



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## Health Resources of Ohio, Inc.

NAIC Group Code	01212 (Current Period)	01212 (Prior Period)	NAIC Company Code	17613	Employer's ID Number	93-4022317
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ X ]    Property/Casualty [ ]    Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ]    Vision Service Corporation [ ]    Health Maintenance Organization [ ] Other [ ]    Is HMO Federally Qualified? Yes [ ] No [ ]					
Incorporated/Organized	10/16/2023		Commenced Business	05/01/2024		
Statutory Home Office	100 Madison Avenue (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office	100 Madison Avenue (Street and Number)		Toledo, OH, US 43604-1516 (City or Town, State, Country and Zip Code)	800-727-1444 (Area Code) (Telephone Number)		
Mail Address	MSC-S29777 100 Madison Avenue (Street and Number or P.O. Box)		Toledo, OH, US 43604-1516 (City or Town, State, Country and Zip Code)	800-727-1444 (Area Code) (Telephone Number)		
Primary Location of Books and Records	100 Madison Avenue (Street and Number)		Toledo, OH, US 43604-1516 (City or Town, State, Country and Zip Code)	800-727-1444 (Area Code) (Telephone Number)		
Internet Web Site Address	www.insuringsmiles.com					
Statutory Statement Contact	Cynthia M. Watson (Name)		800-727-1444 (Area Code) (Telephone Number) (Extension)			
	cwatson@insuringsmiles.com (E-Mail Address)		812-424-2096 (FAX Number)			

### OFFICERS

Name	Title	Name	Title
Joshua Nace	President	Stephen M Sadowski	Secretary
Terrence Metzger	Treasurer	Mark Wagoner	Chairman

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

Elaine Canning	Mark Wagoner	Joshua Nace	Terry L Bawel
James White	Shanda Gore	Jim Hoffman	Terrence Metzger
_____	_____	_____	_____
_____	_____	_____	_____

State of \_\_\_\_\_ Ohio \_\_\_\_\_

County of \_\_\_\_\_ Lucas \_\_\_\_\_

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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.

		
Joshua Nace President	Stephen M Sadowski Secretary	Terrence Metzger Treasurer

a. Is this an original filing? Yes [ x ] No [ ]

b. If no:

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

Subscribed and sworn to before me this  
29<sup>th</sup> day of October, 2025





LORA L KITZ  
Notary Public, State of Ohio  
My Commission Expires:  
March 31, 2030