



**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)

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  
Dariel Quintana  
President and Chief Executive Officer

X  
Lawrence Doran Henry  
Chief Operating Officer

X  
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:

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Caremark.....	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 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
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				523,713		—
5. Risk sharing receivables						—
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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
CVS Caremark	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 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
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 Affiliate	2 Description	3 Amount	4 Current	5 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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....	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
<b>Other Payments:</b>						
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 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....						
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						

**NONE**



## 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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
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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15. Health Premiums Earned.....	76,716,311							76,716,311						
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(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		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
60410	73-0714500...	01/01/2021	American Fidelity Assurance Company	OK	ASL/I	MR	(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
<b>A.</b>	<b>OPERATIONS ITEMS</b>					
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>B.</b>	<b>BALANCE SHEET ITEMS</b>					
6	Premiums receivable.....					
7	Claims payable.....					
8	Reinsurance recoverable on paid losses.....		1			
9	Experience rating refunds due or unpaid.....					
10	Commissions and reinsurance expense allowances due.....					
11	Unauthorized reinsurance offset.....					
12	Offset for reinsurance with Certified Reinsurers.....					
<b>C.</b>	<b>UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13	Funds deposited by and withheld from (F).....					
14	Letters of credit (L).....					
15	Trust agreements (T).....					
16	Other (O).....					
<b>D.</b>	<b>REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17	Multiple Beneficiary Trust.....					
18	Funds deposited by and withheld from (F).....					
19	Letters of credit (L).....					
20	Trust agreements (T).....					
21	Other (O).....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid.....		XXX	XXX
19 Accrued medical incentive pool.....		XXX	XXX
20 Premiums received in advance.....		XXX	XXX
21 Reinsurance recoverable on paid losses.....		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

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Totals						

NONE

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Devoted Health Plan of Florida, Inc.	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
Devoted Health Insurance Company	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
Devoted Health Plan of Texas, Inc.	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
Devoted Health Plan of Ohio, Inc.	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
Devoted Health Plan of Arizona, Inc.	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
Devoted Health Plan of Illinois, Inc.	Devoted Health Holdco, LLC	100.000 %	NO	Todd Park/Ed Park			%
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
<b>March Filing</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
<b>April Filing</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
<b>June Filing</b>		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

**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.

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

**SUPPLEMENTAL 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 3 7 0 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 4 0 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 5 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 2 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 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 3 0 0 0 0 0

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