

QUARTERLY STATEMENT

OF THE

Devoted Health Plan of Ohio, Inc.

of **Columbus**

in the state of **Ohio**

TO THE

Insurance Department

OF THE

STATE OF

State of Ohio

FOR THE QUARTER ENDED

June 30, 2021

HEALTH

2021



16758202120100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE
Devoted Health Plan of Ohio, Inc.

NAIC Group Code	4924 (Current Period)	4924 (Prior Period)	NAIC Company Code	16758	Employer's ID Number	83-4458231
Organized under the Laws of	OH		State of Domicile or Port of Entry		OH	
Country of Domicile	US					
Licensed as business type:	Life, Accident and Health	<input type="checkbox"/>	Property/Casualty	<input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity	<input type="checkbox"/>
	Dental Service Corporation	<input type="checkbox"/>	Vision Service Corporation	<input type="checkbox"/>	Health Maintenance Organization	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>	Is HMO Federally Qualified?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Incorporated/Organized Statutory Home Office	April 18, 2019		Commenced Business		January 1, 2021	
	221 Crescent Street Suite 202 (Street and Number)		Waltham, MA US 02453 (City or Town, State, Country and Zip Code)			
Main Administrative Office	221 Crescent Street Suite 202 (Street and Number)		Waltham, MA US 02453 (City or Town, State, Country and Zip Code)		862-222-7841 (Area Code) (Telephone Number)	
Mail Address	221 Crescent Street Suite 202 (Street and Number or P.O. Box)		Waltham, MA US 02453 (City or Town, State, Country and Zip Code)		862-222-7841 (Area Code) (Telephone Number)	
Primary Location of Books and Records	221 Crescent Street Suite 202 (Street and Number)		Waltham, MA US 02453 (City or Town, State, Country and Zip Code)		978-616-7824 (Fax Number)	
Internet Website Address	www.devoted.com					
Statutory Statement Contact	Adam Thackery (Name)		862-222-7841 (Area Code) (Telephone Number)			
	athackery@devoted.com (E-Mail Address)					

OFFICERS

	Name	Title
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1.	Dariel Quintana	President and Chief Executive Officer
2.	Adam Thackery	Chief Financial Officer
3.	Jeremy Delinsky	Chief Operating Officer
4.	Paul Jernigan	Secretary

VICE-PRESIDENTS

Name	Title	Name	Title
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David Johnson MD #	Medical Director	Dan Quinn	Appointed Actuary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

Ed Park	Dariel Quintana	Todd Park	Jeremy Delinsky
Adam Thackery	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of OH

County of Columbus ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Dariel Quintana (Printed Name) 1. President and Chief Executive Officer (Title)	(Signature) Adam Thackery (Printed Name) 2. Chief Financial Officer (Title)	(Signature) Jeremy Delinsky (Printed Name) 3. Chief Operating Officer (Title)
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Subscribed and sworn to before me this
____ day of _____, 2021

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 8,442,382), cash equivalents (\$ 0), and short-term investments (\$ 0)	8,442,382		8,442,382	4,100,337
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	8,442,382		8,442,382	4,100,337
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	23,211		23,211	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 592,805)	592,805		592,805	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	10,039		10,039	
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				30
24. Health care (\$ 703,145) and other amounts receivable	730,942	27,797	703,145	
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,799,379	27,797	9,771,582	4,100,367
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	9,799,379	27,797	9,771,582	4,100,367

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	1,590,334		1,590,334	
2. Accrued medical incentive pool and bonus amounts		45,873	45,873	
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	1,073,583		1,073,583	1,394,287
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	4,928		4,928	
9. General expenses due or accrued	45,682		45,682	
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	292,672		292,672	
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates	572,337		572,337	
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)				11,000
24. Total liabilities (Lines 1 to 23)	3,625,409		3,625,409	1,405,287
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		1
27. Preferred capital stock	XXX	XXX		1
28. Gross paid in and contributed surplus	XXX	XXX	7,099,999	4,099,999
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(953,827)	(1,404,920)
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	6,146,173	2,695,080
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	9,771,582	4,100,367

