



QUARTERLY STATEMENT
AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
DEVOTED HEALTH PLAN OF OHIO, INC.

NAIC Group Code 4924 4924 NAIC Company Code 16758 Employer's ID Number 83-4458231

(Current)(Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Life, Accident & Health Is HMO Federally Qualified? N/A

Incorporated/Organized 04/18/2019 Commenced Business 01/01/2021

Statutory Home Office 221 Crescent Street Suite 202 Waltham, MA, US 02453

Main Administrative Office 221 Crescent Street Suite 202 Waltham, MA, US 02453 860-916-9120 (Telephone Number)

Mail Address 221 Crescent Street Suite 202 Waltham, MA, US 02453

Primary Location of Books and Records 221 Crescent Street Suite 202 Waltham, MA, US 02453 860-916-9120 (Telephone Number)

Internet Website Address www.devoted.com

Statutory Statement Contact Joseph Anthony Alfano 860-916-9120 (Telephone Number)

joseph.alfano@devoted.com 978-616-7824 (E-Mail Address)(Fax Number)

OFFICERS

Dariel Quintana, President and Chief Executive Officer Joseph Anthony Alfano#, Co-Chief Financial Officer

Jeremy Edward Delinsky, Chief Operating Officer Wilson Bradley Yale#, Co-Chief Financial Officer

OTHER

David Michael Johnson MD, Medical Director Paul David Jernigan, Secretary

Daniel Francis Quinn, Appointed Actuary

DIRECTORS OR TRUSTEES

Todd Youngsuh Park Edward Youngjoon Park

Dariel Quintana Jeremy Edward Delinsky

Paul David Jernigan

State of

County of SS

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

x x x

Dariel Quintana President and Chief Executive Officer

Jeremy Edward Delinsky Chief Operating Officer

Joseph Anthony Alfano Co-Chief Financial Officer

Subscribed and sworn to before me

this day of

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:

