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QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Sidecar Health Insurance Company

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 (Street and Number), Columbus, OH, USA 43215 (City or Town, State, Country and Zip Code)

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

Mail Address 2381 Rosecrans Ave Ste 400 (Street and Number or P.O. Box), El Segundo, CA, USA 90245 (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, USA 90245 (City or Town, State, Country and Zip Code), 424-666-2815 (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact Andrea Sherry (Name), 716-517-6457 (Area Code) (Telephone Number) (Extension)

asherry@SidecarHealth.com (E-Mail Address), 866-429-2596 (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 & Compliance Officer		

OTHER OFFICERS

Doug Lynch	Chief Actuary	Veronica Osetinsky	Chief Operating Officer

DIRECTORS OR TRUSTEES

Monica Auciello	Jennifer Kent	Molly Bonakdarpour	Patrick Quigley
Peter Andruszkiewicz	James Parker		

State of .....

ss

County of .....

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

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

State of Texas County of Harris

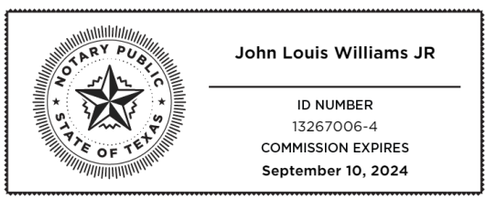
Subscribed and sworn to before me this 15th day of May, 2023 by Andrea Sherry.

John Louis Williams Jr.

Notary Public, State of Texas

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



Notarized online using audio-video communication

Jose Caraballo
Online Notary
05/15/2023
See attached certificate

FLORIDA ACKNOWLEDGMENT

State of Florida)
)
County of Miami)

On 05/15/2023 (*Date*) before me, Jose Caraballo (*Notary Name*), by means of

☐ Physical Presence **-- OR --**

☑ Online Notarization,

personally appeared Patrick Quigley
Name(s) of Signer(s)

☐ personally known to me **-- OR --**

☐ proved to me on the basis of the oath of _____ **-- OR --**
Name of Credible Witness

☑ proved to me on the basis of satisfactory evidence: DRIVER LICENSE
Type of ID Presented

to be the individual(s) whose name(s) is/are subscribed to the within instrument, & acknowledged to me that they executed the same in their authorized capacity(ies) and by proper authority, and that by their signature(s) on the instrument, the individual(s), or the person(s) or entity upon behalf of which they acted, executed the instrument for the purposes and consideration therein stated.

NOTARY PUBLIC • STATE OF FLORIDA •

JOSE CARABALLO
Notary Public - State of Florida
Commission # HH60912
Expires on November 5, 2024

WITNESS my hand and official seal.

Notary Public Signature: _____

Notary Name: Jose Caraballo

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Quarterly Statement

Document Date: 05/15/2023 Number of Pages (w/ certificate): 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer Title: _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator
☐ Other: _____

Signer Is Representing: _____

_____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer Title: _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian of Conservator
☐ Other: _____

Signer Is Representing: _____

_____

VIRGINIA JURAT

State of Virginia)
)
County of Roanoke)

On 05/15/2023 (*Date*), before me, Alexander Luis Marin (*Notary Name*),
the foregoing instrument was subscribed and sworn to before me by:

Monica Auciello
Name of Affiant(s)

❑ Personally known to me **-- OR --**

❑ Proved to me on the basis of the oath of _____ (*Name of Credible Witness*) **-- OR --**

☑ Proved to me on the basis of satisfactory evidence: Driver License (*Type of ID Presented*)

COMMONWEALTH OF VIRGINIA · ELECTRONIC NOTARY PUBLIC ·

Alexander Luis Marin

REGISTRATION NUMBER
7871785
COMMISSION EXPIRES
August 31, 2024

WITNESS my hand and official seal.

Notary Public Signature: Alexander Luis Marin

Notary Commission Number: 7871785

Notary Commission Expires: 08/31/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: QUARTERLY STATEMENT

Document Date: MARCH 31, 2023

Number of Pages (including notarial certificate): 3