



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Elixir Insurance Company

(Name)

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO, Federally Qualified? Yes [] No []

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

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

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

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

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

Internet Web Site Address www.elixirsolutions.com

Statutory Statement Contact Neil Victor Zaretsky CPA, 330-486-4811
(Name) (Area Code) (Telephone Number) (Extension)
eicaccounting@elixirsolutions.com, 330-486-4801
(E-Mail Address) (Fax Number)

OFFICERS

Name Title Name Title
Heyward Donigan # Chief Executive Officer Scott David Gonia Treasurer
Simonne Lawrence Secretary Matthew Schroeder # Chief Financial Officer

OTHER OFFICERS

Blank lines for other officers.

DIRECTORS OR TRUSTEES

Scott David Gonia Brian Todd Hoover Susan Catherine Lowell Karen Lesley Staniforth
Frank Stanley Walker

State of Ohio

County of Summit 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.

Scott David Gonia
Treasurer

Simonne Lawrence
Secretary

Subscribed and sworn to before me this
day of

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

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	0
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments .....	.0	.0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments	583,761,801	100.0	XXX	XXX	583,752,326	9,475
12. Total other payments	583,761,801	100.0	XXX	XXX	583,752,326	9,475
13. Total (Line 4 plus Line 12)	583,761,801	100 %	XXX	XXX	583,752,326	9,475

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	4,279									4,279	
2. First Quarter	4,711									4,711	
3. Second Quarter	4,869									4,869	
4. Third Quarter	4,891									4,891	
5. Current Year	12,282									12,282	
6. Current Year Member Months	65,544									65,544	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	3,729,748									3,729,748	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,729,748									3,729,748	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	3,479,611									3,479,611	
18. Amount Incurred for Provision of Health Care Services	3,733,290									3,733,290	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,729,748

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	2,343									2,343	
2. First Quarter	2,197									2,197	
3. Second Quarter	2,159									2,159	
4. Third Quarter	2,005									2,005	
5. Current Year	1,964									1,964	
6. Current Year Member Months	25,411									25,411	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,880,695									1,880,695	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	1,880,695									1,880,695	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,945,701									1,945,701	
18. Amount Incurred for Provision of Health Care Services	1,824,678									1,824,678	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,880,695

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	8,518									8,518	
2. First Quarter	8,400									8,400	
3. Second Quarter	8,293									8,293	
4. Third Quarter	7,982									7,982	
5. Current Year	8,114									8,114	
6. Current Year Member Months	99,417									99,417	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	6,347,951									6,347,951	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	6,347,951									6,347,951	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	6,117,880									6,117,880	
18. Amount Incurred for Provision of Health Care Services	5,865,115									5,865,115	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,347,951

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	378									378	
2. First Quarter	188									188	
3. Second Quarter	196									196	
4. Third Quarter	190									190	
5. Current Year	193									193	
6. Current Year Member Months	2,321									2,321	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	239,694									239,694	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	239,694									239,694	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	174,234									174,234	
18. Amount Incurred for Provision of Health Care Services	204,337									204,337	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$239,694

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF California		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	79,159									79,159	
2. First Quarter	75,980									75,980	
3. Second Quarter	77,290									77,290	
4. Third Quarter	77,285									77,285	
5. Current Year	79,381									79,381	
6. Current Year Member Months	926,622									926,622	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	65,849,436									65,849,436	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	65,849,436									65,849,436	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	61,199,867									61,199,867	
18. Amount Incurred for Provision of Health Care Services	64,805,959									64,805,959	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$65,775,575

30.CA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2021							NAIC Company Code	12747
	1 Total	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	11,003									11,003		
2. First Quarter	10,010									10,010		
3. Second Quarter	10,041									10,041		
4. Third Quarter	9,912									9,912		
5. Current Year	10,133									10,133		
6. Current Year Member Months	120,949									120,949		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	9,729,826									9,729,826		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	9,729,826									9,729,826		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	10,022,986									10,022,986		
18. Amount Incurred for Provision of Health Care Services	9,366,508									9,366,508		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,729,826

