....

2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$.....

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... NO.....

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... NO.....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

**NONE**

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL N									
2. Alaska	AK N									
3. Arizona	AZ N									
4. Arkansas	AR N									
5. California	CA N									
6. Colorado	CO N									
7. Connecticut	CT N									
8. Delaware	DE N									
9. District of Columbia	DC N									
10. Florida	FL N									
11. Georgia	GA N									
12. Hawaii	HI N									
13. Idaho	ID N									
14. Illinois	IL N									
15. Indiana	IN N									
16. Iowa	IA N									
17. Kansas	KS N									
18. Kentucky	KY N									
19. Louisiana	LA N									
20. Maine	ME N									
21. Maryland	MD N									
22. Massachusetts	MA N									
23. Michigan	MI N									
24. Minnesota	MN N									
25. Mississippi	MS N									
26. Missouri	MO N									
27. Montana	MT N									
28. Nebraska	NE N									
29. Nevada	NV N									
30. New Hampshire	NH N									
31. New Jersey	NJ N									
32. New Mexico	NM N									
33. New York	NY N									
34. North Carolina	NC N									
35. North Dakota	ND N									
36. Ohio	OH L									
37. Oklahoma	OK N									
38. Oregon	OR N									
39. Pennsylvania	PA N									
40. Rhode Island	RI N									
41. South Carolina	SC N									
42. South Dakota	SD N									
43. Tennessee	TN N									
44. Texas	TX N									
45. Utah	UT N									
46. Vermont	VT N									
47. Virginia	VA N									
48. Washington	WA N									
49. West Virginia	WV N									
50. Wisconsin	WI N									
51. Wyoming	WY N									
52. American Samoa	AS N									
53. Guam	GU N									
54. Puerto Rico	PR N									
55. U.S. Virgin Islands	VI N									
56. Northern Mariana Islands	MP N									
57. Canada	CAN N									
58. Aggregate Other Alien	OT XXX									
59. Subtotal	XXX									
60. Reporting entity contributions for employee benefits plans	XXX									
61. Total (Direct Business)	XXX									
<b>Details of Write-Ins</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 2. R – Registered – Non-domiciled RRGs  
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state

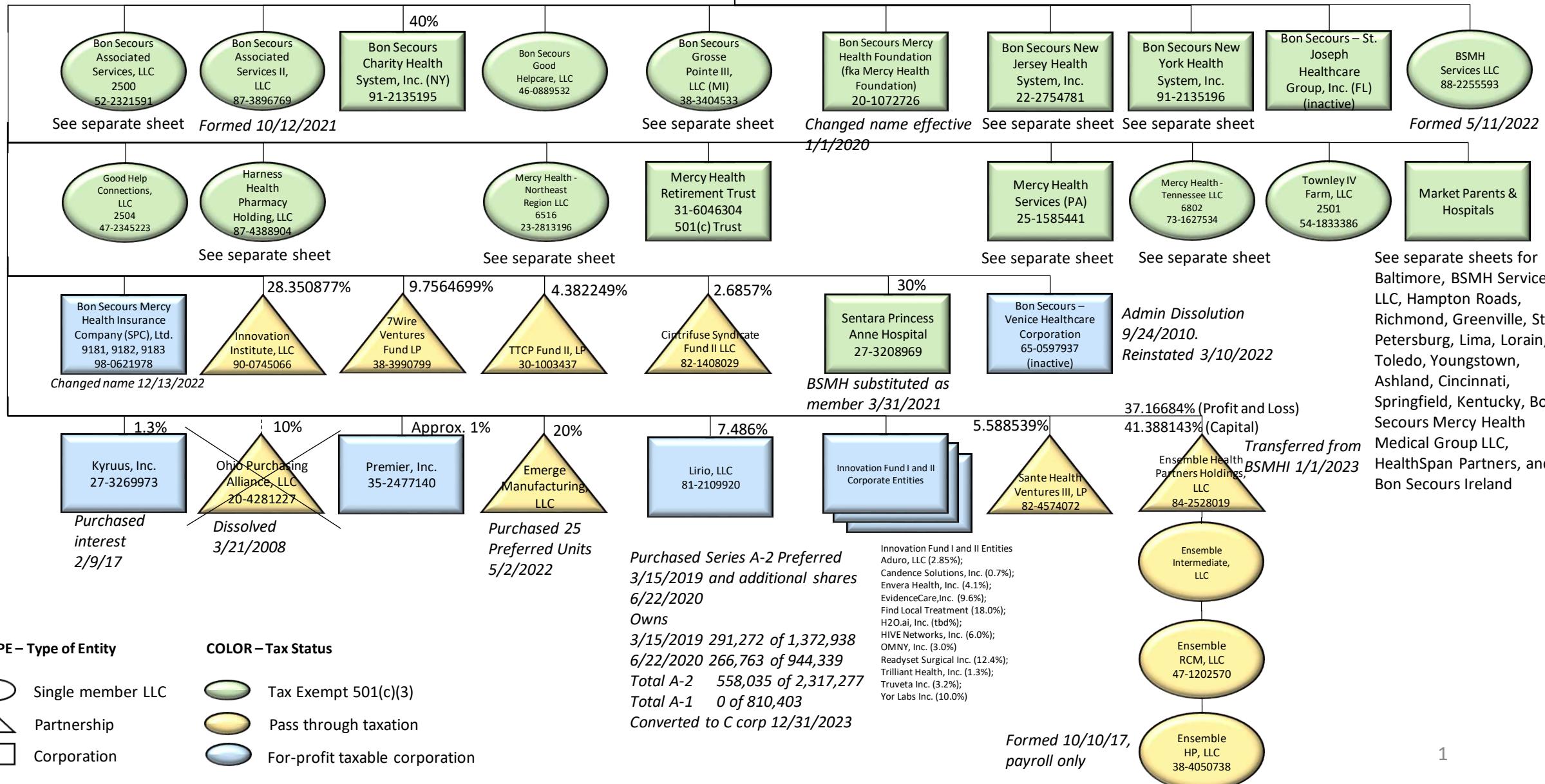
1.....4. Q – Qualified - Qualified or accredited reinsurer  
 –.....5. N – None of the above - Not allowed to write business in the state

56

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL ALIQUOT Effective 9/1/2018

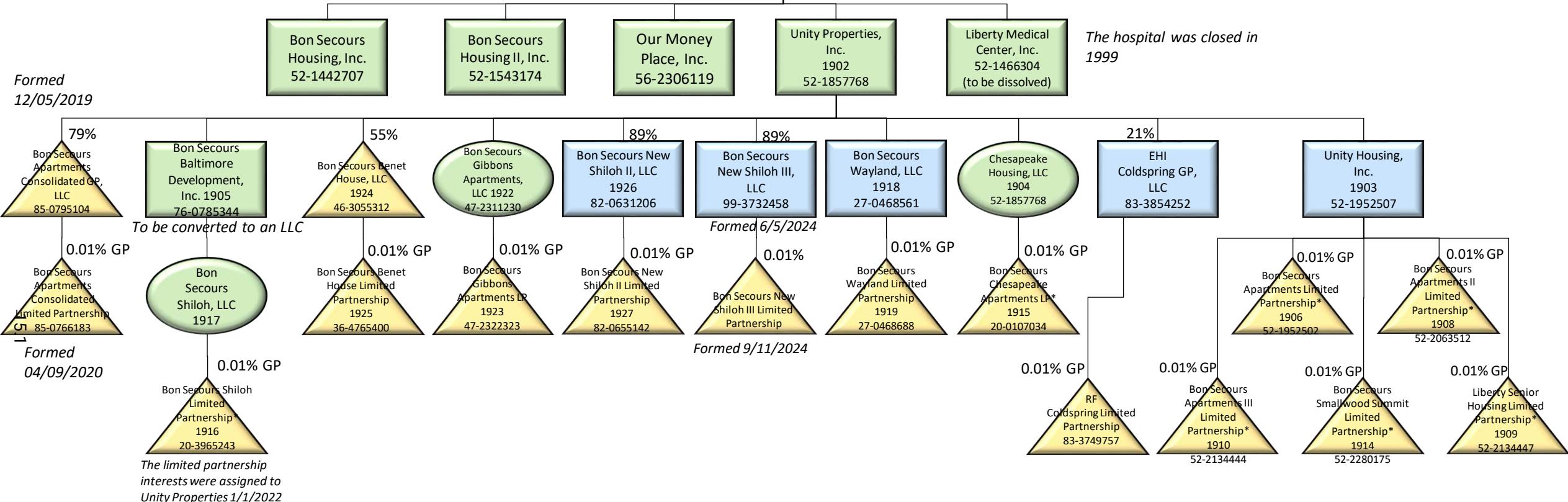
Bon Secours Mercy Health Foundation includes  
 1402, 1454, 1483, 1504, 1603, 1706, 1920, 2419,  
 6014, 6120, 6244, 6245, 6320, 6403, 6603, 6623,  
 6725, 6762, 6775, 6781, 6901, and 9103



