



## Public Utilities Commission

### Competitive Retail Electric Service (CRES) Provider Application

Case Number: 11 - 4713 - EL - AGG

Please complete all information. Identify all attachments with a label and title (example: Exhibit C-2 Financial Statements). For paper filing, you can mail the original and two complete copies to the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

### A. Application Information

#### A-1. Provider Type.

Select the competitive retail electric service (CRES) provider type(s) for which the applicant is seeking certification. Please note you can select more than one.

Aggregator

☒

Power Broker

☒

Power Marketer

☐

Retail Electric  
Generation Provider

☐

#### A-2. Applicant's legal name and contact information.

Provide the name and contact information of the business entity.

Legal Name: Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.  
Street Address: 155 East Broad Street, Suite 301  
City: Columbus State: OH Zip: 43215  
Telephone: 614-221-7614 Website: http://ohiohospitals.org

#### A-3. Names and contact information under which the applicant will do business in Ohio.

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name: Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.  
Street Address: 155 East Broad Street, Suite 301  
City: Columbus State: OH Zip: 43215  
Telephone: 614-221-7614 Website: http://ohiohospitals.org

#### A-4. Names under which the applicant does business in North America.

Provide all business names the applicant uses in North America. You do not need to include the names provided in A-2 and A-3.

Name(s): The Ohio Hospital Association Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.  
\_\_\_\_\_  
\_\_\_\_\_

**A-5. Contact person for regulatory matters.**

Name: Sean McGlone Title: Senior Vice President and General Counsel  
Street Address: 155 East Broad Street, Suite 301  
City: Columbus State: OH Zip: 43215  
Telephone: 614- 384-9145 Email: sean.mcglone@ohiohospitals.org

**A-6. Contact person for PUCO Staff use in investigating consumer complaints.**

Name: Sean McGlone Title: Senior Vice President and General Counsel  
Street Address: 155 East Broad Street, Suite 301  
City: Columbus State: OH Zip: 43215  
Telephone: 614- 384-9145 Email: sean.mcglone@ohiohospitals.org

**A-7. Applicant's address and toll-free number for customer service and complaints.**

Street Address: 155 East Broad Street, Suite 301  
City: Columbus State: OH Zip: 43215  
Toll-free Telephone: 800-837-7614 Email: http://ohiohospitals.org

**A-8. Applicant's federal employer identification number.**

FEIN: 20-0414070

**A-9. Applicant's form of ownership (select one).**

|   |   |  |   |
|---|---|--|---|
| Sole Proprietorship<br><input type="checkbox"/>             | Limited Liability Partnership (LLP)<br><input type="checkbox"/> | Corporation<br><input checked="" type="checkbox"/> | Partnership<br><input type="checkbox"/> |
| Limited Liability Company (LLC)<br><input type="checkbox"/> | Other: _____  |  |   |

**A-10. Identify current or proposed service areas.**

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

**Service area selection:**

|   |   |   |  |
|---|---|---|--|
| AES Ohio<br><input checked="" type="checkbox"/> | American Electric Power (AEP Ohio)<br><input checked="" type="checkbox"/> | Duke Energy Ohio<br><input checked="" type="checkbox"/> | FirstEnergy – Cleveland Electric Illuminating<br><input checked="" type="checkbox"/> |
|---|---|---|--|

FirstEnergy – Ohio  
Edison



FirstEnergy – Toledo  
Edison



**Class of customer selection:**

Commercial



Industrial



Mercantile



Residential



**A-11. Start Date.**

Indicate the approximate start date the applicant began/will begin offering services.

Date: 09/12/2011

**A-12. Principal officers, directors and partners.**

Please provide an attachment for all contacts that should be listed as an officer, director or partner.

**A-13. Company history.**

Provide an attachment with a concise description of the applicant's company history and principal business interests.

**A-14. Secretary of State.**

Provide evidence that the applicant is currently registered with the Ohio Secretary of State.

## **B. Managerial Capability**

Provide a response or attachment for each of the sections below.

**B-1. Jurisdiction of operations.**

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application.

**B-2. Experience and plans.**

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the plan for contracting with customers, providing contracted services, providing billing statements and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Sections [4928.10](#) and/or [4929.22](#) of the Ohio Revised Code.

**B-3. Disclosure of liabilities and investigations.**

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction.



**B-4. Disclosure of consumer protection violations.**

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years? If yes, attach a document detailing the information.

