



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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....		2,312	1,507	13,209	13,209	3,819
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....		2,312	1,507	13,209	13,209	3,819

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Caremark	1,324,686			77,393	77,393	1,324,686
0199999 - Pharmaceutical Rebate Receivables	1,324,686			77,393	77,393	1,324,686
0299998 - Aggregate of Amounts Not Individually Listed	5,099	8,727	14,296	719	28,841	-
0299999 - Claim Overpayment Receivables	5,099	8,727	14,296	719	28,841	-
0399998 - Aggregate of Amounts Not Individually Listed				11,000	11,000	-
0399999 - Loans and Advances to Providers				11,000	11,000	-
0799999 - Gross Health Care Receivables	1,329,785	8,727	14,296	89,112	117,234	1,324,686

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....		789,102		1,402,079		
2. Claim overpayment receivables .....		4,374		28,841		
3. Loans and advances to providers .....			11,000		11,000	11,000
4. Capitation arrangement receivables .....				-		
5. Risk sharing receivables .....				-		
6. Other health care receivables .....				-		
7. Totals (Lines 1 through 6) .....		793,476	11,000	1,430,920	11,000	11,000

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
CVS Caremark .....	152,123					152,123
0199999 – Individually listed claims unpaid .....	152,123					152,123
0399999 – Aggregate accounts not individually listed-covered .....	3,738					3,738
0499999 – Subtotals .....	155,861					155,861
0599999 – Unreported claims and other claim reserves .....						2,267,972
0799999 – Total claims unpaid .....						2,423,833
0899999 – Accrued medical incentive pool and bonus amounts .....						952

**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
0299999 – Receivables not individually listed.....	272				272		
0399999 – Total gross amounts receivable.....	272				272		

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Devoted Health Services, Inc.	Administrative services/other	346,665	346,665	
0199999 – Individually listed payable		346,665	346,665	
0299999 – Payables not individually listed		24,170	24,170	
0399999 – Total gross payables		370,835	370,835	

**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
<b>Capitation Payments:</b>						
1. Medical groups	83,470	0.369	147	5.299		83,470
2. Intermediaries						
3. All other providers	504,746	2.230	2,627	94.701		504,746
4. Total capitation payments	588,216	2.599	2,774	100.000		588,216
<b>Other Payments:</b>						
5. Fee-for-service	18,254,475	80.666	XXX	XXX	397,454	17,857,021
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments	3,787,059	16.735	XXX	XXX		3,787,059
12. Total other payments	22,041,534	97.401	XXX	XXX	397,454	21,644,080
13. Total (Line 4 plus Line 12)	22,629,750	100.000 %	XXX	XXX	397,454	22,232,296

**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
9999999 – Totals			XXX	XXX	XXX

**NONE**

**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.....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



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

REPORT FOR: 1. CORPORATION Devoted Health Plan of Ohio, Inc.

2. Waltham, MA  
(LOCATION)

NAIC Group Code: 04924

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 16758

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	-							-		
2. First Quarter .....	1,953							1,953		
3. Second Quarter .....	2,335							2,335		
4. Third Quarter .....	2,607							2,607		
5. Current Year .....	2,774							2,774		
6. Current Year Member Months .....	28,074							28,074		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	19,620							19,620		
8. Non-Physician .....	15,633							15,633		
9. Total .....	35,253							35,253		
10. Hospital Patient Days Incurred .....	2,861							2,861		
11. Number of Inpatient Admissions .....	529							529		
12. Health Premiums Written (b) .....	26,078,811							26,078,811		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	25,636,478							25,636,478		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	22,629,750							22,629,750		
18. Amount Incurred for Provision of Health Care Services .....	23,623,616							23,623,616		

(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 \$ 26,078,811

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

REPORT FOR: 1. CORPORATION Devoted Health Plan of Ohio, Inc.

2. Waltham, MA  
(LOCATION)

NAIC Group Code: 04924

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 16758

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	-							-		
2. First Quarter .....	1,953							1,953		
3. Second Quarter .....	2,335							2,335		
4. Third Quarter .....	2,607							2,607		
5. Current Year .....	2,774							2,774		
6. Current Year Member Months .....	28,074							28,074		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	19,620							19,620		
8. Non-Physician .....	15,633							15,633		
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12. Health Premiums Written (b) .....	26,078,811							26,078,811		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	25,636,478							25,636,478		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	22,629,750							22,629,750		
18. Amount Incurred for Provision of Health Care Services .....	23,623,616							23,623,616		

(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 \$ 26,078,811

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

**NONE**

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Non-Affiliates, U.S. Non-Affiliates</b>						
60410	73-0714500	01/01/2021	American Fidelity Assurance Company	OK	1,293	-
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					1,293	-
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					1,293	-
2299999 - Total Accident and Health					1,293	-
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,293	-
9999999 - Total (Sum of 1199999 and 2299999)					1,293	-