DETAILS OF WRITE-IN LINES				
2301. Advances to providers payable				11,000
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				11,000
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

NONE**NONE**

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	12,263		
2. Net premium income (including \$ 0 non-health premium income)	XXX	11,280,827		
3. Change in unearned premium reserves and reserve for rate credits	XXX	(58,887)		
4. Fee-for-service (net of \$ 0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	11,221,940		
Hospital and Medical:				
9. Hospital/medical benefits		7,006,663		
10. Other professional services		30,309		
11. Outside referrals		1,212		
12. Emergency room and out-of-area		732,554		
13. Prescription drugs		1,417,934		
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		9,188,672		
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		9,188,672		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 133,760 cost containment expenses		263,849		
21. General administrative expenses		1,681,318		
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)		(379,591)		1,394,287
23. Total underwriting deductions (Lines 18 through 22)		10,754,248		1,394,287
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	467,692		(1,394,287)
25. Net investment income earned		198	167	367
26. Net realized capital gains (losses) less capital gains tax of \$ 0				
27. Net investment gains (losses) (Lines 25 plus 26)		198	167	367
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	467,890	167	(1,393,920)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	467,890	167	(1,393,920)

DETAILS OF WRITE-IN LINES				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 06 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 07 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,695,080		
34. Net income or (loss) from Line 32	467,890	167	(1,393,920)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(16,797)		(11,000)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in		1	1
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	3,000,000	1,699,999	4,099,999
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	3,451,093	1,700,167	2,695,080
49. Capital and surplus end of reporting period (Line 33 plus 48)	6,146,173	1,700,167	2,695,080

DETAILS OF WRITE-IN LINES			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	NONE		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	10,669,739		
2. Net investment income	198	167	367
3. Miscellaneous income			
4. Total (Lines 1 to 3)	10,669,937	167	367
5. Benefit and loss related payments	8,318,280		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,291,314		
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Lines 5 through 9)	9,609,594		
11. Net cash from operations (Line 4 minus Line 10)	1,060,343	167	367
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)			
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	3,000,000	1,700,000	4,099,999
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders	281,702	400,000	(29)
16.6 Other cash provided (applied)			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	3,281,702	2,100,000	4,099,970
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	4,342,045	2,100,167	4,100,337
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,100,337		
19.2 End of period (Line 18 plus Line 19.1)	8,442,382	2,100,167	4,100,337

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

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter	1,953							1,953		
3. Second Quarter	2,335							2,335		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	12,263							12,263		
Total Member Ambulatory Encounters for Period:										
7. Physician	8,416							8,416		
8. Non-Physician	6,295							6,295		
9. Totals	14,711							14,711		
10. Hospital Patient Days Incurred	1,143							1,143		
11. Number of Inpatient Admissions	190							190		
12. Health Premiums Written (a)	11,369,142							11,369,142		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,310,255							11,310,255		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,318,280							8,318,280		
18. Amount Incurred for Provision of Health Care Services	9,188,672							9,188,672		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,369,142

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)						
CVS Caremark	179,164					179,164
0199999 Individually listed claims unpaid	179,164					179,164
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered						
0499999 Subtotals	179,164					179,164
0599999 Unreported claims and other claim reserves						1,411,170
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,590,334
0899999 Accrued medical incentive pool and bonus amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare			8,318,280		1,590,334	
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)		8,318,280		1,590,334		
10. Health care receivables (a)		719,942				
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)		7,598,338		1,590,334		

(a) Excludes \$ 11,000 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Devoted Health Plan of Ohio, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the “Department”). On January 1, 2021, the Company began writing Medicare Advantage benefit plan business in the State of Ohio.