30.CO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	13,866									13,866	
2. First Quarter	11,299									11,299	
3. Second Quarter	11,306									11,306	
4. Third Quarter	11,224									11,224	
5. Current Year	11,225									11,225	
6. Current Year Member Months	135,538									135,538	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	8,801,567									8,801,567	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	8,801,567									8,801,567	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	8,901,673									8,901,673	
18. Amount Incurred for Provision of Health Care Services	9,282,879									9,282,879	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,801,567

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	5,973									5,973	
2. First Quarter	7,099									7,099	
3. Second Quarter	7,118									7,118	
4. Third Quarter	7,111									7,111	
5. Current Year	7,118									7,118	
6. Current Year Member Months	85,443									85,443	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	6,673,049									6,673,049	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	6,673,049									6,673,049	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	5,713,039									5,713,039	
18. Amount Incurred for Provision of Health Care Services	6,324,139									6,324,139	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,673,049

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	2,579									2,579	
2. First Quarter	2,512									2,512	
3. Second Quarter	2,497									2,497	
4. Third Quarter	2,422									2,422	
5. Current Year	2,463									2,463	
6. Current Year Member Months	29,861									29,861	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	1,924,331									1,924,331	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,924,331									1,924,331	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,811,774									1,811,774	
18. Amount Incurred for Provision of Health Care Services	1,964,830									1,964,830	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,919,395

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	3,027									3,027	
2. First Quarter	1,241									1,241	
3. Second Quarter	1,285									1,285	
4. Third Quarter	1,395									1,395	
5. Current Year	1,456									1,456	
6. Current Year Member Months	16,001									16,001	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	3,495,608									3,495,608	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,495,608									3,495,608	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	2,821,300									2,821,300	
18. Amount Incurred for Provision of Health Care Services	3,386,160									3,386,160	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,494,534

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	28,233									28,233	
2. First Quarter	23,484									23,484	
3. Second Quarter	23,645									23,645	
4. Third Quarter	22,828									22,828	
5. Current Year	22,909									22,909	
6. Current Year Member Months	280,637									280,637	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	17,404,045									17,404,045	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	17,404,045									17,404,045	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	16,635,145									16,635,145	
18. Amount Incurred for Provision of Health Care Services	16,218,275									16,218,275	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,404,045

30.GA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Guam		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	44									44	
2. First Quarter	75									75	
3. Second Quarter	78									78	
4. Third Quarter	80									80	
5. Current Year	84									84	
6. Current Year Member Months	951									951	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	30,157									30,157	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	30,157									30,157	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	27,720									27,720	
18. Amount Incurred for Provision of Health Care Services	30,497									30,497	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$30,157

30.GU



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	84									84	
2. First Quarter	38									38	
3. Second Quarter	41									41	
4. Third Quarter	42									42	
5. Current Year	41									41	
6. Current Year Member Months	484									484	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	42,872									42,872	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	42,872									42,872	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	36,563									36,563	
18. Amount Incurred for Provision of Health Care Services	39,012									39,012	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$42,872

30.HI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	2,917									2,917	
2. First Quarter	2,799									2,799	
3. Second Quarter	2,828									2,828	
4. Third Quarter	2,802									2,802	
5. Current Year	708									708	
6. Current Year Member Months	31,804									31,804	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,471,316									2,471,316	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,471,316									2,471,316	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	2,515,938									2,515,938	
18. Amount Incurred for Provision of Health Care Services	2,247,442									2,247,442	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,471,316

30.ID



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	24,649									24,649	
2. First Quarter	23,305									23,305	
3. Second Quarter	23,473									23,473	
4. Third Quarter	21,596									21,596	
5. Current Year	21,153									21,153	
6. Current Year Member Months	272,110									272,110	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	20,511,367									20,511,367	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	20,511,367									20,511,367	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	21,530,566									21,530,566	
18. Amount Incurred for Provision of Health Care Services	19,360,944									19,360,944	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,096,694

