



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 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?
Incorporated/Organized 04/18/2019 Commenced Business 01/01/2021
Statutory Home Office 3700 Park East Drive Suite 450 Beachwood, OH, US 44122
Main Administrative Office 221 Crescent Street Suite 202
Waltham, MA, US 02453 860-916-9120
(Telephone)
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)
Internet Website Address www.devoted.com
Statutory Statement Contact Joseph Anthony Alfano 860-916-9120
(Telephone)
joseph.alfano@devoted.com 978-616-7824
(E-Mail) (Fax)

OFFICERS
Dariel Quintana, President and Chief Executive Officer Joseph Anthony Alfano#, Co-Chief Financial Officer
Lawrence Doran Henry#, 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	Lawrence Doran Henry 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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....	8,569	4,797	4,014	34,620	34,620	17,381
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	8,569	4,797	4,014	34,620	34,620	17,381

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
CVS Caremark	3,567,181			229,482	229,482	3,567,181
0199999 – Pharmaceutical Rebate Receivables	3,567,181			229,482	229,482	3,567,181
0299998 – Aggregate of Amounts Not Individually Listed	135,099	107,647	49,029	81,421	373,196	
0299999 – Claim Overpayment Receivables	135,099	107,647	49,029	81,421	373,196	
0399998 – Aggregate of Amounts Not Individually Listed				14,000	14,000	
0399999 – Loans and Advances to Providers				14,000	14,000	
Northern Ohio Medical Specialists	61,219	26,915	86,204	337,262	511,599	
0599998 – Aggregate of Amounts Not Individually Listed	12,114				12,114	
0599999 – Risk Sharing Receivables	73,333	26,915	86,204	337,262	523,713	
0699998 – Aggregate of Amounts Not Individually Listed	21					21
0699999 – Other Health Care Receivables	21					21
0799999 – Gross Health Care Receivables	3,775,634	134,562	135,233	662,165	1,140,391	3,567,202

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	1,343,611	3,164,954	53,510	3,743,153	1,397,121	1,402,079
2. Claim overpayment receivables	29,065	57,164	564	372,632	29,629	28,841
3. Loans and advances to providers			11,000	3,000	11,000	11,000
4. Capitation arrangement receivables						—
5. Risk sharing receivables				523,713		—
6. Other health care receivables	72	903		21	72	—
7. Totals (Lines 1 through 6)	1,372,748	3,223,021	65,074	4,642,519	1,437,822	1,441,920

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

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

Aging Analysis of Unpaid Claims

1	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	397,520					397,520
0199999 – Individually listed claims unpaid	397,520					397,520
0399999 – Aggregate accounts not individually listed-covered	16,480					16,480
0499999 – Subtotals	414,000					414,000
0599999 – Unreported claims and other claim reserves						6,113,281
0799999 – Total claims unpaid						6,527,281
0899999 – Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Devoted Medical Group, Inc.....	60,617					60,617	
0199999 – Individually listed receivables.....	60,617					60,617	
0399999 – Total gross amounts receivable.....	60,617					60,617	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Devoted Health Services, Inc.	Administrative services/other	1,198,784	1,198,784	
0199999 – Individually listed payable		1,198,784	1,198,784	
0399999 – Total gross payables		1,198,784	1,198,784	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	3,745,301	5.543	1,404	19.489		3,745,301
2. Intermediaries.....						
3. All other providers.....	1,720,626	2.546	5,800	80.511		1,720,626
4. Total capitation payments.....	5,465,927	8.089	7,204	100.000		5,465,927
Other Payments:						
5. Fee-for-service.....	1,474,902	2.183	XXX	XXX	1,474,902	
6. Contractual fee payments.....	60,543,808	89.597	XXX	XXX		60,543,808
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	89,136	0.132	XXX	XXX		89,136
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	62,107,846	91.911	XXX	XXX	1,474,902	60,632,944
13. Total (Line 4 plus Line 12).....	67,573,773	100.000 %	XXX	XXX	1,474,902	66,098,871

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Company Code: 16758

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	2,774							2,774						
2. First Quarter	6,635							6,635						
3. Second Quarter	6,839							6,839						
4. Third Quarter	6,973							6,973						
5. Current Year	7,204							7,204						
6. Current Year Member Months	82,000							82,000						
Total Member Ambulatory Encounters for Year:														
7. Physician	48,269							48,269						
8. Non-Physician	57,397							57,397						
9. Total	105,666							105,666						
10. Hospital Patient Days Incurred	8,404							8,404						
11. Number of Inpatient Admissions	1,372							1,372						
12. Health Premiums Written (b)	77,302,897							77,302,897						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	76,716,311							76,716,311						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	67,573,773							67,573,773						
18. Amount Incurred for Provision of Health Care Services	68,410,595							68,410,595						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 77,302,897