2. Date filed:

3. Number of pages attached:

x

ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds.....				
2.	Stocks:				
	2.1 Preferred stocks.....				
	2.2 Common stocks.....				
3.	Mortgage loans on real estate:				
	3.1 First liens.....				
	3.2 Other than first liens.....				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$ encumbrances).....				
	4.2 Properties held for the production of income (less \$ encumbrances).....				
	4.3 Properties held for sale (less \$ encumbrances).....				
5.	Cash (\$ 16,716,613), cash equivalents (\$) and short-term investments (\$).....	16,716,613		16,716,613	13,629,181
6.	Contract loans (including \$ premium notes).....				
7.	Derivatives.....				
8.	Other invested assets.....				
9.	Receivables for securities.....				
10.	Securities lending reinvested collateral assets.....				
11.	Aggregate write-ins for invested assets.....				
12.	Subtotals, cash and invested assets (Lines 1 to 11).....	16,716,613		16,716,613	13,629,181
13.	Title plants less \$ charged off (for Title insurers only).....				
14.	Investment income due and accrued.....				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.....	34,686	20,570	14,116	3,819
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....				
	15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ 2,225,187).....	2,225,187		2,225,187	933,382
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers.....	1,315		1,315	1,293
	16.2 Funds held by or deposited with reinsured companies.....				
	16.3 Other amounts receivable under reinsurance contracts.....				
17.	Amounts receivable relating to uninsured plans.....	338,400		338,400	83,498
18.1	Current federal and foreign income tax recoverable and interest thereon.....				
18.2	Net deferred tax asset.....				
19.	Guaranty funds receivable or on deposit.....				
20.	Electronic data processing equipment and software.....				
21.	Furniture and equipment, including health care delivery assets (\$).....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates.....				
23.	Receivables from parent, subsidiaries and affiliates.....				—
24.	Health care (\$ 2,061,753) and other amounts receivable.....	2,510,226	448,473	2,061,753	1,324,686
25.	Aggregate write-ins for other-than-invested assets.....				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	21,826,427	469,043	21,357,384	15,975,859
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28.	Total (Lines 26 and 27).....	21,826,427	469,043	21,357,384	15,975,859
Details of Write-Ins					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page.....				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page.....				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)	5,721,107		5,721,107	2,423,833
2. Accrued medical incentive pool and bonus amounts	227,857		227,857	952
3. Unpaid claims adjustment expenses	164,875		164,875	67,809
4. Aggregate health policy reserves, including the liability of \$669,218 for medical loss ratio rebate per the Public Health Service Act	1,892,631		1,892,631	1,321,087
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	12,926		12,926	874
9. General expenses due or accrued	221,246		221,246	138,179
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	919,432		919,432	370,835
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,584,635		1,584,635	1,343,652
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	10,744,709		10,744,709	5,667,221
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	12,600,000	12,600,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(2,987,325)	(3,291,362)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	10,612,675	10,308,638
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	21,357,384	15,975,859
Details of Write-Ins				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX	19,446	5,527	28,074
2. Net premium income (including \$ non-health premium income).....	XXX	19,354,334	5,188,425	25,876,576
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(647,433)	(81,926)	(442,333)
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX			
7. Aggregate write-ins for other non-health revenues.....	XXX			
8. Total revenues (Lines 2 to 7).....	XXX	18,706,901	5,106,499	25,434,243
Hospital and Medical:				
9. Hospital/medical benefits.....		12,401,979	3,303,723	18,512,278
10. Other professional services.....		394,163	11,943	504,746
11. Outside referrals.....		74,539	808	115,716
12. Emergency room and out-of-area.....		659,159	273,548	830,058
13. Prescription drugs.....		1,601,646	531,674	3,659,866
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....		82,390		952
16. Subtotal (Lines 9 to 15).....		15,213,876	4,121,696	23,623,616
Less:				
17. Net reinsurance recoveries.....		21		1,293
18. Total hospital and medical (Lines 16 minus 17).....		15,213,855	4,121,696	23,622,323
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$240,262 cost containment expenses.....		473,462	129,804	610,930
21. General administrative expenses.....		2,453,208	757,078	3,483,651
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(75,889)	(60,726)	(515,533)
23. Total underwriting deductions (Lines 18 through 22).....		18,064,636	4,947,852	27,201,371
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	642,265	158,647	(1,767,128)
25. Net investment income earned.....		99	98	399
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26).....		99	98	399
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses.....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	642,364	158,745	(1,766,729)
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	642,364	158,745	(1,766,729)
Details of Write-Ins				
0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX			
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33.	Capital and surplus prior reporting year	10,308,638	2,695,080	2,695,080
34.	Net income or (loss) from Line 32	642,364	158,745	(1,766,729)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(338,327)	(14,773)	(119,713)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			999,999
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	—	3,000,000	9,500,000
	45.2 Transferred to capital (Stock Dividend)			(999,999)
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	304,037	3,143,972	7,613,558
49.	Capital and surplus end of reporting period (Line 33 plus 48)	10,612,675	5,839,052	10,308,638
Details of Write-Ins				
4701.				
4702.				
4703.				
4798. Summary of remaining write-ins for Line 47 from overflow page				
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)				

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	18,056,923	4,807,074	24,927,041
2. Net investment income	99	98	399
3. Miscellaneous income	—		—
4. Total (Lines 1 to 3)	18,057,022	4,807,172	24,927,440
5. Benefit and loss related payments	12,758,004	3,028,672	22,629,751
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	2,760,456	603,230	2,628,439
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Lines 5 through 9)	15,518,460	3,631,902	25,258,190
11. Net cash from operations (Line 4 minus Line 10)	2,538,562	1,175,270	(330,750)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	—		—
12.8 Total investment proceeds (Lines 12.1 to 12.7)	—		—
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	—		—
13.7 Total investments acquired (Lines 13.1 to 13.6)	—		—
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	—		—
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	—	3,000,000	9,500,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	548,870	306,063	359,594
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	548,870	3,306,063	9,859,594
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,087,432	4,481,333	9,528,844
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	13,629,181	4,100,337	4,100,337
19.2 End of period (Line 18 plus Line 19.1)	16,716,613	8,581,670	13,629,181
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year.....	2,774							2,774		
2. First Quarter.....	6,635							6,635		
3. Second Quarter.....										
4. Third Quarter.....										
5. Current Year.....										
6. Current Year Member Months.....	19,446							19,446		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	10,932							10,932		
8. Non-Physician.....	9,358							9,358		
9. Total.....	20,290							20,290		
10. Hospital Patient Days Incurred.....	1,888							1,888		
11. Number of Inpatient Admissions.....	339							339		
12. Health Premiums Written (a).....	19,462,802							19,462,802		
13. Life Premiums Direct.....										
14. Property/Casualty Premiums Written.....										
15. Health Premiums Earned.....	18,815,369							18,815,369		
16. Property/Casualty Premiums Earned.....										
17. Amount Paid for Provision of Health Care Services.....	12,758,004							12,758,004		
18. Amount Incurred for Provision of Health Care Services.....	15,213,876							15,213,876		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$19,462,802

