



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE**

## **Elixir Insurance Company**

(Name)

NAIC Group Code 00000 (Current Period) , 00000 (Prior Period) NAIC Company Code 12747 Employer's ID Number 20-4308924

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  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 02/08/2006 Commenced Business 01/01/2007

Statutory Home Office \_\_\_\_\_, 2181 East Aurora Road \_\_\_\_\_, Twinsburg, OH, US 44087  
(Street and Number) \_\_\_\_\_, (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_ 2181 East Aurora Road  
(Street and Number)  
Twinsburg, OH, US 44087 \_\_\_\_\_ 330-405-8089  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2181 East Aurora Road, Twinsburg, OH, US 44087  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_ 2181 East Aurora Road \_\_\_\_\_  
(Street and Number)  
Twinsburg, OH, US 44087 \_\_\_\_\_, \_\_\_\_\_ 330-405-8089 \_\_\_\_\_  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.envisionrx.com  
Statutory Statement Contact Scott David Gonia CPA, 866-250-2005  
(Name) (Area Code) (Telephone Number) (Extension)  
eicaccounting@envisionrx.com 330-486-4801  
(E-Mail Address) (Fax Number)

## OFFICERS

Name	Title	Name	Title
Daniel Dean Robson #	President	Scott David Gonia	Treasurer
Robert Burns Weinberg	Senior Vice President, General Counsel & Secretary	Thomas John Welsh	Chief Financial Officer & Executive Vice President

## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

State of .....Ohio.....

County of Summit

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.

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Thomas John Welsh  
Chief Financial Officer & Executive Vice President

Scott David Gonia  
Treasurer

Senior Vice President, General Counsel &  
Secretary

Subscribed and sworn to before me this  
day of ,

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## EXHIBIT 4 – 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
Claims Unpaid (Reported) Elixir RX Options, LLC.	104,054,805	22,846,314				126,901,119
0199999 Individually listed claims unpaid.....	104,054,805	22,846,314	0	0	0	126,901,119
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals.....	104,054,805	22,846,314	0	0	0	126,901,119
0599999 Unreported claims and other claim reserves.....						2,519,946
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						129,421,065
0899999 Accrued medical incentive pool and bonus amounts.....						0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Elixir Rx Options, LLC.....	Claims and Various Management Services.....	325,100,549	325,100,549	
First Florida Insurers of Tampa.....	Premium Commissions.....	73,675	73,675	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0199999 Individually listed payables.....	.....	325,174,224	325,174,224	.....0
0299999 Payables not individually listed	.....	.....	.....	.....
0399999 Total gross payables	.....	325,174,224	325,174,224	0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0		.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	634,709,476	100.0	XXX	XXX	633,805,036	904,440
12. Total other payments .....	634,709,476	100.0	XXX	XXX	633,805,036	904,440
13. Total (Line 4 plus Line 12) .....	634,709,476	100 %	XXX	XXX	633,805,036	904,440

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alabama	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				2	3	4	5	6				
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			1,298									1,298
2. First Quarter .....			2,417									2,417
3. Second Quarter .....			3,138									3,138
4. Third Quarter .....			3,724									3,724
5. Current Year .....			4,279									4,279
6. Current Year Member Months			38,371									38,371
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			2,047,320									2,047,320
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			2,047,320									2,047,320
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			1,655,833									1,655,833
18. Amount Incurred for Provision of Health Care Services .....			1,987,775									1,987,775

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,041,960



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alaska	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,041									2,041
2. First Quarter .....			2,071									2,071
3. Second Quarter .....			2,174									2,174
4. Third Quarter .....			2,264									2,264
5. Current Year .....			2,343									2,343
6. Current Year Member Months .....			26,266									26,266
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			1,911,462									1,911,462
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			1,911,462									1,911,462
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			1,978,686									1,978,686
18. Amount Incurred for Provision of Health Care Services .....			1,741,238									1,741,238

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,911,462



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arizona	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			9,464									9,464
2. First Quarter .....			8,335									8,335
3. Second Quarter .....			8,386									8,386
4. Third Quarter .....			8,308									8,308
5. Current Year .....			8,518									8,518
6. Current Year Member Months .....			100,694									100,694
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			6,439,797									6,439,797
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			6,439,797									6,439,797
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			6,643,787									6,643,787
18. Amount Incurred for Provision of Health Care Services .....			5,431,870									5,431,870

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,435,630



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arkansas	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			604									604
2. First Quarter .....			338									338
3. Second Quarter .....			337									337
4. Third Quarter .....			329									329
5. Current Year .....			378									378
6. Current Year Member Months .....			4,145									4,145
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			278,017									278,017
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			278,017									278,017
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			302,023									302,023
18. Amount Incurred for Provision of Health Care Services .....			226,793									226,793

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 277,420



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF California	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			52,210									52,210
2. First Quarter .....			62,594									62,594
3. Second Quarter .....			69,817									69,817
4. Third Quarter .....			74,852									74,852
5. Current Year .....			78,841									78,841
6. Current Year Member Months			836,568									836,568
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			54,410,774									54,410,774
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			54,410,774									54,410,774
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			56,134,753									56,134,753
18. Amount Incurred for Provision of Health Care Services .....			52,089,285									52,089,285

