



QUARTERLY STATEMENT

AS OF JUNE 30, 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				Columbus, OH, US 43215				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	2381 Rosecrans Ave Ste 400		El Segundo, CA, US 90245		424-666-2815				
	(Street and Number)		(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		El Segundo, CA, US 90245		424-666-2815				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
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

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 President & Chief Executive Officer	Andrea Sherry Treasurer & Vice President of Finance	Monica Auciello General Counsel and Chief Risk Officer
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [ X ] No [ ]
_____		b. If no:
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	5,972,220		5,972,220	6,469,093
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....3,431,423 ), cash equivalents (\$ .....2,316,275 ) and short-term investments (\$ .....0 ) .....	5,747,698		5,747,698	3,101,503
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	11,719,918	0	11,719,918	9,570,596
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	35,569		35,569	33,038
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	313,053		313,053	71,889
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	178,224		178,224	325,821
24. Health care (\$ ..... ) and other amounts receivable .....	893,498	196,115	697,383	137,546
25. Aggregate write-ins for other-than-invested assets .....	237,394	237,394	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	13,377,656	433,509	12,944,147	10,138,890
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	13,377,656	433,509	12,944,147	10,138,890
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	237,394	237,394	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	237,394	237,394	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	4,522,898		4,522,898	1,543,830
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	166,020		166,020	57,778
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	1,823,573		1,823,573	1,531,481
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	545,719		545,719	502,872
9. General expenses due or accrued .....	307,876		307,876	180,445
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....	317,474		317,474	35,216
12. Amounts withheld or retained for the account of others .....	628,305		628,305	119,239
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	696,759		696,759	463,268
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	9,008,626	0	9,008,626	4,434,129
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	3,000,000	3,000,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	7,000,000	7,000,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(6,064,479)	(4,295,238)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	3,935,521	5,704,762
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	12,944,147	10,138,890
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	22,882	1,459	6,397
2. Net premium income (including \$ non-health premium income).....	XXX	7,522,134	463,109	1,372,050
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	7,522,134	463,109	1,372,050
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....			0	0
10. Other professional services .....			0	0
11. Outside referrals .....		4,481,962	266,675	1,712,043
12. Emergency room and out-of-area .....		540,802	155	85,456
13. Prescription drugs .....		2,422,163	118,406	497,516
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			290,665	0
16. Subtotal (Lines 9 to 15) .....	0	7,444,927	675,901	2,295,014
<b>Less:</b>				
17. Net reinsurance recoveries .....		18,224	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	7,426,703	675,901	2,295,014
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 23,000 cost containment expenses.....		132,242	24,991	362,139
21. General administrative expenses.....		2,087,529	953,462	1,740,732
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(289,909)	0	831,461
23. Total underwriting deductions (Lines 18 through 22) .....	0	9,356,565	1,654,354	5,229,346
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(1,834,431)	(1,191,245)	(3,857,296)
25. Net investment income earned .....		74,568	31,344	85,232
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	74,568	31,344	85,232
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,759,863)	(1,159,902)	(3,772,064)
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,759,863)	(1,159,902)	(3,772,064)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	5,704,762	9,899,958	9,899,958
34. Net income or (loss) from Line 32 .....	(1,759,863)	(1,159,902)	(3,772,064)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		(28,993)	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(9,377)	0	(423,132)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	2,000,000
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	(2,000,000)
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,769,240)	(1,188,894)	(4,195,197)
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,935,521	8,711,064	5,704,762
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	7,881,381	366,120	3,274,179
2. Net investment income .....	81,166	13,957	105,639
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	7,962,547	380,077	3,379,819
5. Benefit and loss related payments .....	4,896,890	146,490	1,725,626
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,797,360	934,295	1,886,942
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	6,694,250	1,080,785	3,612,568
11. Net cash from operations (Line 4 minus Line 10) .....	1,268,297	(700,709)	(232,749)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	486,484	375,301	719,143
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	1,260	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	487,744	375,301	719,143
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	2,024,556	2,045,114
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	28,993	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	2,053,548	2,045,114
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	487,744	(1,678,248)	(1,325,971)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	890,155	65,687	(240,125)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	890,155	65,687	(240,125)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,646,195	(2,313,269)	(1,798,846)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,101,503	4,900,348	4,900,348
19.2 End of period (Line 18 plus Line 19.1) .....	5,747,698	2,587,079	3,101,503