Yes

☐

No

☒**B-5. Disclosure of certification denial, curtailment, suspension, or revocation.**

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years? If yes, attach a document detailing the information.

Yes

☐

No

☒**B-6. Environmental disclosure.**

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide a detailed description of how the applicant intends to determine its generation resource mix and environmental characteristics, including air emissions and radioactive waste. Include the annual projection methodology and the proposed approach to compiling the quarterly actual environmental disclosure data. See [4901:1-21-09](#) of the Ohio Administrative Code for additional details of this requirement.

**C. Financial Capability**

Provide a response or attachment for each of the sections below.

**C-1. Financial reporting.**

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or attach a copy of the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

**C-2. Financial statements**

Provide copies of the applicant's two most recent years of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with social

security numbers and bank account numbers redacted.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

**C-3. Forecasted financial statements.**

Provide two years of forecasted income statements based solely on the applicant's anticipated business activities in the state of Ohio.

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in business activities only in the state of Ohio for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

**C-4. Credit rating.**

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter "Not Rated".

**C-5. Credit report.**

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. Bank/credit account numbers and highly sensitive identification information must be redacted. If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select "This does not apply" and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

**C-6. Bankruptcy information.**

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy? If yes, attach a document detailing the information.

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

Yes

☐

No

☒

**C-7. Merger information.**

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months? If yes, attach a document detailing the information.

Yes

☐

No

☒

**C-8. Corporate structure.**

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

**C-9. Financial arrangements.**

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/natural gas business activities (e.g., parental guarantees, letters of credit, contractual arrangements, etc., as described below).

Renewal applicants may provide a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements. The statement or letter must be on the utility's letterhead and dated within a 30-day period of the date the applicant files its renewal application.

First-time applicants or applicants whose certificate has expired must meet the requirements of C-9 in one of the following ways:

1. The applicant itself states that it is investment grade rated by Moody's Investors Service, Standard & Poor's Financial Services, or Fitch Ratings and provides evidence of rating from the rating agencies. If you provided a credit rating in C-4, reference the credit rating in the statement.



2. The applicant's parent company is investment grade rated (by Moody's, Standard & Poor's, or Fitch) and guarantees the financial obligations of the applicant to the LDU(s). Provide a copy of the most recent credit opinion from Moody's, Standard & Poor's or Fitch.
3. The applicant's parent company is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The parent company's financials and a copy of the parental guarantee must be included in the application if the applicant is relying on this option.
4. The applicant can provide evidence of posting a letter of credit with the LDU(s) listed as the beneficiary, in an amount sufficient to satisfy the collateral requirements of the LDU(s).

## D. Technical Capability

Provide an attachment for each of the sections below.

### D-1. Operations.

Power brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of electricity to retail customers.

Power Marketers/Generators: Describe the operational nature of the applicant's business, specifying whether operations will include the generation of power for retail sales, the scheduling of retail power for transmission and delivery, the provision of retail ancillary services, as well as other services used to arrange for the purchase and delivery of electricity to retail customers.

### D-2. Operations expertise and key technical personnel.

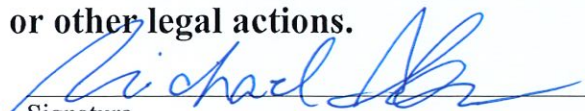
Provide evidence of the applicant's experience and technical expertise in performing the operations described in this application. Include the names, titles, e-mail addresses, telephone numbers and background of key personnel involved in the operational aspects of the applicant's business. If vendors or third parties are or will be utilized for any activities listed in this application, provide the name, contact information for each, and list which activities they will perform. Also, indicate which activities will be performed directly by the company. Please note that this information is required to be updated within 30 days of any changes.

### D-3. FERC power marketer authorization.

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide the FERC docket granting the applicant power marketer authority.

**As authorized representative for the above company/organization, I certify that all the information contained in this application is true, accurate and complete. I also understand that failure to report completely and accurately may result in penalties or other legal actions.**

  
Signature

9.26.2023  
Date

CEO

Title

# Competitive Retail Electric Service Affidavit

County of Franklin :

State of Ohio :

Michael Abrams, Affiant, being duly sworn/affirmed, hereby states that:

1. The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
2. The applicant will timely file an annual report of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections [4905.10\(A\)](#), [4911.18\(A\)](#), and [4928.06\(F\)](#), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections [4905.10](#), [4911.18](#), and [4928.06\(F\)](#), Ohio Revised Code.
4. The applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to [Title 49](#), Ohio Revised Code.
5. The applicant will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.
6. The applicant will fully comply with Section [4928.09](#), Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The applicant will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The applicant will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the applicant will provide, it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio.
11. The Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.