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 54,332,293



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			11,606									11,606
2. First Quarter .....			10,383									10,383
3. Second Quarter .....			10,502									10,502
4. Third Quarter .....			10,629									10,629
5. Current Year .....			11,003									11,003
6. Current Year Member Months			127,248									127,248
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			10,412,662									10,412,662
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			10,412,662									10,412,662
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			11,300,205									11,300,205
18. Amount Incurred for Provision of Health Care Services .....			9,564,836									9,564,836

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 10,410,693



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				Comprehensive (Hospital & Medical)		4	5	6				
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			11,985									11,985
2. First Quarter .....			12,460									12,460
3. Second Quarter .....			12,842									12,842
4. Third Quarter .....			13,141									13,141
5. Current Year .....			13,866									13,866
6. Current Year Member Months .....			155,625									155,625
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			7,842,391									7,842,391
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			7,842,391									7,842,391
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			9,015,536									9,015,536
18. Amount Incurred for Provision of Health Care Services .....			7,757,358									7,757,358

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 7,842,391



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware	1	DURING THE YEAR 2020					NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid
			Total	Individual	Group						Other
Total Members at end of:											
1. Prior Year .....			2,650								2,650
2. First Quarter .....			5,794								5,794
3. Second Quarter .....			5,756								5,756
4. Third Quarter .....			5,814								5,814
5. Current Year .....			5,973								5,973
6. Current Year Member Months			71,934								71,934
Total Member Ambulatory Encounters for Year:											
7. Physician .....			0								
8. Non-Physician .....			0								
9. Total .....			0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0								
11. Number of Inpatient Admissions			0								
12. Health Premiums Written (b)			4,492,331								4,492,331
13. Life Premiums Direct .....			0								
14. Property/Casualty Premiums Written .....			0								
15. Health Premiums Earned .....			4,492,331								4,492,331
16. Property/Casualty Premiums Earned .....			0								
17. Amount Paid for Provision of Health Care Services .....			4,717,386								4,717,386
18. Amount Incurred for Provision of Health Care Services .....			4,448,215								4,448,215

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,147,788



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF District of Columbia	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,319									2,319
2. First Quarter .....			2,361									2,361
3. Second Quarter .....			2,430									2,430
4. Third Quarter .....			2,487									2,487
5. Current Year .....			2,579									2,579
6. Current Year Member Months .....			29,404									29,404
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			5,057,742									5,057,742
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			5,057,742									5,057,742
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			4,271,813									4,271,813
18. Amount Incurred for Provision of Health Care Services .....			3,952,484									3,952,484

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,052,868



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Florida	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			5,512									5,512
2. First Quarter .....			2,360									2,360
3. Second Quarter .....			2,008									2,008
4. Third Quarter .....			2,021									2,021
5. Current Year .....			3,088									3,088
6. Current Year Member Months .....			30,518									30,518
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			5,309,549									5,309,549
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			5,309,549									5,309,549
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			5,173,162									5,173,162
18. Amount Incurred for Provision of Health Care Services .....			4,600,232									4,600,232

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,267,967



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			29,403									29,403
2. First Quarter .....			27,138									27,138
3. Second Quarter .....			27,294									27,294
4. Third Quarter .....			27,572									27,572
5. Current Year .....			28,233									28,233
6. Current Year Member Months			331,075									331,075
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			17,940,325									17,940,325
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			17,940,325									17,940,325
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			20,808,594									20,808,594
18. Amount Incurred for Provision of Health Care Services .....			17,226,894									17,226,894

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 17,896,476



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Guam	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			35									35
2. First Quarter .....			37									37
3. Second Quarter .....			38									38
4. Third Quarter .....			40									40
5. Current Year .....			44									44
6. Current Year Member Months .....			471									471
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			40,011									40,011
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			40,011									40,011
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			33,667									33,667
18. Amount Incurred for Provision of Health Care Services .....			35,802									35,802

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 40,011



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Hawaii	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			380									380
2. First Quarter .....			67									67
3. Second Quarter .....			66									66
4. Third Quarter .....			71									71
5. Current Year .....			84									84
6. Current Year Member Months .....			863									863
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			31,960									31,960
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			31,960									31,960
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			174,920									174,920
18. Amount Incurred for Provision of Health Care Services .....			31,031									31,031

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 31,960



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Idaho	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,847									2,847
2. First Quarter .....			2,759									2,759
3. Second Quarter .....			2,844									2,844
4. Third Quarter .....			2,882									2,882
5. Current Year .....			2,917									2,917
6. Current Year Member Months .....			33,974									33,974
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			3,930,807									3,930,807
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			3,930,807									3,930,807
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			3,487,412									3,487,412
18. Amount Incurred for Provision of Health Care Services .....			3,149,929									3,149,929

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 3,930,707



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Illinois	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			23,980									23,980
2. First Quarter .....			24,647									24,647
3. Second Quarter .....			23,671									23,671
4. Third Quarter .....			23,244									23,244
5. Current Year .....			24,649									24,649
6. Current Year Member Months .....			297,850									297,850
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			21,174,006									21,174,006
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			21,174,006									21,174,006
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			21,788,970									21,788,970
18. Amount Incurred for Provision of Health Care Services .....			18,330,597									18,330,597

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 20,573,732



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Indiana	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			1,513									1,513
2. First Quarter .....			5,360									5,360
3. Second Quarter .....			6,682									6,682
4. Third Quarter .....			8,021									8,021
5. Current Year .....			9,366									9,366
6. Current Year Member Months .....			83,810									83,810
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			4,677,087									4,677,087
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			4,677,087									4,677,087
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			3,939,941									3,939,941
18. Amount Incurred for Provision of Health Care Services .....			4,619,730									4,619,730