STATEMENT AS OF JUNE 30, 2023 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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 .....	1,475	261	1,214	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	3,570	236	3,334	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	4,376	215	4,161	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	22,882	1,368	21,514											
Total Member Ambulatory Encounters for Period:														
7. Physician .....	5,369	310	5,059											
8. Non-Physician .....	1,765	158	1,607											
9. Total	7,134	468	6,666	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	234	13	221											
11. Number of Inpatient Admissions	104	4	100											
12. Health Premiums Written (a).....	7,522,134	(200,086)	7,722,220											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	7,522,134	(200,086)	7,722,220											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	4,465,859	209,007	4,256,852											
18. Amount Incurred for Provision of Health Care Services	7,444,927	120,188	7,324,739											

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

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	82,377	126,964	10,342	223,507	92,719	322,667
2. Comprehensive (hospital and medical) group .....	465,225	3,938,460	498,058	3,790,991	963,283	1,221,163
3. Medicare Supplement .....					.0	.0
4. Dental only .....					.0	.0
5. Vision only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	547,601	4,065,423	508,400	4,014,499	1,056,001	1,543,830
14. Health care receivables (a) .....	189	165,201			189	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....					.0	.0
17. Totals (Lines 13-14+15+16)	547,413	3,900,222	508,400	4,014,499	1,055,813	1,543,830

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

The footnotes to the 2022 annual statement should be read in conjunction with these quarterly statements. Only items of significance or that are substantially different from the annual statement are included in the quarterly statement notes to financial statements.

Sidecar Health Insurance Company (“The Company”) is dedicated to providing simple and transparent insurance options based on cash prices including launching a new Affordable Care Act (ACA) product line, starting with plans available in Ohio for Plan Year 2022. This new product meets all ACA requirements. Sidecar Health is a licensed insurer domiciled in Ohio. In the third quarter of 2022, the Company began writing in the large employer group line in addition to the individual market line.

1A. Accounting Practices

The Company prepares its statutory financial statements in conformity with accounting practices prescribed by the State of Ohio. The State of Ohio requires that insurance entities domiciled in Ohio prepare their statutory basis financial statements in accordance with the Statutory Accounting Principles as per the NAIC Accounting Practices and Procedures Manual (NAIC SAP).

	SSAP	F/S Page	F/S Line	YTD 2023	2022
NET INCOME (LOSS)					
(1) Sidecar Hlth Ins. Co state basis (Page 4, Line 32, Columns 2 & 3)				(\$1,759,863)	(\$3,772,064)
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP				0	0
(4) NAIC SAP (1 – 2 – 3 = 4)				(\$1,759,863)	(\$3,772,064)
SURPLUS					
(5) Sidecar Hlth Ins. Co state basis (Page 3, line 33, Columns 3 & 4)				\$3,935,521	\$5,704,762
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP				0	0
(8) NAIC SAP (5 – 6 – 7 = 8)				\$3,935,521	\$5,704,762

1B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with the NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

1C. Accounting Policies

Expenses incurred in connection with acquiring new business are charged to operations as incurred. The Company’s health plans use a non-network indemnity model to pay members an allowed amount (referred to as the Benefit Amount in policies and plan documents) for each procedure, device, or drug billed by a provider or pharmacy in connection with delivering covered services. Members pay providers at the point of service using either their own payment method or a Company-issued Visa card. Members submit proof of loss to the Company and, subject to cost sharing, the Company reimburses members the applicable allowed amount for the drug or service, regardless of billed charges. The Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats this charge to the Sidecar Health Visa card as an account receivable. Until the member submits an itemized medical invoice for the Visa charge the Company treats this charge to the Sidecar Health Visa card as an admitted account receivable. The Company had \$697,382 such Member Receivables at June 30, 2023 and \$137,546 at December 31, 2022. The Company writes the receivable off if a medical invoice is not submitted within 90 days of the charge to the Sidecar Health Visa card, and has written off receivables accrued on charges made to Sidecar Health Visa cards of \$114,281 at June 30, 2023 and \$17,356 as of December 31, 2022.