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark	380,802					380,802
0199999 – Individually listed claims unpaid	380,802					380,802
0399999 – Aggregate accounts not individually listed-covered				3,352	386	3,738
0499999 – Subtotals	380,802			3,352	386	384,540
0599999 – Unreported claims and other claim reserves						5,336,567
0799999 – Total claims unpaid						5,721,107
0899999 – Accrued medical incentive pool and bonus amounts						227,857

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical).....						
2. Medicare Supplement.....						
3. Dental only.....						
4. Vision only.....						
5. Federal Employees Health Benefits Plan.....						
6. Title XVIII – Medicare.....	1,109,407	11,648,575	428,078	5,293,029	1,537,485	2,423,833
7. Title XIX – Medicaid.....						
8. Other health.....						
9. Health subtotal (Lines 1 to 8).....	1,109,407	11,648,575	428,078	5,293,029	1,537,485	2,423,833
10. Health care receivables (a).....	762,957	1,736,268			762,957	1,430,919
11. Other non-health.....						
12. Medical incentive pools and bonus amounts.....			9,123	218,734	9,123	952
13. Totals (Lines 9-10+11+12).....	346,450	9,912,307	437,201	5,511,763	783,651	993,866

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Devoted Health Plan of Ohio, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the “Department”). As of January 1, 2022, the Company was offering Medicare Advantage (“MA”) benefit plans in 20 counties in Ohio.

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

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

	SSAP #	F/S Page	F/S Line #	03/31/2022	12/31/2021
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 642,364	\$ (1,766,729)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 642,364	\$ (1,766,729)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 10,612,675	\$ 10,308,638
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 10,612,675	\$ 10,308,638

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

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

C. Accounting Policy

- (1) Short-term investments - Not Applicable
- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R - Not Applicable
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Loan-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

The Company has also added the following significant accounting policy during first quarter 2022:

Aggregate Health Policy Reserves

The Company records its liability for Medical Loss Ratio (“MLR”) rebates in aggregate health policy reserves based on the requirements of the Affordable Care Act (“ACA”) in accordance with Statement of Statutory Accounting Principles No. 66, *Retrospectively Rated Contracts* (“SSAP No. 66”). SSAP No. 66 requires the Company to accrue for the estimated amount of premiums to be returned retrospectively on its MA plans as an adjustment to premium revenue. The ACA sets an MLR threshold of 85% for MA plans.

D. Going Concern

As of May 12, 2022, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

Notes to the Financial Statements

2. Accounting Changes and Corrections of Errors - Not Applicable
3. Business Combinations and Goodwill - Not Applicable
4. Discontinued Operations - Not Applicable
5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable

B. Debt Restructuring - Not Applicable

C. Reverse Mortgages - Not Applicable

D. Loan-Backed Securities - Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

J. Real Estate - Not Applicable

K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable

L. Restricted Assets - No Significant Changes

M. Working Capital Finance Investments - Not Applicable

N. Offsetting and Netting of Assets and Liabilities - Not Applicable

O. 5GI Securities - Not Applicable

P. Short Sales - Not Applicable

Q. Prepayment Penalty and Acceleration Fees - Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable
7. Investment Income - No Significant Changes
8. Derivative Instruments - Not Applicable
9. Income Taxes - No Significant Changes
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes
11. Debt - Not Applicable
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes
14. Liabilities, Contingencies and Assessments - No Significant Changes
15. Leases - Not Applicable
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company had no sale, transfer, or servicing of financial assets and extinguishments of liabilities.
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - No Significant Changes
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable
20. Fair Value Measurements