30.1L



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	9,366									9,366	
2. First Quarter	8,090									8,090	
3. Second Quarter	8,346									8,346	
4. Third Quarter	8,502									8,502	
5. Current Year	8,531									8,531	
6. Current Year Member Months	99,940									99,940	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	6,626,226									6,626,226	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	6,626,226									6,626,226	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	6,357,414									6,357,414	
18. Amount Incurred for Provision of Health Care Services	6,550,353									6,550,353	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,605,993

30.IN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	490									490	
2. First Quarter	435									435	
3. Second Quarter	429									429	
4. Third Quarter	419									419	
5. Current Year	176									176	
6. Current Year Member Months	4,904									4,904	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	539,971									539,971	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	539,971									539,971	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	473,402									473,402	
18. Amount Incurred for Provision of Health Care Services	556,932									556,932	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$511,762

30.1A



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	2,059									2,059	
2. First Quarter	204									204	
3. Second Quarter	202									202	
4. Third Quarter	205									205	
5. Current Year	209									209	
6. Current Year Member Months	2,472									2,472	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	326,756									326,756	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	326,756									326,756	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	734,433									734,433	
18. Amount Incurred for Provision of Health Care Services	303,129									303,129	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$327,254

30.KS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	7,845									7,845	
2. First Quarter	7,722									7,722	
3. Second Quarter	7,901									7,901	
4. Third Quarter	7,906									7,906	
5. Current Year	7,945									7,945	
6. Current Year Member Months	94,063									94,063	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	6,067,188									6,067,188	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,067,188									6,067,188	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	6,363,282									6,363,282	
18. Amount Incurred for Provision of Health Care Services	6,009,697									6,009,697	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,067,188

30.KY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	602									602	
2. First Quarter	350									350	
3. Second Quarter	339									339	
4. Third Quarter	326									326	
5. Current Year	323									323	
6. Current Year Member Months	4,069									4,069	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	666,091									666,091	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	666,091									666,091	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	499,325									499,325	
18. Amount Incurred for Provision of Health Care Services	629,082									629,082	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$666,091

30.LA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	9,349									9,349	
2. First Quarter	8,246									8,246	
3. Second Quarter	8,195									8,195	
4. Third Quarter	7,983									7,983	
5. Current Year	20,156									20,156	
6. Current Year Member Months	110,052									110,052	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	5,066,196									5,066,196	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,066,196									5,066,196	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,874,334									4,874,334	
18. Amount Incurred for Provision of Health Care Services	4,795,531									4,795,531	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,066,196

30.ME



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	29,724									29,724	
2. First Quarter	26,867									26,867	
3. Second Quarter	26,915									26,915	
4. Third Quarter	26,314									26,314	
5. Current Year	26,341									26,341	
6. Current Year Member Months	320,904									320,904	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	18,811,016									18,811,016	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	18,811,016									18,811,016	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	19,445,262									19,445,262	
18. Amount Incurred for Provision of Health Care Services	20,374,536									20,374,536	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,811,016

30.MD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	33,753									33,753	
2. First Quarter	30,198									30,198	
3. Second Quarter	30,728									30,728	
4. Third Quarter	30,558									30,558	
5. Current Year	30,593									30,593	
6. Current Year Member Months	366,872									366,872	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	22,507,019									22,507,019	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	22,507,019									22,507,019	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	22,751,884									22,751,884	
18. Amount Incurred for Provision of Health Care Services	24,534,498									24,534,498	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,507,019

30.MA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	59,903									59,903	
2. First Quarter	41,794									41,794	
3. Second Quarter	41,522									41,522	
4. Third Quarter	40,283									40,283	
5. Current Year	40,287									40,287	
6. Current Year Member Months	494,932									494,932	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	25,459,760									25,459,760	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	25,459,760									25,459,760	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	24,924,271									24,924,271	
18. Amount Incurred for Provision of Health Care Services	25,228,824									25,228,824	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$25,254,036