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

NAIC Company Code: 16758

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	2,774							2,774						
2. First Quarter	6,635							6,635						
3. Second Quarter	6,839							6,839						
4. Third Quarter	6,973							6,973						
5. Current Year	7,204							7,204						
6. Current Year Member Months	82,000							82,000						
Total Member Ambulatory Encounters for Year:														
7. Physician	48,269							48,269						
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14. Property/Casualty Premiums Written														
15. Health Premiums Earned	76,716,311							76,716,311						
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17. Amount Paid for Provision of Health Care Services	67,573,773							67,573,773						
18. Amount Incurred for Provision of Health Care Services	68,410,595							68,410,595						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 77,302,897

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
60410	73-0714500	01/01/2021	American Fidelity Assurance Company	OK	ASL/I	MR	(43)						
60410	73-0714500	01/01/2022	American Fidelity Assurance Company	OK	ASL/I	MR	457,572						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							457,529						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							457,529						
1199999 – Total General Account Authorized							457,529						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							457,529						
9199999 – Total U.S.							457,529						
9999999 – Total (Sum of 4599999 and 9099999)							457,529						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2022	2021	2020	2019	2018
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	458	202			
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....	97	1			
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....		1			
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	21,619,467		21,619,467
2	Accident and health premiums due and unpaid (Line 15)	1,164,376		1,164,376
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance	XXX		
5	All other admitted assets (Balance)	4,128,122		4,128,122
6	Total assets (Line 28)	26,911,965		26,911,965
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)	6,527,281		6,527,281
8	Accrued medical incentive pool and bonus payments (Line 2)			
9	Premiums received in advance (Line 8)	2,582		2,582
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	6,663,339		6,663,339
15	Total liabilities (Line 24)	13,193,202		13,193,202
16	Total capital and surplus (Line 33)	13,718,763	XXX	13,718,763
17	Total liabilities, capital and surplus (Line 34)	26,911,965		26,911,965
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses		XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables		XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	US Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

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	
4924	Devoted Health Group	17277	87-1310756				Devoted Health Plan of Oregon, Inc.	OR	IA	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	
4924	Devoted Health Group	17263	87-1933443				Devoted Health Plan of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17262	87-1953361				Devoted Health Insurance Company of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17389	87-2668875				Devoted Health Plan of Missouri, Inc.	MO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17278	87-2877488				Devoted Health Plan of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17279	87-2895102				Devoted Health Insurance Company of Colorado, Inc.	CO	IA	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)	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	
			88-2316062				Devoted Medical Group, PC (CA)	CA	NIA	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
			88-1747609				Devoted Health Plan of New York, Inc.	NY	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-2201745				Devoted Health Plan of Michigan, Inc.	MI	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3683017				Devoted Health Insurance Company of Missouri, Inc.	MO	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3278426				Devoted Health Plan of Georgia, Inc.	GA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3665767				Devoted Health Plan of Indiana, Inc.	IN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3483269				Devoted Health Plan of Mississippi, Inc.	MS	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			92-0608691				Devoted Medical PA, PC (PA)	PA	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	
			92-0943990				Devoted Medical NC, PC (NC)	NC	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	
Asterisk	Explanation														
1	Robert Kocher is the sole member.														
2	Devoted Health Holdco, LLC is the sole corporate member.														