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,657,544



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Iowa	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			662									662
2. First Quarter .....			3,330									3,330
3. Second Quarter .....			4,573									4,573
4. Third Quarter .....			4,535									4,535
5. Current Year .....			490									490
6. Current Year Member Months .....			39,317									39,317
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			856,471									856,471
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			856,471									856,471
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			962,417									962,417
18. Amount Incurred for Provision of Health Care Services .....			794,683									794,683

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 580,115



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kansas	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			519									519
2. First Quarter .....			2,286									2,286
3. Second Quarter .....			2,117									2,117
4. Third Quarter .....			2,081									2,081
5. Current Year .....			2,059									2,059
6. Current Year Member Months .....			27,159									27,159
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			469,751									469,751
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			469,751									469,751
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			78,400									78,400
18. Amount Incurred for Provision of Health Care Services .....			456,631									456,631

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 290,406



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kentucky	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			1,057									1,057
2. First Quarter .....			3,304									3,304
3. Second Quarter .....			4,660									4,660
4. Third Quarter .....			6,414									6,414
5. Current Year .....			7,845									7,845
6. Current Year Member Months .....			61,237									61,237
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			3,396,962									3,396,962
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			3,396,962									3,396,962
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			2,602,958									2,602,958
18. Amount Incurred for Provision of Health Care Services .....			3,356,675									3,356,675

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 3,396,962

30.KY



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Louisiana	1	DURING THE YEAR 2020					NAIC Company Code	12747	
				2	3	4	5	6			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		1,046									1,046
2. First Quarter .....		539									539
3. Second Quarter .....		540									540
4. Third Quarter .....		545									545
5. Current Year .....		602									602
6. Current Year Member Months .....		6,680									6,680
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0									
11. Number of Inpatient Admissions .....		0									
12. Health Premiums Written (b) .....		783,397									783,397
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		783,397									783,397
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services .....		954,528									954,528
18. Amount Incurred for Provision of Health Care Services .....		761,818									761,818

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 783,298



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maine	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			8,809									8,809
2. First Quarter .....			8,453									8,453
3. Second Quarter .....			8,770									8,770
4. Third Quarter .....			9,148									9,148
5. Current Year .....			9,349									9,349
6. Current Year Member Months .....			106,147									106,147
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			4,420,904									4,420,904
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			4,420,904									4,420,904
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			5,077,163									5,077,163
18. Amount Incurred for Provision of Health Care Services .....			4,200,468									4,200,468

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,420,826



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maryland	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				2	3	4	5	6				
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			23,174									23,174
2. First Quarter .....			27,162									27,162
3. Second Quarter .....			27,983									27,983
4. Third Quarter .....			28,971									28,971
5. Current Year .....			29,724									29,724
6. Current Year Member Months			338,588									338,588
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			19,508,721									19,508,721
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			19,508,721									19,508,721
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			21,220,701									21,220,701
18. Amount Incurred for Provision of Health Care Services .....			19,790,517									19,790,517

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 19,507,730



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			29,465									29,465
2. First Quarter .....			30,906									30,906
3. Second Quarter .....			31,971									31,971
4. Third Quarter .....			32,899									32,899
5. Current Year .....			33,753									33,753
6. Current Year Member Months			384,359									384,359
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			18,362,860									18,362,860
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			18,362,860									18,362,860
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			21,437,176									21,437,176
18. Amount Incurred for Provision of Health Care Services .....			18,491,132									18,491,132

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 18,362,720



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			44,922									44,922
2. First Quarter .....			55,441									55,441
3. Second Quarter .....			56,972									56,972
4. Third Quarter .....			58,153									58,153
5. Current Year .....			59,903									59,903
6. Current Year Member Months			687,369									687,369
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			27,818,742									27,818,742
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			27,818,742									27,818,742
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			31,118,900									31,118,900
18. Amount Incurred for Provision of Health Care Services .....			25,932,413									25,932,413

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 27,589,838



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Minnesota	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			499									499
2. First Quarter .....			466									466
3. Second Quarter .....			453									453
4. Third Quarter .....			444									444
5. Current Year .....			473									473
6. Current Year Member Months .....			5,542									5,542
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			565,015									565,015
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			565,015									565,015
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			724,288									724,288
18. Amount Incurred for Provision of Health Care Services .....			564,228									564,228

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 564,681



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Mississippi	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			13,242									13,242
2. First Quarter .....			13,734									13,734
3. Second Quarter .....			14,072									14,072
4. Third Quarter .....			14,335									14,335
5. Current Year .....			14,908									14,908
6. Current Year Member Months			170,130									170,130
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			9,757,570									9,757,570
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			9,757,570									9,757,570
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			10,971,544									10,971,544
18. Amount Incurred for Provision of Health Care Services .....			9,616,378									9,616,378

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 9,757,470



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Missouri	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			1,517									1,517
2. First Quarter .....			361									361
3. Second Quarter .....			364									364
4. Third Quarter .....			370									370
5. Current Year .....			632									632
6. Current Year Member Months .....			5,171									5,171
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			810,718									810,718
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			810,718									810,718
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			734,642									734,642
18. Amount Incurred for Provision of Health Care Services .....			626,984									626,984