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. At this time, there are no prescribed or permitted practices that impact the Company’s statutory basis financial statements.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
NET INCOME					
(1) Devoted Health Plan of OH Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 467,890	\$ (1,393,920)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 467,890	\$ (1,393,920)
SURPLUS					
(5) Devoted Health Plan of OH Inc. Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 6,146,173	\$ 2,695,080
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 6,146,173	\$ 2,695,080

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

(1) Basis for Short Term Investments

None.

(2) Basis for Bonds and Amortization Schedule

None.

(3) Basis for Common Stocks

None.

(4) Basis for Preferred Stocks

None.

(5) Basis for Mortgage Loans

None.

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies and Going Concern (continued)

(6) Basis for Loan-Backed Securities and Adjustment Methodology
None.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
None.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
None.

(9) Accounting Policies for Derivatives
None.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company anticipates investment income as a factor in the premium deficiency calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The Company records claims unpaid for both reported and incurred but not reported claims, which are expected to be paid after the period-end for services provided to members in the current period based on the Company's claims experience. This liability includes the estimated cost of services that will continue to be rendered after period-end for which the Company is obligated to pay in accordance with contract provisions or regulatory requirements. The amount of the estimated liability is actuarially determined based on historical claims data, current membership statistics, cost and utilization trends, and other related information and considers whether there are expected losses on existing contracts. This liability is an estimate, which is subject to the impact of changes in claim severity and frequency, as well as numerous other factors. Accordingly, this estimate is continuously reviewed and, as adjustments become necessary, they are reflected in current operations.

The Company records a related unpaid claim adjustment expense liability to reflect the cost to adjudicate the claims unpaid as of period-end. The unpaid claim adjustment expense liability is estimated as a percentage of the claims unpaid based on historical information on the administrative cost to adjudicate a claim.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

No significant changes.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company accrues rebates receivable on a monthly basis based on the terms of the applicable contracts, historical data, and current estimates.

The Company also has the following additional significant accounting policies:

Revenue

Premiums are recorded as revenue in the month for which members are entitled to service. Premium income collected prior to the month for which the member is entitled to service is recorded as premiums received in advance.

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies and Going Concern (continued)

The Company's government contracts establish monthly rates per member, and there may be additional amounts due to the Company based on items, such as age, working status, or specific health issues of the member. The Centers for Medicare & Medicaid Services ("CMS") has implemented a risk adjustment formula, which apportions premium paid to all Medicare Advantage ("MA") health plans according to the health status of each beneficiary enrolled.

The Company sells health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts. Any accrued retrospective premiums are recorded through premium income.

Health Care Receivables

In addition to pharmaceutical rebate receivables, the Company's health care receivables also include claim overpayment receivables, which result from claim overpayments to providers, hospitals and other health care organizations.

Aggregate Health Policy Reserves

In addition to premium deficiency reserves, the Company records risk corridor payables in accordance with Statement of Statutory Accounting Principles No. 66, Retrospectively Rated Contracts for which adjustments are based on whether the ultimate per member per month benefit costs of its MA plans vary more than 5% below the level estimated in the original bid submitted by the Company and approved by CMS.

Reinsurance

Stop loss reinsurance is used to cover high cost members with catastrophic claims. The Company pays a monthly premium for certain eligible expenses. When a member's claims for hospital and professional services exceed applicable retention, which is subject to claims valuation, the Company receives a credit, or recovery of 90% of the excess up to the contracted agreement, up to the maximum benefit for each covered member.

D. Going Concern

As of August 12, 2021, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

Note 2. Accounting Changes and Corrections of Errors

Not applicable.

Note 3. Business Combinations and Goodwill

Not applicable.

Note 4. Discontinued Operations

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable.
- B. Debt Restructuring
Not applicable.
- C. Reverse Mortgages
Not applicable.
- D. Loan-Backed Securities
Not applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable.
- F. Repurchase Agreements Transactions Accounting for as Secured Borrowing
Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing
Transactions
Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction
– Cash Taker – Overview of Sale Transactions
Not applicable.
- I. Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction
– Cash Provider – Overview of Sale Transactions
Not applicable.
- J. Real Estate
Not applicable.
- K. Low-Income Housing Tax Credits (LIHTC)
Not applicable.

