

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

DEVOTED HEALTH PLAN OF OHIO, INC.

NAIC Group Code 4924, 4924 NAIC Company Code 16758 Employer's ID Number 83-4458231

(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Life, Accident & Health Is HMO Federally Qualified?

Incorporated/Organized 04/18/2019 Commenced Business 01/01/2021

Statutory Home Office 3700 Park East Drive Suite 450 Beachwood, OH, US 44122

Main Administrative Office 221 Crescent Street Suite 202
Waltham, MA, US 2453 617-958-1611
..... *(Telephone)*

Mail Address 221 Crescent Street Suite 202 Waltham, MA, US 2453

Primary Location of Books and
Records 221 Crescent Street Suite 202
Waltham, MA, US 2453 617-958-1611
..... *(Telephone)*

Internet Website Address www.devoted.com

Statutory Statement Contact Joseph Anthony Alfano 860-916-9120
..... *(Telephone)*

..... joseph.alfano@devoted.com 978-616-7824
..... *(E-Mail)* *(Fax)*

OFFICERS

..... Dariel Quintana, President and Chief Executive Officer.....
..... Lawrence Doran Henry, Chief Operating Officer.....
..... Joseph Anthony Alfano, Co-Chief Financial Officer.....
..... Wilson Bradley Yale, Co-Chief Financial Officer.....

OTHER

..... David Michael Johnson MD, Medical Director.....
..... Daniel Francis Quinn, Appointed Actuary.....
..... Paul David Jernigan, Secretary.....

DIRECTORS OR TRUSTEES

..... Todd Youngsuh Park.....
..... Dariel Quintana.....
..... Paul David Jernigan.....
..... Edward Youngjoon Park.....
..... Jeremy Edward Delinsky.....

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.

x	x	x
Dariel Quintana President and Chief Executive Officer	Lawrence Doran Henry Chief Operating Officer	Joseph Anthony Alfano Co-Chief Financial Officer

Subscribed and sworn to before me
this _____ day of
_____, 2024

a. Is this an original filing? Yes
b. If no:
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

x _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	21,324	16,136	13,280	80,797	80,797	50,740
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	21,324	16,136	13,280	80,797	80,797	50,740

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Caremark	15,136,065			1,957,069	1,957,069	15,136,065
0199999 – Pharmaceutical Rebate Receivables	15,136,065			1,957,069	1,957,069	15,136,065
0299998 – Aggregate of Amounts Not Individually Listed	580,643	253,913	131,088	224,709	968,453	221,900
0299999 – Claim Overpayment Receivables	580,643	253,913	131,088	224,709	968,453	221,900
0399998 – Aggregate of Amounts Not Individually Listed				14,000	14,000	
0399999 – Loans and Advances to Providers				14,000	14,000	
0599998 – Aggregate of Amounts Not Individually Listed	121,147			164,564	182,839	102,872
0599999 – Risk Sharing Receivables	121,147			164,564	182,839	102,872
0699998 – Aggregate of Amounts Not Individually Listed	2,028	2,327	9	2,798	2,798	4,363
0699999 – Other Health Care Receivables	2,028	2,327	9	2,798	2,798	4,363
0799999 – Gross Health Care Receivables	15,839,883	256,240	131,097	2,363,140	3,125,159	15,465,200

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,597,986	9,952,556	274,584	16,818,550	3,872,570	3,796,663
2. Claim overpayment receivables	371,030	(170,014)	17,377	1,172,976	388,407	373,196
3. Loans and advances to providers			14,000		14,000	14,000
4. Capitation arrangement receivables						
5. Risk sharing receivables		13,172,507	182,839	102,872	182,839	523,713
6. Other health care receivables	945	140,366		7,161	945	21
7. Totals (Lines 1 through 6)	3,969,961	23,095,415	488,800	18,101,559	4,458,761	4,707,593

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
CVS Caremark.....	2,356,074					2,356,074
First American Administrators, Inc.....	368,955					368,955
0199999 – Individually listed claims unpaid.....	2,725,029					2,725,029
0399999 – Aggregate accounts not individually listed-covered.....	631,076					631,076
0499999 – Subtotals.....	3,356,105					3,356,105
0599999 – Unreported claims and other claim reserves.....						22,374,626
0799999 – Total claims unpaid.....						25,730,731
0899999 – Accrued medical incentive pool and bonus amounts.....						3,536,086