12. The facts set forth above are true and accurate to the best of his/her knowledge, information, and belief and that he/she expects said applicant to be able to prove the same at any hearing hereof.
13. Affiant further sayeth naught.

Michael Abram Tice/CEO  
Signature of Affiant & Title

Sworn and subscribed before me this 26<sup>th</sup> day of September, 2023  
Month Year

Christina M. Weyand  
Signature of official administering oath

Christina M. Weyand, Dir. Support Serv.  
Print Name and Title



CHRISTINA M WEYAND  
Notary Public  
State of Ohio  
My Comm. Expires  
August 31, 2024

My commission expires on August 31, 2024

**A. APPLICATION INFORMATION**

**Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.**

**Exhibit A-12. Principal officers, directors and partners**

The current Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc. Directors and/or Officers are:

Michael Abrams, President & Chair

Amy Andres, Director

James Guliano, Director

Erin Biles, Chief Financial Officer and Treasurer

Address:

155 East Broad Street, Suite 301

Columbus, OH 43215

Telephone: (614) 221-7614

**Exhibit A-13. Company history**

In 1999, OHA formed a wholly owned for-profit corporation, Ohio Healthcare Purchasing, Inc. d/b/a OHA Solutions, for the purpose of achieving purchasing efficiencies for OHA members.

**Exhibit A-14. Secretary of state**

See attached.

## **B. MANAGERIAL CAPABILITY**

**Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.**

### **Exhibit B-1 Jurisdictions of operation**

OHA Solutions is not currently certified, licensed, registered or otherwise authorized to provide retail or wholesale electric services in any other jurisdictions.

### **Exhibit B-2 Experience and plans**

The Ohio Hospital Association (“OHA”) has extensive experience in managing and marketing group purchasing programs and services on behalf of its members. In 1999, OHA formed a wholly owned for-profit corporation, Ohio Healthcare Purchasing, Inc. d/b/a OHA Solutions (“OHA Solutions”), for the purpose of achieving purchasing efficiencies for OHA members. OHA Solutions has been certificated by the PUCO since 2011 to provide competitive retail electric service. Since receiving its Competitive Retail Electric Service (CRES) certificate, OHA Solutions has worked with its member hospitals to obtain competitive retail electric service from power marketers and retail electric generation providers. OHA Solutions works closely with hospital members and CRES providers serving hospitals to obtain competitive pricing, and to address questions regarding the provision of retail electric service.

### **Exhibit B-3 Disclosure of liabilities and investigations**

OHA Solutions has no existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant’s financial or operational status or ability to provide service it is seeking to be certified to provide.

### **Exhibit B-3 Environmental disclosure**

Not applicable.



## **C. FINANCIAL CAPABILITY**

### **Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.**

#### **Exhibit C-1 Financial reporting**

OHA Solutions is a privately-held company and is not required to prepare annual reports.

#### **Exhibit C-2 Financial statements**

A copy of 2022 audited Consolidated Financial Statements has been filed under seal.

#### **Exhibit C-3 Forecasted financial statements**

A copy of OHA Solutions' forecasted financials for 2023, 2024 and 2025 has been filed under seal.

#### **Exhibit C-4 Credit rating**

Not applicable because OHA Solutions is not separately rated by one of the rating services.

#### **Exhibit C-5 Credit report**

A Dun & Bradstreet Information Report for the OHA (the parent company of OHA Solutions) is attached.

#### **Exhibit C-6 Bankruptcy information**

No reorganization, protection from creditors or any other form of bankruptcy has ever been filed by the OHA or the OHA Solutions.

#### **Exhibit C-8 Corporate structure**

OHA Solutions is an Ohio corporation, and a wholly owned subsidiary of The Ohio Hospital Association ("OHA"). The parent company, OHA, was established in 1915 and is a membership organization for Ohio hospitals and health systems.

The organizational chart of OHA and its subsidiaries is attached.

#### **Exhibit C-9 Financial arrangements**

Not applicable as OHA Solutions is operating only as an aggregator and power broker and will not take title to power.