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 803,808



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Montana	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				2	3	4	5	6				
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			270									270
2. First Quarter .....			244									244
3. Second Quarter .....			248									248
4. Third Quarter .....			246									246
5. Current Year .....			246									246
6. Current Year Member Months .....			2,944									2,944
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			300,145									300,145
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			300,145									300,145
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			337,231									337,231
18. Amount Incurred for Provision of Health Care Services .....			299,727									299,727

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 300,145



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Nebraska	1	DURING THE YEAR 2020					NAIC Company Code	12747	
				2	3	4	5	6			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		505									505
2. First Quarter .....		212									212
3. Second Quarter .....		217									217
4. Third Quarter .....		218									218
5. Current Year .....		226									226
6. Current Year Member Months .....		2,627									2,627
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0									
11. Number of Inpatient Admissions .....		0									
12. Health Premiums Written (b) .....		1,434,361									1,434,361
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		1,434,361									1,434,361
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services .....		1,123,032									1,123,032
18. Amount Incurred for Provision of Health Care Services .....		1,041,758									1,041,758

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,433,828



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Nevada	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			565									565
2. First Quarter .....			376									376
3. Second Quarter .....			386									386
4. Third Quarter .....			402									402
5. Current Year .....			448									448
6. Current Year Member Months .....			4,804									4,804
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			360,799									360,799
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			360,799									360,799
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			430,110									430,110
18. Amount Incurred for Provision of Health Care Services .....			350,187									350,187

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 360,599



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Hampshire	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			12,655									12,655
2. First Quarter .....			14,262									14,262
3. Second Quarter .....			14,697									14,697
4. Third Quarter .....			15,128									15,128
5. Current Year .....			15,370									15,370
6. Current Year Member Months			176,978									176,978
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			6,991,043									6,991,043
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			6,991,043									6,991,043
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			7,787,830									7,787,830
18. Amount Incurred for Provision of Health Care Services .....			6,750,922									6,750,922

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,990,844



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,034									2,034
2. First Quarter .....			2,069									2,069
3. Second Quarter .....			2,120									2,120
4. Third Quarter .....			2,184									2,184
5. Current Year .....			2,455									2,455
6. Current Year Member Months .....			26,247									26,247
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			2,732,370									2,732,370
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			2,732,370									2,732,370
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			3,393,889									3,393,889
18. Amount Incurred for Provision of Health Care Services .....			3,148,945									3,148,945

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,730,193



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Mexico	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			5,760									5,760
2. First Quarter .....			4,956									4,956
3. Second Quarter .....			4,753									4,753
4. Third Quarter .....			4,598									4,598
5. Current Year .....			4,513									4,513
6. Current Year Member Months			57,119									57,119
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			3,736,707									3,736,707
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			3,736,707									3,736,707
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			3,870,711									3,870,711
18. Amount Incurred for Provision of Health Care Services .....			3,037,636									3,037,636

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 3,736,383



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New York	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			48,121									48,121
2. First Quarter .....			52,774									52,774
3. Second Quarter .....			53,537									53,537
4. Third Quarter .....			54,566									54,566
5. Current Year .....			56,903									56,903
6. Current Year Member Months			651,240									651,240
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			43,502,378									43,502,378
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			43,502,378									43,502,378
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			49,164,857									49,164,857
18. Amount Incurred for Provision of Health Care Services .....			44,520,082									44,520,082

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 43,126,207



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Carolina	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			47,197									47,197
2. First Quarter .....			45,898									45,898
3. Second Quarter .....			46,256									46,256
4. Third Quarter .....			47,146									47,146
5. Current Year .....			47,772									47,772
6. Current Year Member Months			560,444									560,444
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			25,852,263									25,852,263
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			25,852,263									25,852,263
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			30,490,639									30,490,639
18. Amount Incurred for Provision of Health Care Services .....			25,270,317									25,270,317

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 25,567,631



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Dakota	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			139									139
2. First Quarter .....			118									118
3. Second Quarter .....			121									121
4. Third Quarter .....			124									124
5. Current Year .....			128									128
6. Current Year Member Months .....			1,458									1,458
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			148,645									148,645
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			148,645									148,645
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			171,862									171,862
18. Amount Incurred for Provision of Health Care Services .....			148,438									148,438

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 148,645



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			68,349									68,349
2. First Quarter .....			147,581									147,581
3. Second Quarter .....			150,419									150,419
4. Third Quarter .....			151,657									151,657
5. Current Year .....			154,632									154,632
6. Current Year Member Months .....			1,802,816									1,802,816
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			116,107,967									116,107,967
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			116,107,967									116,107,967
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			104,991,892									104,991,892
18. Amount Incurred for Provision of Health Care Services .....			113,795,035									113,795,035

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 116,099,751



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oklahoma	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			1,174									1,174
2. First Quarter .....			476									476
3. Second Quarter .....			434									434
4. Third Quarter .....			423									423
5. Current Year .....			429									429
6. Current Year Member Months .....			5,330									5,330
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			430,975									430,975
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			430,975									430,975
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			555,765									555,765
18. Amount Incurred for Provision of Health Care Services .....			362,163									362,163

