



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Sidecar Health Insurance Company**

Sidecar Health Insurance Company

(Name)

NAIC Group Code 00000 (Current Period) , 00000 (Prior Period) NAIC Company Code 17104 Employer's ID Number 86-2011787

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

Country of Domicile _____ United States _____

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

Incorporated/Organized 02/25/2021 Commenced Business 09/30/2021

Main Administrative Office 2381 Rosecrans Ave Ste 400
(Street and Number)

El Segundo, CA, US 90245
(City or Town, State, County and Zip Code) +44-600-2013
(Area Code) (Telephone Number)

Mail Address **2311 Rosecane Ave Ste 400**,
(Street Number and P.O. Box)

Primary Location of Books and Records _____ 2381 Rosecrans Ave Ste 400
(Street and Number)

El Segundo, CA, 90245, 424-666-2815
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address _____ N/A
Statutory Statement Contact _____ Andrea Sherry _____ 716-517-6457

scbony@SidecarHealth.com (Name) (Area Code) (Telephone Number) (Extension)
866-470-3500

CONTENTS

| OFFICERS | | | |
|-----------------|---|---------------|---------------------------------------|
| Name | Title | Name | Title |
| Patrick Quigley | President & Chief Executive Officer General Counsel and Chief Risk Officer | Andrea Sherry | Treasurer & Vice President of Finance |
| Monica Auciello | | | |

OTHER OFFICERS

Doug Lynch, Chief Actuary, Veronica Osetinsky, Chief Operating Officer

DIRECTORS OR TRUSTEES

State of _____

ss

County of _____

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

| | | |
|---|--|---|
| Patrick Quigley President & Chief Executive Officer | Andrea Sherry Treasurer & Vice President of Finance | Monica Auciello General Counsel and Chief Risk Officer |
| a. Is this an original filing? Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | | |
| b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached | | |



SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

| NAIC Group Code | REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company | BUSINESS IN THE STATE OF Ohio | 2. LOCATION One Columbus, Suite 495, 10 West Broad Street | | | | | | | | DURING THE YEAR 2022 | NAIC Company Code 17104 | 14 | 15 | | | |
|-----------------|--|----------------------------------|--|-------------------------|------------|-------------------------|-------------------------|------------------|----------------|-------------------------|--|--|--|---------------------------------|--------------------|--------------------|--|
| | | | Business Subject to MLR | | | 9 | | 10 | | 11 | | 12 | | Subtotal (Cols 1 thru 12) | | | |
| | | | Comprehensive Health Coverage | | | Mini-Med Plans | | Expatriate Plans | | Student Health Plans | | Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 14 | 15 | |
| | | Individual | Small Group Employer | Large Group Employer | Individual | Small Group Employer | Large Group Employer | Small Group | Large Group | Student Health Plans | Government Business (excluded by statute) | Other Health Business | Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA | Subtotal (Cols 1 thru 12) | Uninsured Plans | Total (13 + 14) | |
| 1. | Premium: | | | | | | | | | | | | | | | | |
| 1.1 | Health premiums earned (From Part 2, Line 1.11)..... | 443,898 | 0 | 1,368,177 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,812,074 | XXX..... | 1,812,074 | |
| 1.2 | Federal high risk pools..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 1.3 | State high risk pools..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 1.4 | Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)..... | 443,898 | 0 | 1,368,177 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,812,074 | XXX..... | 1,812,074 | |
| 1.5 | Federal taxes and federal assessments..... | 737 | | | | | | | | | | | | 737 | | | |
| 1.6 | State insurance, premium and other taxes (Similar local taxes of \$) | 274 | | 327 | | | | | | | | | | 601 | | 601 | |
| 1.6a | Community Benefit Expenditures (informational only)..... | | | | | | | | | | | | | 0 | | 0 | |
| 1.7 | Regulatory authority licenses and fees..... | 17,553 | | 20,995 | | | | | | | | | | 38,548 | | 38,548 | |
| 1.8 | Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)..... | 425,334 | 0 | 1,346,855 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,772,188 | XXX..... | 1,772,188 | |
| 1.9 | Net assumed less ceded reinsurance premiums earned..... | (199,444) | 0 | (240,580) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (440,024) | XXX..... | (440,024) | |
| 1.10 | Other adjustments due to MLR calculations – Premiums..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 1.11 | Risk revenue..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 1.12 | Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)..... | 225,890 | 0 | 1,106,274 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,332,164 | XXX..... | 1,332,164 | |
| 2. | Claims: | | | | | | | | | | | | | | | | |
| 2.1 | Incurred claims excluding prescription drugs..... | 628,797 | | 1,168,701 | | | | | | | | | | 1,797,498 | XXX..... | 1,797,498 | |
| 2.2 | Prescription drugs..... | 175,346 | | 322,170 | | | | | | | | | | 497,516 | XXX..... | 497,516 | |
| 2.3 | Pharmaceutical rebates..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 2.4 | State stop loss, market stabilization and claim/census based assessments (informational only)..... | | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 3. | Incurred medical incentive pools and bonuses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | 0 | |
| 4. | Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)..... | | | | | | | | | | | | | 0 | | 0 | |
| 5. | Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)..... | 804,143 | 0 | 1,490,871 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,295,014 | XXX..... | 2,295,014 | |
| 5.1 | Net assumed less ceded reinsurance claims incurred..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | 0 | |
| 5.2 | Other adjustments due to MLR calculations – Claims..... | 31,121 | | 800,340 | | | | | | | | | | 831,461 | XXX..... | 831,461 | |
| 5.3 | Rebates paid..... | 0 | | | | | | | | | | | | 0 | XXX..... | 0 | |
| 5.4 | Estimated rebates unpaid prior year..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | 0 | |
| 5.5 | Estimated rebates unpaid current year..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | 0 | |
| 5.6 | Fee for service and co-pay revenue..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | 0 | |
| 5.7 | Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)..... | 835,264 | 0 | 2,291,211 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,126,475 | XXX..... | 3,126,475 | |
| 6. | Improving Health Care Quality Expenses Incurred: | | | | | | | | | | | | | | | | |
| 6.1 | Improve Health Outcomes..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 6.2 | Activities to prevent hospital readmissions..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 6.3 | Improve patient safety and reduce medical errors..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 6.4 | Wellness and health promotion activities..... | 1,800 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,800 | | 1,800 | |
| 6.5 | Health Information Technology expenses related to health improvement..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 6.6 | Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)..... | 1,800 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,800 | 0 | 1,800 | |
| 7. | Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8..... | 1,895 | 0.000 | 1,107 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | XXX..... | XXX..... | XXX..... | |
| 8. | Claims Adjustment Expenses: | | | | | | | | | | | | | | | | |
| 8.1 | Cost containment expenses not included in quality of care expenses in Line 6.6..... | 29,484 | 0 | 16,516 | | | | | | | | | | 46,000 | | 46,000 | |
| 8.2 | All other claims adjustment expenses..... | 202,632 | 0 | 113,507 | 0 | | | | | | | | | 316,139 | | 316,139 | |
| 8.3 | Total claims adjustment expenses (Lines 8.1 + 8.2)..... | 232,116 | 0 | 130,023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 362,139 | 0 | 362,139 | |
| 9. | Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)..... | 0.546 | 0.000 | 0.097 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | XXX..... | XXX..... | XXX..... | |

SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes— See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company