## **D. TECHNICAL CAPABILITY**

### **Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.**

#### **Exhibit D-1 Operations**

Responding to inquiries and complaints is dependent on the nature of the inquiry. All types of calls will be accepted by the OHA on behalf of OHA Solutions. The general contact information for member communications is: phone: (614) 221-7614; e-mail <http://ohiohospitals.org>. In addition, Sean McGlone will be the primary contact for responding to customer inquiries and complaints relating to OHA Solutions' energy aggregation activities. Calls concerning billing, technical issues, or electric service will be directed to the relevant competitive retail electric service provider or electric distribution utility.

#### **Exhibit D-2 Operation expertise and key personnel**

OHA has extensive experience in the area of managing and marketing group purchasing programs and services on behalf of its members. OHA operates an unemployment compensation program for hospitals and healthcare organizations throughout Ohio. It also conducts a group rated worker's compensation program for numerous member hospitals, resulting in savings for individual hospitals in the thousands of dollars every year while also providing education and cost control services. In 1999, OHA formed a wholly owned for-profit corporation, Ohio Healthcare Purchasing, Inc. d/b/a OHA Solutions, for the purpose of achieving purchasing efficiencies for OHA members.

For over a decade, OHA Solutions has negotiated master contracts with various competitive energy suppliers to provide optimal pricing and contract terms for hospital members that chose to join OHA Solutions' energy procurement program. OHA Solutions uses experienced outside counsel to advise on relevant energy and regulatory issues. In addition, OHA Solutions implements its energy procurement program by working with an energy consultant, Energent Solutions. Through its work with Energent, OHA Solutions helps facilitate advantageous energy contracts for hospital members who enter into contracts directly with competitive suppliers vetted by OHA Solutions.

The key personnel responsible for operating OHA Solutions' energy program is Sean McGlone, Senior Vice President and General Counsel for OHA. Mr. McGlone leads OHA's legal services team and works with OHA members and employees on a variety of legal and health care policy issues. He oversees the regulatory and legal activities of outside legal counsel and energy consultants. He also supports OHA's advocacy team and advocates for hospital interests before a variety of regulatory agencies and the Ohio legislature. He earned his bachelor's degree from Wittenberg University in 1996 and his law degree from Ohio State University in 2002. The following is Mr. McGlone's contact information: 155 East Broad Street, Suite 301, Columbus, Ohio 43215, 614-384-9145, [Sean.McGlone@ohiohospitals.org](mailto:Sean.McGlone@ohiohospitals.org).

**Exhibit D-3 FERC Power marketer authorization**

Not Applicable.



**Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc.**

## **ATTACHMENTS**

SECRETARY OF STATE

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OHIO HEALTHCARE PURCHASING, INC., an Ohio corporation, Charter No. 1424848, having its principal location in Columbus, County of Franklin, was incorporated on November 20, 2003 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of September, A.D. 2023.*

A handwritten signature in blue ink, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202326301062





|            |              |                                       |        |       |         |      |      |
|------------|--------------|---------------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                           | FILING | EXPED | PENALTY | CERT | COPY |
| 11/26/2003 | 200333000270 | DOMESTIC ARTICLES/FOR PROFIT<br>(ARF) | 125.00 | .00   | .00     | .00  | .00  |

**Receipt**

This is not a bill. Please do not remit payment.

OHIO HOSPITAL ASSOCIATION  
155 EAST BROAD STREET  
15TH FLOOR  
COLUMBUS, OH 43215

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

1424848

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**OHIO HEALTHCARE PURCHASING, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200333000270**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 20th day of November,  
A.D. 2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

Expedite this Form: (Select One)

|                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Yes           | PO Box 1390<br>Columbus, OH 43216<br>*** Requires an additional fee of \$100 *** |
| <input checked="" type="radio"/> No | PO Box 670<br>Columbus, OH 43216   |

## INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> (1) Articles of Incorporation Profit<br>(113-ARF)<br>ORC 1701 | <input type="checkbox"/> (2) Articles of Incorporation Non-Profit<br>(114-ARN)<br>ORC 1702 | <input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP)<br>Profession _____<br>ORC 1785 |
|---|--|---|

Complete the general information in this section for the box checked above.