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 424,517



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oregon	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			32,239									32,239
2. First Quarter .....			35,629									35,629
3. Second Quarter .....			36,461									36,461
4. Third Quarter .....			37,213									37,213
5. Current Year .....			37,548									37,548
6. Current Year Member Months .....			438,274									438,274
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			16,343,455									16,343,455
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			16,343,455									16,343,455
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			18,180,779									18,180,779
18. Amount Incurred for Provision of Health Care Services .....			15,772,792									15,772,792

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 16,342,857



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			94,628									94,628
2. First Quarter .....			103,114									103,114
3. Second Quarter .....			105,774									105,774
4. Third Quarter .....			108,276									108,276
5. Current Year .....			109,632									109,632
6. Current Year Member Months .....			1,272,254									1,272,254
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			56,198,417									56,198,417
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			56,198,417									56,198,417
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			65,818,680									65,818,680
18. Amount Incurred for Provision of Health Care Services .....			56,667,005									56,667,005

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 56,114,708



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Puerto Rico	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			44									44
2. First Quarter .....			41									41
3. Second Quarter .....			43									43
4. Third Quarter .....			43									43
5. Current Year .....			46									46
6. Current Year Member Months .....			521									521
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			47,099									47,099
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			47,099									47,099
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			43,626									43,626
18. Amount Incurred for Provision of Health Care Services .....			43,626									43,626

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 47,099



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			4,836									4,836
2. First Quarter .....			4,918									4,918
3. Second Quarter .....			5,090									5,090
4. Third Quarter .....			5,149									5,149
5. Current Year .....			5,270									5,270
6. Current Year Member Months			60,808									60,808
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			2,905,633									2,905,633
13. Life Premiums Direct.....			0									
14. Property/Casualty Premiums Written.....			0									
15. Health Premiums Earned.....			2,905,633									2,905,633
16. Property/Casualty Premiums Earned			0									
17. Amount Paid for Provision of Health Care Services			3,326,276									3,326,276
18. Amount Incurred for Provision of Health Care Services			2,925,753									2,925,753

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,905,633



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Carolina	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			27,453									27,453
2. First Quarter .....			31,735									31,735
3. Second Quarter .....			32,286									32,286
4. Third Quarter .....			32,755									32,755
5. Current Year .....			33,436									33,436
6. Current Year Member Months			389,236									389,236
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			21,962,545									21,962,545
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			21,962,545									21,962,545
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			24,973,833									24,973,833
18. Amount Incurred for Provision of Health Care Services .....			22,804,402									22,804,402

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 21,946,785



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			221									221
2. First Quarter .....			125									125
3. Second Quarter .....			125									125
4. Third Quarter .....			127									127
5. Current Year .....			131									131
6. Current Year Member Months .....			1,533									1,533
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			156,292									156,292
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			156,292									156,292
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			177,913									177,913
18. Amount Incurred for Provision of Health Care Services .....			156,074									156,074

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 156,192



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,099									2,099
2. First Quarter .....			4,567									4,567
3. Second Quarter .....			5,700									5,700
4. Third Quarter .....			6,598									6,598
5. Current Year .....			7,437									7,437
6. Current Year Member Months .....			70,117									70,117
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0									
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b) .....			3,886,182									3,886,182
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			3,886,182									3,886,182
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			3,096,684									3,096,684
18. Amount Incurred for Provision of Health Care Services .....			3,712,419									3,712,419

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 3,851,427



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Texas	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			5,835									5,835
2. First Quarter .....			13,502									13,502
3. Second Quarter .....			18,195									18,195
4. Third Quarter .....			21,029									21,029
5. Current Year .....			25,097									25,097
6. Current Year Member Months			227,961									227,961
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			13,256,220									13,256,220
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			13,256,220									13,256,220
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			10,639,644									10,639,644
18. Amount Incurred for Provision of Health Care Services .....			12,431,378									12,431,378

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 13,075,130



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Utah	1	DURING THE YEAR 2020					NAIC Company Code	12747		
				2	3	4	5	6				
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			2,373									2,373
2. First Quarter .....			2,249									2,249
3. Second Quarter .....			2,322									2,322
4. Third Quarter .....			2,361									2,361
5. Current Year .....			2,443									2,443
6. Current Year Member Months			27,883									27,883
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			2,280,035									2,280,035
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			2,280,035									2,280,035
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			2,356,288									2,356,288
18. Amount Incurred for Provision of Health Care Services .....			1,957,248									1,957,248

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,280,035



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Vermont	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			6,932									6,932
2. First Quarter .....			7,343									7,343
3. Second Quarter .....			7,471									7,471
4. Third Quarter .....			7,600									7,600
5. Current Year .....			7,670									7,670
6. Current Year Member Months			89,870									89,870
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b)			4,379,431									4,379,431
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			4,379,431									4,379,431
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			4,754,551									4,754,551
18. Amount Incurred for Provision of Health Care Services .....			4,380,552									4,380,552

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,379,431



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Virginia	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
				2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			Total	Individual	Group							
1. Prior Year .....			3,428									3,428
2. First Quarter .....			7,616									7,616
3. Second Quarter .....			8,037									8,037
4. Third Quarter .....			8,732									8,732
5. Current Year .....			9,983									9,983
6. Current Year Member Months			97,489									97,489
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			5,767,483									5,767,483
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			5,767,483									5,767,483
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			5,041,369									5,041,369
18. Amount Incurred for Provision of Health Care Services .....			5,668,910									5,668,910