30.MI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	473									473	
2. First Quarter	248									248	
3. Second Quarter	245									245	
4. Third Quarter	234									234	
5. Current Year	4									4	
6. Current Year Member Months	2,692									2,692	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	545,273									545,273	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	545,273									545,273	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	362,740									362,740	
18. Amount Incurred for Provision of Health Care Services	511,836									511,836	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$545,273

30.MN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	14,908									14,908	
2. First Quarter	14,298									14,298	
3. Second Quarter	14,284									14,284	
4. Third Quarter	14,054									14,054	
5. Current Year	14,153									14,153	
6. Current Year Member Months	170,800									170,800	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	10,370,516									10,370,516	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	10,370,516									10,370,516	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	10,515,184									10,515,184	
18. Amount Incurred for Provision of Health Care Services	10,553,766									10,553,766	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,370,516

30.MS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	632									632	
2. First Quarter	151									151	
3. Second Quarter	153									153	
4. Third Quarter	160									160	
5. Current Year	170									170	
6. Current Year Member Months	1,892									1,892	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	378,605									378,605	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	378,605									378,605	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	255,368									255,368	
18. Amount Incurred for Provision of Health Care Services	384,800									384,800	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$378,605

30.MO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	246									246	
2. First Quarter	228									228	
3. Second Quarter	229									229	
4. Third Quarter	231									231	
5. Current Year	249									249	
6. Current Year Member Months	2,775									2,775	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	276,280									276,280	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	276,280									276,280	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	157,095									157,095	
18. Amount Incurred for Provision of Health Care Services	280,523									280,523	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$276,280

30.MT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	226									226	
2. First Quarter	107									107	
3. Second Quarter	104									104	
4. Third Quarter	103									103	
5. Current Year	1									1	
6. Current Year Member Months	1,156									1,156	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	241,940									241,940	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	241,940									241,940	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	174,944									174,944	
18. Amount Incurred for Provision of Health Care Services	225,781									225,781	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$241,940

30.NE



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	448									448	
2. First Quarter	162									162	
3. Second Quarter	176									176	
4. Third Quarter	171									171	
5. Current Year	172									172	
6. Current Year Member Months	2,052									2,052	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	305,932									305,932	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	305,932									305,932	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	261,707									261,707	
18. Amount Incurred for Provision of Health Care Services	320,514									320,514	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$305,932

30.NV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	15,370									15,370	
2. First Quarter	13,412									13,412	
3. Second Quarter	13,507									13,507	
4. Third Quarter	13,335									13,335	
5. Current Year	1,168									1,168	
6. Current Year Member Months	148,946									148,946	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	7,571,825									7,571,825	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	7,571,825									7,571,825	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	7,203,269									7,203,269	
18. Amount Incurred for Provision of Health Care Services	8,182,163									8,182,163	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,571,825

30.NH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	2,455									2,455	
2. First Quarter	1,202									1,202	
3. Second Quarter	1,176									1,176	
4. Third Quarter	1,149									1,149	
5. Current Year	1,145									1,145	
6. Current Year Member Months	14,325									14,325	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	1,528,165									1,528,165	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,528,165									1,528,165	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,017,927									1,017,927	
18. Amount Incurred for Provision of Health Care Services	1,292,261									1,292,261	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,526,500

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	4,513									4,513	
2. First Quarter	4,433									4,433	
3. Second Quarter	4,492									4,492	
4. Third Quarter	4,300									4,300	
5. Current Year	4,477									4,477	
6. Current Year Member Months	53,577									53,577	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	2,930,912									2,930,912	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	2,930,912									2,930,912	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	2,920,027									2,920,027	
18. Amount Incurred for Provision of Health Care Services	2,676,447									2,676,447	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,930,912