|   |  |                      |
|---|--|----------------------|
| <b>FIRST:</b> Name of Corporation   | Ohio Healthcare Purchasing, Inc.   |                      |
| <b>SECOND:</b> Location   | Columbus<br>(City)   | Franklin<br>(County) |
| <b>Effective Date (Optional)</b>  | Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.<br>(mm/dd/yyyy) |                      |
| <input type="checkbox"/> Check here if additional provisions are attached |  |                      |

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

|   |
|---|
| <b>THIRD:</b> Purpose for which corporation is formed |
|   |
|   |
|   |
|   |

Complete the information in this section if box (1) or (3) is checked.

|   |                          |                  |                     |
|---|--------------------------|------------------|---------------------|
| <b>FOURTH:</b> The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) | 1,500<br>(No. of Shares) | common<br>(Type) | none<br>(Par Value) |
| (Refer to instructions if needed)   |                          |                  |                     |

Complete the information in this section if box (1) (2) or (3) is checked.

## ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Ohio Healthcare Purchasing, Inc.  
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by  
statute to be served upon the corporation may be served. The complete address of the agent is

James R. Castle

(Name)

155 East Broad Street, 15th Floor

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

Ohio

43215-3620

(Zip Code)

Must be authenticated by an  
authorized representative

  
Authorized Representative

11-18-2003

Date

  
Authorized Representative

Date

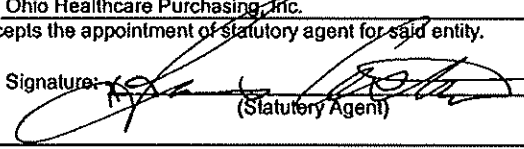
  
Authorized Representative

Date

### ACCEPTANCE OF APPOINTMENT

The Undersigned, James R. Castle, named herein as the

Statutory agent for, Ohio Healthcare Purchasing, Inc.  
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:   
(Statutory Agent)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative  
(See Instructions)

Authorized Representative

James R. Castle  
(Print Name)

Date

11-18-03

Authorized Representative

(Print Name)

Date

Authorized Representative

(Print Name)

Date





Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)  
e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

## CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)  
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Where consenting entity is a corporation<br>(147-CSC) | <input type="checkbox"/> Where consenting entity is a registrant of<br><input type="checkbox"/> Trade Name<br><input type="checkbox"/> Service Mark<br><input type="checkbox"/> Trade Mark<br>(149-CSN) | <input checked="" type="checkbox"/> Where consenting entity is a<br><input checked="" type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Partnership Having Limited Liability<br>(148-CSL) |
|--|---|---|

☐ Check here if additional provisions are attached

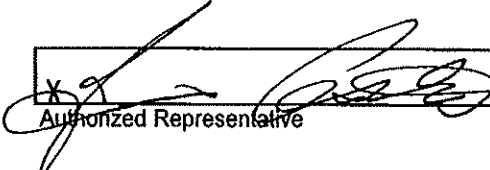
Charter or Registration No.  
of Entity Giving Consent 1109775

Name of Entity  
Giving Consent Ohio Healthcare Purchasing, LLC

Gives Its Consent To Ohio Healthcare Purchasing, Inc.

To Use The Name Ohio Healthcare Purchasing, Inc.

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative

|  |                         |
|--|-------------------------|
| <br>Authorized Representative | <u>11-18-03</u><br>Date |
|--|-------------------------|

|                               |          |
|-------------------------------|----------|
| <br>Authorized Representative | <br>Date |
|-------------------------------|----------|

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.

FINANCIAL STATEMENT

Filed under seal.

**FORECASTED FINANCIAL STATEMENTS**

Filed under seal.

CREDIT REPORT

Update your information with D-U-N-S® Manager

Report as of: 09-12-2023

## Ohio Hospital Association

Alerts:

ACTIVE

SINGLE LOCATION

Address: 155 E Broad St Ste 301, Columbus, OH, 43215, United States

## Affiliate offer

Manage your business  
with ClientBook  
from 1-800Accounting  
Your first two months are