Baltimore

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
 PART 1 - ORGANIZATIONAL CHART

fka Bon Secours of Maryland Foundation, Inc..  
 Changed name 9/24/2020



\* Unity Properties, Inc. is a 99.99% Limited Partner

**SHAPE – Type of Entity**

**COLOR – Tax Status**

- Single member LLC
- Partnership
- Corporation

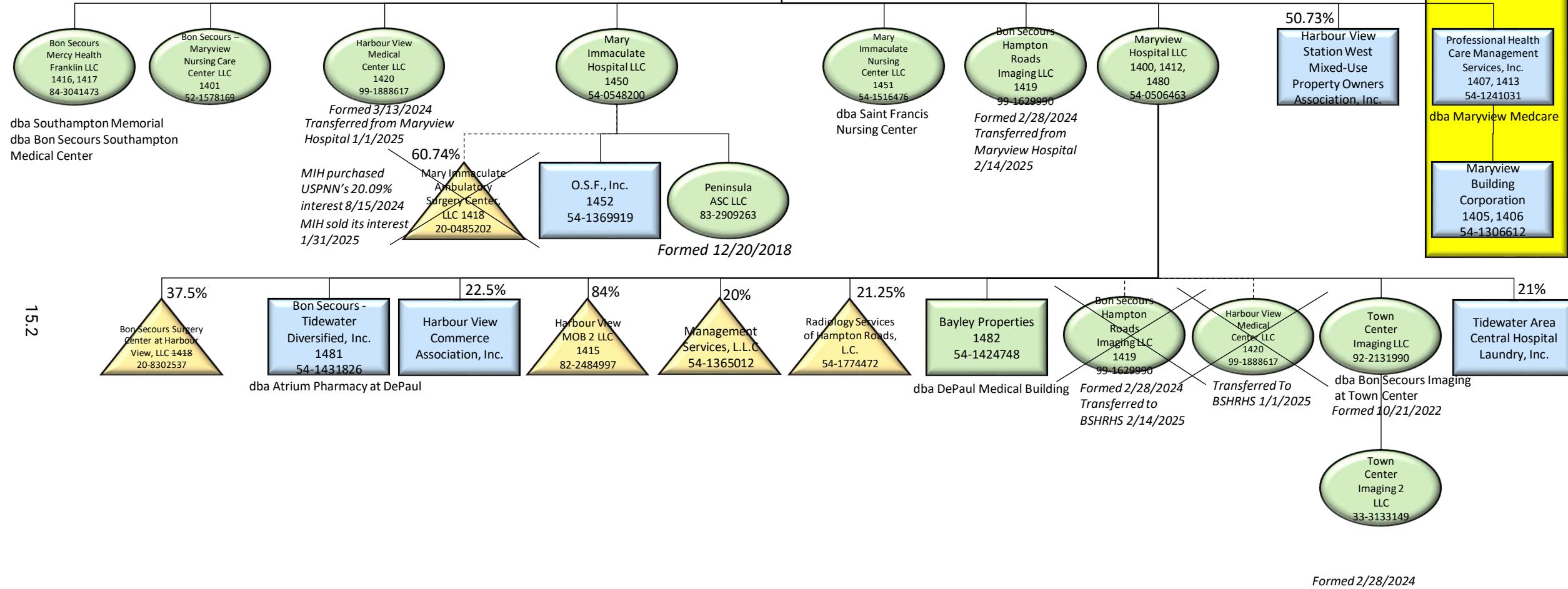
- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

Bon Secours  
Hampton  
Roads Health  
52-1538513

dba Bon Secours Virginia



SHAPE – Type of Entity

COLOR – Tax Status

- Single member LLC (Oval)
- Partnership (Triangle)
- Corporation (Square)

- Tax Exempt 501(c)(3) (Light Green)
- Pass through taxation (Yellow)
- For-profit taxable corporation (Light Blue)

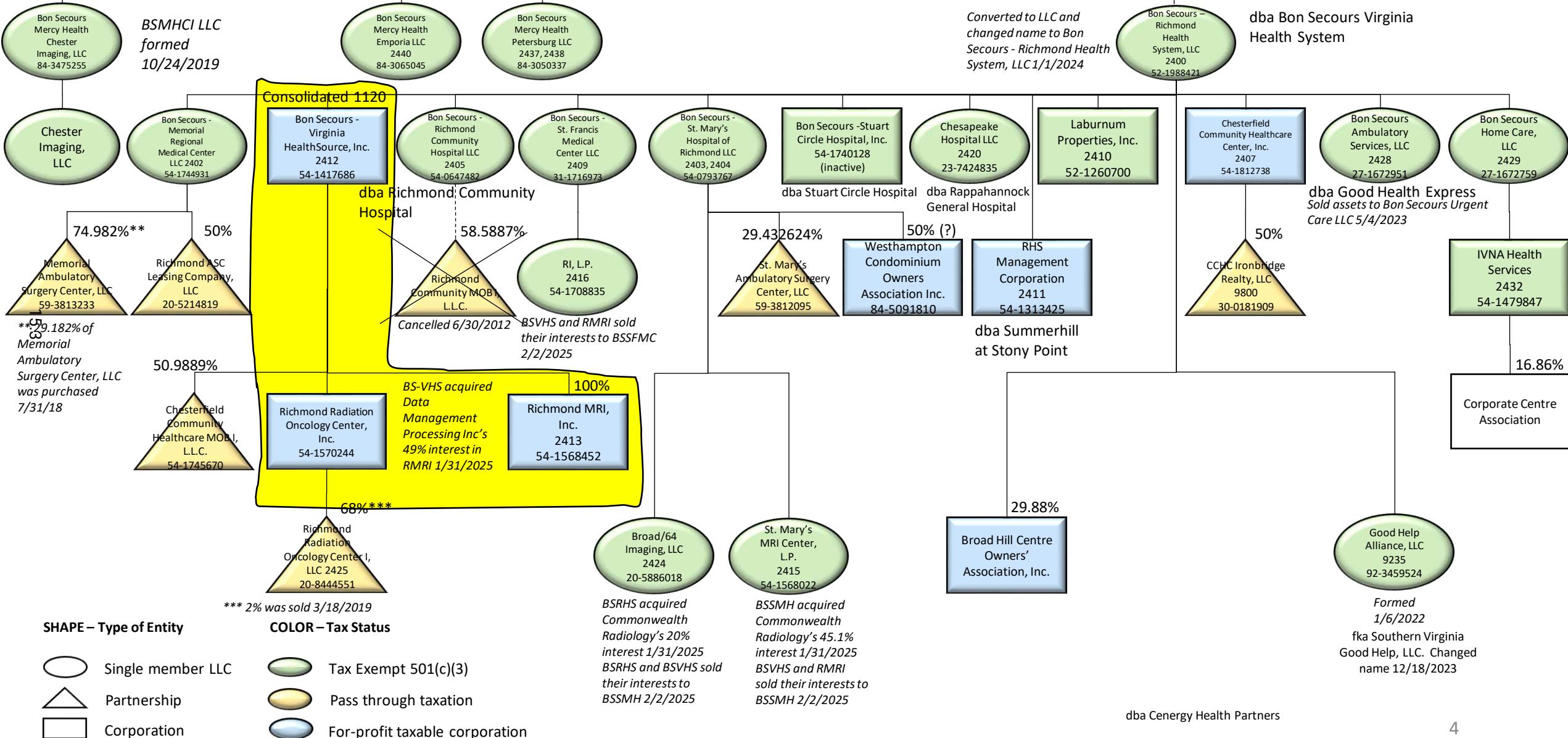
**SCHEDULE E INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

## Richmond

# **SCHEDULE D INFORMATION CONCERNING the assets of South Virginia Regional Medical Center**

**Bon Secours  
Richmond,  
ACTIVITIES OF INSURER M  
PART 1- ORGANIZATIONAL CHART**

00% (purchased Richmond Memorial Health Foundation's 17% interest 2/28/2022)