30.NM



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New York		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	56,903									56,903	
2. First Quarter	56,282									56,282	
3. Second Quarter	56,756									56,756	
4. Third Quarter	56,255									56,255	
5. Current Year	56,032									56,032	
6. Current Year Member Months	678,116									678,116	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	47,993,200									47,993,200	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	47,993,200									47,993,200	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	42,421,830									42,421,830	
18. Amount Incurred for Provision of Health Care Services	48,857,083									48,857,083	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$47,864,680

30.NY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	47,531									47,531	
2. First Quarter	36,508									36,508	
3. Second Quarter	36,230									36,230	
4. Third Quarter	35,361									35,361	
5. Current Year	35,319									35,319	
6. Current Year Member Months	432,935									432,935	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	24,554,053									24,554,053	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	24,554,053									24,554,053	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	25,733,368									25,733,368	
18. Amount Incurred for Provision of Health Care Services	27,042,271									27,042,271	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,317,343

30.NC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	128									128	
2. First Quarter	72									72	
3. Second Quarter	71									71	
4. Third Quarter	68									68	
5. Current Year	391									391	
6. Current Year Member Months	1,172									1,172	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	193,693									193,693	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	193,693									193,693	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	198,517									198,517	
18. Amount Incurred for Provision of Health Care Services	196,461									196,461	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$193,693

30.ND



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	154,632									154,632	
2. First Quarter	121,551									121,551	
3. Second Quarter	113,716									113,716	
4. Third Quarter	106,506									106,506	
5. Current Year	105,692									105,692	
6. Current Year Member Months	1,366,976									1,366,976	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	103,675,513									103,675,513	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	103,675,513									103,675,513	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	96,429,776									96,429,776	
18. Amount Incurred for Provision of Health Care Services	89,940,346									89,940,346	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$103,675,517

30.OH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	429									429	
2. First Quarter	240									240	
3. Second Quarter	236									236	
4. Third Quarter	232									232	
5. Current Year	227									227	
6. Current Year Member Months	2,849									2,849	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	339,729									339,729	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	339,729									339,729	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	280,933									280,933	
18. Amount Incurred for Provision of Health Care Services	309,316									309,316	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$339,729

30.OK



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	37,548									37,548	
2. First Quarter	28,356									28,356	
3. Second Quarter	28,369									28,369	
4. Third Quarter	27,736									27,736	
5. Current Year	67,696									67,696	
6. Current Year Member Months	377,937									377,937	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	16,803,468									16,803,468	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	16,803,468									16,803,468	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	17,127,214									17,127,214	
18. Amount Incurred for Provision of Health Care Services	18,158,590									18,158,590	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$16,803,468

30. OR



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	109,632									109,632	
2. First Quarter	75,560									75,560	
3. Second Quarter	75,412									75,412	
4. Third Quarter	73,810									73,810	
5. Current Year	77,950									77,950	
6. Current Year Member Months	904,884									904,884	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	49,872,640									49,872,640	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	49,872,640									49,872,640	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	51,890,997									51,890,997	
18. Amount Incurred for Provision of Health Care Services	54,290,165									54,290,165	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$49,401,259

30.PA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Puerto Rico		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	46									46	
2. First Quarter	32									32	
3. Second Quarter	32									32	
4. Third Quarter	30									30	
5. Current Year	31									31	
6. Current Year Member Months	381									381	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(52,140)									(52,140)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	(52,140)									(52,140)	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(100,777)									(100,777)	
18. Amount Incurred for Provision of Health Care Services	(100,777)									(100,777)	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(52,140)

30.P.R



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	5,270									5,270	
2. First Quarter	4,204									4,204	
3. Second Quarter	4,178									4,178	
4. Third Quarter	4,082									4,082	
5. Current Year	50									50	
6. Current Year Member Months	45,774									45,774	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,897,340									2,897,340	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,897,340									2,897,340	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	3,025,549									3,025,549	
18. Amount Incurred for Provision of Health Care Services	3,118,545									3,118,545	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,897,340