NOTES TO FINANCIAL STATEMENTS**Note 5. Investments (continued)****L. Restricted Assets****(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending arrangements						%	%
c. Subject to repurchase agreements						%	%
d. Subject to reverse repurchase agreements						%	%
e. Subject to dollar repurchase agreements						%	%
f. Subject to dollar reverse repurchase agreements						%	%
g. Placed under option contracts						%	%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock						%	%
i. FHLB capital stock						%	%
j. On deposit with states	400,000	400,000			400,000	4.082%	4.094%
k. On deposit with other regulatory bodies						%	%
l. Pledged as collateral to FHLB (including assets backing funding agreements)						%	%
m. Pledged as collateral not captured in other categories						%	%
n. Other restricted assets						%	%
o. Total Restricted Assets	400,000	400,000			400,000	4.082%	4.094%

(a) Column 1 divided by Asset Page, Column 1, Line 28 (b) Column 5 divided by Asset Page, Column 3, Line 28

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

Not applicable.

O. 5GI Securities

Not applicable.

P. Short Sales

Not applicable.

Q. Prepayment Penalty and Acceleration Fees

Not applicable.

R. Reporting Entity's Share of Cash Pool By Asset Type

Not applicable.

Note 6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7. Investment Income

No significant changes.

Note 8. Derivative Instruments

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 9. Income Taxes

No significant changes.

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

A. Nature of the Relationship Involved

The Company is a wholly-owned subsidiary of Devoted Health Holdco, LLC (“Holdco”), whose direct parent is Devoted Health, Inc. (“DHI”).

B. Transactions Greater than $\frac{1}{2}$ of 1% of Total Admitted Assets

The Company recorded capital contributions as follows:

- \$3,000,000 cash on January 29, 2021 from Holdco.

The Company recorded capital contributions in prior periods as follows:

- \$2,000,000 cash on December 29, 2020 from Holdco.
- \$400,000 non-cash settlement of amounts due to DHI.
- \$1,699,999 cash on July 22, 2019 from Holdco.

C. Transactions with Related Parties Who are Not Reported on Schedule Y

There are no transactions with related parties who are not reported on Schedule Y.

D. Amounts Due From or To Related Parties

At June 30, 2021, the Company had no amounts due from related parties. At June 30, 2021, the Company reported \$292,672 as amounts due to related parties. Intercompany balances are settled on a monthly basis.

E. Material management or Service Contracts and Cost-Sharing Arrangements

The Company has no employees, and accordingly, Devoted Health Services, Inc. (“DHSI”) provides all administrative services to the Company, including premium billing and collection, claims payments, and operational management. Effective January 1, 2021, administrative and claim adjustment expenses are charged to the Company based on DHSI’s Administrative Services Agreement (“ASA”) with the Company. For the period ended June 30, 2021, total administrative and claims adjustment expenses charged to the Company were \$1,499,253.

F. Guarantees or Undertakings

Not applicable.

G. Nature of the Control Relationship

All outstanding shares of the Company are owned by Holdco, whose direct parent is DHI.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not applicable.

I. Investments in SCA that Exceed 10% of Admitted Assets

Not applicable.

J. Investments in Impaired SCAs

Not applicable.

K. Investment in Foreign Insurance Subsidiary

Not applicable.

L. Investment in Downstream Noninsurance Holding Company

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (continued)

- M. All SCA Investments
Not applicable.
- N. Investment in Insurance SCAs
Not applicable.
- O. SCA and SSAP No. 48 Entity Loss Tracking
Not applicable.

Note 11. Debt

Not applicable.

Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable.

