



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE

Sidecar Health Insurance Company

NAIC Group Code	00000	(Current Period)	NAIC Company Code	17104	Employer's ID Number	86-2011787
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	02/25/2021		Commenced Business		09/30/2021	
Statutory Home Office	One Columbus, Suite 495, 10 West Broad Street			Columbus, OH, US 43215		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	2381 Rosencrans Ave Ste 400		El Segundo, CA, US 90245		424-666-2815	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	2381 Rosencrans Ave Ste 400		El Segundo, CA, US 90245			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2381 Rosencrans Ave Ste 400		El Segundo, CA, US 90245		424-666-2815	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address				N/A		
Statutory Statement Contact	Stuart Battersby			424-666-2815		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	sbattersby@SidecarHealth.com			866-429-2596		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Patrick Quigley #	President & Chief Executive Officer	Stuart Battersby #	Chief Financial Officer

OTHER OFFICERS

Lindsay Spiking #	Chief Risk Officer	Veronica Osetinsky #	Chief Operating Officer
Doug Lynch #	Chief Actuary		

DIRECTORS OR TRUSTEES

Jeff Fusile #	Jennifer Kent #	Molly Bonakdarpour #	
---------------	-----------------	----------------------	--

State of .....  
County of ..... 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.

Patrick Quigley President & Chief Executive Officer	Stuart Battersby Chief Financial Officer	a. Is this an original filing?	Yes [ X ] No [ ]
Subscribed and sworn to before me this _____ day of _____,		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 .....	1,693,605		1,693,605	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....1,892,091 ), cash equivalents (\$ .....6,999,044 ) and short-term investments (\$ .....0 ) .....	8,891,197		8,891,197	0
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	10,584,802	0	10,584,802	0
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	5,945		5,945	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....	0		0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	1,000	1,000	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	10,591,748	1,000	10,590,748	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	10,591,748	1,000	10,590,748	0
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expense .....	1,000	1,000	0	
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,000	1,000	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....			0	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....			0	0
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	3,012		3,012	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives.....			0	0
17. Payable for securities .....	603,988		603,988	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	606,999	0	606,999	0
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	9,000,000	0
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(16,252)	0
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	9,983,748	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,590,748	0
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

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		.0	.0
2. Net premium income (including \$ non-health premium income).....	XXX		.0	.0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		.0	.0
5. Risk revenue .....	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues .....	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues .....	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7) .....	XXX	.0	.0	.0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....			.0	.0
10. Other professional services .....			.0	.0
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....			.0	.0
13. Prescription drugs .....			.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	.0	.0	.0
<b>Less:</b>				
17. Net reinsurance recoveries .....			.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.0	.0	.0
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ cost containment expenses.....			.0	.0
21. General administrative expenses.....		.9,809	.0	.0
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	.9,809	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(9,809)	.0	.0
25. Net investment income earned .....		(5,442)	.0	.0
26. Net realized capital gains (losses) less capital gains tax of \$.....			.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	(5,442)	.0	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
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	(15,252)	.0	.0
31. Federal and foreign income taxes incurred .....	XXX		.0	.0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(15,252)	0	0
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	0	0	0
34. Net income or (loss) from Line 32 .....	(15,252)	0	0
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(1,000)	0	0
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....	1,000,000	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	9,000,000	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	9,983,748	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	9,983,748	0	0
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income .....	(11,089)	0	0
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	(11,089)	0	0
5. Benefit and loss related payments .....	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,798	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	7,798	0	0
11. Net cash from operations (Line 4 minus Line 10) .....	(18,886)	0	0
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	603,988	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	603,988	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,693,966	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,693,966	0	0
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,089,979)	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	10,000,000	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	10,000,000	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	8,891,135	0	0
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	0	0	0
19.2 End of period (Line 18 plus Line 19.1) .....	8,891,135	0	0

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

# NOTES TO FINANCIAL STATEMENTS

## Note 1 - Summary of Significant Accounting Policies

Sidecar Health Insurance Company (“The Company”) is dedicated to providing simple and transparent insurance options based on cash prices including launching a new Affordable Care Act (ACA) product line, starting with plans available in Ohio for Plan Year 2022. This new product meets all ACA requirements while costing roughly 24% less than other ACA plans in the state. Sidecar Health is a licensed insurer domiciled in Ohio and expects it will continue to expand availability of its ACA product to other states for Plan Year 2023.