The Company has no assets or liabilities that are measured and reported at fair value that uses valuation techniques or inputs to determine measurements.
21. Other Items - Not Applicable
22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through May 12, 2022, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through May 12, 2022, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

Notes to the Financial Statements

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - No Significant Changes
- B. Method Used to Record - No Significant Changes
- C. Amount and Percent of Net Retrospective Premiums - No Significant Changes
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$ 669,218	\$ 669,218
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid				669,218	669,218
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 669,218

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

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Claims unpaid and accrued medical incentive pool as of December 31, 2021 were \$2,424,785. As of March 31, 2022, \$1,777,369 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining related to prior years are now \$437,201 as a result of re-estimation of claims unpaid and accrued medical incentive pool on the Company's MA business. Therefore, there has been a \$210,215 favorable prior year development since December 31, 2021 to March 31, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

There have been no other significant changes.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

There have been no significant changes to the methodologies or assumptions used in calculating the Company's liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
03/31/2022	\$ 1,413,807	\$	\$	\$	\$
12/31/2021	670,071	652,717			
09/30/2021	659,887	652,246	587,229		
06/30/2021	414,690	493,817	424,788	57,168	
03/31/2021	288,688	372,446	297,125	50,980	

- B. Risk-Sharing Receivables - No Significant Changes

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves: \$802,865
- 2. Date of the most recent evaluation of this liability: 04/11/2022
- 3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?.....NO.....
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?.....NO.....
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?.....YES.....
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?.....YES.....
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Devoted Health Insurance Company of Illinois, Inc., Devoted Health Plan of North Carolina, Inc., and My Enrollment Helper, Inc. were added to the organizational chart. Refer to Schedule Y for the organizational chart.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?.....NO.....
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO.....
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?.....NO.....
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2020...
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
Ohio Department of Insurance and Florida Office of Insurance Regulation.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....N/A.....
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?.....N/A.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?.....NO.....
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?NO.....
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?.....NO.....
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....YES.....
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?.....NO.....
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?.....NO.....
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....NO.....
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgage Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? N/A
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? YES

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO
- 17.4 If yes, give full and complete information relating thereto:

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

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

1	2
Name of Firm or Individual	Affiliation
Internally Managed	I

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? NO
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?YES
- 18.2 If no, list exceptions:
.....
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?NO
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?NO
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?NO

GENERAL INTERROGATORIES

PART 2 – HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent	82.612 %
1.2	A&H cost containment percent	1.284 %
1.3	A&H expense percent excluding cost containment expenses	14.361 %
2.1	Do you act as a custodian for health savings accounts?	NO
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$
2.3	Do you act as an administrator for health savings accounts?	NO
2.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	NO
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	NO

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 60410	73-0714500.....	.....01/01/2022.....	American Fidelity Assurance Company.....	OK.....	ASL/I.....	MR.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