## SHAPE – Type of Entity

## COLOR – Tax Status

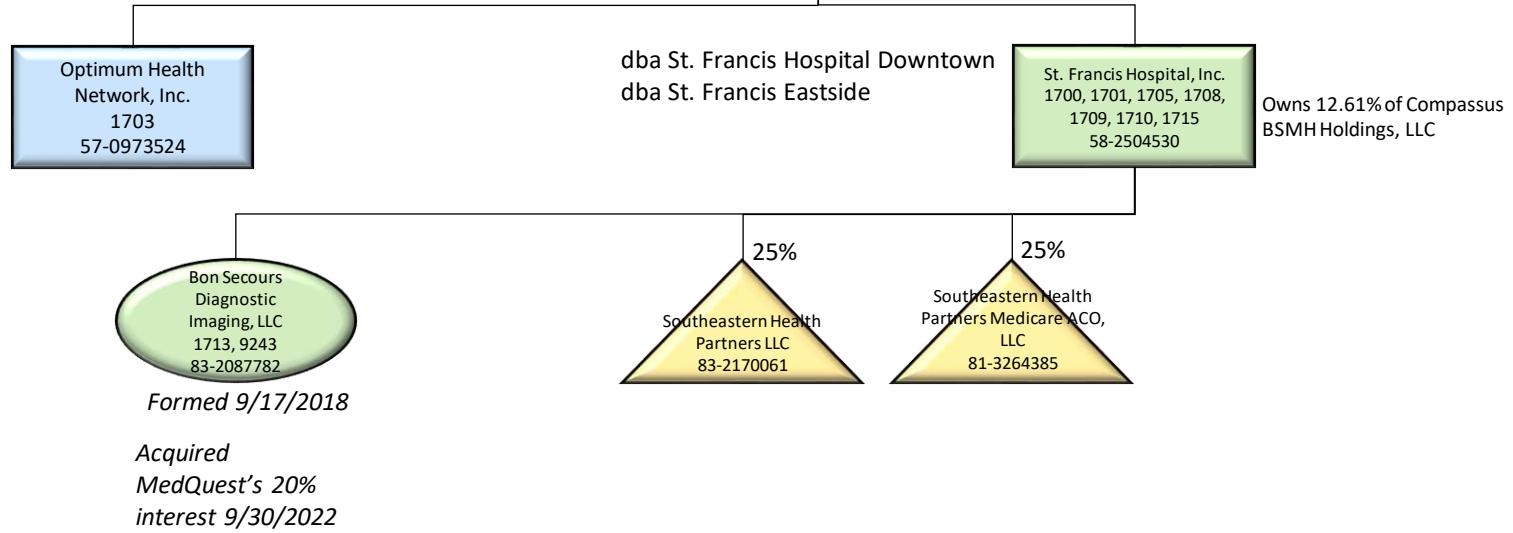
Single member LLC

**Tax Exempt 501(c)(3)**

Partnership

## Pass through taxation

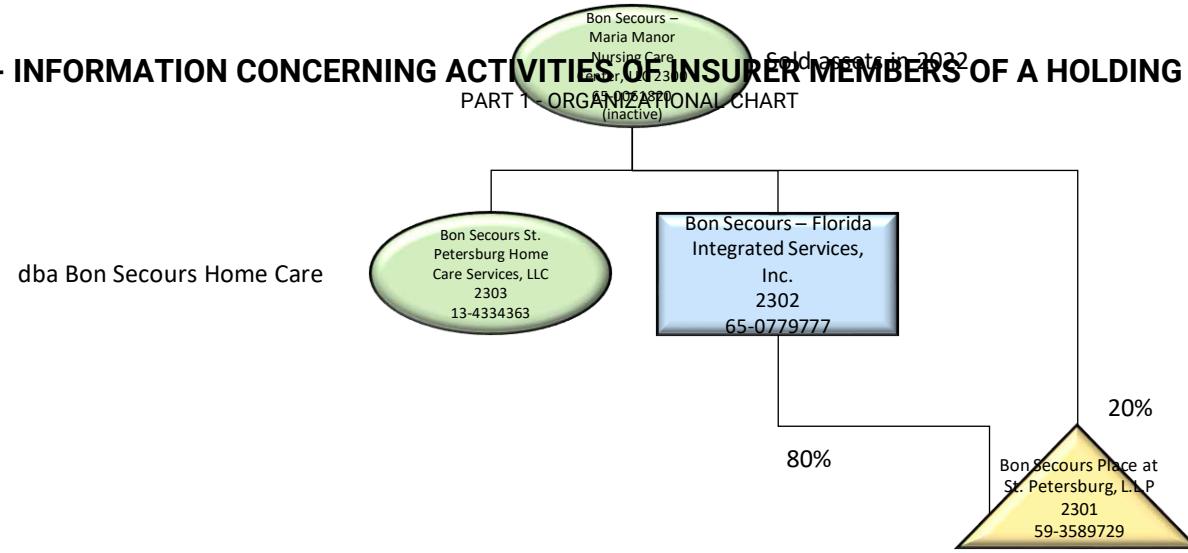
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
 Bon Secours St. Francis  
 58-2504528  
 PART 1 - ORGANIZATIONAL CHART

**SHAPE – Type of Entity****COLOR – Tax Status**

- Single member LLC
- Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



## SHAPE – Type of Entity

## COLOR – Tax Status

○ Single member LLC

○ Tax Exempt 501(c)(3)

△ Partnership

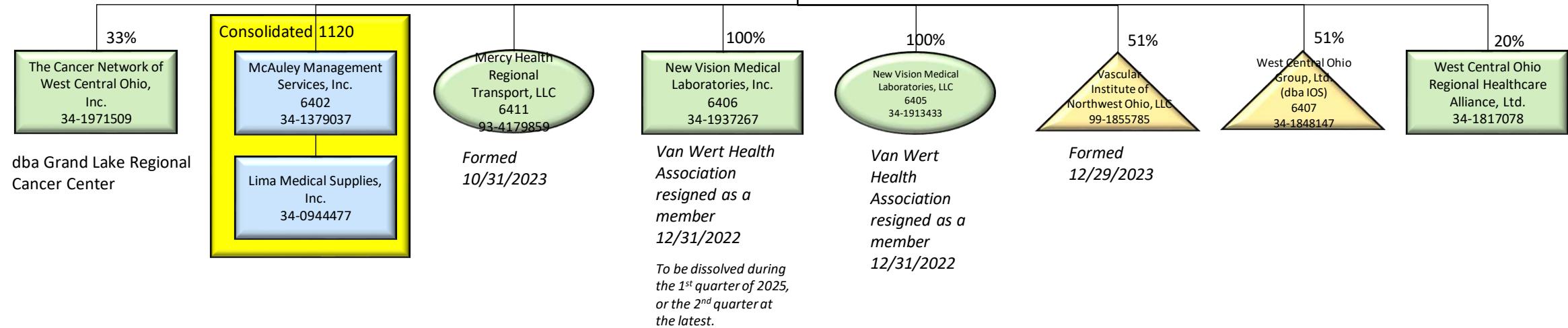
○ Pass through taxation

□ Corporation

○ For-profit taxable corporation

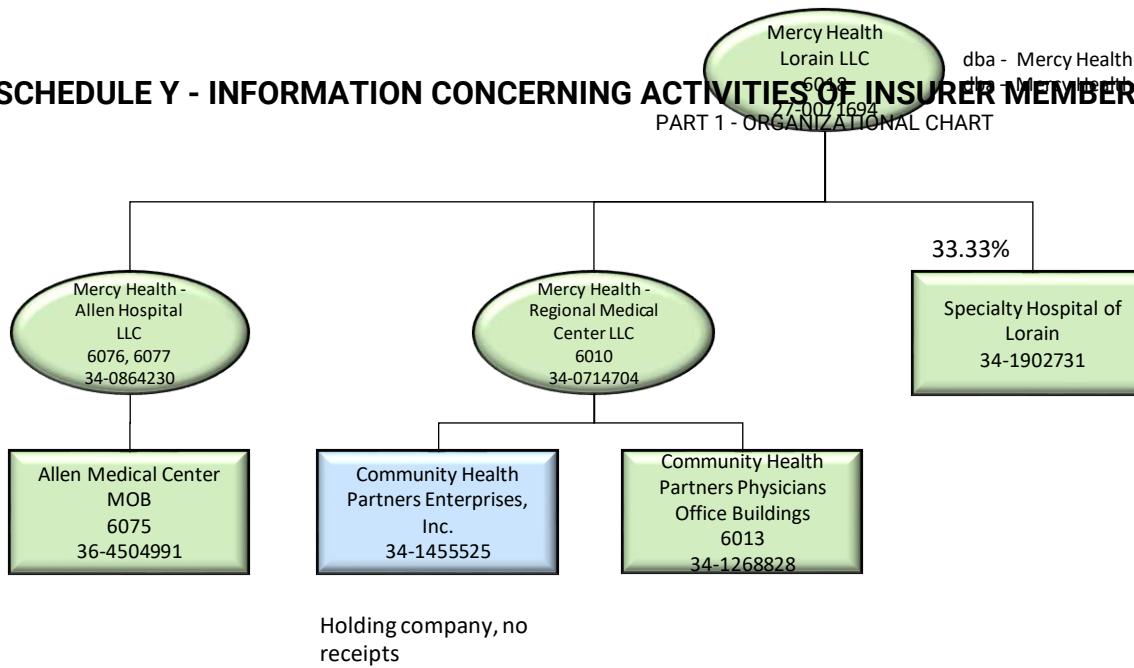
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

*Changed name  
from St. Rita's  
Regional Center  
LLC 2/2/18*  
**34-1105619**  
**dbा Mercy Health – South Dixie Occupational Health**  
**PART 1 - ORGANIZATIONAL CHART**



## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART


**SHAPE – Type of Entity**
**COLOR – Tax Status**

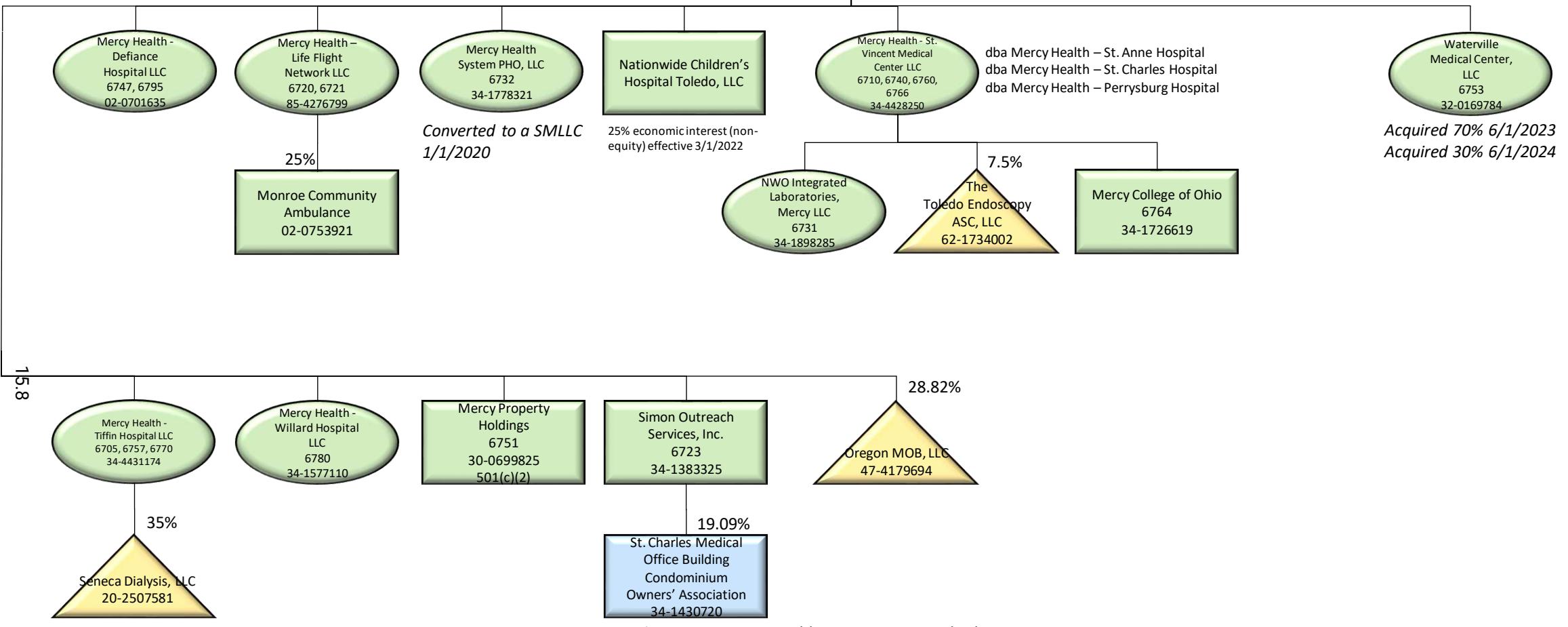
	Single member LLC
	Partnership
	Corporation

	Tax Exempt 501(c)(3)
	Pass through taxation
	For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

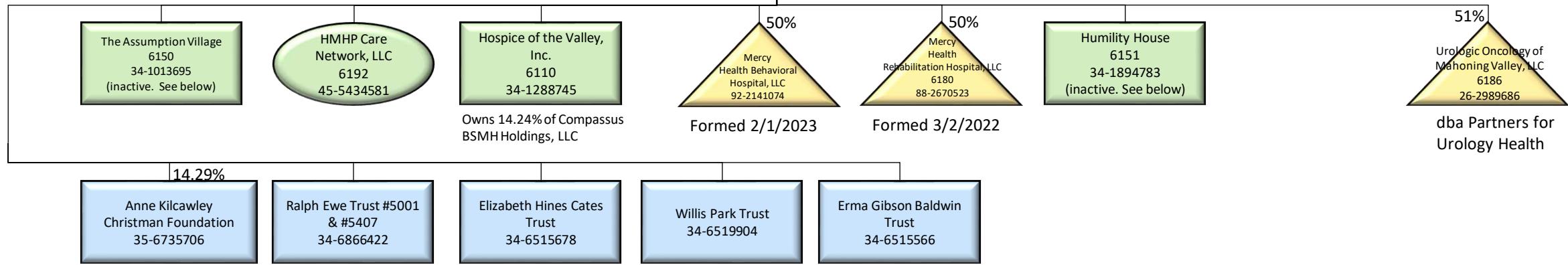
Formed 12/11/2020

## PART 1 - ORGANIZATIONAL CHART



## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



The Assumption Village sold 2 of 4 parcels in 2022. It retained 05-065-0-009.00-0 and 05-065-0-009.02-0.

In July 2023 05-065-0-009.00-0 was transferred to Mercy Health Youngstown and 05-065-0-009.02-0 was transferred to Hospice of the Valley.

Humility House sold 2 of 3 parcels in 2022. It retained 48-085-0-002.00-0, which was transferred to Mercy Health Youngstown in July 2023.

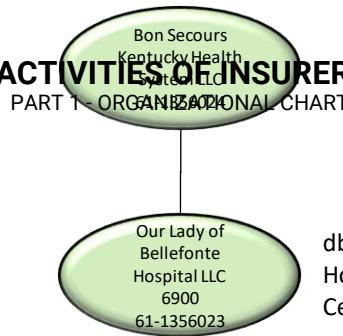
\*dba St. Elizabeth Youngstown Hospital  
dba St. Elizabeth Boardman Hospital  
dba St. Joseph Warren Hospital  
dba Mercy Health – Boardman Occupational Health  
dba Mercy Health – Warren Occupational Health

## SHAPE – Type of Entity

## COLOR – Tax Status

- Single member LLC
- Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

dba Our Lady of Bellefonte  
Hospital Ironton Imaging  
Center

**SHAPE – Type of Entity****COLOR – Tax Status**

Single member LLC

Tax Exempt 501(c)(3)