2. LOCATION One Columbus, Suite 495, 10 West Broad Street

| | NAIC Group Code 00000 | BUSINESS IN THE STATE OF Ohio | Business Subject to MLR | | | | | | | | DURING THE YEAR | | 2022 | | NAIC Company Code 17104 | 13 | 14 | 15 |
|--------------------------|---|-------------------------------|-------------------------------|---------------------------|---------------------------|-----------------|---------------------------|---------------------------|------------------|------------------|----------------------|---|-----------------------|--|-------------------------|-----|-------------|-------------|
| | | | Comprehensive Health Coverage | | | Mini-med Plans | | Expatriate Plans | | 9 | 10 | 11 | 12 | | | | | |
| | | | 1 Individual | 2 Small Group Employer | 3 Large Group Employer | 4 Individual | 5 Small Group Employer | 6 Large Group Employer | 7 Small Group | 8 Large Group | Student Health Plans | Government Business (excluded by statute) | Other Health Business | Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA | | | | |
| 10. | General and Administrative (G&A) Expenses: | | | | | | | | | | | | | | | | | |
| 10.1. | Direct sales salaries and benefits | 0 | | 242 | | | | | | | | | | | 242 | | | 242 |
| 10.2. | Agents and brokers fees and commissions | 28,456 | | 47,476 | | | | | | | | | | | 75,932 | | | 75,932 |
| 10.3. | Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below) | 0 | | 0 | | | | | | | | | | | 0 | | | 0 |
| 10.4. | Other general and administrative expenses | 1,010,335 | | 612,537 | | | | | | | | | | | 1,622,872 | | | 1,622,872 |
| 10.4a. | Community Benefit Expenditures (informational only) | 3,643 | | 4,357 | | | | | | | | | | | 8,000 | | | 8,000 |
| 10.5. | Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4) | 1,038,791 | 0 | 660,255 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,699,046 | 0 | | 0 | 1,699,046 |
| 11. | Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5) | (1,682,081) | 0 | (1,975,215) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (3,857,296) | XXX | | (3,857,296) | |
| 12. | Income from Fees of Uninsured Plans | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 | |
| 13. | Net Investment and Other Gain/(Loss) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 85,232 | XXX | | 85,232 |
| 14. | Federal Income Taxes (excluding taxes on Line 1.5 above) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 0 |
| 15. | Net Gain or (Loss) (Lines 11 + 12 + 13 – 14) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | (3,772,064) | XXX | | (3,772,064) |
| 16. | ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4) | | | | | | | | | | | | | | 0 | | | 0 |
| 16a. | ICD-10 Implementation Expenses (informational only; already included in Line 10.4) | | | | | | | | | | | | | | 0 | | | 0 |
| OTHER INDICATORS: | | | | | | | | | | | | | | | | | | |
| 1. | Number of Certificates/Policies | 263 | 0 | 884 | | | | | | | | | | | 1,147 | | | 1,147 |
| 2. | Number of Covered Lives | 261 | 0 | 1,214 | | | | | | | | | | | 1,475 | | | 1,475 |
| 3. | Number of Groups | XXX | 0 | 14 | XXX | | | | | | | | | | 14 | | | 14 |
| 4. | Member Months | 2,946 | 0 | 3,451 | | | | | | | | | | | 6,397 | | | 6,397 |

Is run-off business reported in Columns 1 through 9 or 12? Yes No

If yes, show the amount of premiums and claims included: Premiums \$ _____ Claims \$ _____

216-1.OH

| AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES | | | | | | | | |
|--|---|---------------------------------|-------------------------------|---------------------------------|-----|--|--|--|
| | Current Year | | Prior Year | | | | | |
| | Comprehensive Health Coverage | | Comprehensive Health Coverage | | | | | |
| | 1 Individual Plans | 2 Small Group Employer Plans | 3 Individual Plans | 4 Small Group Employer Plans | | | | |
| ACA Receivables and Payables | | | | | | | | |
| 1. | Permanent ACA Risk Adjustment Program | | | | | | | |
| 1.0. | Premium adjustments receivable/(payable) | (700,020) | | 0 | 0 | | | |
| 2. | Transitional ACA Reinsurance Program | | | | | | | |
| 2.0. | Total amounts recoverable for claims (paid & unpaid) | | XXX | 0 | XXX | | | |
| 3. | Temporary ACA Risk Corridors Program | | | | | | | |
| 3.1. | Accrued retrospective premium | | | 0 | 0 | | | |
| 3.2. | Reserve for rate credits or policy experience refunds | | | 0 | 0 | | | |
| ACA Receipts and Payments | | | | | | | | |
| 4. | Permanent ACA Risk Adjustment Program | | | | | | | |
| 4.0. | Premium adjustments receipts/(payments) | | | 0 | 0 | | | |
| 5. | Transitional ACA Reinsurance Program | | | | | | | |
| 5.0. | Amounts received for claims | | XXX | 0 | XXX | | | |
| 6. | Temporary ACA Risk Corridors Program | | | | | | | |
| 6.1. | Retrospective premium received | | | 0 | 0 | | | |
| 6.2. | Rate credits or policy experience refunds paid | | | 0 | 0 | | | |

SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company

2. LOCATION One Columbus, Suite 495, 10 West Broad Street

| NAIC Group Code | 00000 | BUSINESS IN THE STATE OF | Ohio | DURING THE YEAR | | | | | | | | NAIC Company Code | 17104 | 13 | | | | | |
|-----------------|--|--------------------------|---------|-------------------------------|------------|----------------------|----------------------|------------|----------------------|----------------------|-------------|-------------------|----------------------|---|-----------------------|--|--|--|--|
| | | | | 2022 | | | | | | | | | | | | | | | |
| | | | | Business Subject to MLR | | | 9 | | 10 | | | 11 | | 12 | | 13 | | | |
| | | | | Comprehensive Health Coverage | Individual | Small Group Employer | Large Group Employer | Individual | Small Group Employer | Large Group Employer | Small Group | Large Group | Student Health Plans | Government Business (excluded by statute) | Other Health Business | Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA | | | |
| | | | | 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | | | | Total (a) | | | |
| 1. | Health Premiums Earned: | | | | | | | | | | | | | | | | | | |
| | 1.1 Direct premiums written. | | 443,898 | | 0 | | 1,368,177 | | 0 | | 0 | | 0 | | | 1,812,074 | | | |
| | 1.2 Unearned premium prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 1.3 Unearned premium current year. | | | | | | | | | | | | | | | 0 | | | |
| | 1.4 Change in unearned premium (Lines 1.2 – 1.3). | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 1.5 Paid rate credits. | | | | | | | | | | | | | | | 0 | | | |
| | 1.6 Reserve for rate credits current year. | | | | | | | | | | | | | | | 0 | | | |
| | 1.7 Reserve for rate credits prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 1.8 Change in reserve for rate credits (Lines 1.6 – 1.7). | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 1.9 Premium balances written off. | | | | | | | | | | | | | | | 0 | | | |
| | 1.10 Group conversion charges. | | | | | | | | | | | | | | | 0 | | | |
| | 1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10). | | 443,898 | | 0 | | 1,368,177 | | 0 | | 0 | | 0 | | | 1,812,074 | | | |
| | 1.12 Assumed premiums earned from non-affiliates. | | | | | | | | | | | | | | | 0 | | | |
| | 1.13 Net assumed less ceded premiums earned from affiliates. | | | | | | | | | | | | | | | 0 | | | |
| | 1.14 Ceded premiums earned to non-affiliates. | | 199,444 | | | | 240,580 | | | | | | | | | 440,024 | | | |
| | 1.15 Other adjustments due to MLR calculation – Premiums. | | | | | | | | | | | | | | | 0 | | | |
| | 1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15) | | 244,454 | | 0 | | 1,127,596 | | 0 | | 0 | | 0 | | | 1,372,050 | | | |
| 2. | Direct Claims Incurred: | | | | | | | | | | | | | | | | | | |
| | 2.1 Paid claims during the year. | | 485,089 | | 0 | | 273,685 | | | | | | | | | 758,774 | | | |
| | 2.2 Direct claim liability current year. | | 322,667 | | 0 | | 1,221,163 | | | | | | | | | 1,543,830 | | | |
| | 2.3 Direct claim liability prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.4 Direct claim reserves current year. | | | | | | | | | | | | | | | 0 | | | |
| | 2.5 Direct claim reserves prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.6 Direct contract reserves current year. | | | | | | | | | | | | | | | 0 | | | |
| | 2.7 Direct contract reserves prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.8 Paid rate credits. | | | | | | | | | | | | | | | 0 | | | |
| | 2.9 Reserve for rate credits current year. | | | | | | | | | | | | | | | 0 | | | |
| | 2.10 Reserve for rate credits prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c). | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.11a Paid medical incentive pools and bonuses current year. | | | | | | | | | | | | | | | 0 | | | |
| | 2.11b Accrued medical incentive pools and bonuses current year. | | | | | | | | | | | | | | | 0 | | | |
| | 2.11c Accrued medical incentive pools and bonuses prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.12 Net healthcare receivables (Lines 2.12a – 2.12b). | | 3,613 | | 0 | | 3,977 | | 0 | | 0 | | 0 | | | 7,590 | | | |
| | 2.12a Healthcare receivables current year. | | 3,613 | | | | 3,977 | | | | | | | | | 7,590 | | | |
| | 2.12b Healthcare receivables prior year. | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | | 0 | | | |
| | 2.13 Group conversion charge. | | | | | | | | | | | | | | | 0 | | | |
| | 2.14 Multi-option coverage blended rate adjustment. | | | | | | | | | | | | | | | 0 | | | |
| | 2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 - 2.12 + 2.13 + 2.14). | | 804,143 | | 0 | | 1,490,871 | | 0 | | 0 | | 0 | | | 2,295,014 | | | |
| | 2.16 Assumed incurred claims from non-affiliates. | | | | | | | | | | | | | | | 0 | | | |
| | 2.17 Net assumed less ceded incurred claims from affiliates. | | | | | | | | | | | | | | | 0 | | | |
| | 2.18 Ceded incurred claims to non-affiliates. | | | | | | | | | | | | | | | 0 | | | |
| | 2.19 Other adjustments due to MLR calculation – Claims. | | 31,121 | | 0 | | 800,340 | | | | | | | | | 831,461 | | | |
| | 2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19) | | 835,264 | | 0 | | 2,291,211 | | 0 | | 0 | | 0 | | | 3,126,475 | | | |
| 3. | Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (Informational only) | | | | | | | | | | | | | | | 0 | | | |