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000.....	37-1888690.....	Devoted Health Holdco, LLC.....		(186,162,500).....							(186,162,500).....	
00000.....	83-3135833.....	Devoted Health Services, Inc.....					133,204,270.....				133,204,270.....	
16358.....	82-3758085.....	Devoted Health Plan of Florida, Inc.....		20,000,000.....			(52,334,321).....				(32,334,321).....	
		Devoted Health Insurance										
16385.....	82-4278774.....	Company.....					(829,239).....				(829,239).....	
16487.....	61-1896982.....	Devoted Health Plan of Texas, Inc.....		29,000,000.....			(57,968,064).....				(28,968,064).....	
16758.....	83-4458231.....	Devoted Health Plan of Ohio, Inc.....		9,000,000.....			(12,255,867).....				(3,255,867).....	
		Devoted Health Plan of Arizona,										
16614.....	84-2257628.....	Inc.....		14,700,000.....			(14,553,238).....				146,762.....	
17010.....	84-4409284.....	Devoted Health Plan of Illinois, Inc.....		20,000,000.....			(9,381,585).....				10,618,415.....	
		Devoted Health Ins Co of Arizona,										
17083.....	87-1091038.....	Inc.....		1,150,000.....							1,150,000.....	
		Devoted Health Plan of Virginia,										
17201.....	87-1843205.....	Inc.....		610,000.....							610,000.....	
		Devoted Health Ins Co of Virginia,										
17210.....	87-1866361.....	Inc.....		4,600,000.....							4,600,000.....	
17209.....	87-3970041.....	Devoted Health Ins Co of Texas.....		10,500,000.....							10,500,000.....	
17217.....	87-1577096.....	Devoted Health Plan of Hawaii, Inc.....		2,000,000.....							2,000,000.....	
		Devoted Health Ins Co of Hawaii,										
17216.....	87-1729246.....	Inc.....		2,075,000.....							2,075,000.....	
		Devoted Health Plan of Alabama,										
17222.....	85-0979261.....	Inc.....		1,152,500.....							1,152,500.....	
		Devoted Health Ins Co of Alabama,										
17220.....	87-0958773.....	Inc.....		2,600,000.....							2,600,000.....	
		Devot Hlth Plan of South Carolina,										
17219.....	87-0839319.....	Inc.....		1,700,000.....							1,700,000.....	
		Devot Hlth Ins Co of South Carolina										
17218.....	87-0853289.....	Inc.....		2,000,000.....							2,000,000.....	
		Devot Hlth Plan of North Carolina,										
17226.....	86-3255502.....	Inc.....		17,350,000.....							17,350,000.....	
17247.....	87-4346278.....	Devoted Hlth Ins Co of Illinois, Inc.....		2,900,000.....							2,900,000.....	
		Devoted Hlth Plan of Pennsylvania,										
17188.....	86-1225656.....	Inc.....		15,000,000.....							15,000,000.....	
		Devot Hlth Ins Co of Pennsylvania,										
17187.....	86-3037982.....	Inc.....		12,000,000.....							12,000,000.....	
		Devoted Hlth Ins Co of Tennessee,										
17262.....	87-1953361.....	Inc.....		2,500,000.....							2,500,000.....	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
17263	87-1933443	Devoted Health Plan of Tennessee, Inc.		2,500,000							2,500,000	
17277	87-1310756	Devoted Health Plan of Oregon, Inc.		4,000,000							4,000,000	
17278	87-2877488	Devoted Health Plan of Colorado, Inc.		5,300,000							5,300,000	
17279	87-2895102	Devoted Health Ins Co of Colorado, Inc.		2,575,000							2,575,000	
17389	87-2668875	Devoted Health Plan of Missouri, Inc.		950,000							950,000	
00000	84-4609395	Devoted Medical Group of Texas, Inc.					5,152,873				5,152,873	
00000	85-2434574	Devoted Medical Group, PC (FL)					6,585,451				6,585,451	
00000	85-2128713	Devoted Medical Group, Inc.					1,491,378				1,491,378	
00000	87-1378553	Devoted Medical, PC					888,342				888,342	
9999999 – Control Totals				–			–		XXX		–	

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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













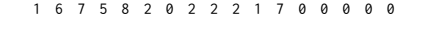
	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
April Filing	
5. Will Management’s Discussion and Analysis be filed by April 1?.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
June Filing	
8. Will an audited financial report be filed by June 1?.....	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES

SUPPLEMENTAL FILINGS

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

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO
17. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
April Filing	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	YES
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
August Filing	
24. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 3 6 0 0 0 0 0 0
11.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 0 5 0 0 0 0 0
12.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 4 2 0 0 0 0 0 0
13.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 3 7 1 0 0 0 0 0
14.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 3 7 0 0 0 0 0 0
15.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 3 6 5 0 0 0 0 0
16.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 2 4 0 0 0 0 0
17.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 2 5 0 0 0 0 0
18.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 2 6 0 0 0 0 0
19.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 3 0 6 0 0 0 0 0
20.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 1 1 0 0 0 0 0
21.		
22.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 1 7 0 0 0 0 0
23.		
24.	The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 2 2 2 3 0 0 0 0 0

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