



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
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.

Patrick Quigley Andrea Sherry Monica Auciello
President & Chief Executive Officer Treasurer & Vice President of Finance 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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

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	1,892	1,252		0		3,144
Group subscribers:						
Ash Construction.....	1,651					1,651
Creative World of Childcare Inc. (CWC).....	2,580					2,580
Diane Sauer Chevrolet.....	2,501					2,501
Mercer Residential Services, Inc.....			.80			.80
Middletown Hotel Management.....	7,539	28,053	42,163			77,756
Moore's Electrical and Mechanical Constr.....			.1			.1
Pro-Pak Industries.....	(2,448)					(2,448)
PSA 3 Agency on Aging Inc.....	(6,542)					(6,542)
Rego Manufacturing.....	5,053					5,053
Rensko Holdings (NLR TH LLC).....	(14,766)					(14,766)
RXP Agency.....	(280)					(280)
Upreach Group.....	(733)					(733)
Woda Cooper Personnel.....	3,894					3,894
0299997 Group subscriber subtotal	(1,552)	28,053	42,243	0	0	68,745
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	(1,552)	28,053	42,243	0	0	68,745
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)	340	29,305	42,243	0	0	71,889

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables		339,404		7,590	.0	
7. Totals (Lines 1 through 6)	0	339,404	0	7,590	0	0

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)

21

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

Exhibit 8 - Furniture, Equipment and Supplies Owned

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2022										NAIC Company Code 17104		
	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	0													
2 First Quarter	258	258												
3 Second Quarter	238	238												
4. Third Quarter	409	249	160											
5. Current Year	1,475	261	1,214											
6 Current Year Member Months	6,397	2,946	3,451											
Total Member Ambulatory Encounters for Year:														
7. Physician	1,853	875	978											
8. Non-Physician	407	291	116											
9. Total	2,260	1,166	1,094	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	38	29	9											
11. Number of Inpatient Admissions	25	17	8											
12. Health Premiums Written (b).....	1,812,074	443,898	1,368,177											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,841,607	443,898	1,397,709											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	751,184	481,476	269,708											
18. Amount Incurred for Provision of Health Care Services	2,295,014	804,143	1,490,871											

(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 \$

30.OH



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Sidecar Health Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2022							NAIC Company Code		17104
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 First Quarter	258	258	0	0	0	0	0	0	0	0	0	0	0	0
3 Second Quarter	238	238	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	409	249	160	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	1,475	261	1,214	0	0	0	0	0	0	0	0	0	0	0
6 Current Year Member Months	6,397	2,946	3,451	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	1,853	875	978	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	407	291	116	0	0	0	0	0	0	0	0	0	0	0
9. Total	2,260	1,166	1,094	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	38	29	9	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	25	17	8	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	1,812,074	443,898	1,368,177	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	1,841,607	443,898	1,397,709	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	751,184	481,476	269,708	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,295,014	804,143	1,490,871	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	440	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	.0	.0	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F) .....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O)	0	0	0	0	0

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)	9,570,596		9,570,596
2. Accident and health premiums due and unpaid (Line 15).....	71,889		71,889
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(35,216)	(35,216)
5. All other admitted assets (Balance).....	496,405		496,405
6. Total assets (Line 28)	10,138,890	(35,216)	10,103,675
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,543,830	0	1,543,830
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	502,872		502,872
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	2,387,426	(35,216)	2,352,211
15. Total liabilities (Line 24).....	4,434,129	(35,216)	4,398,913
16. Total capital and surplus (Line 33).....	5,704,762	XXX	5,704,762
17. Total liabilities, capital and surplus (Line 34)	10,138,890	(35,216)	10,103,675
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	35,216		
30. Total ceded reinsurance payables/offsets	35,216		
31. Total net credit for ceded reinsurance	(35,216)		

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						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

41

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 23.4% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater, and/or holding the right to appoint a director to the Board of SHI under the SHI voting agreement, filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H)

42

42

42

42

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Sidecar Health Insurance Company

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES 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.

MARCH FILING

Responses

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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

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?

.....YES.....
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.....

Explanation:

12.

Not Applicable - None
16.

Not Applicable - None
17.

Not Applicable - None
18.

Not Applicable - None

Bar code:

10.



17104202236059000

11.



17104202220559000

13.



17104202237100000

14.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17104202237000000

15. 17104202236500000

19. 17104202230600000

20. 17104202221100000

24. 17104202222230000

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