**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		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
60410	73-0714500	01/01/2021	American Fidelity Assurance Company	OK	ASL/I	MR	202,235						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							202,235						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							202,235						
1199999 – Total General Account Authorized							202,235						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							202,235						
9199999 – Total U.S.							202,235						
9999999 – Total (Sum of 4599999 and 9099999)							202,235						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

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

	2021	2020	2019	2018	2017
<b>A. OPERATIONS ITEMS</b>					
1 Premiums					
2 Title XVIII-Medicare	202				
3 Title XIX-Medicaid					
4 Commissions and reinsurance expense allowance					
5 Total hospital and medical expenses	1				
<b>B. BALANCE SHEET ITEMS</b>					
6 Premiums receivable					
7 Claims payable					
8 Reinsurance recoverable on paid losses	1				
9 Experience rating refunds due or unpaid					
10 Commissions and reinsurance expense allowances due					
11 Unauthorized reinsurance offset					
12 Offset for reinsurance with Certified Reinsurers					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13 Funds deposited by and withheld from (F)					
14 Letters of credit (L)					
15 Trust agreements (T)					
16 Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17 Multiple Beneficiary Trust					
18 Funds deposited by and withheld from (F)					
19 Letters of credit (L)					
20 Trust agreements (T)					
21 Other (O)					

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1 Cash and invested assets (Line 12)	13,629,181		13,629,181
2 Accident and health premiums due and unpaid (Line 15)	937,201		937,201
3 Amounts recoverable from reinsurers (Line 16.1)	1,293	(1,293)	-
4 Net credit for ceded reinsurance	XXX	1,293	1,293
5 All other admitted assets (Balance)	1,408,184		1,408,184
6 Total assets (Line 28)	15,975,859	-	15,975,859
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1)	2,423,833		2,423,833
8 Accrued medical incentive pool and bonus payments (Line 2)	952		952
9 Premiums received in advance (Line 8)	874		874
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	3,241,562		3,241,562
15 Total liabilities (Line 24)	5,667,221		5,667,221
16 Total capital and surplus (Line 33)	10,308,638	XXX	10,308,638
17 Total liabilities, capital and surplus (Line 34)	15,975,859		15,975,859
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	1,293	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	1,293	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	1,293	XXX	XXX

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

**NONE**

Annual Statement for the Year 2021 of the Devoted Health Plan of Ohio, Inc.

**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)	*
			82-1023772				Devoted Health, Inc.	DE	UIP	Todd Park	Ownership	42.860	Todd Park/Ed Park	NO	
			82-1023772				Devoted Health, Inc.	DE	UIP	Ed Park	Ownership	42.860	Todd Park/Ed Park	NO	
			37-1888690				Devoted Health Holdco, LLC	DE	UDP	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16358	82-3758085				Devoted Health Plan of Florida, Inc.	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16385	82-4278774				Devoted Health Insurance Company	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16487	61-1896982				Devoted Health Plan of Texas, Inc.	TX	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16758	83-4458231				Devoted Health Plan of Ohio, Inc.	OH	RE	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16614	84-2257628				Devoted Health Plan of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17010	84-4409284				Devoted Health Plan of Illinois, Inc.	IL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-0979261				Devoted Health Plan of Alabama, Inc.	AL	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			83-3135833				Devoted Health Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1210036				Devoted Health Plan of Utah, Inc.	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1222388				Devoted Health Plan of Nevada, Inc.	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			86-1225656				Devoted Health Plan of Pennsylvania, Inc.	PA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2128713				Devoted Medical Group, Inc.	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-3845516				Devoted Health Insurance Company of Nevada	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2672895				Devoted Health Insurance Company of Utah	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			86-3037982				Devoted Health Insurance Company of Pennsylvania, Inc.	PA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1091038				Devoted Health Insurance Company of Arizona, Inc.	AZ	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-0839319				Devoted Health Plan of South Carolina, Inc.	SC	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-0853289				Devoted Health Insurance Company of South Carolina	SC	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-0958773				Devoted Health Insurance Company of Alabama, Inc.	AL	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1310756				Devoted Health Plan of Oregon, Inc.	OR	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1577096				Devoted Health Plan of Hawaii, Inc.	HI	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1729246				Devoted Health Insurance Company of Hawaii, Inc.	HI	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