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,677,456



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Washington	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7			
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			50,920									50,920
2. First Quarter .....			56,238									56,238
3. Second Quarter .....			57,414									57,414
4. Third Quarter .....			58,439									58,439
5. Current Year .....			59,028									59,028
6. Current Year Member Months			690,202									690,202
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			25,697,715									25,697,715
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			25,697,715									25,697,715
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			28,794,784									28,794,784
18. Amount Incurred for Provision of Health Care Services .....			24,812,561									24,812,561

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 25,697,316



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF West Virginia	1	DURING THE YEAR 2020						NAIC Company Code	12747	
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			11,681									11,681
2. First Quarter .....			11,541									11,541
3. Second Quarter .....			11,652									11,652
4. Third Quarter .....			11,727									11,727
5. Current Year .....			11,867									11,867
6. Current Year Member Months			140,231									140,231
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred			0									
11. Number of Inpatient Admissions			0									
12. Health Premiums Written (b) .....			6,247,023									6,247,023
13. Life Premiums Direct .....			0									
14. Property/Casualty Premiums Written .....			0									
15. Health Premiums Earned .....			6,247,023									6,247,023
16. Property/Casualty Premiums Earned .....			0									
17. Amount Paid for Provision of Health Care Services .....			7,568,710									7,568,710
18. Amount Incurred for Provision of Health Care Services .....			6,280,093									6,280,093

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,245,155



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wisconsin	1	DURING THE YEAR 2020					NAIC Company Code	12747	
				2	3	4	5	6			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		9,375									9,375
2. First Quarter .....		8,989									8,989
3. Second Quarter .....		8,712									8,712
4. Third Quarter .....		8,603									8,603
5. Current Year .....		9,244									9,244
6. Current Year Member Months .....		108,354									108,354
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0									
11. Number of Inpatient Admissions .....		0									
12. Health Premiums Written (b) .....		9,709,229									9,709,229
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		9,709,229									9,709,229
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services .....		10,076,423									10,076,423
18. Amount Incurred for Provision of Health Care Services .....		8,341,280									8,341,280

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 9,632,854



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wyoming	1	DURING THE YEAR 2020					NAIC Company Code	12747	
				2	3	4	5	6			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		189									189
2. First Quarter .....		151									151
3. Second Quarter .....		158									158
4. Third Quarter .....		162									162
5. Current Year .....		173									173
6. Current Year Member Months .....		1,912									1,912
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0									
11. Number of Inpatient Admissions .....		0									
12. Health Premiums Written (b) .....		194,931									194,931
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		194,931									194,931
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services .....		232,696									232,696
18. Amount Incurred for Provision of Health Care Services .....		194,660									194,660

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 194,797



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated	1	DURING THE YEAR 2020								NAIC Company Code	12747
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:													
1. Prior Year .....			721,781	0	0	0	0	0	0	0	0	0	721,781
2. First Quarter .....			871,827	0	0	0	0	0	0	0	0	0	871,827
3. Second Quarter .....			903,088	0	0	0	0	0	0	0	0	0	903,088
4. Third Quarter .....			928,800	0	0	0	0	0	0	0	0	0	928,800
5. Current Year .....			958,026	0	0	0	0	0	0	0	0	0	958,026
6. Current Year Member Months .....			10,909,167	0	0	0	0	0	0	0	0	0	10,909,167
Total Member Ambulatory Encounters for Year:													
7. Physician .....			0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....			0	0	0	0	0	0	0	0	0	0	0
9. Total .....			0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions .....			0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....			603,376,694	0	0	0	0	0	0	0	0	0	603,376,694
13. Life Premiums Direct .....			0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....			0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....			603,376,694	0	0	0	0	0	0	0	0	0	603,376,694
16. Property/Casualty Premiums Earned .....			0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....			634,709,479	0	0	0	0	0	0	0	0	0	634,709,479
18. Amount Incurred for Provision of Health Care Services .....			584,659,958	0	0	0	0	0	0	0	0	0	584,659,958

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....600,374,373

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **SCHEDULE S - PART 1 - SECTION 2**

**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company**

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance	
										11 Current Year	12 Prior Year			
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
82627	.06-0839705	01/01/2015	SWISS RE LIFE & HLTH AMER INC.	MO	QA/I	MD	(89,863)							
82627	.06-0839708	01/01/2015	SWISS RE LIFE & HLTH AMER INC.	MO	QA/I	MD	(366)							
88340	.59-2859797	01/01/2009	HANNOVER LIFE REASSUR CO OF AMER	FL	QA/I	MD	(50,327)							
0899999	- General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						(140,556)		0	0	0	0	0	
1099999	- General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						(140,556)		0	0	0	0	0	
1199999	- General Account - Authorized - Total General Account Authorized						(140,556)		0	0	0	0	0	
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates														
		01/01/2017	PRAM Captive Insurance Company	NC		OH	254,535							
1999999	- General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						254,535		0	0	0	0	0	
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates														
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct	BMU		MD	12,729,556							
2099999	- General Account - Unauthorized - Non-U.S. Non-Affiliates						12,729,556		0	0	0	0	0	
2199999	- General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates						12,984,091		0	0	0	0	0	
2299999	- General Account - Unauthorized - Total General Account Unauthorized						12,984,091		0	0	0	0	0	
4599999	- General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						12,843,535		0	0	0	0	0	
9199999	- Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						113,979		0	0	0	0	0	
9299999	- Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						12,729,556		0	0	0	0	0	
9999999	Totals						12,843,535		0	0	0	0	0	