Partnership

Pass through taxation

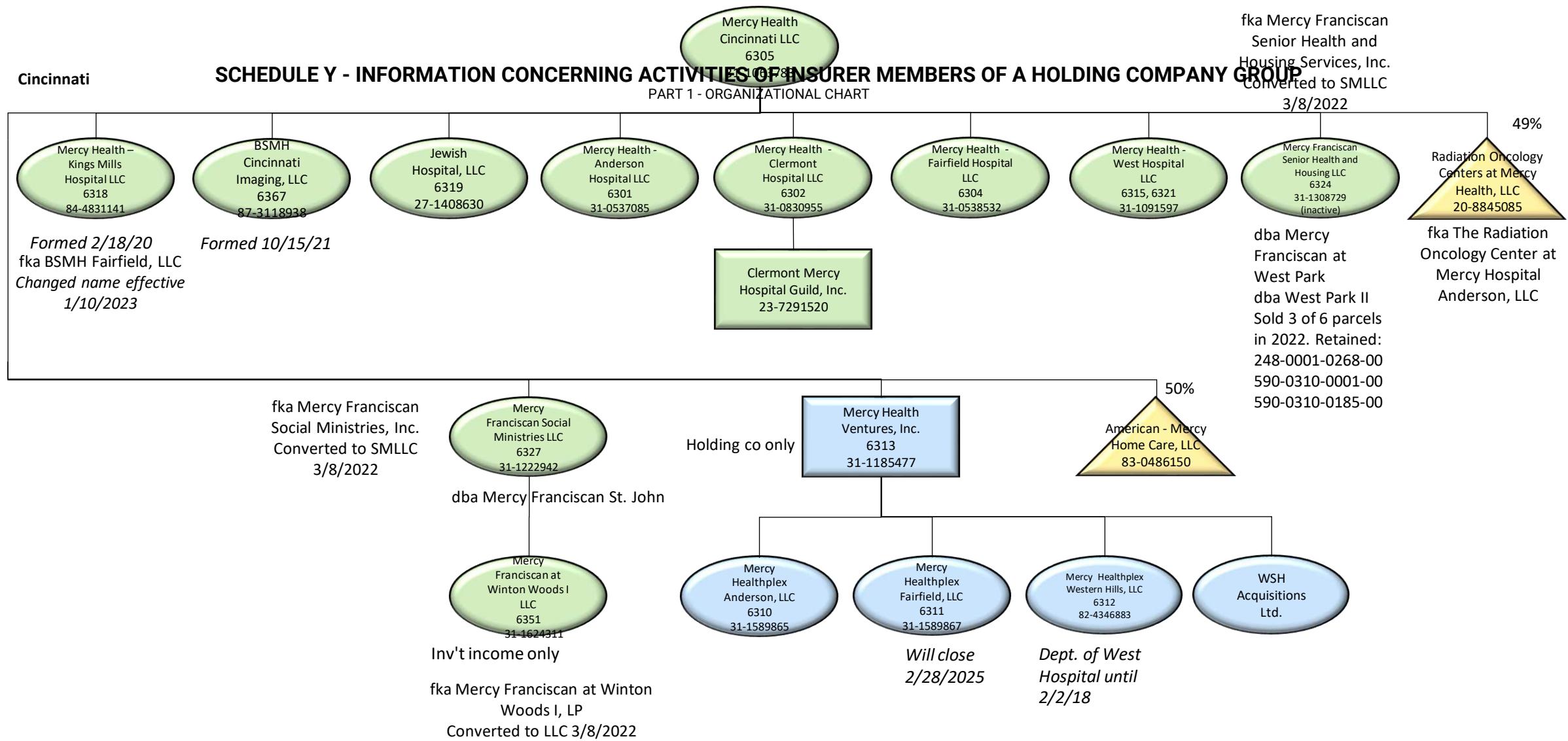
Corporation

For-profit taxable corporation

Cincinnati

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



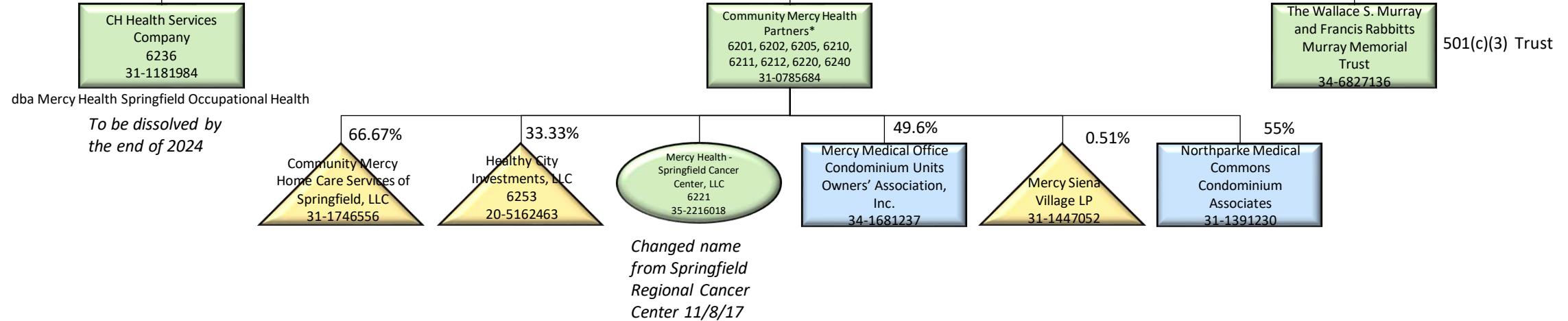
SHAPE – Type of Entity

COLOR – Tax Status

- Single member LLC
- Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART  
20-0272456

\*dba Mercy Health - Springfield Regional Medical Center

dba Mercy Health - Urbana Hospital

dba Mercy Health - McAuley Senior Living

dba Mercy Health - Oakwood Village Senior Living (inactive. Sold assets in 2022)

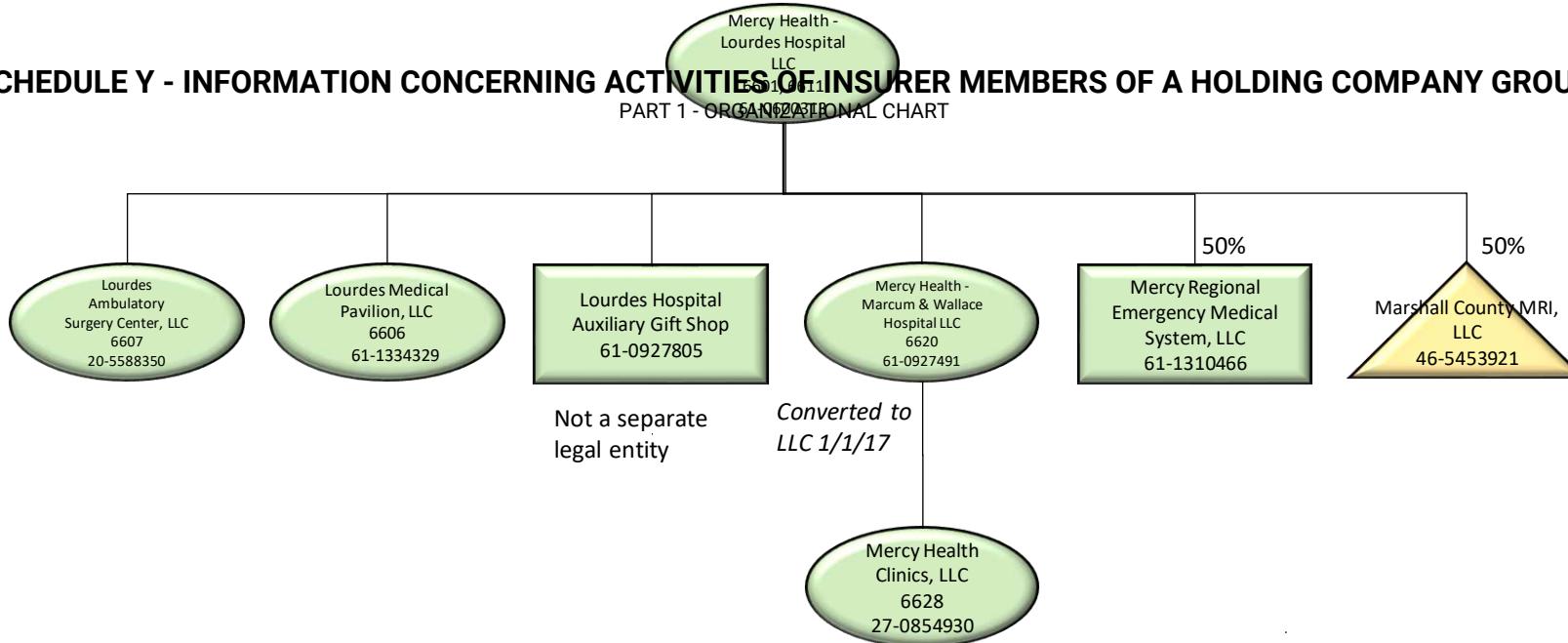
## SHAPE – Type of Entity

## COLOR – Tax Status



## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



## SHAPE – Type of Entity

## COLOR – Tax Status

- Single member LLC
- △ Partnership
- Corporation

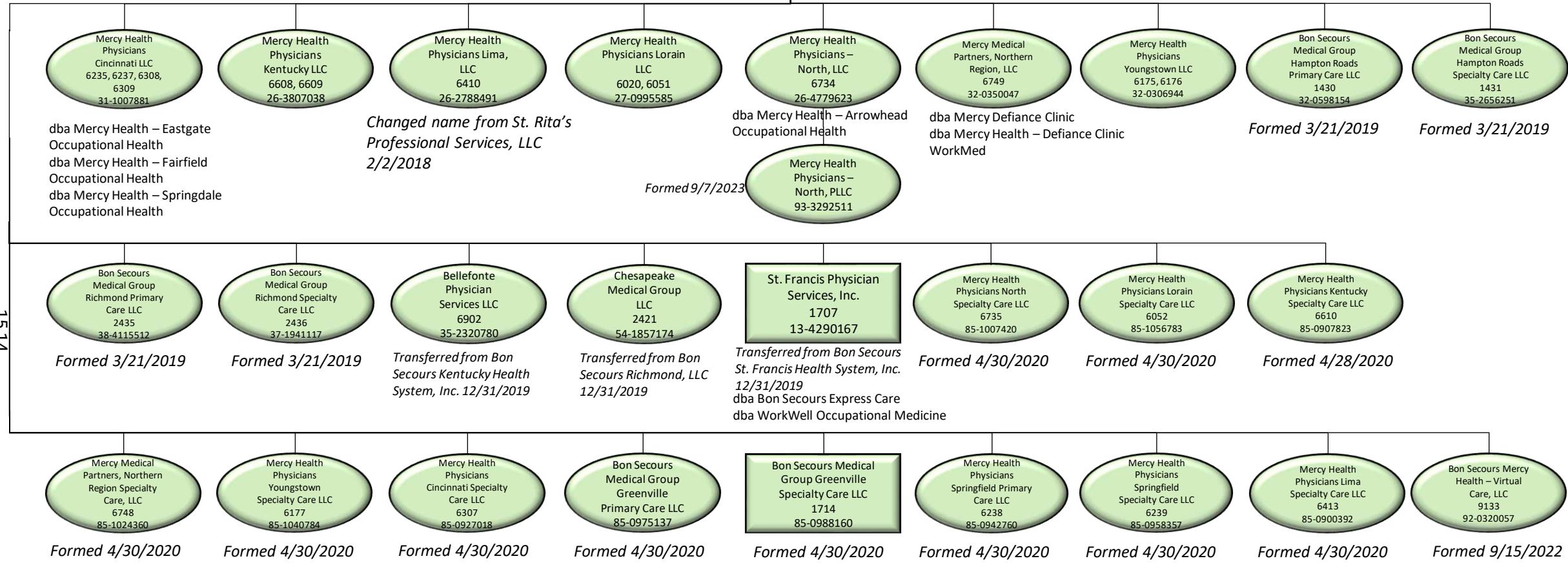
- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Changed name from Mercy

Bon Secours  
Mercy Health  
Medical Group  
LLC  
46-3521617

PART 1- ORGANIZATIONAL CHART 5/22/2019


 Tax Exempt 501(c)(3)

