



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. 17510

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.

<u>Avihai Sodri</u>	<u>Bruce Butler</u>	<u>Rebecca Tingstrom</u>
Signature	Signature	Signature
Date	11/10/2023	11/5/2023
(Name) Avihai Sodri	(Name) Bruce Butler	(Name) Rebecca Tingstrom
(Title) President & CEO	(Title) Treasurer & CFO	(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

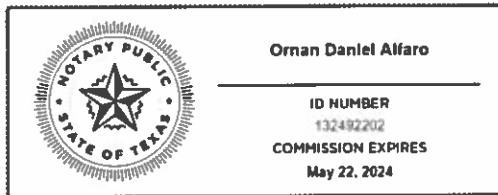
personally appeared Bruce Ward Butler
Name(s) of Signer(s)

☐ 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

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:

☐ Corporate Officer Title:

☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other:

Signer Is Representing:

QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
ANTIDOTE HEALTH PLAN OF OHIO

NAIC Group Code	5057	NAIC Company Code	17510	Employer's ID Number	88-4350607
	(Current) (Prior)				
Organized under the Laws of	OH	State of Domicile or Port of Entry	OH		
Country of Domicile	US				
Licensed as business type:	Health Maintenance Organization	Is HMO Federally Qualified?	No		
Incorporated/Organized	11/30/2022	Commenced Business			
Statutory Home Office	1747 Olentangy River Road #1384	Columbus, OH, US 43212			
Main Administrative Office	1460 Broadway	866-256-2134			
	New York, NY, US 10036	(Telephone Number)			
Mail Address	1460 Broadway	New York, NY, US 10036			
Primary Location of Books and Records	1460 Broadway	866-256-2134			
	New York, NY, US 10036	(Telephone Number)			
Internet Website Address	www.antidotehealth.com				
Statutory Statement Contact	Andrew Manke	860-538-0303			
		(Telephone Number)			
	andrewm@antidotehealth.com				
	(E-Mail Address)	(Fax Number)			

OFFICERS

Avihai Sodri#, President & CEO	Rebecca Tingstrom#, Secretary
Bruce Butler#, Treasurer & CFO	

DIRECTORS OR TRUSTEES

Avihai Sodri#	Bruce Butler#
Jike Chong#	Debra Hallday#
Rebecca Tingstrom#	

State of Florida
 County of Broward SS

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

x	x	x
Avihai Sodri President & CEO	Bruce Butler Treasurer & CFO	Rebecca Tingstrom Secretary

Subscribed and sworn to before me
 this 9 day of
NOVEMBER 2023

a. Is this an original filing? Yes

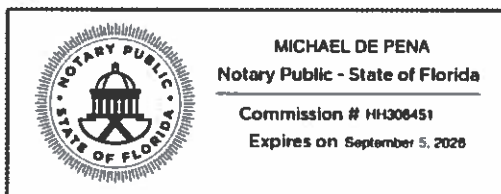
b. If no:

