

Ohio**Department
of Insurance**Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity AffidavitOffice 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.

Signature	Date	Signature	Date	Signature	Date
<u>Avihai Sodri</u>		<u>Bruce Butler</u>	11/10/2023	Rebecca Tingstrom	Digital signature by Rebecca Tingstrom Date 2023 11 08 14:30:46 -0700
(Name) <u>Avihai Sodri</u>		(Name) <u>Bruce Butler</u>		(Name) <u>Rebecca Tingstrom</u>	11/8/2023
(Title)* <u>President & CEO</u>		(Title)* <u>Treasurer & CFO</u>		(Title)* <u>Secretary</u>	

*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)

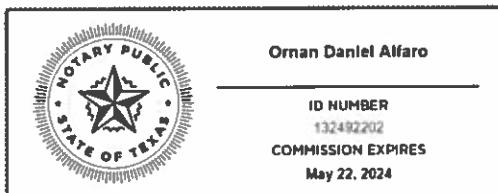
personally known to me -- OR --

proved to me on the basis of the oath of _____ -- OR --

proved to me on the basis of satisfactory evidence: _____

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

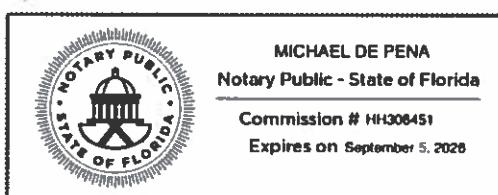
NAIC Group Code	5057	NAIC Company Code	17510	Employer's ID Number	88-4350607
(Current) (Prior)					
Organized under the Laws of	OH	State of Domicile or Port of Entry	OH		
Country of Domicile	US				
Licensed as business type:	Health Maintenance Organization	Is HMO Federally Qualified?	No		
Incorporated/Organized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

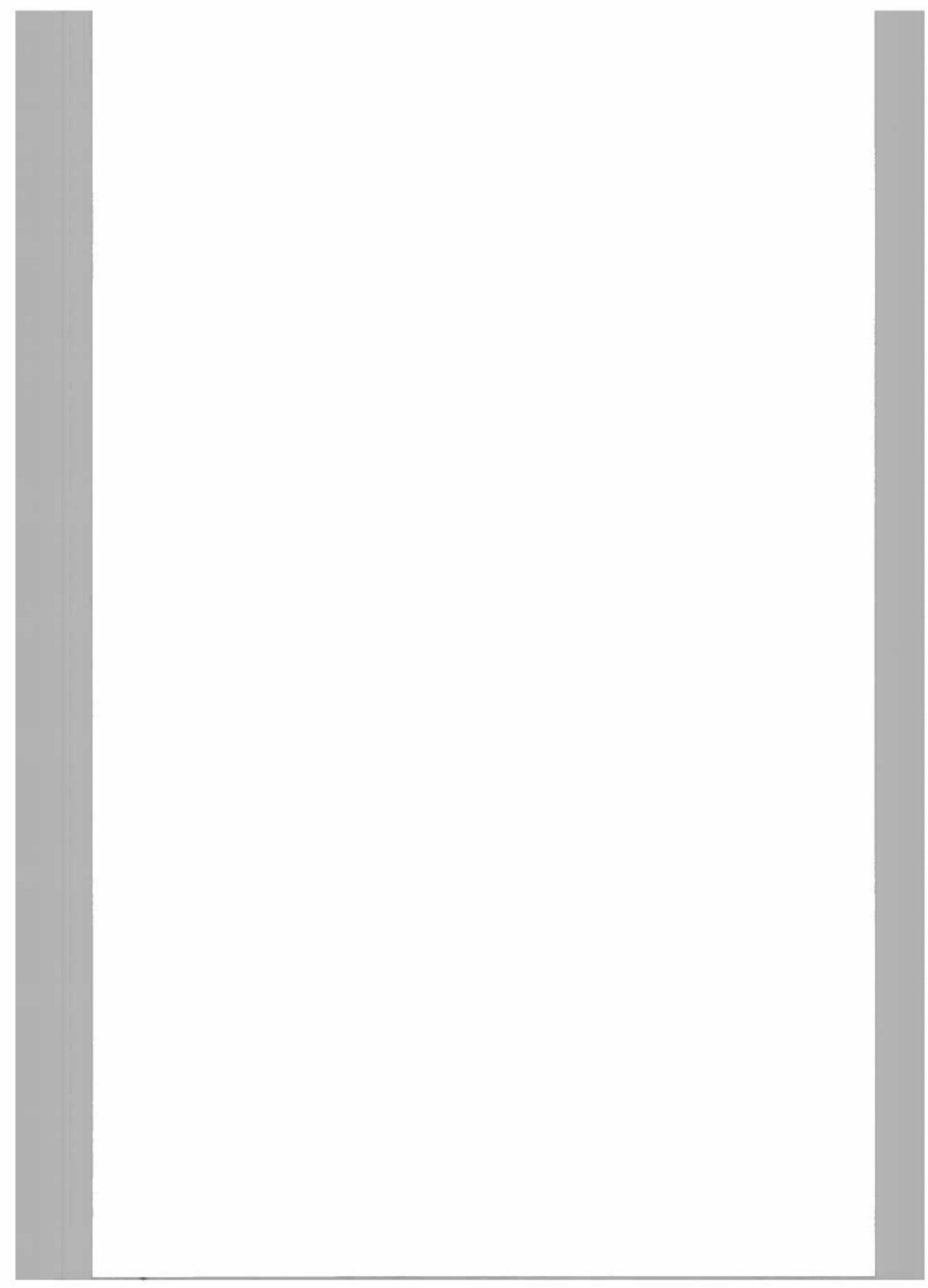
x _____ x _____ x _____
 Avihai Sodri Bruce Butler Rebecca Tingstrom
 President & CEO Treasurer & CFO Secretary

