



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 E Broad St, 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 E Broad St, 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 <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>	Corporation <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
Limited Liability Company (LLC) <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:

AEP Ohio <input checked="" type="checkbox"/>	DP&L <input checked="" type="checkbox"/>	Duke Energy Ohio <input checked="" type="checkbox"/>	FirstEnergy – Cleveland Electric Illuminating <input checked="" type="checkbox"/>
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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: Continuation of Service

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.

AFFIDAVIT

State of Ohio : Columbus ss.
(Town)

County of Franklin :

Michael Abrams, Affiant, being duly sworn/affirmed according to law, deposes and says that:

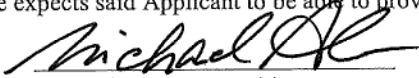
He/She is the _____ President _____ (Office of Affiant) of Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc. (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

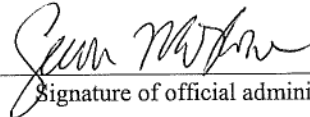
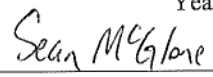
1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
5. The Applicant herein, attests that it 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 herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The Applicant herein, attests that it 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 herein, attests that it 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, the Applicant herein, attests that 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. (Only applicable if pertains to the services the Applicant is offering).

11. The Applicant herein, attests that it will inform the Commission 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 customer complaints.

That the facts above set forth are true and correct 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.


Michael Abrams, President

Sworn and subscribed before me this 23 day of September, 2021
Year

 Signature of official administering oath
 Print Name and Title

My commission expires on N/A



SEAN MCGLONE
Attorney at Law
Notary Public, State of Ohio
My Commission has no expiration
Section 147.03 R.C.

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

Dan Paoletti, Vice Chair

Mary Gallagher, Secretary

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. OHA Solutions' Staffing Program contracts with over 80 temporary staffing agencies from across the nation to help over 100 participating OHA member facilities fill both per diem shift and long-term staff vacancies with local and travel nurses, allied healthcare professionals and non-clinical support staff such as clerical, environmental and food service workers, coders and IT professionals.

Exhibit A-14. Secretary of State

See attached.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

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 & Plans

The Ohio Hospital Association (“OHA”) has extensive experience in the area of managing and marketing group purchasing programs and services on behalf of its members. The OHA operates an unemployment compensation program for 182 hospitals and healthcare organizations. It also conducts a group rated worker’s compensation program for 35 member hospitals, resulting in savings for individual hospitals in the thousands of dollars every year while also providing education and cost control services.

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.

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

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 2020 audited Consolidated Financial Statements was been filed under seal on September 28, 2021.

Exhibit C-3 Forecasted Financial Statements

A copy of OHA Solutions' forecasted financials (electric only) for 2022 and 2023 was filed under seal on September 28, 2021.

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-9 "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 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.

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 1st day of October, A.D. 2021.*

A handwritten signature in blue ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202127403208

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE**

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
1st day of October, A.D. 2021.*

Ohio Secretary of State

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

**Validation Number:
202127403216**



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/26/2003	200333000270	DOMESTIC ARTICLES/FOR PROFIT (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
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 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 (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation	Ohio Healthcare Purchasing, Inc.	
SECOND: Location	Columbus (City)	Franklin (County)
Effective Date (Optional) (mm/dd/yyyy)	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.	
<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.

THIRD: Purpose for which corporation is formed

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

FOURTH: 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 (No. of Shares)	common (Type)	none (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
e-mail: 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 (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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☐ 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

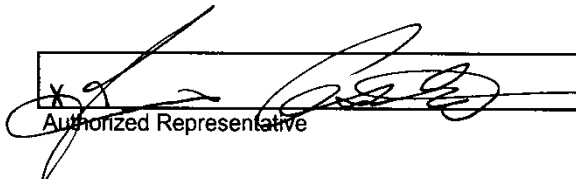
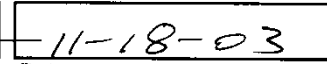
Ohio Healthcare Purchasing, Inc.

To Use The Name

Ohio Healthcare Purchasing, Inc.

REQUIRED

Must be authenticated
(signed) by an authorized
representative

 Authorized Representative	 Date
---	---

 Authorized Representative	 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.

CREDIT REPORT

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

Report as of: 09-21-2021

Ohio Hospital Association

ACTIVE

SINGLE LOCATION

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

Partner offer

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

Start for Free

1-800ACCOUNT

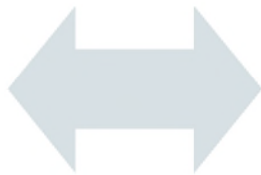
Dun & Bradstreet offer

Transform your information
a more powerful sales tool

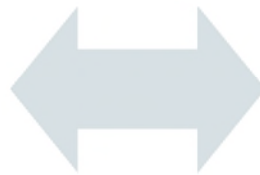
D&B Em

Sign up to receive
free contacts every

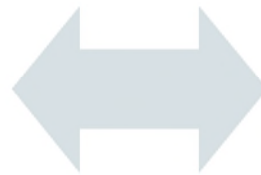
Sign up now

SCORES AND RATINGS**PAYDEX® Score****NO****CHANGE**

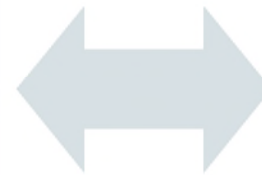
SINCE 2020-06-15

**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 & 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

D&B
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\$ 17,087,376

Business Form

Corporation

Telephone

(614) 221-7614

Employees

62

Date Incorporated

April 27, 1935

Website

www.ohiohospitals.org

Age (Year Started)

86 (1935)

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	1	12-18-2009
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

20

Largest High Credit

US\$ 15,000

Average High Credit

US\$ 2,103

OWNERSHIP ⓘ

This company is a **Single Location**.