### 1A. Accounting Practices

The Company prepares its statutory financial statements in conformity with accounting practices prescribed by the State of Ohio. The State of Ohio requires that insurance entities domiciled in Ohio prepare their statutory basis financial statements in accordance with the Statutory Accounting Principles as per the NAIC Accounting Practices and Procedures Manual (NAIC SAP).

	SSAP	F/S Page	F/S Line	2021.Q3	2020
<b>NET INCOME (LOSS)</b>					
(1) Sidecar Hlth Ins Co state basis (Page 4, Line 20, Columns 1 & 2)				(\$15,252)	\$0
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP				0	0
(4) NAIC SAP (1 – 2 – 3 = 4)				<u>(\$15,252)</u>	<u>\$0</u>
<b>SURPLUS</b>					
(5) Sidecar Hlth Ins. Co state basis (Page 3, line 37, Columns 1 & 2)				\$9,983,748	\$0
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP				<u>0</u>	<u>0</u>
(8) NAIC SAP (5 – 6 – 7 = 8)				<u>\$9,983,748</u>	<u>\$0</u>

### 1B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with the NAIC SAP 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 reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### 1C. Accounting Policies

Expenses incurred in connection with acquiring new business are charged to operations as incurred.

1C.(2) - SVO-Identified securities – there are no investments reported at a different measurement method from what was used in an earlier current-year interim and/or in a prior annual statement.

1C.(6) - Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

**1D. Going Concern** Based upon its evaluation of relevant conditions and events, management is confident of the Company's ability to continue as a going concern.

**Note 2 - Accounting Changes and Corrections of Errors** - None.

**Note 3 - Business Combinations and Goodwill** - None.

**Note 4A-D - Discontinued Operations** - None.

**Note 5 - Investments** - None.

5A. Investments in Mortgage Loans, including Mezzanine Real Estate Loans - None.

5B. Investments in Debt Restructuring – None.

5C. Investments in Reverse Mortgages – None.

5D. Investments in Loan Backed Securities - None.

5E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.

5F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.

5G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.

## NOTES TO FINANCIAL STATEMENTS

- 5H. Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5J. Real Estate – None.
- 5K. Low-Income Housing Tax Credits (LIHTC) – None.
- 5L. Restricted Assets - None.
- 5M. Working Capital Finance Investments – None.
- 5N. Offsetting and Netting of Assets and Liabilities – None.
- 5O. 5\* Securities – None.
- 5P. Short Sales – None.
- 5Q. Prepayment Penalty and Acceleration Fees– None.
- 5R. Cash Pool – None.

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies** - None.

**Note 7 - Investment Income**

The Company has no investments with income in arrears or over 90 days past due.

**Note 8A-B - Derivative Instruments** - None.

**Note 9 - Income Taxes** - There are no material income tax implications for the Company as of September 30, 2021.

9E-9I - There are no contingencies, Repatriation Transition Tax or Alternative Minimum tax considerations.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties** - The Company has an administrative services agreement with Sidecar Health Insurance Solutions, LLC to administer policies of insurance on behalf of the Company and provide various services including, but not limited to, managing the promotion, marketing, sale, enrollment, administration, renewal, claims processing and claims adjustment of such policies via a proprietary digital platform, as well as operation of the Company's public facing website. In exchange for these services, the Company will pay an administrative services fee of 5.59% of premium and \$15 per month for each enrollee. No such policies were administered in 2021. Sidecar Health Insurance Solutions, LLC is also wholly owned by Sidecar Health Holding Company, LLC.

The Company will enter into a management services agreement with its ultimate parent Sidecar Health, Inc., effective in 2022, to provide management services related to the operation of the Company including accounting, human resources, actuarial services, compliance, marketing and more.

**Note 11A-B – Debt**

11B. FHLB Agreements - None.

**Note 12A-C - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**- None.

12A1-21. Defined Benefit Plan - not applicable.

**Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** - The Company has issued and authorized 10,000 shares of common stock at a par value \$100 per share. All shares of Common Stock are held by Sidecar Health Holding Company, LLC representing 100% ownership of the Company. In addition to Common Stock, as of September 30, 2021 Sidecar Health Holding Company, LLC has provided an additional \$9,000,000 of contributed surplus in the form of cash. There are no other forms of surplus applicable to the Company as of September 30, 2021.