**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)	*
			87-1843205				Devoted Health Plan of Virginia, Inc.	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1866361				Devoted Health Insurance Company of Virginia	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1933443				Devoted Health Plan of Tennessee, Inc.	TN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-1953361				Devoted Health Insurance Company of Tennessee	TN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-2668875				Devoted Health Plan of Missouri, Inc.	MO	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-2877488				Devoted Health Plan of Colorado, Inc.	CO	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-2895102				Devoted Health Insurance Company of Colorado, Inc.	CO	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			36-4917517				Devoted Health MSC, Inc.	DE	NIA	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
			83-0914469				Devoted Medical Group, PLLC	FL	NIA	Robert Kocher	Board of Directors		Robert Kocher	NO	1
			85-2434574				Devoted Medical Group, PC	FL	NIA	Robert Kocher	Board of Directors	100.000	Robert Kocher	NO	
			84-4609395				Devoted Medical Group of Texas, Inc.	TX	NIA	Devoted Health Holdco, LLC	Other		Todd Park/Ed Park	NO	2
			87-1378553				Devoted Medical, PC	IL	NIA	Brian Riveland	Ownership	100.000	Brian Riveland	NO	
			87-3970041				Devoted Health Insurance Company of Texas	TX	NIA	Devoted Health Holdco, LLC	Management	100.000	Todd Park/Ed Park	NO	
			87-3434243				Devoted Health Plan of Washington, Inc.	WA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3570851				Devoted Health Insurance Company of Washington	WA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3612583				Devoted Medical Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
Asterisk	Explanation														
1	Robert Kocher is the sole member.														
2	Devoted Health Holdco, LLC is the sole corporate member.														

**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)
	37-1888690	Devoted Health Holdco, LLC		(230,520,000)							(230,520,000)	
	83-3135833	Devoted Health Services, Inc.					61,021,850				61,021,850	
16358	82-3758085	Devoted Health Plan of Florida, Inc.		115,500,000			(32,835,369)				82,664,631	
		Devoted Health Insurance Company										
16385	82-4278774	Company		1,500,000							1,500,000	
16487	61-1896982	Devoted Health Plan of Texas, Inc.		88,000,000			(27,917,566)				60,082,434	
16758	83-4458231	Devoted Health Plan of Ohio, Inc.		9,500,000			(3,906,142)				5,593,858	
		Devoted Health Plan of Arizona, Inc.										
16614	84-2257628	Inc.		10,700,000			(2,798,153)				7,901,847	
17010	84-4409284	Devoted Health Plan of Illinois, Inc.		5,320,000							5,320,000	
		Devoted Medical Group of Texas, Inc.										
	84-4609395	Inc.					2,529,469				2,529,469	
	85-2434574	Devoted Medical Group, PC					3,507,959				3,507,959	
	85-2128713	Devoted Medical Group, Inc.					397,952				397,952	
9999999		Control Totals		-			-		XXX		-	

**SCHEDULE Y**

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1  Insurers in Holding Company	2  Owners with Greater than 10% Ownership	3  Ownership Percentage Column 2 of Column 1	4  Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5  Ultimate Controlling Party	6  U.S. Insurance Groups or Entities Controlled by Column 5	7  Ownership Percentage (Column 5 of Column 6)	8  Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Devoted Health Plan of Florida, Inc.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	
Devoted Health Insurance Company.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	
Devoted Health Plan of Texas, Inc.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	
Devoted Health Plan of Ohio, Inc.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	
Devoted Health Plan of Arizona, Inc.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	
Devoted Health Plan of Illinois, Inc.....	Devoted Health Holdco, LLC .....	100.000 %	No .....	Todd Park/Ed Park .....		%	

**SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

	Response
<b>March Filing</b>	
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
<b>April Filing</b>	
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
<b>June Filing</b>	
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.

<b>March Filing</b>	
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?.....	NO
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?.....	NO
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 electronically with the NAIC by March 1?.....	NO
<b>April Filing</b>	
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?.....	NO
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?.....	YES
<b>August Filing</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO

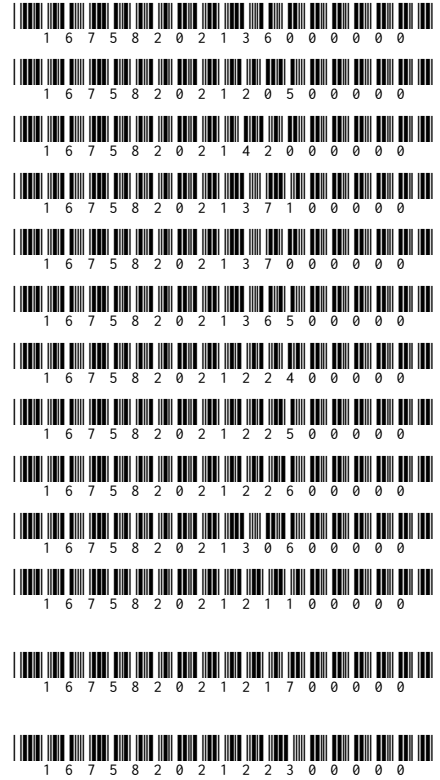
**SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES**

Explanation

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**OVERFLOW PAGE FOR WRITE-INS**



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed By March 1)  
 FOR THE STATE OF Ohio

NAIC Group Code: 4924

NAIC Company Code: 16758

Address (City, State and Zip Code): Waltham, MA, US 02453

Person Completing This Exhibit:

Title:

Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020, 2021			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives
0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES .....																	
0299999 – TOTAL EXPERIENCE ON GROUP POLICIES .....																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:.....
  - 2.2 Contact Person and Phone Number:.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:.....
  - 3.2 Contact Person and Phone Number:.....
4. Explain any policies identified above as policy type "O"

Supp360.OH