The Company’s health plans use a non-network indemnity model to pay members an allowed amount for each procedure, device, or drug billed by a provider or pharmacy in connection with delivering covered services. As the Company does not have any contracts with providers, all medical expenses are reported as outside referrals, other than expenses for emergency room services or prescription drugs, which are reported on their respective lines.

As of June 30, 2023 the Company has reported a \$1,282,022 reserve for estimated risk adjustment charges for the state market pool related to off-exchange individual market lives in Ohio, \$902,844 for the 2022 plan year and \$379,178 for the 2023 plan year to date.

The Company pays claims by crediting the applicable Benefit Amount for covered services to the member’s Sidecar Health account. The balance in this account can be withdrawn by the member and received in the form of a check payment from the Company’s claims account. Sidecar Health account balances are reflected as amounts retained for the account of others on the Company’s balance sheet.

1C.(2) - SVO-Identified securities – there are no investments reported at a different measurement method from what was used in

NOTES TO FINANCIAL STATEMENTS

an earlier current-year interim and/or in a prior annual statement.

1C.(6) - Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

1D. **Going Concern** Based upon its evaluation of relevant conditions and events, management is confident of the Company's ability to continue as a going concern.

**Note 2 - Accounting Changes and Corrections of Errors** - None.

**Note 3 - Business Combinations and Goodwill** - None.

**Note 4A-D - Discontinued Operations** - None.

**Note 5 - Investments** – No significant change.

- 5A-C. The Company has no investments in mortgage loans, restructured debt, reverse mortgages, repurchase agreements or real estate. There are no significant changes in investments.
- The unrealized losses on the Company's fixed maturity investments are primarily caused by changes in interest rates. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. The Company intends and believes it can hold these investments until an expected recovery of fair value.
- 5D. Investments in Loan Backed Securities –
- 1) Prepayment assumptions for mortgage-backed securities are based on estimates provided by the dealer markets.
  - 2 & 3) there are no OTTI adjustments on the company’s mortgage backed securities.
  - 4) There are no OTTI impaired mortgage backed securities.
- 5E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.
- 5F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
- 5G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
- 5H. Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5J. Real Estate – None.
- 5K. Low-Income Housing Tax Credits (LIHTC) – None.
- 5L. Restricted Assets - Investments and cash in the amount of \$103,548 are held on deposit by the Ohio Department of Insurance, representing 1% of total invested assets of \$11,719,918.
- 5M. Working Capital Finance Investments – None.
- 5N. Offsetting and Netting of Assets and Liabilities – None.
- 5O. 5\* Securities – None.
- 5P. Short Sales – None.
- 5Q. Prepayment Penalty and Acceleration Fees– None.
- 5R. Cash Pool – None.

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies** - None.

**Note 7 - Investment Income**

The Company has no investments with income in arrears or over 90 days past due.

**Note 8A-B - Derivative Instruments** - None.

**Note 9 - Income Taxes**

A. The components of the net deferred tax asset/liability at December 31 are as follows:

		6/30/2023			12/31/2022			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.										
(a)	Gross Deferred Tax Assets	1,197,533	-	1,197,533	827,962	-	827,962	369,571	-	369,571
(b)	Statutory Valuation Allowance Adjustments	1,083,361	-	1,083,361	827,752	-	827,752	255,609	-	255,609
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	114,172	-	114,172	210	-	210	113,962	-	113,962
(d)	Deferred Tax Assets Nonadmitted		-	-		-	-		-	-
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	114,172	-	114,172	210	-	210	113,962	-	113,962
(f)	Deferred Tax Liabilities	114,172	-	114,172	210		210	113,962	-	113,962
(g)	Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	-	-	-	-	-	-	-	-	-
		6/30/2023			12/31/2022			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
2.	Admission Calculation Components per SSAP No. 101									
(a)	Federal Income Taxes Paid in Prior Years	-	-	-	-	-	-	-	-	-
	Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-	-	-
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount of Deferred Tax Assets from 2(a) above) after application of the Threshold Limitation (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
(1)	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	-	-	-	-	-	-	-	-	-
(2)	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	590,328	XXX	XXX	855,714	XXX	XXX	(265,386)
(c)	Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	114,172	-	114,172	210	-	210	113,962	-	113,962
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	114,172	-	114,172	210	-	210	113,962	-	113,962

