



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE

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 [ X ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

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

Statutory Home Office One Columbus, Suite 495, 10 West Broad Street , Columbus, OH, US 43215  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2381 Rosecrans Ave Ste 400  
(Street and Number)  
El Segundo, CA, US 90245 424-666-2815  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2381 Rosecrans Ave Ste 400 , El Segundo, CA, US 90245  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2381 Rosecrans Ave Ste 400  
(Street and Number)  
El Segundo, CA, US 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  
(Name) (Area Code) (Telephone Number) (Extension)  
asherry@SidecarHealth.com 866-429-2596  
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER OFFICERS

Doug Lynch	Chief Actuary	Veronica Osetinsky	Chief Operating Officer

DIRECTORS OR TRUSTEES

Monica Auciello	Jennifer Kent	Molly Bonakdarpour	Patrick Quigley
Stuart Battersby			

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

Subscribed and sworn to before me this  
day of ,

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



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](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		DURING THE YEAR		2022		NAIC Company Code		17104						
		Business Subject to MLR			9		10		11		12		13		14		15	
		Comprehensive Health Coverage																
		1	2	3	4	5	6	7	8	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	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	1,812,074	.XXX			1,812,074	
1.5	Federal taxes and federal assessments	737											737				737	
1.6	State insurance, premium and other taxes (Similar local taxes of \$ )	274		327														
	1.6a Community Benefit Expenditures (informational only)												.601				.601	
1.7	Regulatory authority licenses and fees	17,553		20,995									.0				.0	
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	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	(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	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	.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	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	.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	.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	.XXX			.0	
5.6	Fee for service and co-pay revenue												.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	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	
6.2	Activities to prevent hospital readmissions	.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	
6.4	Wellness and health promotion activities	1,800	.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	
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	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	.XXX	.XXX	0.000	.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									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	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	.XXX	.XXX	0		.XXX	

216-1.OH

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](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		DURING THE YEAR		2022		NAIC Company Code		17104									
		Business Subject to MLR			9		10		11		12		13		14		15				
		Comprehensive Health Coverage			Mini-med Plans			Expatriate 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	2	3	4	5	6	7	8												
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans											
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				0	0	0					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	0	1,699,046	0	0	1,699,046			
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	(1,882,081)	0	(1,975,215)	0	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		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 [ X ] If yes, show the amount of premiums and claims included: Premiums \$ \_\_\_\_\_ Claims \$ \_\_\_\_\_

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AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
		Current Year		Prior Year
		Comprehensive Health Coverage		Comprehensive Health Coverage
		1	2	3
		Individual Plans	Small Group Employer Plans	Small Group Employer Plans
ACA Receivables and Payables				
1.	Permanent ACA Risk Adjustment Program			
1.0	Premium adjustments receivable/(payable)	(700,020)		0
2.	Transitional ACA Reinsurance Program			
2.0	Total amounts recoverable for claims (paid & unpaid)		XXX	0
3.	Temporary ACA Risk Corridors Program			
3.1	Accrued retrospective premium.....			0
3.2	Reserve for rate credits or policy experience refunds			0
ACA Receipts and Payments				
4.	Permanent ACA Risk Adjustment Program			
4.0	Premium adjustments receipts/(payments)			0
5.	Transitional ACA Reinsurance Program			
5.0	Amounts received for claims		XXX	0
6.	Temporary ACA Risk Corridors Program			
6.1	Retrospective premium received .....			0
6.2	Rate credits or policy experience refunds paid			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 2022

NAIC Company Code 17104

		Business Subject to MLR									9			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written	443,898		1,368,177										1,812,074
	1.2 Unearned premium prior year	0	0	0	0	0	0	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	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	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	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	0	0	0	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	0	0	0	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	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	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	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	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	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	0	0	0	0	0	0
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)	3,613	0	3,977	0	0	0	0	0	0	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	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	0	0	0	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	0	0	0	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.

216-2.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		2022		NAIC Company Code		17104	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9		10			
			1	2	3	4	5	6	7	8					
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	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)			
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	0	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	XXX	XXX		0			
	1.10	Total (1.7 to 1.9).....	0	0	0	1,800	0	1,800	0	0	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).....		XXX	XXX	XXX	XXX	0				0			
	2.6	Other expenses (incl \$ ..... for affiliated services).....						0				0			
	2.7	Subtotal before reimbursements and taxes (2.1 to 2.6).....	0	0	0	0	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	XXX	XXX		0			
	2.10	Total (2.7 to 2.9).....	0	0	0	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).....		XXX	XXX	XXX	XXX	0				0			
	3.6	Other expenses (incl \$ ..... for affiliated services).....						0				0			
	3.7	Subtotal before reimbursements and taxes (3.1 to 3.6).....	0	0	0	0	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	XXX	XXX		0			
	3.10	Total (3.7 to 3.9).....	0	0	0	0	0	0	0	0	0	0			
	3.11	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 (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		2022		NAIC Company Code		17104		
All Expenses		Improving Health Care Quality Expenses									Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8	General Administrative Expenses		Total Expenses (6 to 9)				
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses							
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	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				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				0			
4.10	Total (4.7 to 4.9)	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	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				0			
5.10	Total (5.7 to 5.9)	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	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				0			
6.10	Total (6.7 to 6.9)	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			

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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		2022		NAIC Company Code		17104	
All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8	General Administrative Expenses		Total Expenses (6 to 9)			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses						
7.	Small Group Expatriate Plans Expenses														
	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	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	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	XXX			0		
	7.10 Total (7.7 to 7.9)	0	0	0	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														
	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	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	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	XXX			0		
	8.10 Total (8.7 to 8.9)	0	0	0	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														
	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	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	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	XXX			0		
	9.10 Total (9.7 to 9.9)	0	0	0	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			

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