 Disregarded single member LLC

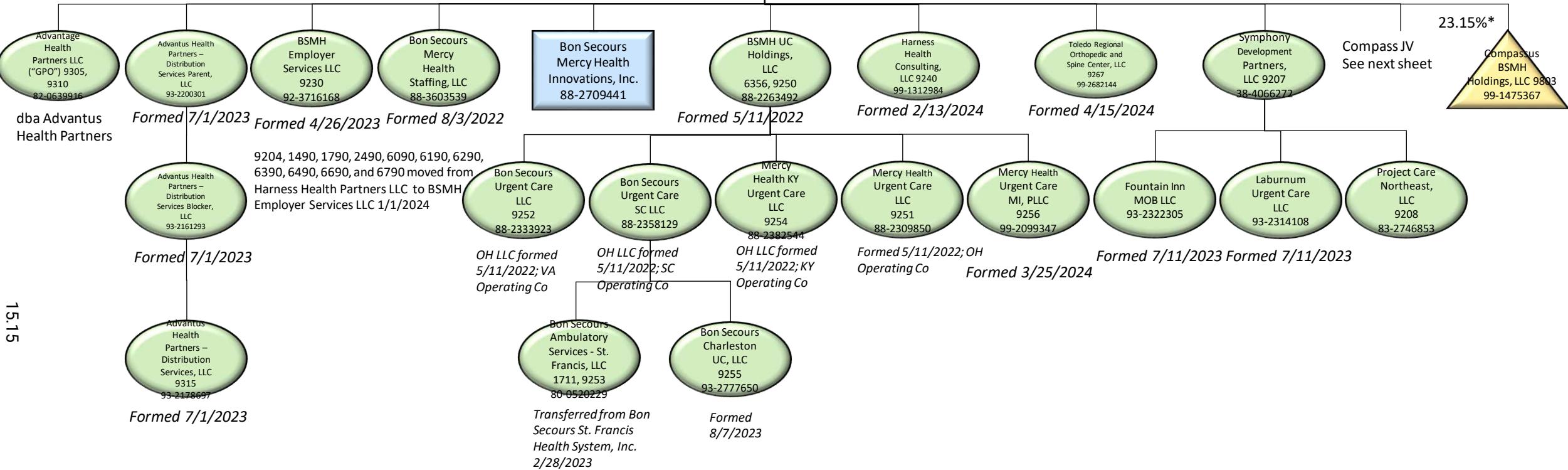
 Partnership

 Ohio Non-profit; subject to federal taxation

 For-profit entity

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

BSMH Services LLC  
6136 6371  
88-2255593  
Formed 5/11/2022  
PART 1 - ORGANIZATIONAL CHART  
88-2255593



\*Ownership after 5/1/2024 Closing

BSMH Services LLC 23.15%

Hospice of the Valley, Inc. 14.24%

St. Francis Hospital, Inc. 12.61%

FC Compassus, LLC 50.00%

**SHAPE – Type of Entity**

**COLOR – Tax Status**

Single member LLC

Tax Exempt 501(c)(3)

Partnership

Pass through taxation

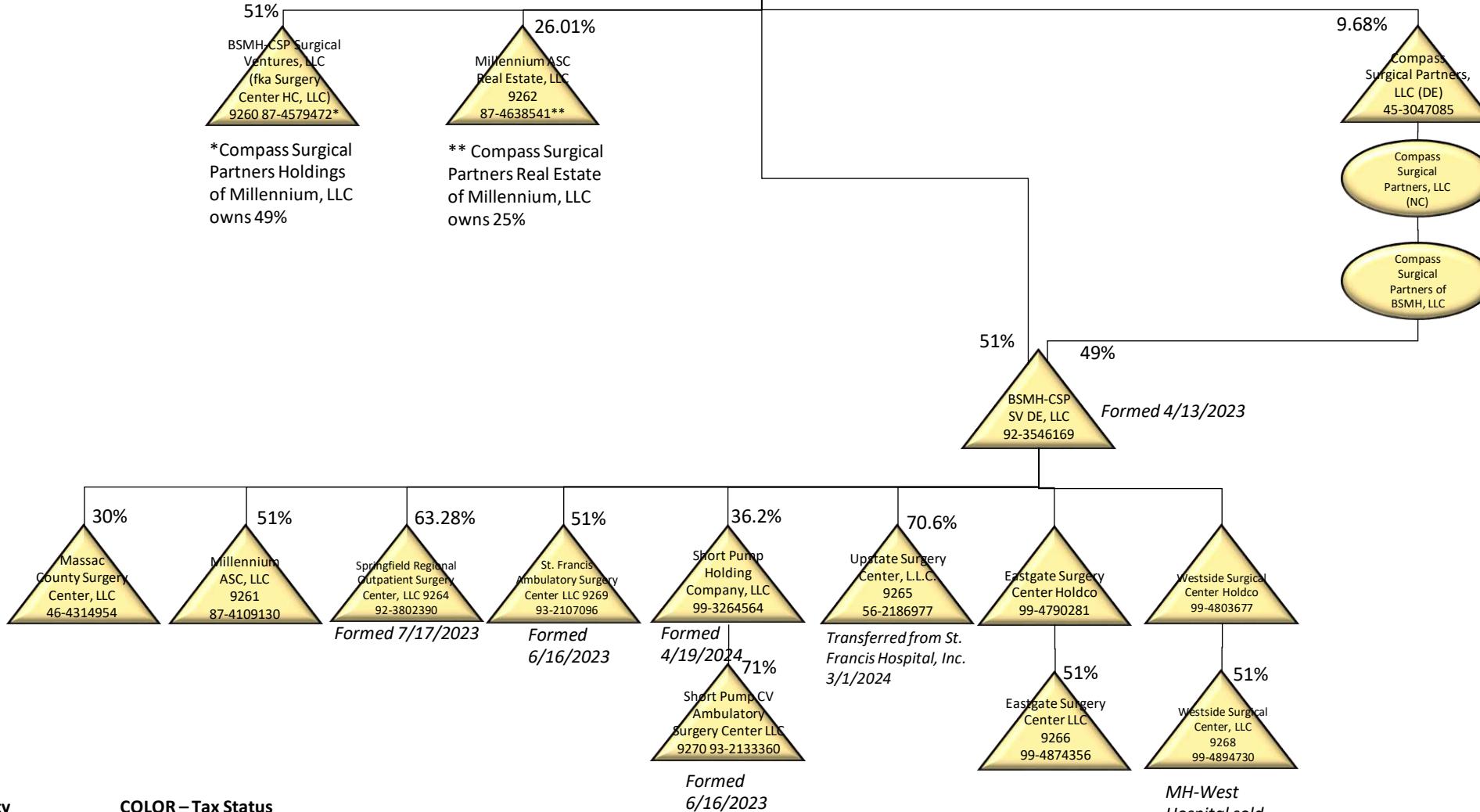
Corporation

For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

BSMH  
88-2255593

PART 1- ORGANIZATIONAL CHART

Acquired interest 5/1/2023  
Increased from 5% 1/17/2024

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

*Formed*  
09/14/2022

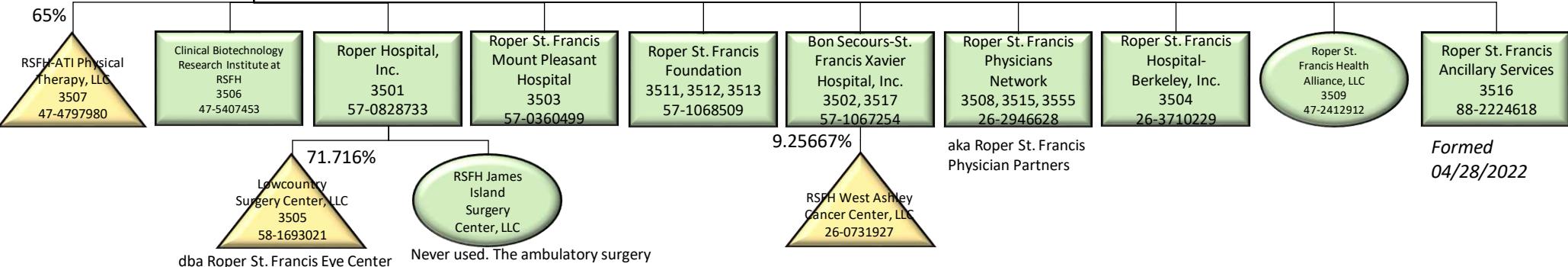
**SHAPE – Type of Entity****COLOR – Tax Status** Single member LLC Tax Exempt 501(c)(3) Partnership Pass through taxation Corporation For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

HealthSpan  
Partners (fka  
Community Health  
9216, 9900, 9904  
PABD1 - ORGANIZATIONAL CHART  
46-503525

Changed name  
12/17/2019.  
BSMH assigned its  
30% interest  
1/1/2020.  
HSP made a  
contribution  
1/2/2020, increasing  
its interest to 51%.  
HSP increased its  
interest to 80%  
5/1/2024