**Note 14 - Contingencies**

- A. The Company has no contingent commitments to any venture and has no guarantees outstanding.
- B. The Company is not aware of any assessments that could have a material impact on its financial statements.
- C. The Company has no gain contingencies.
- D. The Company has no extra contractual obligation or bad faith losses or amounts recorded for such.
- E. The Company is subject to potential litigation in the normal course of business. The Company is not aware of any potential material contingent liabilities not otherwise recorded in the financial statements or discussed in these footnotes.
- F. The Company has no Joint and Several Liabilities.
- G. The Company has no other contingencies.

**Note 15A-B - Leases** - Rental Expense – The Company leases office space with three one-year renewal options. The lease comprises a twelve-month term at a fixed monthly rate of \$1,000 until February 2022. Rental expense was \$6,000 as of September 30, 2021 and was \$0 as of December 31, 2020. There are no contingent rental payments, early terminations, sale-leaseback transactions nor leases with noncancelable terms in excess of one year.

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk** - None.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - None.

17B. Transfer and Servicing of Financial Assets - None.

17C. Wash Sales - None.

# NOTES TO FINANCIAL STATEMENTS

**Note 18A-C - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - None.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - None.

**Note 20 - Fair Value**

The Company has categorized its assets and liabilities that are measured at fair value on a recurring basis into the three-level fair value hierarchy as reflected in the following table. See item three below for a discussion of the fair value levels.

**A. Inputs Used for Assets and Liabilities Measured at Fair value on Recurring Basis:  
Levels 1, 2, and 3**

**1. Assets Measured at Fair value on Recurring Basis:**

The Company has categorized its assets and liabilities that are measured at fair value on a recurring basis into the three-level fair value hierarchy as reflected in the following table. See item three below for a discussion of the fair value levels.

Description	Level 1	Level 2	Level 3	Total	Unrealized Gain / (Loss)
Assets at Fair Value:					
Bonds	\$1,643,582	\$50,023	\$0	1,693,605	\$0

**2. Rollforward of Level 3 Items - None.**

**3. Inputs and Techniques Used for Fair Value**

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 2 - Significant Other Observable Inputs: Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 3 - Significant Unobservable Inputs: None.

**B. Inputs Used for Assets and Liabilities Measured at Fair value on Non-Recurring Basis - None.**

**C. Other Fair value Disclosures - not applicable.**

**D. Reasons Not Practical to Estimate Fair Value - not applicable.**

**Note 21 - Other Items**

**21A. Unusual or Infrequent Items** - In March 2020, the World Health Organization declared the global novel coronavirus disease 2019 (COVID-19) outbreak a pandemic. Further, the United States Centers for Disease Control and Prevention confirmed the spread of the disease throughout the United States, which is impacting businesses as well as financial markets. As of the date the financial statements were available to be issued, the Company's operations and investment portfolio have not been significantly impacted by the COVID-19 outbreak.

The Company's operations and the fair value of its investment portfolio could be adversely affected as a result of COVID-19, but the ultimate impact is not known at this point as the scale and severity of the outbreak, and resulting economic impact, is still largely unknown.

**21B. Troubled Debt Restructuring** - not applicable.

**21C. Other Disclosures** - The Company has elected to use rounding in reporting amounts in the statements and schedules.

**21D-H. The company has no Business Interruption Recoveries, State Transferable and Non-Transferable Tax Credits, Subprime-Mortgage-Related Risk Exposure or ILS Contracts.**

**Note 22 - Events Subsequent**

Subsequent events have been considered through December 9, 2021 for the statutory statement issued on December 9, 2021.

**Note 23 - Reinsurance**

**23A. Unsecured Reinsurance Recoverables** – None.

**23B. Reinsurance Recoverable in Dispute** - None.

**23C. Reinsurance Assumed and Ceded** - None

**23D. Uncollectible Reinsurance** - None.

**23E. Commutation of Ceded Reinsurance** - None.

**23F. Retroactive Reinsurance** - None.

**23G. Reinsurance Accounted for as a Deposit** - None.

**23H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements** - None.

**23I. Certified Reinsurance Rating Downgrade or Status Subject to Revocation** - None.

**23J. Reinsurance Agreements Qualifying for Reinsurer Aggregation** - None.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination** - None.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – not applicable at September 30, 2021.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**- None.