Note 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Number of Shares and Par or Stated Value of Each Class
No significant changes.
- B. Dividend Rate, Liquidation Rate and Redemption Schedule of Preferred Stock Issues
Not applicable.
- C. Dividend Restrictions

The maximum amount of dividends that may be paid by an HMO without prior approval of the Ohio Department of Insurance is subject to restrictions relating to statutory surplus and net income. The Company neither declared nor paid dividends to its sole shareholder during the period ended June 30, 2021.
- D. Dates and Amounts of Dividends Paid
Not applicable.
- E. Profits that may be Paid as Ordinary Dividends to Stockholders
Not applicable.
- F. Restrictions Placed on Unassigned Funds (Surplus)
Not applicable.
- G. Amount of Advances to Surplus not Repaid
Not applicable.
- H. Amount of Stock Held for Special Purposes
Not applicable.
- I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period
Not applicable.
- J. The Portion of Unassigned Funds (Surplus) Represented or Reduced by Cumulative Unrealized Gains and Losses is: \$0.
- K. The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
Not applicable.
- L. The Impact of Any Restatement Due to Prior Quasi-reorganization is as follows:
Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (continued)

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
Not applicable.

Note 14. Liabilities, Contingencies and Assessments

A. Contingent Commitments
Not applicable.

B. Assessments
Not applicable.

C. Gain Contingencies
Not applicable.

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits
Not applicable.

E. Joint and Several Liabilities
Not applicable.

F. All Other Contingencies

An outbreak of respiratory disease caused by a novel coronavirus was first detected in China in December 2019 and subsequently spread internationally. This coronavirus has resulted in closing borders, enhanced health screenings, healthcare service preparation and delivery, quarantines, cancellations, disruptions to supply chains and customer activity, as well as general concern and uncertainty. The impact of this coronavirus may last for an extended period of time and has resulted in substantial market volatility and may result in a significant economic downturn. It is not possible to reliably estimate the length and severity of these developments and the impact on the financial results and condition of the Company in future periods.

The Company is involved in legal actions in the ordinary course of business. In the opinion of management, there are no legal proceedings pending against or involving the Company in which the outcome is likely to have a material adverse effect on the Company's financial position.

Note 15. Leases

Not applicable.

Note 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable.

Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company had no sale, transfer, or servicing of financial assets and extinguishments of liabilities.

Note 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans
Not applicable.

B. ASC Plans
Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (continued)

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

- (1) Revenue from the Company's Medicare (or similarly structured cost-based reimbursement contract) contract for the period ended June 30, 2021, consisted of \$11,252,905 for medical and hospital related services and administrative expenses.
- (2) As of June 30, 2021, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

CMS: \$10,039

- (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has not recorded any allowances and reserves for adjustment of recorded revenues at June 30, 2021.
- (4) Not applicable.

Note 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20. Fair Value Measurements

The Company has no assets or liabilities that are measured and reported at fair value that uses valuation techniques or inputs to determine measurements.

Note 21. Other Items

Not applicable.

Note 22. Subsequent Events

Type I – Recognized Subsequent Events

Subsequent events have been considered through August 12, 2021, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through August 12, 2021, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

Note 23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes () No (X)
If yes, give full details.

NOTES TO FINANCIAL STATEMENTS

Note 23. Reinsurance (continued)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes () No (X)
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.
\$0.
- What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?
\$0.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
\$0.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X)
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?
\$0.

B. Uncollectible Reinsurance
Not applicable.

C. Commutation of Ceded Reinsurance
Not applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 23. Reinsurance (continued)

E. Reinsurance Credit

The Company's only reinsurance is stop loss reinsurance used to cover high cost members with catastrophic claims. See Note 1C.

Note 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates retrospective premium adjustments through the review of each of its retrospectively rated accounts, comparing the claim development with that anticipated in the policy contracts.
- B. The Company records any accrued retrospective premiums through earned premium.
- C. The amount of net premiums written by the Company at June 30, 2021 that are subject to retrospective rating features was \$11,280,827 that represented 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Service Act.