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company**

**SCHEDULE S - PART 4**

**Reinsurance Ceded To Unauthorized Companies**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates		.01/01/2017	PRAM Captive Insurance Company				0				100,000			0
199999 - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				0	0	0	0	0	XXX	0	100,000	0	0	0
General Account - Accident and Health - Non-U.S. Non-Affiliates		.01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct		903,836	8,972	912,808	500,000			3,306,380		84,413	912,808
209999 - General Account - Accident and Health - Non-U.S. Non-Affiliates				0	903,836	8,972	912,808	500,000	XXX	0	3,306,380	0	84,413	912,808
219999 - General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates				0	903,836	8,972	912,808	500,000	XXX	0	3,406,380	0	84,413	912,808
229999 - General Account - Accident and Health - Total Accident and Health				0	903,836	8,972	912,808	500,000	XXX	0	3,406,380	0	84,413	912,808
239999 - General Account - Total General Account				0	903,836	8,972	912,808	500,000	XXX	0	3,406,380	0	84,413	912,808
359999 - Total U.S. (Sum of 039999, 089999, 149999, 199999, 269999 and 319999)				0	0	0	0	0	XXX	0	100,000	0	0	0
369999 - Total Non-U.S. (Sum of 069999, 099999, 179999, 209999, 299999 and 329999)				0	903,836	8,972	912,808	500,000	XXX	0	3,306,380	0	84,413	912,808
99999999 Totals				0	903,836	8,972	912,808	500,000	XXX	0	3,406,380	0	84,413	912,808

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(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name		Letters of Credit Amount
0000001	1		Goldman Sachs Lending Partners LLC		500,000

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## **SCHEDULE S - PART 5**

**Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)**

**NONE**

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company**

**SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	12,844	17,832	8,868	170,559	225,610
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	8,548	11,545	8,745	154,493	221,136
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	904	789	641	23,531	4,506
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	3,406	3,809	5,914	3,738	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	3,406	3,809	5,914	3,738	0
14. Letters of credit (L).....	500	500	500	500	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	163,354,828		163,354,828
2. Accident and health premiums due and unpaid (Line 15) .....	110,474,396		110,474,396
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	(3,770,371)	(3,770,371)
5. All other admitted assets (Balance) .....	277,174,071	(519,543)	276,654,528
6. Total assets (Line 28) .....	551,003,295	(4,289,914)	546,713,381
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	128,517,229	903,836	129,421,065
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	2,461,843		2,461,843
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	3,406,380	(3,406,380)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	341,677,252	(1,787,370)	339,889,882
15. Total liabilities (Line 24) .....	476,062,704	(4,289,914)	471,772,790
16. Total capital and surplus (Line 33) .....	74,940,591	XXX	74,940,591
17. Total liabilities, capital and surplus (Line 34) .....	551,003,295	(4,289,914)	546,713,381
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	903,836		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	519,543		
23. Total ceded reinsurance recoverables .....	1,423,379		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	3,406,380		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	1,787,370		
30. Total ceded reinsurance payables/offsets .....	5,193,750		
31. Total net credit for ceded reinsurance .....	(3,770,371)		

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company**

**SCHEDULE T – PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....					0
2. Alaska .....	AK .....					0
3. Arizona .....	AZ .....					0
4. Arkansas .....	AR .....					0
5. California .....	CA .....					0
6. Colorado .....	CO .....					0
7. Connecticut .....	CT .....					0
8. Delaware .....	DE .....					0
9. District of Columbia .....	DC .....					0
10. Florida .....	FL .....					0
11. Georgia .....	GA .....					0
12. Hawaii .....	HI .....					0
13. Idaho .....	ID .....					0
14. Illinois .....	IL .....					0
15. Indiana .....	JN .....					0
16. Iowa .....	JA .....					0
17. Kansas .....	KS .....					0
18. Kentucky .....	KY .....					0
19. Louisiana .....	LA .....					0
20. Maine .....	ME .....					0
21. Maryland .....	MD .....					0
22. Massachusetts .....	MA .....					0
23. Michigan .....	MI .....					0
24. Minnesota .....	MN .....					0
25. Mississippi .....	MS .....					0
26. Missouri .....	MO .....					0
27. Montana .....	MT .....					0
28. Nebraska .....	NE .....					0
29. Nevada .....	NV .....					0
30. New Hampshire .....	NH .....					0
31. New Jersey .....	NJ .....					0
32. New Mexico .....	NM .....					0
33. New York .....	NY .....					0
34. North Carolina .....	NC .....					0
35. North Dakota .....	ND .....					0
36. Ohio .....	OH .....					0
37. Oklahoma .....	OK .....					0
38. Oregon .....	OR .....					0
39. Pennsylvania .....	PA .....					0
40. Rhode Island .....	RI .....					0
41. South Carolina .....	SC .....					0
42. South Dakota .....	SD .....					0
43. Tennessee .....	TN .....					0
44. Texas .....	TX .....					0
45. Utah .....	UT .....					0
46. Vermont .....	VT .....					0
47. Virginia .....	VA .....					0
48. Washington .....	WA .....					0
49. West Virginia .....	WV .....					0
50. Wisconsin .....	WI .....					0
51. Wyoming .....	WY .....					0
52. American Samoa .....	AS .....					0
53. Guam .....	GU .....					0
54. Puerto Rico .....	PR .....					0
55. US Virgin Islands .....	VI .....					0
56. Northern Mariana Islands .....	MP .....					0
57. Canada .....	CAN .....					0
58. Aggregate Other Alien .....	OT .....					0
59. Totals .....		0	0	0	0	0