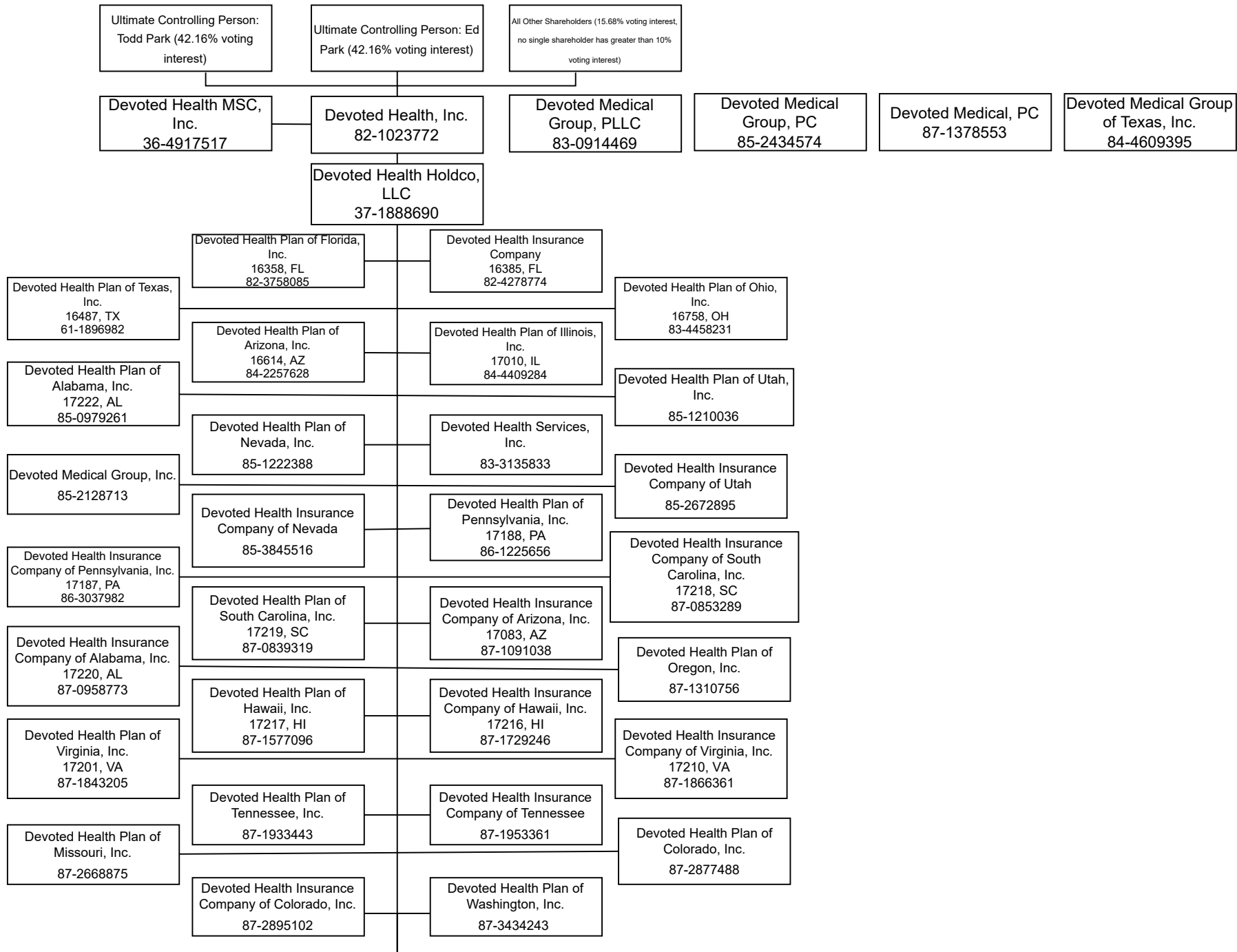
Current Year to Date - Allocated by States and Territories

			Direct Business Only									
			1	2	3	4	5	6	7	8	9	10
States, Etc.			Active Status (a)	Accident & Health Premiums, Including Policy, Membership and Other Fees	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	N									
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	N									
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	L		19,462,802						19,462,802	
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	US Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX			19,462,802						19,462,802	
60.	Reporting entity contributions for employee benefits plans	XXX										
61.	Total (Direct Business)	XXX			19,462,802						19,462,802	
Details of Write-Ins												
58001.		XXX										
58002.		XXX										
58003.		XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX										