30.RI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	33,436									33,436	
2. First Quarter	26,914									26,914	
3. Second Quarter	26,536									26,536	
4. Third Quarter	25,791									25,791	
5. Current Year	25,744									25,744	
6. Current Year Member Months	317,393									317,393	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	19,161,385									19,161,385	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	19,161,385									19,161,385	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	18,721,064									18,721,064	
18. Amount Incurred for Provision of Health Care Services	19,397,508									19,397,508	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$19,160,323

30.S.C



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	131									131	
2. First Quarter .....	.62									.62
3. Second Quarter .....	.65									.65
4. Third Quarter .....	.62									.62
5. Current Year	285									285	
6. Current Year Member Months	984									984	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	158,107									158,107	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	158,107									158,107	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	149,222									149,222	
18. Amount Incurred for Provision of Health Care Services	160,526									160,526	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$158,107

30.SD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	7,437									7,437	
2. First Quarter	7,274									7,274	
3. Second Quarter	7,391									7,391	
4. Third Quarter	7,518									7,518	
5. Current Year	375									375	
6. Current Year Member Months	81,864									81,864	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	5,212,206									5,212,206	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	5,212,206									5,212,206	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	5,218,394									5,218,394	
18. Amount Incurred for Provision of Health Care Services	5,320,248									5,320,248	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,193,784

30.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	25,081									25,081	
2. First Quarter	21,468									21,468	
3. Second Quarter	21,439									21,439	
4. Third Quarter	21,249									21,249	
5. Current Year	21,901									21,901	
6. Current Year Member Months	259,396									259,396	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	17,643,136									17,643,136	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	17,643,136									17,643,136	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	16,970,156									16,970,156	
18. Amount Incurred for Provision of Health Care Services	16,639,842									16,639,842	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,643,136

30.TX



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2021							NAIC Company Code	12747
	1 Total	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	2,443									2,443		
2. First Quarter	2,237									2,237		
3. Second Quarter	2,258									2,258		
4. Third Quarter	2,187									2,187		
5. Current Year	4,361									4,361		
6. Current Year Member Months	29,064									29,064		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	2,221,933									2,221,933		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,221,933									2,221,933		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,119,925									2,119,925		
18. Amount Incurred for Provision of Health Care Services	2,125,646									2,125,646		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,221,933

30.UT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	7,670									7,670	
2. First Quarter	6,423									6,423	
3. Second Quarter	6,467									6,467	
4. Third Quarter	6,423									6,423	
5. Current Year	10,776									10,776	
6. Current Year Member Months	81,567									81,567	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	4,740,609									4,740,609	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	4,740,609									4,740,609	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	4,472,046									4,472,046	
18. Amount Incurred for Provision of Health Care Services	5,068,483									5,068,483	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,740,609

30.VT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	9,983									9,983	
2. First Quarter	9,168									9,168	
3. Second Quarter	9,447									9,447	
4. Third Quarter	9,578									9,578	
5. Current Year	9,863									9,863	
6. Current Year Member Months	113,673									113,673	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	7,418,411									7,418,411	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	7,418,411									7,418,411	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	7,370,147									7,370,147	
18. Amount Incurred for Provision of Health Care Services	7,676,516									7,676,516	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,418,267

30.VA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	59,028									59,028	
2. First Quarter	42,040									42,040	
3. Second Quarter	41,982									41,982	
4. Third Quarter	40,851									40,851	
5. Current Year	824									824	
6. Current Year Member Months	459,726									459,726	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	22,620,471									22,620,471	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	22,620,471									22,620,471	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	22,478,489									22,478,489	
18. Amount Incurred for Provision of Health Care Services	23,318,104									23,318,104	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,620,471

30.WA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	11,867									11,867	
2. First Quarter	10,143									10,143	
3. Second Quarter	10,388									10,388	
4. Third Quarter	10,458									10,458	
5. Current Year	6,434									6,434	
6. Current Year Member Months	119,912									119,912	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	6,686,205									6,686,205	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,686,205									6,686,205	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	8,030,483									8,030,483	
18. Amount Incurred for Provision of Health Care Services	7,475,249									7,475,249	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,686,205