Total Members in Family Tree - 0

Subsidiaries

Branches

-

-

FINANCIAL OVERVIEW ⓘ

Source: D&B

Key Business Ratios	Ratio for the Business
Fixed Assets/Net Worth (%):	5.20
Current Liabilities Over Net Worth:	31.40
Quick Ratio:	0.70
Current Ratio:	0.80
Collection Period:	184.70
Assets Over Sales:	330.80
Total Liabilities Over Net Worth:	31.40
Profit Margin:	27.20

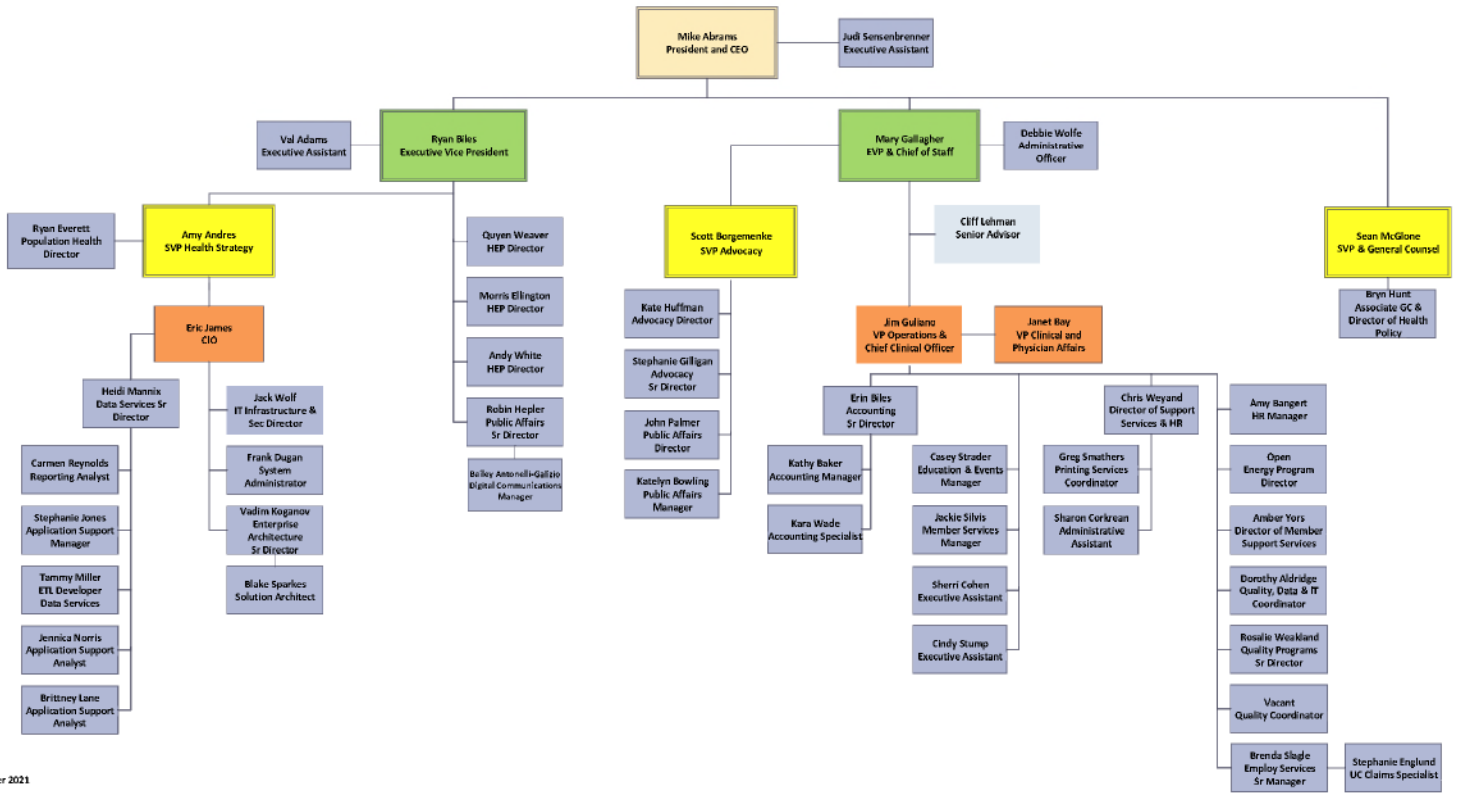
Key Business Ratios	Ratio for the Business
Return On Assets:	8.20
Accounts Payable To Sales:	25.90
Return On Sales:	27.20
Total Liabilities To Gross Profit:	0.79

INQUIRIES ⓘ	
12 Month Summary	
Total number of Inquiries	Unique Customers
32 ⓘ	12

*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

10/5/2021 3:44:23 PM

in

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

Summary: Text Refiling of the September 28, 2021 Application of Ohio Healthcare Purchasing, Inc., d/b/a OHA Solutions, Inc. as an Aggregator electronically filed by Teresa Orahod on behalf of Devin D. Parram