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**SCHEDULE Y**  
**PART 1A – DETAIL 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? (Y/N)	16 *
		23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	N	0	
		90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	N	0	
		26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		12747	20-4308924			Elixir Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		34-1939227				Elixir Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		36-4221427				Elixir Rx Solutions, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		05-0570786				Elixir Rx Solutions, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		88-0511398				Elixir Rx Solutions of Nevada, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		20-3389462				Elixir Savings, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		26-2434607				Elixir Pharmacy, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		59-3760021				Advance Benefits, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		20-3649446				Rx Initiatives L.L.C.	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	
		31-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0	

Asterisk	Explanation

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## SCHEDULE Y

## **PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

### MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

### JUNE FILING

8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

### AUGUST FILING

10. 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?	.....YES.....
---	---------------

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....

### APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....

### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....
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#### **Explanation:**

11. The Company does not offer Medicare Supplement Insurance.

12. The Company does not offer Life Insurance.

13. The Company has less than 100 shareholders

14. The Company does not write Life Insurance.

15. The Company does not write Life Insurance.

17. Not Applicable.

18. Not Applicable.

19. Not Applicable.

20. The Company does not write Long-term Care Insurance.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

21. Not Required

24. Not Required by state of Ohio

25. Not Required by state of Ohio

26. None Required.

**Bar code:**

11.   
1 2 7 4 7 2 0 2 0 3 6 0 5 9 0 0 0 0

12.   
1 2 7 4 7 2 0 2 0 2 0 5 0 0 0 0 0

14.   
1 2 7 4 7 2 0 2 0 3 7 1 0 0 0 0 0

15.   
1 2 7 4 7 2 0 2 0 3 7 0 0 0 0 0 0

17.   
1 2 7 4 7 2 0 2 0 2 2 4 0 0 0 0 0

18.   
1 2 7 4 7 2 0 2 0 2 2 5 0 0 0 0 0

19.   
1 2 7 4 7 2 0 2 0 2 2 6 0 0 0 0 0

20.   
1 2 7 4 7 2 0 2 0 3 0 6 0 0 0 0 0

21.   
1 2 7 4 7 2 0 2 0 2 1 1 5 9 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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**SUPPLEMENT FOR THE YEAR 2020 OF THE Elixir Insurance Company  
MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**  
(To Be Filed By March 1)

NAIC Group Code 00000

NAIC Company Code 12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	461,476,599	XXX.....	20,283,259	XXX.....	481,759,858
1.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	0
1.13 Risk-Corridor Payment Adjustments.....	148,024,077	XXX.....		XXX.....	148,024,077
1.2 Supplemental Benefits.....	12,017,567	XXX.....		XXX.....	12,017,567
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....	2,310,314	XXX.....		XXX.....	XXX.....
2.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
2.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX.....
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
3.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
3.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX.....
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(54,406,642)	XXX.....		XXX.....	XXX.....
4.2 Payable.....		XXX.....		XXX.....	XXX.....
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	463,786,913	XXX.....	20,283,259	XXX.....	XXX.....
5.12 Without Reinsurance Coverage.....	0	XXX.....		XXX.....	XXX.....
5.13 Risk-Corridor Payment Adjustments.....	93,617,435	XXX.....		XXX.....	XXX.....
5.2 Supplemental Benefits.....	12,017,567	XXX.....		XXX.....	XXX.....
6. Total Premiums.....	569,421,915	XXX.....	20,283,259	XXX.....	641,801,502
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	591,412,423	XXX.....	18,306,471	XXX.....	609,718,894
7.12 Without Reinsurance Coverage.....	0	XXX.....		XXX.....	0
7.2 Supplemental Benefits.....	15,793,490	XXX.....		XXX.....	15,793,490
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	(48,463,704)	XXX.....	(1,461,118)	XXX.....	XXX.....
8.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
8.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX.....
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
9.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX.....
9.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX.....
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	542,948,719	XXX.....	16,845,353	XXX.....	XXX.....
10.12 Without Reinsurance Coverage.....	0	XXX.....	0	XXX.....	XXX.....
10.2 Supplemental Benefits.....	15,793,490	XXX.....	0	XXX.....	XXX.....
11. Total Claims	558,742,209	XXX.....	16,845,353	XXX.....	625,512,384
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX.....	(111,406,265)	XXX.....	(3,968,379)	(115,374,644)
12.2 Reimbursements Received but Not Applied-change.....	XXX.....		XXX.....		0
12.3 Reimbursements Receivable-change.....	XXX.....		XXX.....		XXX.....
12.4 Health Care Receivables-change.....	XXX.....		XXX.....		XXX.....
13. Aggregate Policy Reserves-change.....					XXX.....
14. Expenses Paid.....	38,221,159	XXX.....	471,827	XXX.....	38,692,986
15. Expenses Incurred.....	36,125,073	XXX.....	445,952	XXX.....	XXX.....
16. Underwriting Gain/Loss.....	(25,445,367)	XXX.....	2,991,954	XXX.....	XXX.....
17. Cash Flow Result	XXX.....	XXX.....	XXX.....	XXX.....	92,970,776