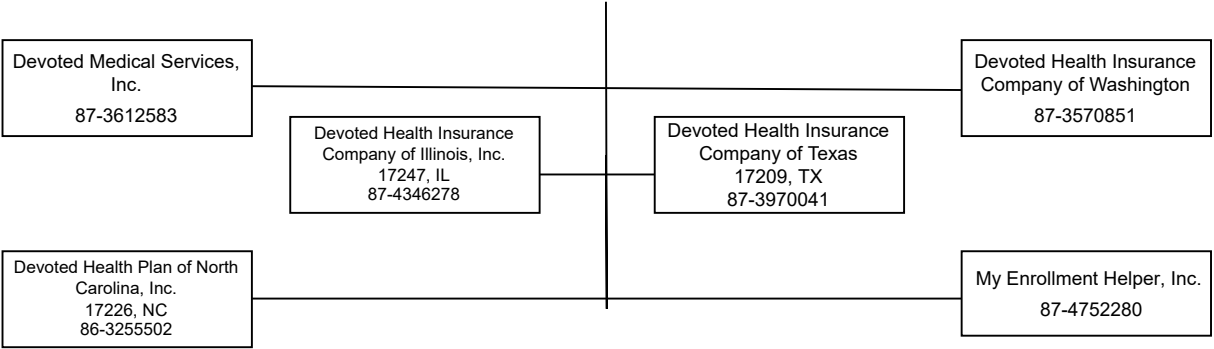
(a) Active Status Counts
L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 R – Registered - Non-domiciled RRGs..... –
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state.....– Q – Qualified - Qualified or accredited reinsurer..... –
N – None of the above - Not allowed to write business in the state.....56

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			82-1023772				Devoted Health, Inc.	DE	UIP	Todd Park	Ownership	42.160	Todd Park/Ed Park	NO	
			82-1023772				Devoted Health, Inc.	DE	UIP	Ed Park	Ownership	42.160	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	
4924	Devoted Health Group	17222	85-0979261				Devoted Health Plan of Alabama, Inc.	AL	IA	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	
4924	Devoted Health Group	17188	86-1225656				Devoted Health Plan of Pennsylvania, Inc.	PA	IA	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	
4924	Devoted Health Group	17187	86-3037982				Devoted Health Insurance Company of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17083	87-1091038				Devoted Health Insurance Company of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17219	87-0839319				Devoted Health Plan of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17218	87-0853289				Devoted Health Insurance Company of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17220	87-0958773				Devoted Health Insurance Company of Alabama, Inc.	AL	IA	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	
4924	Devoted Health Group	17217	87-1577096				Devoted Health Plan of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17216	87-1729246				Devoted Health Insurance Company of Hawaii, Inc.	HI	IA	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)	*
4924	Devoted Health Group	17201	87-1843205				Devoted Health Plan of Virginia, Inc.	VA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17210	87-1866361				Devoted Health Insurance Company of Virginia, Inc.	VA	IA	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	Other		Robert Kocher	NO	1
			85-2434574				Devoted Medical Group, PC	FL	NIA	Robert Kocher	Ownership	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	
4924	Devoted Health Group	17209	87-3970041				Devoted Health Insurance Company of Texas	TX	IA	Devoted Health Holdco, LLC	Ownership	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	
4924	Devoted Health Group	17247	87-4346278				Devoted Health Insurance Company of Illinois, Inc.	IL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17226	86-3255502				Devoted Health Plan of North Carolina, Inc.	NC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-4752280				My Enrollment Helper, 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.														

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?.....	NO
August Filing	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.....	N/A

EXPLANATION:

1.
2.

BARCODES:

1.

16758202236500001
2.

OVERFLOW PAGE FOR WRITE-INS

(SI-01) Schedule A - Verification - Real Estate

NONE

(SI-01) Schedule B - Verification - Mortgage Loans

NONE

(SI-01) Schedule BA - Verification - Other Long-Term Invested Assets

NONE

(SI-01) Schedule D - Verification - Bonds and Stocks

NONE

(SI-02) Schedule D - Part 1B

NONE

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents

NONE

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

(E-03) Schedule BA - Part 2

NONE

(E-03) Schedule BA - Part 3

NONE

(E-04) Schedule D - Part 3

NONE

(E-05) Schedule D - Part 4

NONE

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economice Impact of The Hedge

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Silicon Valley Bank CD Maturity Date 01/15/2023 – Santa Clara, CA	SD	0.100	99		400,000	400,000	400,000	XXX
Silicon Valley Bank – Santa Clara, CA					15,032,202	16,855,351	16,300,611	XXX
0199998 – Deposits in 1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories							16,002	XXX
0199999 – Total Open Depositories			99		15,432,202	17,255,351	16,716,613	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit			99		15,432,202	17,255,351	16,716,613	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total			99		15,432,202	17,255,351	16,716,613	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
8609999999 – Total Cash Equivalents.....								

NONE