**Note 26 - Intercompany Pooling Arrangements** - None.

**Note 27A-B - Structured Settlements** - None.

**Note 28A-B - Health Care Receivables** - None.

NOTES TO FINANCIAL STATEMENTS

- Note 29 - Participating Policies - None.
- Note 30 - Premium Deficiency Reserves - None.
- Note 31 - Reserves for Life Contracts and Deposit-Type Contracts - none, not applicable.
- Note 32 Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics - None.
- Note 33 Analysis of Life Actuarial Reserves by Withdrawal Characteristics - None.
- Note 34 - Premium and Annuity Considerations Deferred and Uncollected - None.
- Note 35 - Separate Accounts - None.
- Note 36 Loss/Claim Adjustment Expenses - None.

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 ☒
- 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 ☒
- 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 ☒ 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 ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

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

Yes ☐ No ☒
- 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 ☒
- 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	2	3
Name of Entity	NAIC Company Code	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 ☒ NA ☐
- 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.
- 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?
- 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 ☐ NA ☒
- 6.6

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

Yes ☐ No ☐ NA ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

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? ..... Yes [X] No [ ]

(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.

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]

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 .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
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).....	\$ .....0	\$ .....0
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? ..... Yes [ ] No [ ] NA [X]

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 \$ .....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....0

16.3 Total payable for securities lending reported on the liability page \$ .....0

GENERAL INTERROGATORIES

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
Fifth Third bank, National Association.....	38 Fountain Square Plaza 1090C7, Cincinnati , OH 45263.....

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]

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 investment 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
AAM Insurance Investment Management.....	U.....

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 [ X ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? .....

Yes [ X ] No [ ]

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
109875.....	Asset Allocation & Management Company, L.L.C.....	549300DSCHE1V5W3U963.....	Securities Exchange Commission.....	NO.....

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:  
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or  
a. 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.  
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is  
c. 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]

GENERAL INTERROGATORIES

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.

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

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

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 ☒

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 ☒

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 domicile of the reporting entity?

Yes ☐ No ☒

# STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Sidecar Health Insurance Company

## SCHEDULE S - CEDED REINSURANCE

## Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

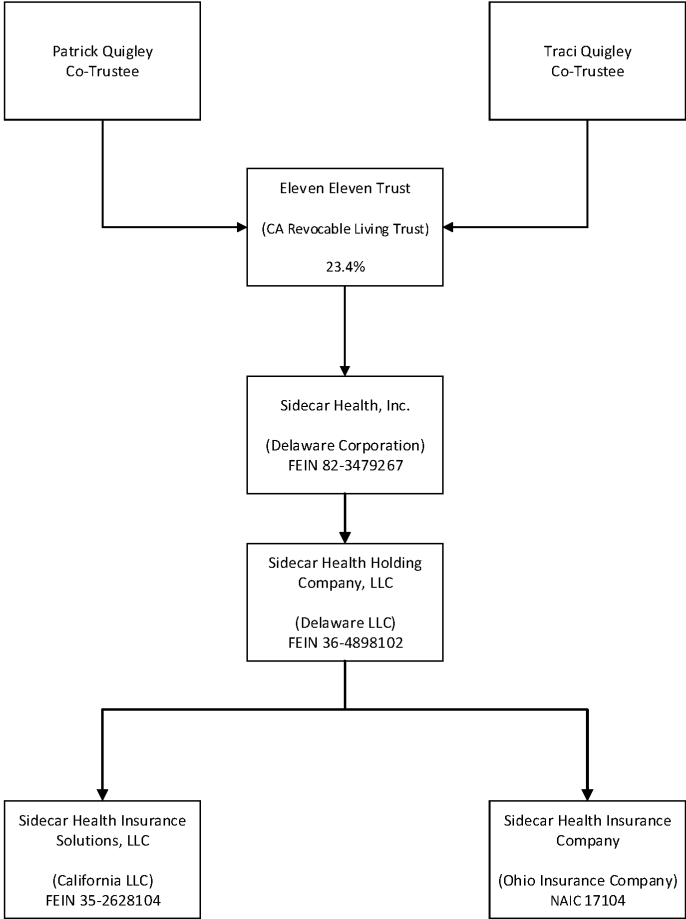
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

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								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	L	.0	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
60. Reporting entity contributions for Employee Benefit Plans		.XXX								.0	
61. Total (Direct Business)		XXX	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1 R – Registered – Non-domiciled RRGs .....0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0 Q – Qualified – Qualified or accredited reinsurer .....0  
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



## 19

## 19

## 19

1919

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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

.....NO.....

