



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Antidote Health Plan of Ohio, Inc. NAIC No. _____

We, the undersigned executive officers of Antidote Health Plan of Ohio, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☒ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."

Date of filing with the NAIC: _____. ☐ An original jurat page is attached.

☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: _____. ☐ An original, notarized signature page is attached.

☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."

Date of filing with the NAIC: _____.

List of supplemental documents included in this Affidavit: _____.

☐ All original notarized signature pages are attached, as applicable.

☐ Original filing. ☐ Amended filing.

☒ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: 11/15/2023.

☒ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: _____.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: _____.

☐ Original filing. ☐ Amended filing.

Avihai Sodri
Signature _____ Date _____

(Name) Avihai Sodri
(Title)* President & CEO

Bruce Butler 11/10/2023
Signature _____ Date _____

(Name) Bruce Butler
(Title)* Treasurer & CFO

Rebecca Tingstrom
Signature _____ Date _____

(Name) Rebecca Tingstrom
(Title)* Secretary

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

ALL-PURPOSE ACKNOWLEDGMENT

State/Commonwealth of TEXAS)

☐ City ☒ County of Harris)

On 11/10/2023 before me, Ornan Daniel Alfaro,
Date *Notary Name*

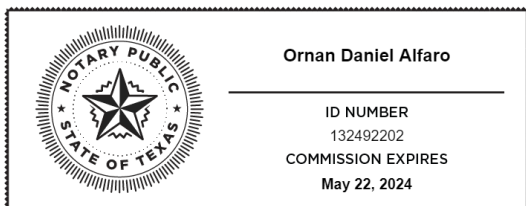
personally appeared Bruce Ward Butler
Name(s) of Signer(s)

☐ 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: passport_card
Type of ID Presented

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



WITNESS my hand and official seal.

Notary Public Signature: Ornan D Alfaro

Notary Name: Ornan Daniel Alfaro

Notary Commission Number: 132492202

Notary Commission Expires: 05/22/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Electronic Filing Authenticity Affidavit

Document Date: 11/10/2023 Number of Pages (w/ certificate): 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Bruce Ward Butler

☐ 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: _____