Start for Free

1-800ACCOUNTING

## Dun &amp; Bradstreet offer

Transform your information  
a more powerful sales tool

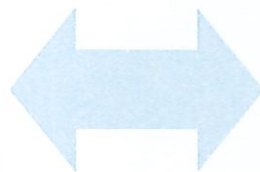
D&amp;B Email

Sign up to receive  
free contacts every month

Sign up now

## SCORES AND RATINGS

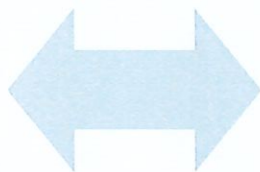
PAYDEX® Score ⓘ



NO

CHANGE

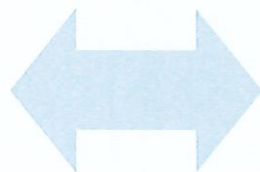
SINCE 2020-06-15

Delinquency Predictor  
Percentile ⓘ

NO

CHANGE

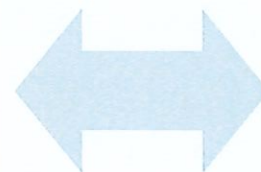
SINCE 2020-06-15

Financial Stress  
Percentile ⓘ

NO

CHANGE

SINCE 2020-06-15

Supplier Evaluation Risk  
Rating ⓘ

NO

CHANGE

SINCE 2020-06-15

## Monitor in Real-time

to Gain Valuable Insights into Your Business Credit

Get alerts when changes occur and have 24/7 access to the  
information in your Dun & Bradstreet business credit file.

\$39/mo ADD TO CART

CreditMonitor™

Call us at 1-844-840-8170 to discuss which product is right for you.

## Monitor &amp; Take Action

to Help Build Your Business Credit File

Potentially build your D&B credit file by submitting Trade References, subject to verification  
and acceptance,\* to Dun & Bradstreet and get alerts when changes are made to your file.

\$149/mo ADD TO CART

CreditBuilder

Call us at 1-844-840-8170 to discuss which product is right for you.

## COMPANY PROFILE ⓘ

D-U-N-S

07-163-9827

Mailing Address

United States

Annual Sales

US\$ 17,389,417

Business Form

Corporation

Telephone

(614) 221-7614

Employees ⓘ

62

Date Incorporated

April 27, 1935

Website

www.ohiohospitals.org

Age (Year Started)

88 (1935)

Hello again, welcome back to  
Dun & Bradstreet! 🌟 How can I  
help you today?

1



## State of Incorporation

OH

## Named Principal

JAMES R CASTLE, President

## Ownership

Not publicly traded

## Line of Business

Business association

## LEGAL EVENTS ⓘ

| Events       | Open Count | Last Filed |
|--------------|------------|------------|
| Bankruptcies | 0          | -          |
| Judgments    | 0          | -          |
| Liens        | 0          | -          |
| Suits        | 0          | 04-02-2015 |
| UCC          | 2          | 06-26-2013 |

## TRADE PAYMENTS ⓘ

## Highest Past Due

US\$ 0

## Highest Now Owing

US\$ 2,500

## Total Trade Experiences

15

## Largest High Credit

US\$ 20,000

## Average High Credit

US\$ 3,257

## OWNERSHIP ⓘ

This company is a Single Location.