(a) Column 13, Line 1.1 includes direct written premium of \$ _____ for stand-alone dental and \$ _____ for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company

2. LOCATION One Columbus, Suite 495, 10 West Broad Street

| NAIC Group Code | 00000 | BUSINESS IN THE STATE OF | Ohio | DURING THE YEAR | | | | | | NAIC Company Code | 17104 | 9 | 10 |
|-----------------|--|--|------------------------------|--|---|---|-------------------|---------------------|---------------------------------|--------------------------------|----------------------------------|---------------------------------|-------------------------|
| | | | | Improving Health Care Quality Expenses | | | | | | | | | |
| | | All Expenses | 1 Improve Health Outcomes | 2 Activities to Prevent Hospital Readmissions | 3 Improve Patient Safety and Reduce Medical Errors | 4 Wellness & Health Promotion Activities | 5 HIT Expenses | 6 Total (1 to 5) | 7 Claims Adjustment Expenses | 8 Cost Containment Expenses | Other Claims Adjustment Expenses | General Administrative Expenses | Total Expenses (6 to 9) |
| 1. | Individual Comprehensive Coverage Expenses: | | | | | | | | | | | | |
| | 1.1 | Salaries (including \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 1.2 | Outsourced services..... | | | | | | | | 0 | | | 0 |
| | 1.3 | EDP equipment and software (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 1.4 | Other equipment (excl. EDP) (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 1.5 | Accreditation and certification (incl \$ for affiliated services)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | | | 0 |
| | 1.6 | Other expenses (incl \$ for affiliated services)..... | | | | | | 1,800 | | 1,800 | | | 1,800 |
| | 1.7 | Subtotal before reimbursements and taxes (1.1 to 1.6)..... | | 0 | 0 | 0 | 1,800 | | 0 | 1,800 | | 0 | 1,800 |
| | 1.8 | Reimbursements by uninsured plans and fiscal intermediaries..... | | | | | | | | 0 | | | 0 |
| | 1.9 | Taxes, licenses and fees (in total, for tying purposes)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | XXX..... | XXX..... | | | 0 |
| | 1.10 | Total (1.7 to 1.9)..... | | 0 | 0 | 0 | 1,800 | | 0 | 1,800 | | 0 | 1,800 |
| | 1.11 | Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)..... | | | | | | | | 0 | | | 0 |
| 2. | Small Group Comprehensive Coverage Expenses: | | | | | | | | | | | | |
| | 2.1 | Salaries (including \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 2.2 | Outsourced Services..... | | | | | | | | 0 | | | 0 |
| | 2.3 | EDP equipment and software (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 2.4 | Other equipment (excl. EDP) (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 2.5 | Accreditation and certification (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 2.6 | Other expenses (incl \$ for affiliated services)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | | | 0 |
| | 2.7 | Subtotal before reimbursements and taxes (2.1 to 2.6)..... | | 0 | 0 | 0 | 0 | | | 0 | | | 0 |
| | 2.8 | Reimbursements by uninsured plans and fiscal intermediaries..... | | | | | | | | 0 | | | 0 |
| | 2.9 | Taxes, licenses and fees (in total, for tying purposes)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | XXX..... | XXX..... | | | 0 |
| | 2.10 | Total (2.7 to 2.9)..... | | 0 | 0 | 0 | 0 | | 0 | 0 | | | 0 |
| | 2.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)..... | | | | | | | | 0 | | | 0 |
| 3. | Large Group Comprehensive Coverage Expenses: | | | | | | | | | | | | |
| | 3.1 | Salaries (including \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 3.2 | Outsourced services..... | | | | | | | | 0 | | | 0 |
| | 3.3 | EDP equipment and software (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 3.4 | Other equipment (excl. EDP) (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 3.5 | Accreditation and certification (incl \$ for affiliated services)..... | | | | | | | | 0 | | | 0 |
| | 3.6 | Other expenses (incl \$ for affiliated services)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | | 0 | | | 0 |