Explanation:

Bar Code:

1.

  
1 7 1 0 4 2 0 2 1 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	0	0
2. Cost of bonds and stocks acquired .....	1,693,904	0
3. Accrual of discount .....	14	0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration for bonds and stocks disposed of .....		0
7. Deduct amortization of premium .....	313	0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,693,605	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	1,693,605	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	150,866	1,493,014		(298)	0	150,866	1,643,582	0
2. NAIC 2 (a).....	0	50,023		0	0	0	50,023	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	150,866	1,543,037	0	(298)	0	150,866	1,693,605	0
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	150,866	1,543,037	0	(298)	0	150,866	1,693,605	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents acquired .....	8,052,631	0
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	1,053,587	0
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	6,999,044	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	6,999,044	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Sidecar Health Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
91282C-AY-7	UNITED STATES TREASURY		09/22/2021	CITIBANK, N.A.	XXX	146,450	150,000	295	1.A
0599999 - Bonds - U.S. Governments						146,450	150,000	295	XXX
Bonds - U.S. States, Territories and Possessions									
419792-G3-4	HAWAII ST		09/30/2021	MERRILL LYNCH MUNICIPAL	XXX	150,000	150,000		1.C FE
1799999 - Bonds - U.S. States, Territories and Possessions						150,000	150,000	0	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
232769-JV-2	CYPRESS-FAIRBANKS TEX INDPT SCH DIST		09/22/2021	MORGAN STANLEY & CO LLC	XXX	68,183	60,000		1.A FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						68,183	60,000	0	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
3137B0-4Y-7	FHMS K-SMC A2 - CMBS		09/22/2021	PERFORMANCE TRUST CAP	XXX	102,969	100,000	189	1.A
3137B4-WB-8	FHMS K-033 A2 - CMBS		09/22/2021	PERFORMANCE TRUST CAP	XXX	52,117	50,000	111	1.A
35564C-HX-8	SLST 2020-3 A1C - CMO/RMBS		09/22/2021	STONEX FINANCIAL INC	XXX	109,980	107,232	155	1.A
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						265,066	257,232	454	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
000000-00-0	STRU SNEX-1026 AL - CMBS		09/22/2021	STONEX FINANCIAL INC	XXX	100,070	100,000	109	1.A Z
032654-AU-9	ANALOG DEVICES INC		09/28/2021	Various	XXX	74,822	75,000		1.G FE
060516-HD-4	BANK OF AMERICA CORP		09/01/2021	GOLDMAN SACHS & CO. INC	XXX	109,984	100,000	693	1.F FE
437076-CH-3	HOME DEPOT INC		09/07/2021	MERRILL LYNCH FIXED INCOME	XXX	59,759	60,000		1.F FE
43813K-AD-4	HAROT 2020-3 A4 - ABS		09/29/2021	WELLS FARGO BROKERAGE	XXX	100,109	100,000	17	1.A FE
459200-KA-8	INTERNATIONAL BUSINESS MACHINES CORP		09/01/2021	MARKETAXESS	XXX	112,178	100,000	1,050	1.G FE
46625H-RV-4	JPMORGAN CHASE & CO.		09/17/2021	MILLENNIUM ADVISORS, LLC	XXX	107,707	100,000	1,393	1.F FE
548661-ED-5	LOWE'S COMPANIES INC		09/14/2021	Various	XXX	50,023	50,000		2.A FE
882508-BK-9	TEXAS INSTRUMENTS INC		09/08/2021	Various	XXX	100,184	100,000		1.E FE
90932J-AA-0	UNITED AIRLINES 2019-2 PASS THROUGH TRUS		09/28/2021	R W BAIRD & CO	XXX	48,596	48,055	537	1.E FE
931142-ER-0	WALMART INC		09/08/2021	MIZUHO SECURITIES	XXX	49,906	50,000		1.C FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						913,338	883,055	3,799	XXX
8399997 - Bonds - Subtotals - Bonds - Part 3						1,543,037	1,500,288	4,548	XXX
8399999 - Bonds - Subtotals - Bonds						1,543,037	1,500,288	4,548	XXX
9999999 Totals						1,543,037	XXX	4,548	XXX

## STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Sidecar Health Insurance Company

## SCHEDULE D - PART 4

**Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter**

[illegible]

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 DL - Part 1  
**NONE**

Schedule DL - Part 2  
**NONE**

Schedule DB - Part E  
**NONE**



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14