Subscribed and sworn to before me
 9
 this _____ 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:



Notarized online using audio-video communication





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

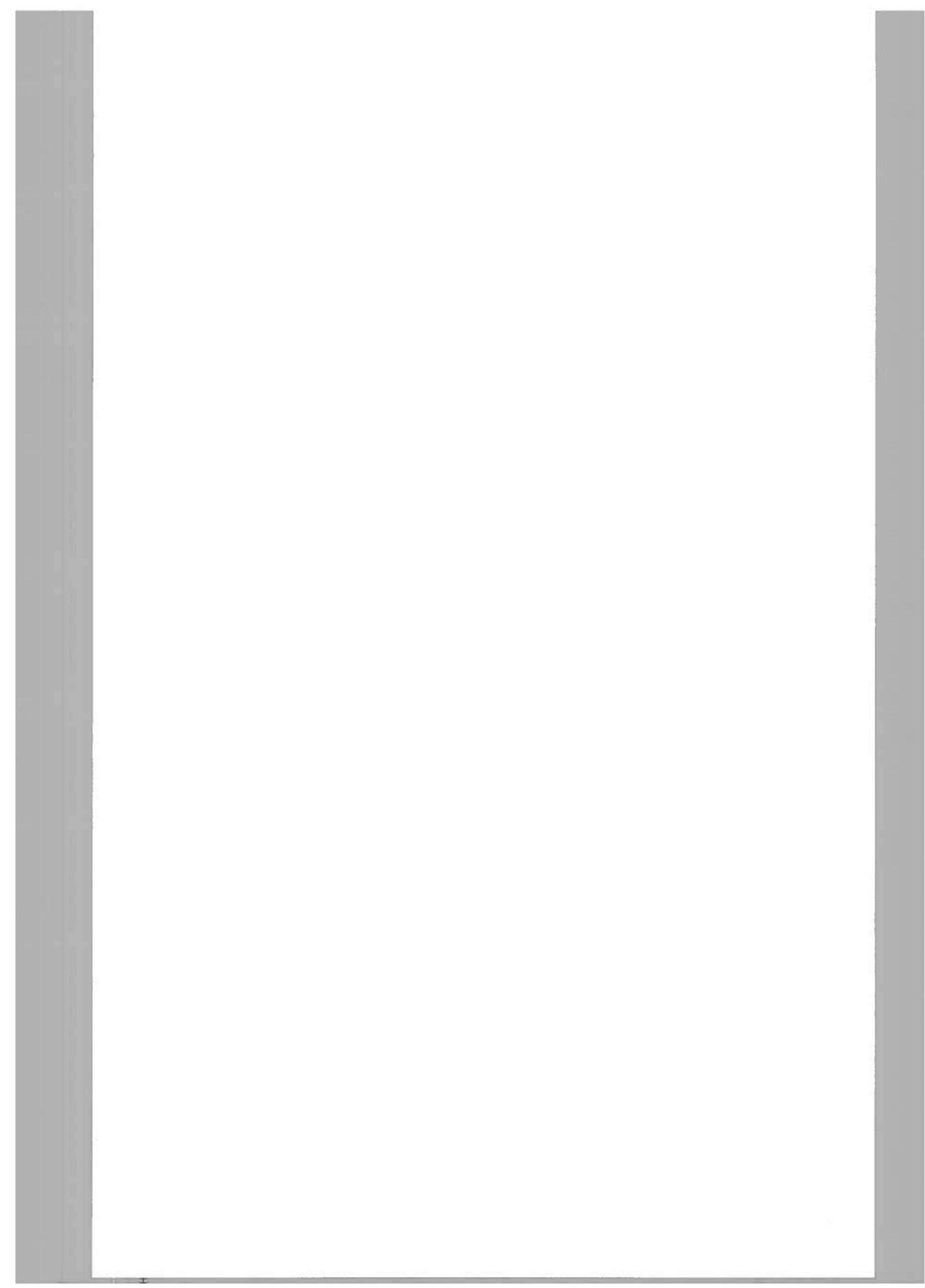
NAIC Group Code	5057 <i>(Current)</i>	NAIC Company Code	17510	Employer's ID Number	88-4350607
Organized under the Laws of Country of Domicile	OH US			State of Domicile or Port of Entry	OH
Licensed as business type: Incorporated/Organized	Health Maintenance Organization 11/30/2022			Is HMO Federally Qualified?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