| | 3.7 | Subtotal before reimbursements and taxes (3.1 to 3.6)..... | | 0 | 0 | 0 | 0 | | | 0 | | | 0 |
| | 3.8 | Reimbursements by uninsured plans and fiscal intermediaries..... | | | | | | | | 0 | | | 0 |
| | 3.9 | Taxes, licenses and fees (in total, for tying purposes)..... | | XXX..... | XXX..... | XXX..... | XXX..... | | XXX..... | XXX..... | | | 0 |
| | 3.10 | Total (3.7 to 3.9)..... | | 0 | 0 | 0 | 0 | | 0 | 0 | | | 0 |
| | 3.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)..... | | | | | | | | 0 | | | 0 |

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SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company

2. LOCATION One Columbus, Suite 495, 10 West Broad Street

| NAIC Group Code | 00000 | BUSINESS IN THE STATE OF | Ohio | DURING THE YEAR | | | | | | | NAIC Company Code | 17104 | 9 | 10 |
|-----------------|--|--------------------------|------|-------------------------|---|--|--|--------------|----------------|---------------------------|----------------------------------|---------------------------------|-----|-------------------------|
| | | | | 1 | 2 | Improving Health Care Quality Expenses | | | 5 | 6 | | | | |
| | | All Expenses | | Improve Health Outcomes | Activities to Prevent Hospital Readmissions | 3 Improve Patient Safety and Reduce Medical Errors | 4 Wellness & Health Promotion Activities | HIT Expenses | Total (1 to 5) | Cost Containment Expenses | Other Claims Adjustment Expenses | General Administrative Expenses | | Total Expenses (6 to 9) |
| 4. | Individual Mini-Med Plans Expenses | | | | | | | | | | | | | |
| | 4.1 Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 4.2 Outsourced services | | | | | | | | | 0 | | | | 0 |
| | 4.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 4.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 4.5 Accreditation and certification (incl \$ for affiliated services) | | | XXX | | XXX | | XXX | | 0 | | | | 0 |
| | 4.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 4.7 Subtotal before reimbursements and taxes (4.1 to 4.6) | | | 0 | 0 | 0 | | 0 | | 0 | 0 | | 0 | 0 |
| | 4.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| | 4.9 Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | 0 |
| | 4.10 Total (4.7 to 4.9) | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | 4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |
| 5. | Small Group Mini-Med Plans Expenses | | | | | | | | | | | | | |
| | 5.1 Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 5.2 Outsourced services | | | | | | | | | 0 | | | | 0 |
| | 5.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 5.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 5.5 Accreditation and certification (incl \$ for affiliated services) | | | XXX | | XXX | | XXX | | 0 | | | | 0 |
| | 5.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 5.7 Subtotal before reimbursements and taxes (5.1 to 5.6) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| | 5.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| | 5.9 Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | 0 |
| | 5.10 Total (5.7 to 5.9) | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | 5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |
| 6. | Large Group Mini-Med Plans Expenses | | | | | | | | | | | | | |
| | 6.1 Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 6.2 Outsourced services | | | | | | | | | 0 | | | | 0 |
| | 6.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 6.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 6.5 Accreditation and certification (incl \$ for affiliated services) | | | XXX | | XXX | | XXX | | 0 | | | | 0 |
| | 6.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| | 6.7 Subtotal before reimbursements and taxes (6.1 to 6.6) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| | 6.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| | 6.9 Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | 0 |
| | 6.10 Total (6.7 to 6.9) | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | 6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |

216-3.OH

SUPPLEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company

2. LOCATION One Columbus, Suite 495, 10 West Broad Street

| NAIC Group Code | 00000 | BUSINESS IN THE STATE OF | Ohio | DURING THE YEAR | | | | | | | NAIC Company Code | 17104 | 9 | 10 |
|--|---|--------------------------|------|----------------------------|--|--|---|--------------|---|----------------------------|-------------------|-------|-----|----|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | Total (1 to 5) | | | | |
| Improving Health Care Quality Expenses | | | | | | | | | | | | | | |
| | | All Expenses | | Improve Health Outcomes | Activities to Prevent Hospital Readmissions | Improve Patient Safety and Reduce Medical Errors | Wellness & Health Promotion Activities | HIT Expenses | | Claims Adjustment Expenses | | | | |
| 7. | Small Group Expatriate Plans Expenses | | | | | | | | | 0 | | | | |
| 7.1 | Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 7.2 | Outsourced services | | | | | | | | | 0 | | | | 0 |
| 7.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 7.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 7.5 | Accreditation and certification (incl \$ for affiliated services) | | | XXX | XXX | XXX | XXX | XXX | | 0 | | | | 0 |
| 7.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 7.7 | Subtotal before reimbursements and taxes (7.1 to 7.6) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 7.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| 7.9 | Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | | XXX | XXX | | XXX | 0 |
| 7.10 | Total (7.7 to 7.9) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 7.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |
| 8. | Large Group Expatriate Plans Expenses | | | | | | | | | 0 | | | | |
| 8.1 | Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 8.2 | Outsourced services | | | | | | | | | 0 | | | | 0 |
| 8.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 8.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 8.5 | Accreditation and certification (incl \$ for affiliated services) | | | XXX | XXX | XXX | XXX | XXX | | 0 | | | | 0 |
| 8.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 8.7 | Subtotal before reimbursements and taxes (8.1 to 8.6) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 8.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| 8.9 | Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | | XXX | XXX | | XXX | 0 |
| 8.10 | Total (8.7 to 8.9) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 8.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |
| 9. | Student Health Plans Expenses | | | | | | | | | 0 | | | | |
| 9.1 | Salaries (including \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 9.2 | Outsourced services | | | | | | | | | 0 | | | | 0 |
| 9.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 9.4 | Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 9.5 | Accreditation and certification (incl \$ for affiliated services) | | | XXX | XXX | XXX | XXX | XXX | | 0 | | | | 0 |
| 9.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | 0 | | | | 0 |
| 9.7 | Subtotal before reimbursements and taxes (9.1 to 9.6) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 9.8 | Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | 0 | | | | 0 |
| 9.9 | Taxes, licenses and fees (in total, for tying purposes) | | | XXX | XXX | XXX | XXX | XXX | | XXX | XXX | | XXX | 0 |
| 9.10 | Total (9.7 to 9.9) | | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 |
| 9.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | 0 | | | | 0 |