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

3.		6/30/2023	12/31/2022				
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	43668.43%	63299.88%				
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limit in 2.(b)(2) above	3,935,521	\$ 5,704,762				
4.							
		June 30, 2023		December 31, 2022		Change	
		(1)	(2)	(3)	(4)	(5)	(6)
		Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
	Impact of Tax-Planning Strategies						
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage,						
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	114,172	-	210	-	113,962	
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(c)	114,172	-	210	-	113,962	-
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(b)	Does the Company's tax-planning strategies include the use of reinsurance?	Yes		No	X		
B.	Unrecognized DTLs						
	Not applicable.						
C.	The components of incurred income tax expense and the change in DTA's and DTL's are as follows:						
1.	Current Income Tax	6/30/2023	12/31/2022	Change			
(a)	Federal	-	-	-			
(b)	Foreign	-	-	-			
(c)	Subtotal (1a+1b)	-	-	-			
(d)	Federal income tax on net capital gains	-	-	-			
(e)	Utilization of capital loss carryforwards	-	-	-			
(f)	Other	-	-	-			
(g)	Federal and foreign taxes incurred (1c+1d+1e+1f)	-	-	-			
2.	Deferred Tax Assets						
(a)	Ordinary	6/30/2023	12/31/2022	Change			
(1)	Discounting of unpaid losses	27,352	13,159	14,193			
(2)	Unearned premium reserve	22,920	21,121	1,799			
(3)	Policyholder reserves	-	-	-			
(4)	Investments	-	-	-			
(5)	Deferred acquisition costs	-	-	-			
(6)	Policyholder dividends accrual	-	-	-			
(7)	Fixed assets	-	-	-			
(8)	Accrued expenses	-	-	-			
(9)	Pension accrual	-	-	-			
(10)	Receivables - nonadmitted	-	-	-			
(11)	Net operating loss carry-forward	1,146,995	793,682	353,313			
(12)	Tax credit carry-forward	-	-	-			
(13)	Other	-	-	-			
(99)	Subtotal (sum of 2a1 through 2a13)	1,197,268	827,962	369,306			
(b)	Statutory valuation allowance adjustment	1,083,361	827,752	255,609			
(c)	Nonadmitted	-	-	-			
(d)	Admitted ordinary deferred tax assets	113,907	210	113,697			
(e)	Capital:						
(1)	Investments - Unrealized gains on AFS Securities	-	-	-			
(2)	Net capital loss carryforward	265	-	-			
(3)	Real Estate	-	-	-			
(4)	Other	-	-	-			
(99)	Subtotal (2e1+2e2+2e3+2e4)	265	-	-			
(f)	Statutory valuation allowance adjustment	-	-	-			
(g)	Nonadmitted	-	-	-			
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	265	-	-			
(i)	Admitted deferred tax assets (2d + 2h)	114,172	210	113,697			
3.	Deferred Tax Liabilities						
(a)	Ordinary	6/30/2023	12/31/2022	Change			
(1)	Investments	-	-	-			
(2)	Fixed assets	-	-	-			
(3)	Deferred and uncollected premium	-	-	-			
(4)	Policyholder Reserves	-	-	-			
(5)	Other	210	210	-			
(99)	Subtotal (3a1+3a2+3a3+3a4+3a5)	210	210	-			
(b)	Capital						
(1)	Investments	113,962	-	-			
(2)	Real Estate	-	-	-			
(3)	Other	-	-	-			
(99)	Subtotal (3b1+3b2+3b3)	113,962	-	-			
(c)	Deferred tax liabilities (3a99 + 3b99)	114,172	210	-			
4.	Net deferred tax assets/(liabilities) (2i-3c)	-	-	113,697			