Total Members in Family Tree - 0

## Subsidiaries

-

## Branches

-

## FINANCIAL OVERVIEW ⓘ

Source: D&amp;B

## Key Business Ratios

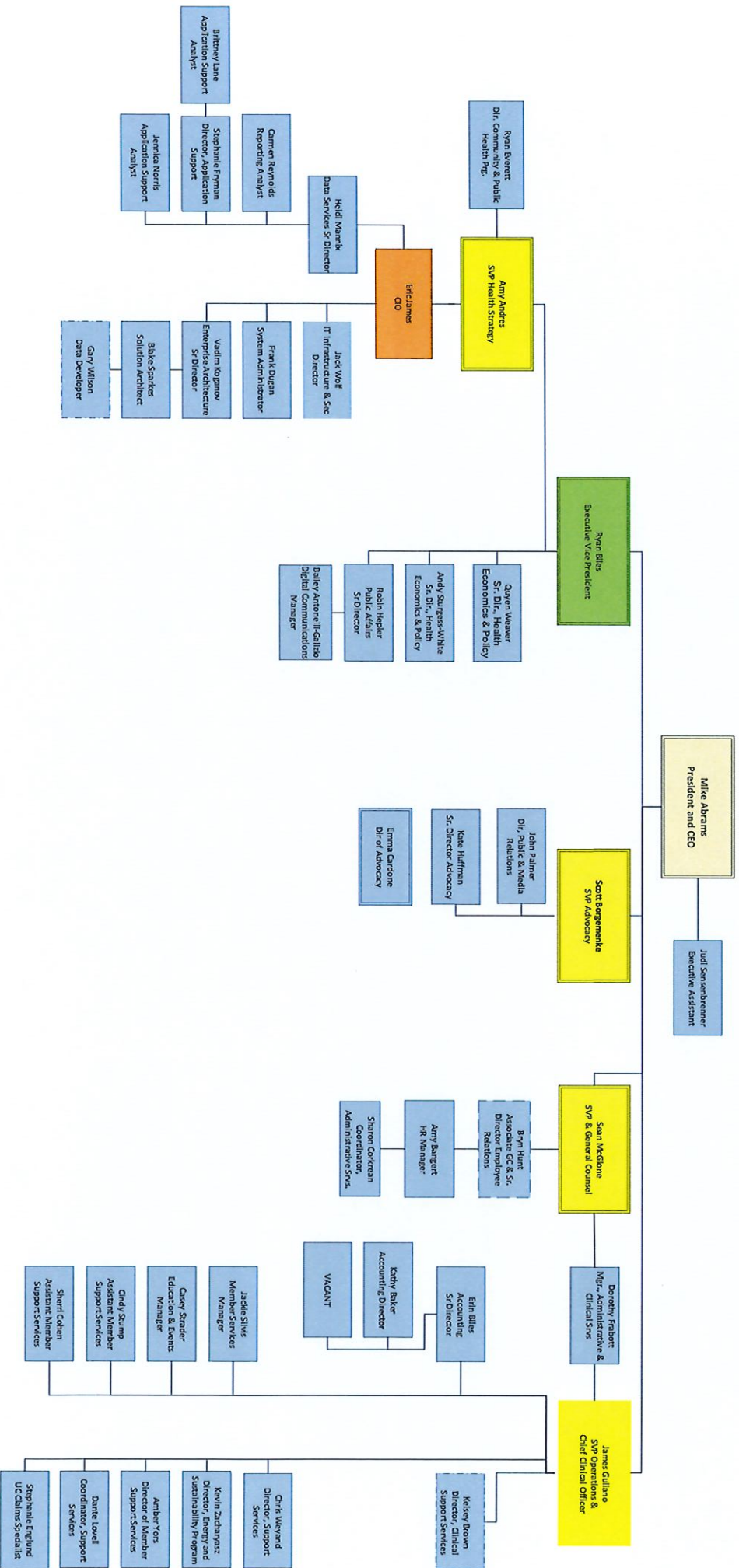
## Ratio for the Business

|                                     |      |
|-------------------------------------|------|
| Current Ratio:                      | 1.86 |
| Quick Ratio:                        | 1.86 |
| Sales Over Net Working Capital:     | 4.32 |
| Collection Period:                  | 4.85 |
| Assets Over Sales:                  | 4.82 |
| Return On Assets:                   | 0.06 |
| Fixed Assets/Net Worth (%):         | 0.70 |
| Current Liabilities Over Net Worth: | 6.10 |

|  |                                 |
|--|---------------------------------|
| Total Liabilities Over Net Worth:        | 9.00                            |
| <b>Key Business Ratios</b> ▼             | <b>Ratio for the Business</b> ▼ |
| Profit Margin:                           | 28.90                           |
| Accounts Payable To Sales:               | 26.90                           |
| Return On Net Worth:                     | 6.50                            |
| Debt To Equity:                          | 0.09                            |
| Total Liabilities To Gross Profit:       | 0.40                            |
| Working Capital:                         | 4,029,089.00                    |
| <b>INQUIRIES</b> ⓘ                       |                                 |
| <b>12 Month Summary</b>                  |                                 |
| Total number of Inquiries<br><b>77</b> ⓘ | Unique Customers<br><b>6</b>    |

\*Trade References will be added subject to Dun & Bradstreet verification and acceptance. Dun & Bradstreet cannot guarantee that trade references will be accepted or that accepted trade references will impact your business credit file. Please see <https://www.dandb.com/glossary/trade-references/> for eligibility, process and other information regarding Trade References.

**CORPORATE STRUCTURE OF  
OHIO HOSPITAL ASSOCIATION AND ITS SUBSIDIARIES**



**This foregoing document was electronically filed with the Public Utilities  
Commission of Ohio Docketing Information System on**

**9/26/2023 2:42:25 PM**

**in**

**Case No(s). 11-4713-EL-AGG**

Summary: Text Renewal Application electronically filed by Teresa Orahod on  
behalf of Devin D. Parram.