30.WV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	9,244									9,244	
2. First Quarter	8,565									8,565	
3. Second Quarter	8,596									8,596	
4. Third Quarter	8,495									8,495	
5. Current Year	8,631									8,631	
6. Current Year Member Months	103,198									103,198	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	9,640,276									9,640,276	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	9,640,276									9,640,276	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	8,795,321									8,795,321	
18. Amount Incurred for Provision of Health Care Services	8,820,945									8,820,945	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,640,276

30.WI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2021						NAIC Company Code	12747
	1 Total	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	173									173	
2. First Quarter	93									93	
3. Second Quarter	94									94	
4. Third Quarter	94									94	
5. Current Year	99									99	
6. Current Year Member Months	1,138									1,138	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	207,205									207,205	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	207,205									207,205	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	203,284									203,284	
18. Amount Incurred for Provision of Health Care Services	220,418									220,418	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$207,205

30.WY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021						NAIC Company Code		12747
	1 Total	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	958,026	0	0	0	0	0	0	0	0	0	958,026	
2. First Quarter	788,677	0	0	0	0	0	0	0	0	0	788,677	
3. Second Quarter	783,725	0	0	0	0	0	0	0	0	0	783,725	
4. Third Quarter	764,784	0	0	0	0	0	0	0	0	0	764,784	
5. Current Year	768,005	0	0	0	0	0	0	0	0	0	768,005	
6. Current Year Member Months	9,368,455	0	0	0	0	0	0	0	0	0	9,368,455	
Total Member Ambulatory Encounters for Year:												
7. Physician	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	601,338,773	0	0	0	0	0	0	0	0	0	601,338,773	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	601,338,773	0	0	0	0	0	0	0	0	0	601,338,773	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	583,761,803	0	0	0	0	0	0	0	0	0	583,761,803	
18. Amount Incurred for Provision of Health Care Services	596,100,223	0	0	0	0	0	0	0	0	0	596,100,223	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$599,732,661

30.GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
82627	06-0839705	01/01/2015	SWISS RE LIFE & HLTH AMER INC	MO	QA/I	MD	(136,959)						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							(136,959)	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							(136,959)	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							(136,959)	0	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
		01/01/2017	PRAM Captive Insurance Company	NC		OH	40						
1999999 - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates							40	0	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct	BMU		MD	11,192,181						
2099999 - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							11,192,181	0	0	0	0	0	0
2199999 - General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates							11,192,221	0	0	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized							11,192,221	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							11,055,262	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							(136,919)	0	0	0	0	0	0
9299999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							11,192,181	0	0	0	0	0	0
9999999 Totals							11,055,262	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct.		3,006,622	29,849	3,036,471	500,000			4,478,158		(1,858)	3,036,471
2099999			General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates	0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471
2199999			General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates	0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471
2299999			General Account - Accident and Health - Total Accident and Health	0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471
2399999			General Account - Total General Account	0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471
3699999			Total Non-U.S. (Sum of 06999999, 09999999, 17999999, 20999999, 29999999 and 32999999)	0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471
9999999 Totals														
				0	3,006,622	29,849	3,036,471	500,000	XXX	0	4,478,158	0	(1,858)	3,036,471