1. State the amendment number: _____

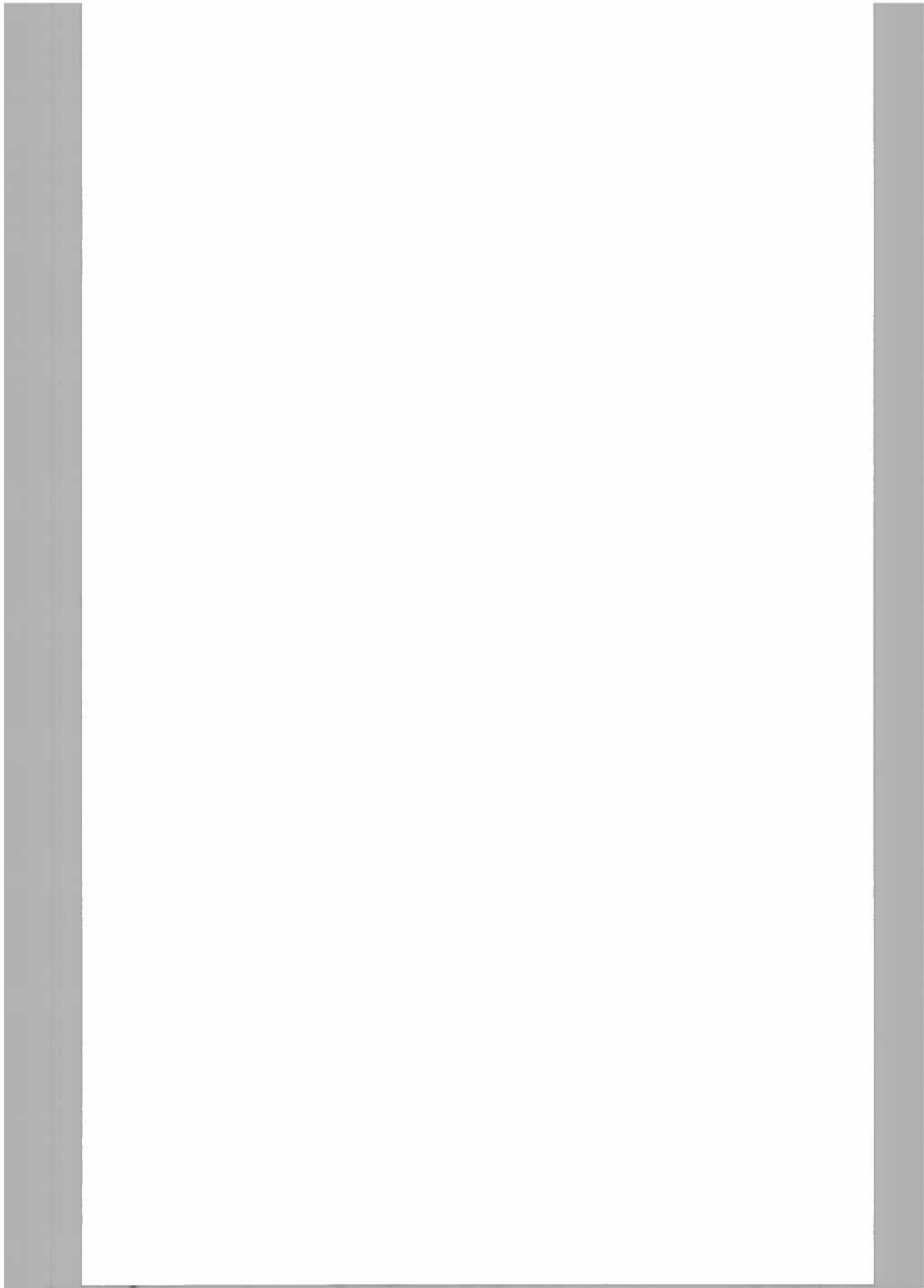
2. Date filed: _____

3. Number of pages attached: _____

x [Signature]



Notarized online using audio-video communication



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Country of Domicile	US				
Licensed as business type:	Health Maintenance Organization	Is HMO Federally Qualified?	No		
Incorporated/Organized	11/30/2022	Commenced Business			
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		(Telephone Number)			
	andrewm@antidotehealth.com				
	(E-Mail Address)	(Fax Number)			

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Avihai Sodri#, President & CEO	Rebecca Tingstrom#, Secretary
Bruce Butler#, Treasurer & CFO	

DIRECTORS OR TRUSTEES

Avihai Sodri#	Bruce Butler#
Jike Chong#	Debra Hallday#
Rebecca Tingstrom#	

State of Virginia
 County of Prince William, Virginia SS

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

x	Avihai Sodri	x
Avihai Sodri	Bruce Butler	Rebecca Tingstrom
President & CEO	Treasurer & CFO	Secretary

Subscribed and sworn to before me
 this 7th day of
 November 2023

x  Electronic Notary Public

a. Is this an original filing? Yes

b. If no:

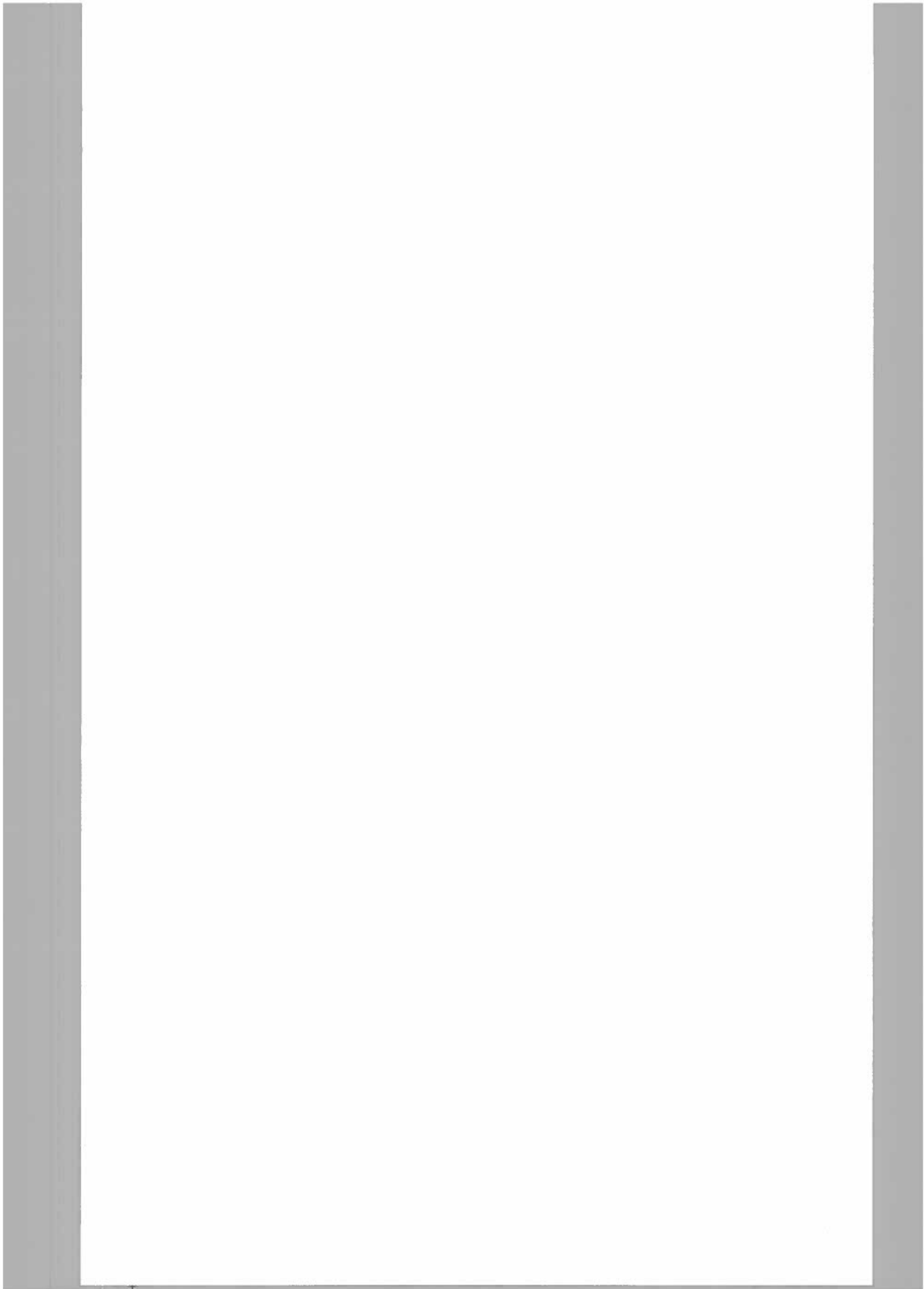
1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____



Notarized online using audio-video communication



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2023
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ANTIDOTE HEALTH PLAN OF OHIO

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Licensed as business type:	Health Maintenance Organization	Is HMO Federally Qualified?	No		
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		(Telephone Number)			
	andrewm@antidotehealth.com				
	(E-Mail Address)	(Fax Number)			

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Bruce Butler#, Treasurer & CFO

Rebecca Tingstrom#, Secretary

DIRECTORS OR TRUSTEES

Avihai Sodri#
Mike Chong#
Rebecca Tingstrom#

Bruce Butler#
Debra Hallday#

State of Florida
County of Palm Beach SS

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x	x <u>Bruce Butler</u>	x
Avihai Sodri	Bruce Butler	Rebecca Tingstrom
President & CEO	Treasurer & CFO	Secretary

Subscribed and sworn to before me
this 13th day of
November, 2023

a. Is this an original filing? Yes

b. If no:

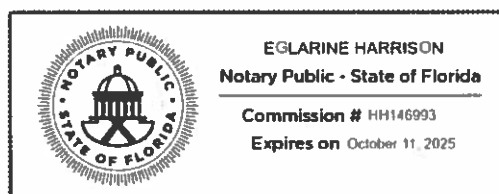
1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____

He/she is personally known ☒ or has produced ☒ passport card, as identification.

x Eglarine Harrison
Eglarine Harrison



Notarized online using audio-video communication