There were no Medical Loss Ratio rebates required related to the Company's Medicare business pursuant to the Public Service Act requirements for the period ended June 30, 2021.

- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
Not applicable.

Note 25. Change in Incurred Claims and Claims Adjustment Expenses

A. Change in Incurred Claims and Claim Adjustment Expenses

As of June 30, 2021, the liability for unpaid claims and claims adjustment expenses was \$1,636,207. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Information About Significant Changes in Methodologies and Assumptions

Not applicable.

Note 26. Intercompany Pooling Arrangements

Not applicable.

Note 27. Structured Settlements

Not applicable.

Note 28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2021	\$	\$	\$	\$	\$
09/30/2021	\$	\$	\$	\$	\$
06/30/2021	\$ 414,690	\$	\$	\$	\$
03/31/2021	\$ 288,688	\$ 288,082	\$	\$	\$

B. Risk-Sharing Receivables Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 29. Participating Policies

Not applicable.

Note 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves. \$1,014,696
2. Date of the most recent evaluation of this liability. July 9, 2021
3. Was anticipated investment income utilized in the calculation? Yes

Note 31. Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES**PART 1 – COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

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

Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [X] No []

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

Devoted Health Insurance Company of Pennsylvania, Inc., Devoted Health Insurance Company of Arizona, Devoted Health Plan of South Carolina, Inc., Devoted Health Insurance Company of South Carolina, Devoted Health Insurance Company of Alabama, Inc., Devoted Health Plan of Oregon, Inc. and Devoted Medical, PC were added to the organization chart. Refer to Schedule Y for the organization chart.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

If yes, complete and file the merger history data file with the NAIC.

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [] No [X] N/A []

If yes, attach an explanation.

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

12/31/2020

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

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

6.4 By what department or departments?

Florida Office of Insurance Regulation

.....

.....

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

Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

GENERAL INTERROGATORIES

7.2 If yes, give full information

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

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

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

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

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

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

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

Yes [X] No []

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

.....

9.2 Has the code of ethics for senior managers been amended?

Yes [] No [X]

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

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

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

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

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

\$ _____

INVESTMENT

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

Yes [] No [X]

GENERAL INTERROGATORIES

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

.....

.....

.....

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following: 1 2

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

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

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

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
Silicon Valley Bank	3003 Tasman Drive Santa Clara, CA 95054

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

GENERAL INTERROGATORIES

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

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["..that have access to the investment accounts";"..handle securities"]

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

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

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

18.2 If no, list exceptions:

.....

.....

.....

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

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

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

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

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

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

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

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

GENERAL INTERROGATORIES

Has the reporting entity assigned FE to Schedule BA non-registered private funds that
complied with the above criteria?

Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	83.07 %
1.2 A&H cost containment percent	1.19 %
1.3 A&H expense percent excluding cost containment expenses	16.14 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

3. Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states? Yes [] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of the reporting entity? Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
60410	73-0714500	01/01/2021	American Fidelity Assurance Company Accident and Health - Non-Affiliates	OK	ASL/I	MR	Authorized		

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**Current Year To Date - Allocated by States and Territories**

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property / Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	L	11,369,142							11,369,142
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate other alien	OT	XXX								
59. Subtotal		XXX	11,369,142							11,369,142
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Totals (Direct Business)		XXX	11,369,142							11,369,142

DETAILS OF WRITE-INS										
58001		XXX								
58002		XXX								
58003		XXX								
58998	Summary of remaining write-ins for Line 58	XXX								
58999	Totals (Lines 58001 through 58003 plus 589 (Line 58 above)	XXX								