15.18



SHAPE – Type of Entity

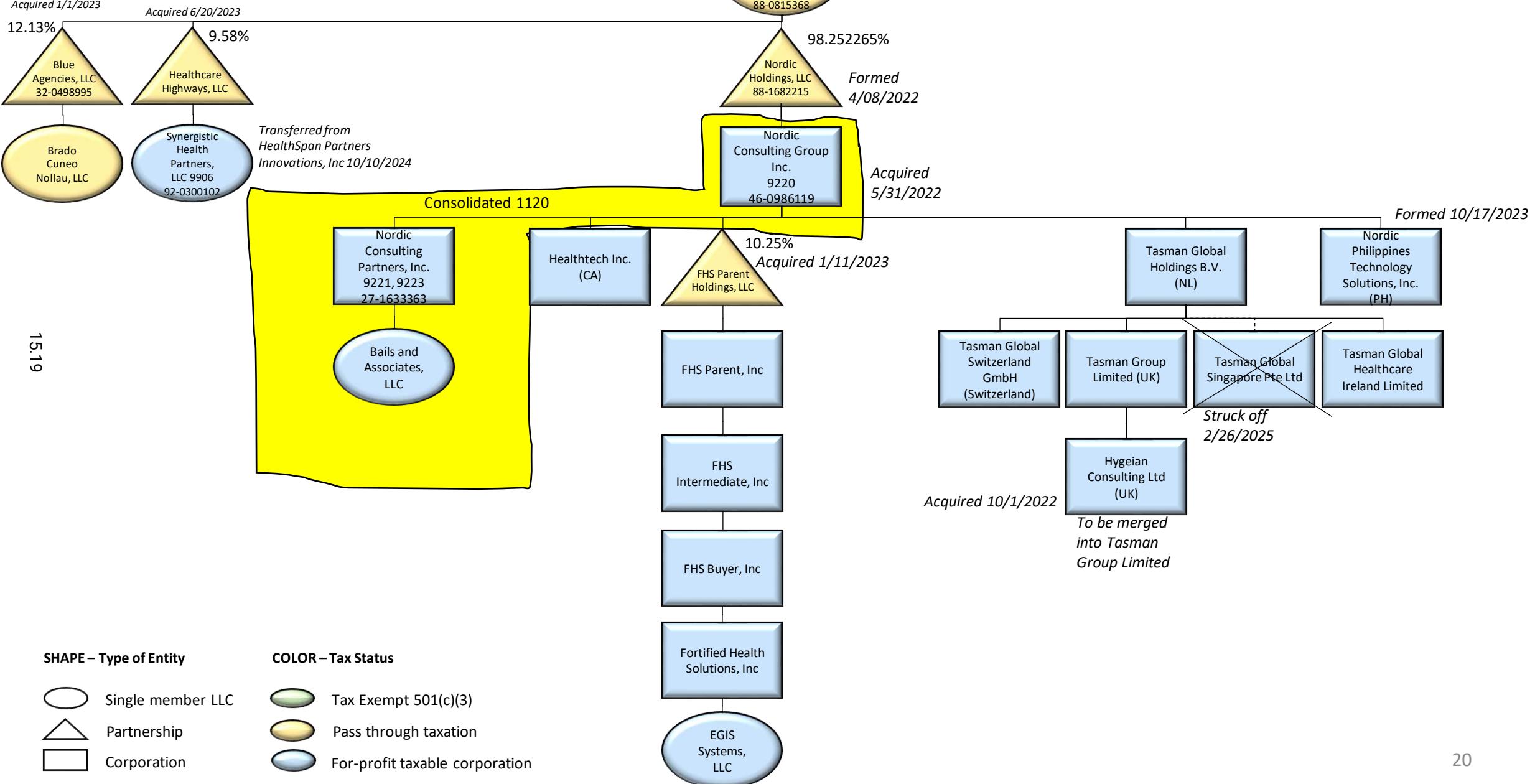
COLOR – Tax Status

- Single member LLC
- Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

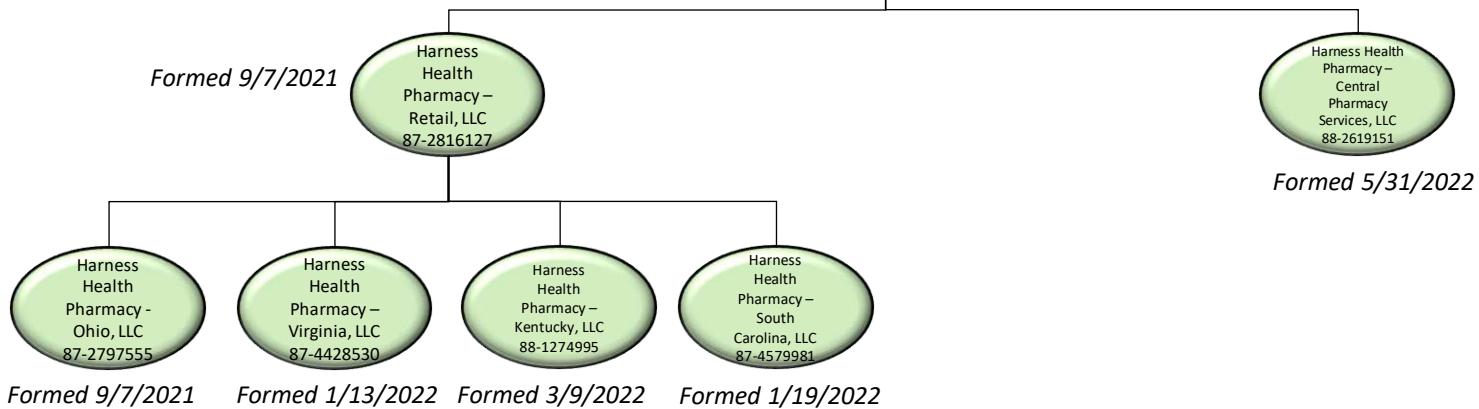
\*HealthCare Services and Support had a 0.01% membership interest in Bon Secours Mercy Health Innovations LLC. It sold its interest to BSMH 12/31/2024

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART  
88-0815368

Harness Health Pharmacy SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Formed 9/7/2021  
Holding LLC  
87-4368904  
PART 1 - ORGANIZATIONAL CHART  
Global Innovative Pharmacy Health Partners



15.20

SHAPE – Type of Entity

COLOR – Tax Status

○ Single member LLC

○ Tax Exempt 501(c)(3)

△ Partnership

○ Pass through taxation

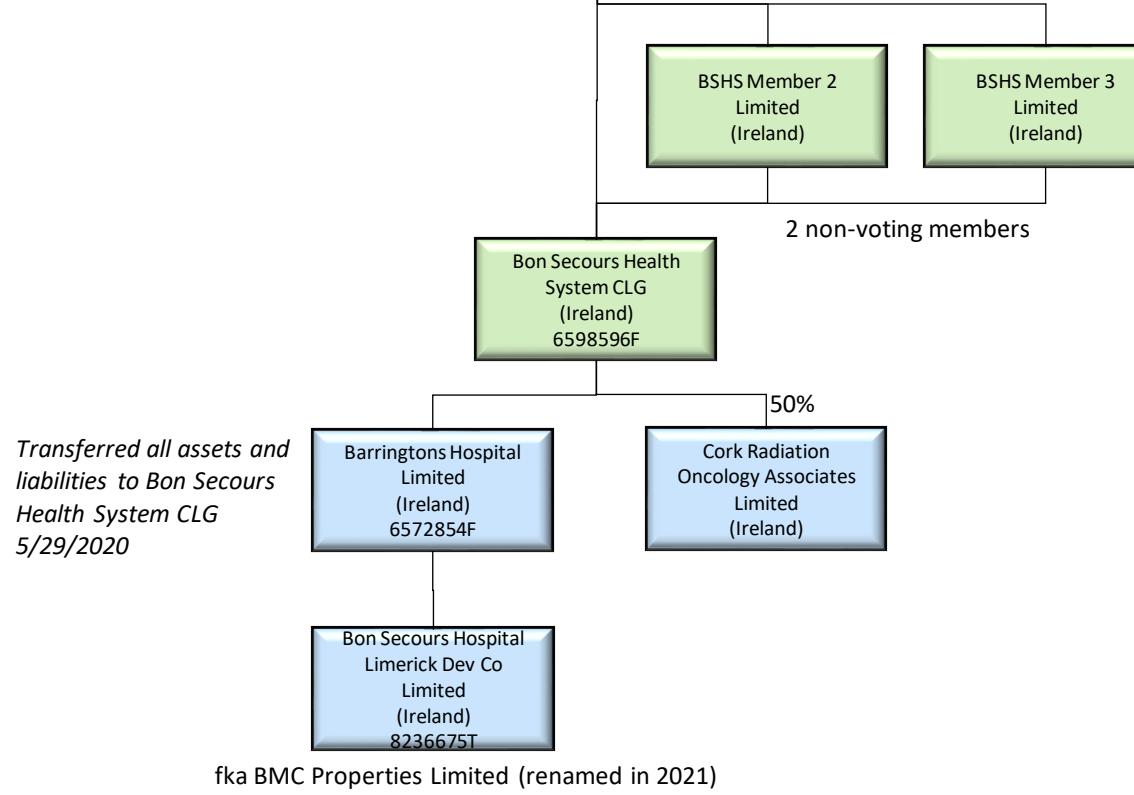
□ Corporation

○ For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

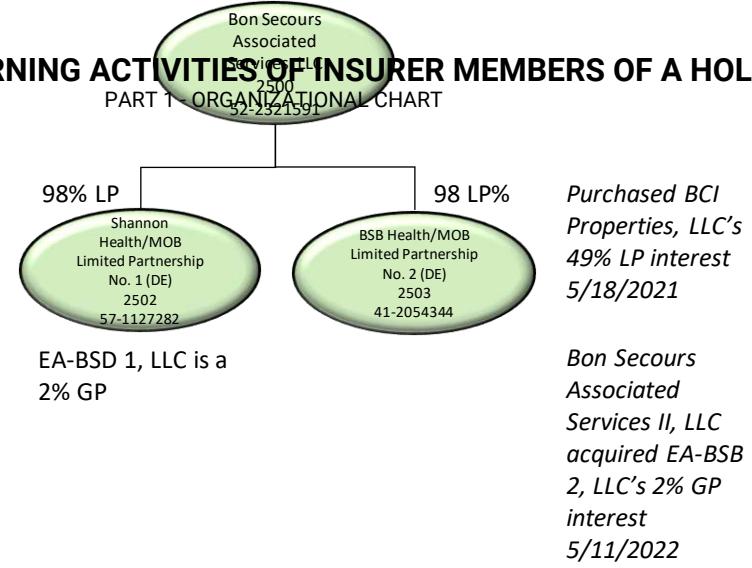
Acquired 7/1/2019

Bon Secours Ireland  
Designated Activity  
Company  
PART 1 - ORGANIZATIONAL CHART



## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



#### SHAPE – Type of Entity

#### COLOR – Tax Status

○ Single member LLC

○ Tax Exempt 501(c)(3)

△ Partnership

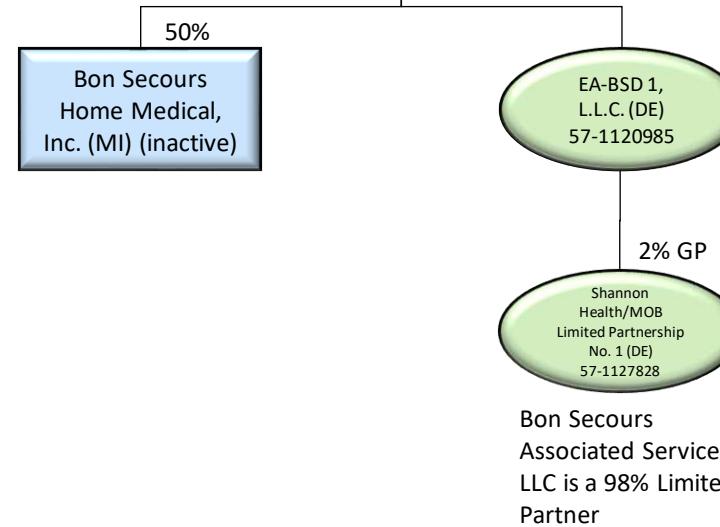
○ Pass through taxation

□ Corporation

○ For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



15.23

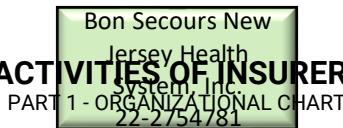
#### SHAPE – Type of Entity

#### COLOR – Tax Status

	Single member LLC
	Partnership
	Corporation

	Tax Exempt 501(c)(3)
	Pass through taxation
	For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



*The City of Hoboken purchased the hospital and assumed its debts in 2007 and renamed it Hoboken University Medical Center*

### SHAPE – Type of Entity

### COLOR – Tax Status

○ Single member LLC

● Tax Exempt 501(c)(3)

△ Partnership

● Pass through taxation

□ Corporation

● For-profit taxable corporation

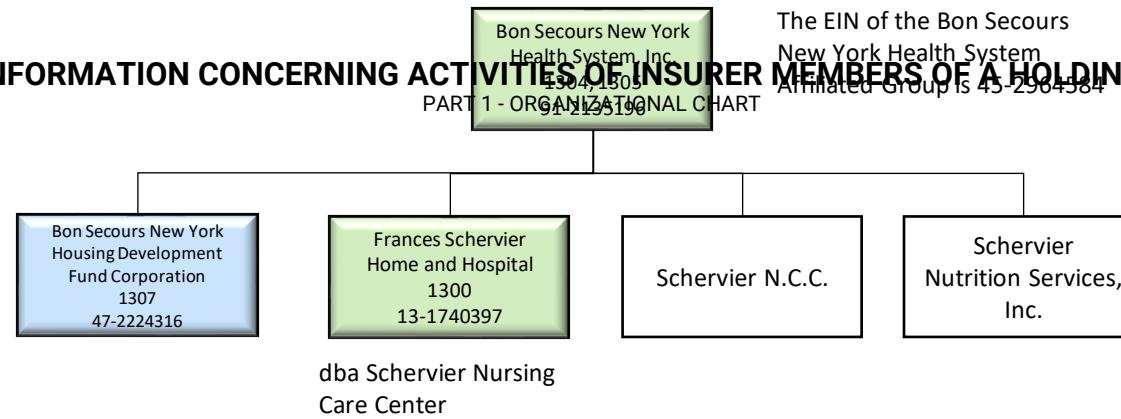
## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

The EIN of the Bon Secours

New York Health System

Affiliated Group is 45-2964584

1304-501  
PART 1 - ORGANIZATIONAL CHART



*Assets sold 7/10/2017*

15.25

**SHAPE – Type of Entity**

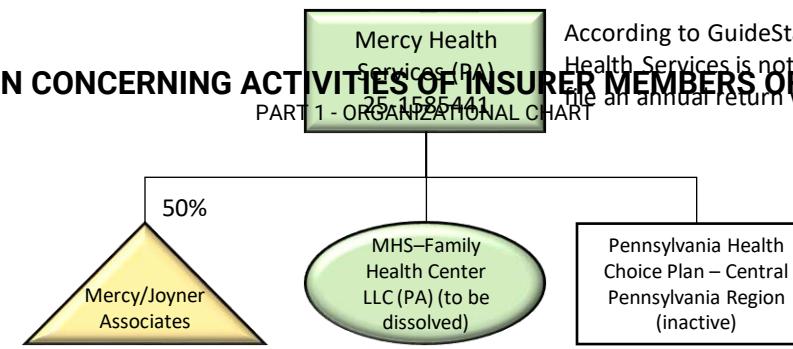
**COLOR – Tax Status**

- Single member LLC
- Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



15.26

### SHAPE – Type of Entity

### COLOR – Tax Status

- Single member LLC
- △ Partnership
- Corporation

- Tax Exempt 501(c)(3)
- Pass through taxation
- For-profit taxable corporation

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



15.27

### SHAPE – Type of Entity

### COLOR – Tax Status

○ Single member LLC

○ Tax Exempt 501(c)(3)

△ Partnership

○ Pass through taxation

□ Corporation

○ For-profit taxable corporation

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

Mercy Health - Tennessee LLC

## PART 1 - ORGANIZATIONAL CHART

753A-REGULATORY-0140-AETNA Health Partners, Inc., converted to disregarded single Member LLC 1/1/17

15.28

## SHAPE – Type of Entity

## COLOR – Tax Status



## Single member LLC



### Tax Exempt 501(c)(3)



## Partnership



### For-profit taxable corporation

**SCHEDULE Y**

## PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
4831	HealthSpan Partners		46-3055925			HealthSpan Partners	OH	UDP	Bon Secours Mercy Health	Ownership	100.0	Bon Secours Mercy Health	NO		
4831	HealthSpan Partners	95204	34-0922268			HealthSpan Integrated Care	OH	RE	HealthSpan Partners	Ownership	100.0	Bon Secours Mercy Health	NO		
4831	HealthSpan Partners	15284	31-1431434			HealthSpan Inc	OH	IA	HealthSpan Partners	Ownership	100.0	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	100.0	Bon Secours Mercy Health	NO		
Asterisk		Explanation													

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO.....

### **August Filing**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	.....NO.....
---	--------------

**EXPLANATION:**

1. ....	.....
2. Business not written.....	.....

**BARCODES:**

1.		9 5 2 0 4 2 0 2 5 3 6 5 0 0 0 0 2
2.		9 5 2 0 4 2 0 2 4 2 2 2 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**  
**LIABILITIES**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Medicare Reserves / Payables .....				
2305. Premium Tax and Other Taxes Payable .....				
2306. Affordable Care Act Payable .....				
2307. Pharmacy Rebate Refund Accrual .....				
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		

**SCHEDULE A – VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book / adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE****SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase / (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase / (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation and proportional amortization		
9. Total foreign exchange change in book / adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	466,255	419,969
2. Cost of bonds and stocks acquired		470,441
3. Accrual of discount		
4. Unrealized valuation increase / (decrease)		(4,118)
5. Total gain (loss) on disposals		415
6. Deduct consideration for bonds and stocks disposed of		425,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book / adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	2,626	4,548
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	468,881	466,255
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	468,881	466,255

**SCHEDULE D – PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
<b>Issuer Credit Obligations (ICO)</b>								
1. NAIC 1 (a)	468,567			313	468,567	468,880		466,254
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	468,567			313	468,567	468,880		466,254
<b>Asset-Backed Securities (ABS)</b>								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
<b>Preferred Stock</b>								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	468,567			313	468,567	468,880		466,254

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ ; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book / Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Total.....		XXX			

**NONE****SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1	1
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1	1
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1	1

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts  
**NONE**

(SI-05) Schedule DB - Part C - Section 1  
**NONE**

(SI-06) Schedule DB - Part C - Section 2  
**NONE**

(SI-07) Schedule DB - Verification  
**NONE**

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents  
**NONE**

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

(E-04) Schedule D - Part 3

**NONE**

(E-05) Schedule D - Part 4

**NONE**

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Fifth Third Bank – 38 Fountain Square Plaza, Cincinnati, OH 45263.....	0.....				15,383,120	15,375,237	15,354,461	XXX.....
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....								XXX.....
0199999 – Total Open Depositories.....					15,383,120	15,375,237	15,354,461	XXX.....
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories.....								XXX.....
0299999 – Total Suspended Depositories.....								XXX.....
0399999 – Total Cash on Deposit.....					15,383,120	15,375,237	15,354,461	XXX.....
0499999 – Cash in Company's Office.....	XXX.....	XXX.....						XXX.....
0599999 – Total					15,383,120	15,375,237	15,354,461	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book / Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
8609999999 - Total Cash Equivalents								

**NONE**