Avihai Sodri		
<input checked="" type="checkbox"/> Avihai Sodri President & CEO	<input checked="" type="checkbox"/> Bruce Butler Treasurer & CFO	<input checked="" type="checkbox"/> Rebecca Tingstrom Secretary
Subscribed and sworn to before me 7th this _____ 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: _____	
	Electronic Notary Public	



Notarized online using audio-video communication





HEALTH COMPANIES – ASSOCIATION EDITION

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 Country of Domicile	OH	State of Domicile or Port of Entry	OH		
Licensed as business type: Incorporated/Organized	US	Is HMO Federally Qualified?	No		
Statutory Home Office	Health Maintenance Organization	Commenced Business			
Main Administrative Office	11/30/2022				
	1747 Olentangy River Road #1384	Columbus, OH, US 43212			
	1460 Broadway				
	New York, NY, US 10036	866-256-2134			
Mail Address	1460 Broadway	(Telephone Number)			
Primary Location of Books and Records	1460 Broadway	New York, NY, US 10036			
	New York, NY, US 10036	866-256-2134			
Internet Website Address	www.antidotehealth.com	(Telephone Number)			
Statutory Statement Contact	Andrew Manke	860-538-0303			
	andrewm@antidotehealth.com	(Telephone Number)			
	(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 **Palm Beach** SS

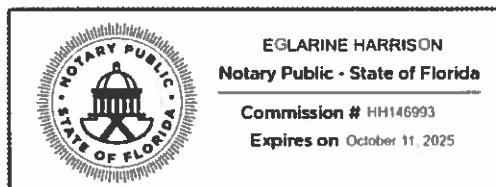
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x **Bruce Butler** **x**
 Avihai Sodri President & CEO Bruce Butler Treasurer & CFO Rebecca Tingstrom Secretary

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

He/she is personally known or has produced passport card, as identification. 3. Number of pages attached:

x 
Egclarine Harrison



Notarized online using audio-video communication