NONE

(a) Active Status Counts

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

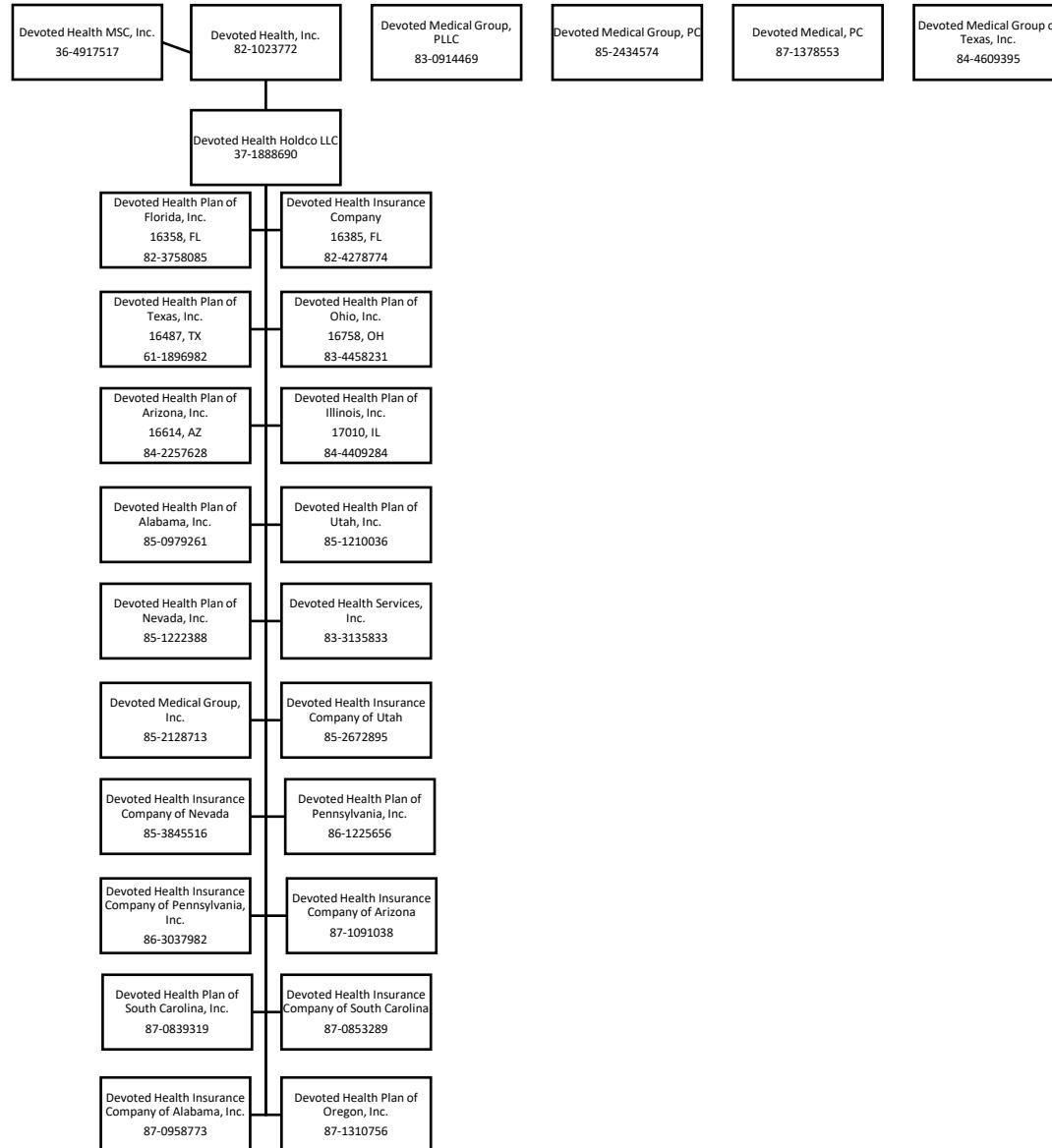
R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