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

D. Reconciliation of Federal income Tax Rate to Actual Effective Rate  
The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @	
		21%	Effective Rate
Income before taxes	(1,759,863)		
Tax at statutory rates		(369,571)	21.00%
Increase/(Decrease) in valuation allowance		255,610	-14.52%
Other		-	0.00%
Unrealized loss		-	0.00%
Total income tax expense		(113,961)	6.48%

E. Operating Loss and Tax Credit Carryforwards  
(1) The company has a federal operating loss carryforwards available of \$5,461,883  
  
The company has \$0 of income taxes incurred in current or prior years that are available for recoupment in the event of future net losses.  
(2)  
  
(3) The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0.

F. Consolidated Federal Income Tax Return  
(1) Sidecar Health Insurance Company’s federal income tax return will be consolidated with its parent, Sidecar Health, Inc.  
  
The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.  
(2)  
  
G. Federal or Foreign Income Tax Loss Contingencies  
(1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.  
  
H. Repatriation Transition Tax (RTT)  
(1) The Company does not have foreign operations and is not subject to RTT.  
  
I. Alternative Minimum Tax (AMT) Credits  
(1) The Company had no AMT credits.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties** - The Company has an administrative services agreement with its affiliate Sidecar Health Insurance Solutions, LLC (SHIS) to administer policies of insurance on behalf of the Company and provide various services including, but not limited to, managing the promotion, marketing, sale, enrollment, administration, renewal, claims processing and claims adjustment of such policies via a proprietary digital platform, as well as operation of the Company’s public facing website. In exchange for these services, the Company will pay an administrative services fee of 5.59% of premium and \$15 per month technology fee for each enrollee. As of June 30, 2023, the company has expensed \$906,302 under the administrative service agreement.

The Company entered into a management services agreement with its ultimate parent Sidecar Health, Inc. (SHI), effective January 1, 2022, to provide management services related to the operation of the Company including accounting, human resources, actuarial services, compliance, marketing and more. In exchange for these services, the Company will pay an administrative services fee of \$1.09 per month for each enrollee. As of June 30, 2023, the company has expensed \$24,964 under the management service agreement.

The Company recorded an intercompany payable of \$511,015 at June 30, 2023, and \$280,200 at December 31, 2022 representing net expenses paid by the parent or affiliate for the benefit of the Company.

**Note 11A-B – Debt** - None.  
**11B. FHLB Agreements** - None.

**Note 12A-C - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans-** None.  
**12A1-21.** Defined Benefit Plan - not applicable.

**Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** - The Company has issued and authorized 30,000 shares of common stock at a par value \$100 per share. All shares of Common Stock are held by Sidecar Health Holding Company, LLC representing 100% ownership of the Company. In addition to Common Stock, as of June 30, 2023 Sidecar Health Holding Company, LLC has provided an additional \$7,000,000 of contributed surplus in the form of cash.

**Note 14 - Contingencies**  
A. The Company has no contingent commitments to any venture and has no guarantees outstanding.  
B. The Company is not aware of any assessments that could have a material impact on its financial statements.  
C. The Company has no gain contingencies.  
D. The Company has no extra contractual obligation or bad faith losses or amounts recorded for such. The Company is subject to potential litigation in the normal course of business. The Company is not aware of any potential material contingent liabilities not otherwise recorded in the financial statements or discussed in these footnotes.  
E. The Company has no Joint and Several Liabilities.  
F. The Company has no other contingencies.

**Note 15A-B - Leases** - Rental Expense – The Company leases office space from One Columbus Property, LLC with three one-year renewal options. The lease comprises a twelve-month term at a fixed monthly rate of \$1,000 until February 2024. Rental expense was \$6,000 as of June 30, 2023 and was \$12,000 as of December 31, 2022. There are no contingent rental payments, early terminations,

## NOTES TO FINANCIAL STATEMENTS

sale-leaseback transactions nor leases with noncancelable terms in excess of one year. Annual minimum lease payments are \$12,000 per year.