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE S – PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums.....	11,055	12,844	17,832	8,868	170,559
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	8,226	8,548	11,545	8,745	154,493
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	3,006	904	789	641	23,531
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	4,478	3,406	3,809	5,914	3,738
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	4,478	3,406	3,809	5,914	3,738
14. Letters of credit (L).....	500	500	500	500	500
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	222,332,594		222,332,594
2. Accident and health premiums due and unpaid (Line 15).....	90,390,282		90,390,282
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(3,388,979)	(3,388,979)
5. All other admitted assets (Balance).....	385,303,962		385,303,962
6. Total assets (Line 28)	698,026,838	(3,388,979)	694,637,859
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	138,752,866	3,006,622	141,759,488
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	4,735,659		4,735,659
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	4,717,917	(4,717,917)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	466,501,154	(1,677,684)	464,823,470
15. Total liabilities (Line 24).....	614,707,596	(3,388,979)	611,318,617
16. Total capital and surplus (Line 33).....	83,319,242	XXX	83,319,242
17. Total liabilities, capital and surplus (Line 34)	698,026,838	(3,388,979)	694,637,859
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	3,006,622		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,006,622		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	4,717,917		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	1,677,684		
30. Total ceded reinsurance payables/offsets	6,395,601		
31. Total net credit for ceded reinsurance	(3,388,979)		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

**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? (Yes/No)	*
			23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	NO	.0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	NO	.0
			26-0676699				Elixir Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
		12747	20-4308924				Elixir Insurance Company	OH	RE	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			34-1939227				Elixir Rx Options, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			36-4221427				Elixir Rx Solutions, LLC	MO	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			05-0570786				Elixir Rx Solutions, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			88-0511398				Elixir Rx Solutions of Nevada, LLC	NV	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-3389462				Elixir Savings, LLC	FL	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			26-2434607				Elixir Pharmacy, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			61-1772789				Elixir Puerto Rico	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			87-3071832				Tonic Procurement Solutions	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			59-3760021				Advance Benefits, LLC	FL	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-3649446				Rx Initiatives L.L.C.	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	59-2798509	First Florida Insurers of Tampa, LLC					198,620				198,620	
	34-1939227	Elixir Rx Options, LLC					2,950,029,269				2,950,029,269	
12747	20-4308924	Elixir Insurance Company		50,000,000			(2,950,227,889)				(2,900,227,889)	
	26-0676699	Envision Pharmaceutical Holdings LLC		(50,000,000)							(50,000,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

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

MARCH FILING

- | | |
|--|---------------------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |YES..... |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------------------|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |

AUGUST FILING

- | | |
|--|---------------------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |SEE EXPLANATION..... |
|--|---------------------------|

Explanation:

- 10. The Company does not offer Medicare Supplement Insurance.
- 11. The Company does not offer Life Insurance.
- 12. The Company has less than 100 shareholders
- 13. The Company does not write Life Insurance.
- 14. The Company does not write Life Insurance.
- 16. Not Applicable.
- 17. Not Applicable.
- 18. Not Applicable.
- 19. The Company does not write Long-term Care Insurance.
- 20. Not Required
- 23. Not Required by state of Ohio

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. None Required.

Bar code:



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2021 OF THE Elixir Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT

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

NAIC Group Code 00000

NAIC Company Code 12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	297,650,344	XXX	15,336,278	XXX	312,986,622
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	255,485,083	XXX		XXX	255,485,083
1.2 Supplemental Benefits.....	44,030,307	XXX		XXX	44,030,307
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	(3,870,506)	XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(18,377,738)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	293,779,838	XXX	15,336,278	XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	237,107,345	XXX		XXX	XXX
5.2 Supplemental Benefits.....	44,030,307	XXX		XXX	XXX
6. Total Premiums.....	574,917,490	XXX	15,336,278	XXX	612,502,012
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	516,963,071	XXX	10,960,160	XXX	527,923,231
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	49,310,343	XXX		XXX	49,310,343
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	10,041,289	XXX	194,348	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	527,004,360	XXX	11,154,508	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	49,310,343	XXX	0	XXX	XXX
11. Total Claims.....	576,314,703	XXX	11,154,508	XXX	577,233,574
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX	102,715,518	XXX	2,740,000	105,455,518
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....	12,359,930				XXX
14. Expenses Paid.....	38,950,088	XXX	414,193	XXX	39,364,281
15. Expenses Incurred.....	33,168,507	XXX	352,712	XXX	XXX
16. Underwriting Gain/Loss.....	(46,925,650)	XXX	3,829,058	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	(109,551,361)