N - None of the above - Not allowed to write business in the state 56

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4924	Devoted Health Group	0	82-1023772	0	0		Devoted Health, Inc.	DE	UIP						N
		0	37-1888690	0	0		Devoted Health Holding Company LLC	DE	UDP	Devoted Health, Inc.	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	16358	82-3758085	0	0		Devoted Health Plan of Florida, Inc.	FL	IA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	16585	82-4278774	0	0		Devoted Health Insurance Company	FL	IA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	16487	61-1896982	0	0		Devoted Health Plan of Texas, Inc.	TX	IA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	16758	83-4458231	0	0		Devoted Health Plan of Ohio, Inc.	OH	RE	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	16614	84-2257628	0	0		Devoted Health Plan of Arizona, Inc.	AZ	IA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	17010	84-4409284	0	0		Devoted Health Plan of Illinois, Inc.	IL	IA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-0979261	0	0		Devoted Health Plan of Alabama, Inc.	AL	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
		0	83-3135833	0	0		Devoted Health Services, Inc.	DE	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-1210036	0	0		Devoted Health Plan of Utah, Inc.	UT	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-1222388	0	0		Devoted Health Plan of Nevada, Inc.	NV	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	86-1225656	0	0		Devoted Health Plan of Pennsylvania, Inc.	PA	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-2128713	0	0		Devoted Medical Group, Inc.	VA	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-3845516	0	0		Devoted Health Insurance Company of Nevada	NV	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	85-2672895	0	0		Devoted Health Insurance Company of Utah	UT	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	86-3037982	0	0		Devoted Health Insurance Company of Pennsylvania, Inc.	PA	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	87-1091038	0	0		Devoted Health Insurance Company of Arizona	AZ	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
		0	87-0839319	0	0		Devoted Health Plan of South Carolina, Inc.	SC	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	87-0853289	0	0		Devoted Health Insurance Company of South Carolina	SC	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	87-0958773	0	0		Devoted Health Insurance Company of Alabama, Inc.	AL	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
4924	Devoted Health Group	0	87-1310756	0	0		Devoted Health Plan of Oregon, Inc.	OR	NIA	Devoted Health Holding Company LLC	Ownership	100.000	Devoted Health, Inc.		N
		0	36-4917517	0	0		Devoted Health MSC, Inc.	DE	NIA	Devoted Health, Inc.	Ownership	100.000	Devoted Health, Inc.		N
		0	83-0914469	0	0		Devoted Medical Group, PLLC	FL	NIA	Devoted Health, Inc.	Board		Devoted Health, Inc.		N
		0	85-2434574	0	0		Devoted Medical Group, PC	FL	NIA	Devoted Health, Inc.	Board		Devoted Health, Inc.		N
		0	84-4609395	0	0		Devoted Medical Group of Texas, Inc.	TX	NIA	Devoted Health Holding Company LLC	Management		Devoted Health, Inc.		N
		0	87-1378553	0	0		Devoted Medical, PC	IL	NIA	Devoted Health, Inc.	Board		Devoted Health, Inc.		N

Asterik	Explanation
	NONE

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

Explanation:

Bar Code:



16758202136500102

OVERFLOW PAGE FOR WRITE-INS

NONE Schedule A, B, BA and D Verification

NONE Schedule D - Part 1B

NONE Schedule DA - Part 1 and Verification

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C - Section 1

NONE Schedule DB - Part C - Section 2

NONE Schedule DB - Verification

NONE Schedule E Verification

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Silicon Valley Bank CD Maturity Date 01/15/22	Santa Clara, CA	SD			400,000	400,000	400,000	
Silicon Valley Bank	Santa Clara, CA		101		10,558,004	8,158,351	8,042,382	
0199998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX					XXX
0199999 Total - Open Depositories		XXX	XXX	101		10,958,004	8,558,351	8,442,382
Suspended Depositories								
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories		XXX	XXX					XXX
0299999 Total Suspended Depositories		XXX	XXX					XXX
0399999 Total Cash on Deposit		XXX	XXX	101		10,958,004	8,558,351	8,442,382
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
0599999 Total		XXX	XXX	101		10,958,004	8,558,351	8,442,382

NONE Schedule E - Part 2