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk** - None.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - None.

17B. Transfer and Servicing of Financial Assets - None.

17C. Wash Sales - None.

**Note 18A-C - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - None.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - None.

### **Note 20 - Fair Value**

The Company has categorized its assets and liabilities that are measured at fair value on a recurring basis into the three-level fair value hierarchy as reflected in the following table. See item three below for a discussion of the fair value levels.

#### **A. Inputs Used for Assets and Liabilities Measured at Fair value on Recurring Basis:**

##### **Levels 1, 2, and 3**

1. Assets Measured at Fair value on Recurring Basis: None

2. Rollforward of Level 3 Items - None.

3. Inputs and Techniques Used for Fair Value

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 2 - Significant Other Observable Inputs: Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 3 - Significant Unobservable Inputs: None.

#### **B. Inputs Used for Assets and Liabilities Measured at Fair value on Non-Recurring Basis** - None.

**C. Other Fair value Disclosures** - not applicable.

**D. Reasons Not Practical to Estimate Fair Value** - not applicable.

### **Note 21 - Other Items**

21A. Unusual or Infrequent Items – None.

21B. Troubled Debt Restructuring - not applicable.

21C. Other Disclosures - The Company has elected to use rounding in reporting amounts in the statements and schedules.

21D-H. The company has no Business Interruption Recoveries, State Transferable and Non-Transferable Tax Credits, Subprime-Mortgage-Related Risk Exposure, Retained Asset Accounts or ILS Contracts.

### **Note 22 - Events Subsequent**

Subsequent events have been considered through August 15, 2023 for the statutory statement issued on August 15, 2023.

### **Note 23 - Reinsurance**

23A. Ceded Reinsurance Report – No reinsurers are controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company.

23B. Uncollectible Reinsurance - None.

23C. Commutation of Ceded Reinsurance - None.

23D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

23E. Reinsurance Credit - None.

Reinsurance and ceded balances as of June 30, 2023:

Paid Loss Recoverable	\$0
Reinsurance Premiums Payable	\$317,474
Ceded Unearned Premium Reserve	\$0
Ceded Loss Reserves	\$0

The Company maintains three reinsurance agreements as of the reporting date. An agreement covering the individual policies runs from January 1, 2023 through December 31, 2023. For group policy reinsurance, one agreement provides coverage for groups with start dates between May 1, 2022 and April 30, 2023 through the end of the groups' contract term, not to exceed one year. Both of these reinsurance agreements cover losses in excess of \$100,000 per covered member. The third reinsurance agreement covers group policies insured under the original group reinsurance agreement and limits coverage to claims incurred after January 1, 2023. This policy provides coverage concurrently with the previously enacted group coverage policy and allows for the reimbursement of claims that are aggregately in excess of \$750,000. For each policy, the Company is required to pay a deposit reinsurance premium based on a specific rate times the number of covered lives each month. Related reinsurance premiums payable have been accrued in the amount of \$317,474 at June 30, 2023.

All contracts of reinsurance are with unaffiliated US reinsurers. There are no reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit. There are no commuted or uncollectible losses. No reinsurers have been downgraded or whose status has been revoked.

### **Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination** – No significant change.

A-D. There are no Retrospectively Rated Contracts or medical loss rebate receivables.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Starting in January 1, 2022, the Company wrote premiums subject to the Affordable Care Act risk-sharing provisions. \$582,002 is included in revenue as a negative adjustment to premium reflecting estimated risk adjustment payable for the portion of the 2023 benefit year that has expired.

## NOTES TO FINANCIAL STATEMENTS

**Note 25 - Change in Incurred Claims and Claim Adjustment Expenses-** There are no changes to reserves for incurred losses and loss adjustment expenses attributable to prior year insured events at June 30, 2023.

**Note 26 - Intercompany Pooling Arrangements** - None.

**Note 27A-B - Structured Settlements** - None.

**Note 28A-B - Health Care Receivables** – The company has neither pharmaceutical rebate receivables nor risk sharing receivables. The Company has “other healthcare receivables” resulting from Members’ use of the Company-issued Visa card. As noted above, the Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats such charges to the Sidecar Health Visa card as an account receivable. The Company adjudicates the claim when the member submits an itemized invoice. If the Company determines the charge was paid towards a covered service, the Company debits claims expense for the Benefit Amount of the covered services and credits the Benefit Amount towards the account receivable accrued when the member used their Sidecar Health Visa card. If the Benefit Amount exceeds this account receivable the excess benefit is credited to accounts payable and retained by the Company on behalf of the member (see note 1C, above). If the Benefit Amount is less than the account receivable the Company invoices the member for the balance and treats the balance as a healthcare receivable. In accordance with SSAP No. 84—Health Care and Government Insured Plan Receivables, the Company books these healthcare receivables as “other healthcare receivables” and treats them as a nonadmitted asset. The Company considers these non-admitted healthcare receivables impaired if they are not collected within 90 days of the member’s use of their Company-issued Visa card. Such Impaired receivables are written off and charged to claims expense. The Company has a balance of \$165,390 outstanding as of June 30, 2023 compared to \$7,590 as of December 31, 2022.

**Note 29 - Participating Policies** - None.

**Note 30 - Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves \$541,551
2. Date of the most recent evaluation of this liability 06/30/23
3. Was anticipated investment income utilized in the calculation? Yes [ ] No [ X ]

**Note 31 - Anticipated Salvage and Subrogation** - none, not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.].
- | 1              | 2                         | 3   | 4   | 5    | 6   |
|----------------|---------------------------|-----|-----|------|-----|
| Affiliate Name | Location<br>(City, State) | FRB | OCC | FDIC | SEC |
|                |                           |     |     |      |     |
- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☒ No ☐
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 178,224



GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes ☐ No ☒

11.2 If yes, give full and complete information relating thereto: .....  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes ☐ No ☒

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes ☐ No ☐ NA ☒  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes ☒ No ☐

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third bank, National Association.....	38 Fountain Square Plaza 1090C7, Cincinnati , OH 45263.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes ☐ No ☒

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
AAM Insurance Investment Management.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes ☒ No ☐

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes ☒ No ☐

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109875.....	Asset Allocation & Management Company, L.L.C.....	549300DSCHE1V5W3U963.....	Securities Exchange Commission.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes ☒ No ☐

18.2 If no, list exceptions: .....  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... Yes ☐ No ☒

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [ ] No [X]

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

95.2 %

1.2 A&H cost containment percent

0.3 %

1.3 A&H expense percent excluding cost containment expenses

%

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☒ No ☐

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒

**STATEMENT AS OF JUNE 30, 2023 OF THE Sidecar Health Insurance Company**

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI					Deposit-Type Contracts
1. Alabama	AL	L								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	L								.0	
11. Georgia	GA	L								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	L	9,440,523							9,440,523	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX		9,440,523	.0	.0	.0	.0	.0	.0	9,440,523	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX									.0	
61. Total (Direct Business)	XXX		9,440,523	0	0	0	0	0	0	9,440,523	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

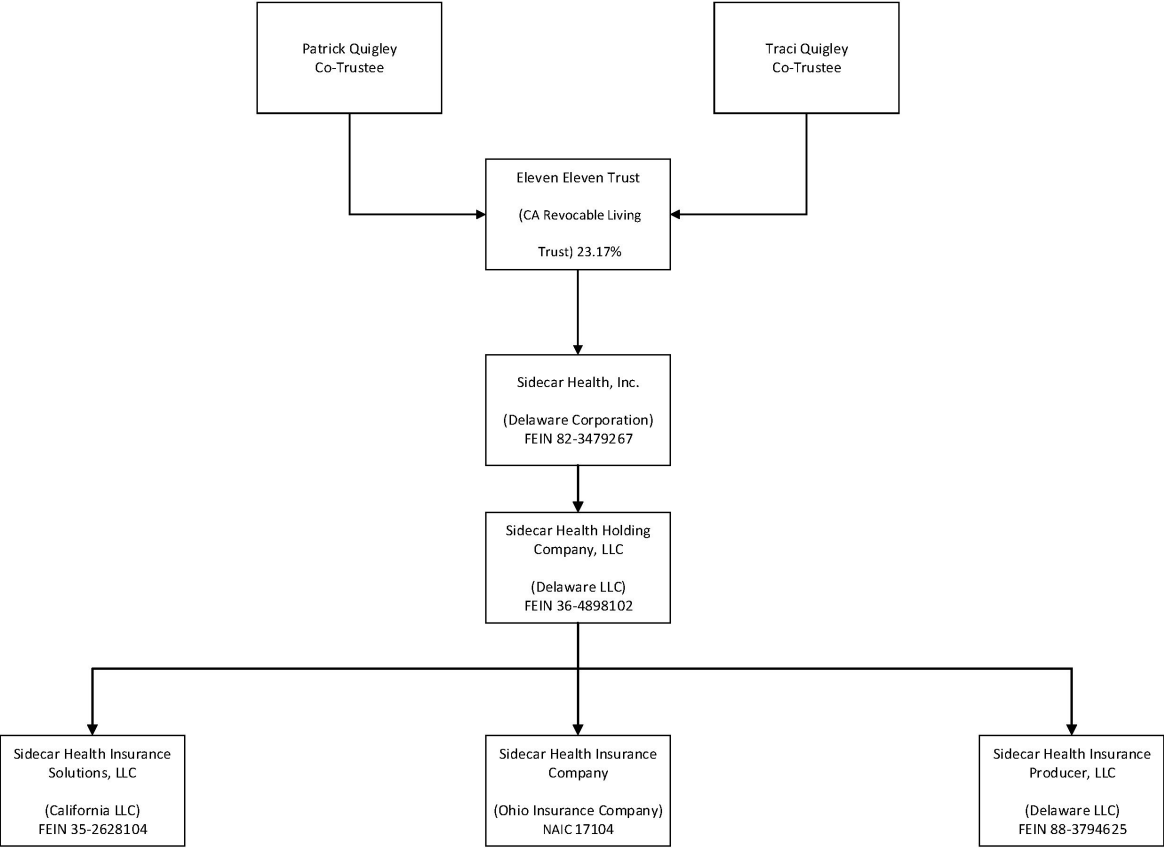
1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....4

2. R – Registered – Non-domiciled RRGs .....0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0
4. Q – Qualified – Qualified or accredited reinsurer .....0

5. N – None of the above – Not allowed to write business in the state .....53

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



## 19

## 19

1919

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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  
.....NO.....

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

.....NO.....

Explanation:

2.

Bar Code:

1.   
1 7 1 0 4 2 0 2 3 3 6 5 0 0 0 0 2

2.   
1 7 1 0 4 2 0 2 2 2 2 2 0 0 1 0 0



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	6,469,093	5,184,711
2. Cost of bonds and stocks acquired .....		2,045,114
3. Accrual of discount .....	1,745	3,949
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....	(1,260)	0
6. Deduct consideration for bonds and stocks disposed of .....	477,371	719,143
7. Deduct amortization of premium .....	19,987	45,537
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	5,972,220	6,469,093
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	5,972,220	6,469,093

STATEMENT AS OF JUNE 30, 2023 OF THE Sidecar Health Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	6,146,210		214,895	(9,112)	6,146,210	5,922,203	0	6,419,075
2. NAIC 2 (a).....	50,018			(1)	50,018	50,017	0	50,019
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	6,196,228	0	214,895	(9,113)	6,196,228	5,972,220	0	6,469,093
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,196,228	0	214,895	(9,113)	6,196,228	5,972,220	0	6,469,093

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,724,865	2,900,543
2. Cost of cash equivalents acquired .....	591,667	831,276
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	257	2,006,954
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	2,316,275	1,724,865
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	2,316,275	1,724,865

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

## E05

## E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE



## SCHEDULE E - PART 1 - CASH

# E13

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14