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Devoted Health Services, Inc.	Administrative services/other	4,281,028	4,281,028	
0199999 – Individually listed payable		4,281,028	4,281,028	
0399999 – Total gross payables		4,281,028	4,281,028	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	190,371,292	86.459	27,215	96.989	170,555,516	19,815,776
2. Intermediaries.....						
3. All other providers.....	9,640,931	4.379	845	3.011		9,640,931
4. Total capitation payments.....	200,012,223	90.838	28,060	100.000	170,555,516	29,456,707
Other Payments:						
5. Fee-for-service.....	5,656,043	2.569	XXX	XXX	5,656,043	
6. Contractual fee payments.....	14,399,175	6.540	XXX	XXX		14,399,175
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	118,379	0.054	XXX	XXX		118,379
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	20,173,597	9.162	XXX	XXX	5,656,043	14,517,554
13. Total (Line 4 plus Line 12).....	220,185,820	100.000 %	XXX	XXX	176,211,559	43,974,261

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	NONE					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Devoted Health Plan of Ohio, Inc.

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023

NAIC Company Code: 16758

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	7,204							7,204						
2. First Quarter	18,529							18,529						
3. Second Quarter	21,074							21,074						
4. Third Quarter	23,488							23,488						
5. Current Year	28,060							28,060						
6. Current Year Member Months	263,394							263,394						
Total Member Ambulatory Encounters for Year:														
7. Physician	155,189							155,189						
8. Non-Physician	186,199							186,199						
9. Total	341,388							341,388						
10. Hospital Patient Days Incurred	24,061							24,061						
11. Number of Inpatient Admissions	3,970							3,970						
12. Health Premiums Written (b)	266,681,011							266,681,011						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	266,892,115							266,892,115						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	220,185,820							220,185,820						
18. Amount Incurred for Provision of Health Care Services	228,783,730							228,783,730						

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(a) For health business: number of persons insured under PPO managed care products 944 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 266,681,011



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Devoted Health Plan of Ohio, Inc.

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 16758

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	7,204							7,204						
2. First Quarter	18,529							18,529						
3. Second Quarter	21,074							21,074						
4. Third Quarter	23,488							23,488						
5. Current Year	28,060							28,060						
6. Current Year Member Months	263,394							263,394						
Total Member Ambulatory Encounters for Year:														
7. Physician	155,189							155,189						
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13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	266,892,115							266,892,115						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	220,185,820							220,185,820						
18. Amount Incurred for Provision of Health Care Services	228,783,730							228,783,730						

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(a) For health business: number of persons insured under PPO managed care products 944 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 266,681,011

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
60410	73-0714500	01/01/2022	American Fidelity Assurance Company	OK	8,650	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					8,650	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					8,650	
2299999 - Total Accident and Health					8,650	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					8,650	
9999999 - Total (Sum of 1199999 and 2299999)					8,650	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
..... 60410	73-0714500.....	01/01/2021	American Fidelity Assurance Company.....	OK.....	ASL/I.....	MR.....	43						
..... 60410	73-0714500.....	01/01/2023	American Fidelity Assurance Company.....	OK.....	ASL/I.....	MR.....	650,303						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							650,346						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							650,346						
1199999 – Total General Account Authorized.....							650,346						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							650,346						
9199999 – Total U.S.....							650,346						
9999999 – Total (Sum of 4599999 and 9099999).....							650,346						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2023	2022	2021	2020	2019
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	650	458	202		
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....	81	97	1		
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....	9		1		
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	31,463,976		31,463,976
2 Accident and health premiums due and unpaid (Line 15)	6,810,449		6,810,449
3 Amounts recoverable from reinsurers (Line 16.1)	8,650	(8,650)	-
4 Net credit for ceded reinsurance	XXX	8,650	8,650
5 All other admitted assets (Balance)	20,762,068		20,762,068
6 Total assets (Line 28)	59,045,143	-	59,045,143
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	25,730,731		25,730,731
8 Accrued medical incentive pool and bonus payments (Line 2)	3,536,086		3,536,086
9 Premiums received in advance (Line 8)	4,728		4,728
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	11,398,811		11,398,811
15 Total liabilities (Line 24)	40,670,356		40,670,356
16 Total capital and surplus (Line 33)	18,374,787	XXX	18,374,787
17 Total liabilities, capital and surplus (Line 34)	59,045,143		59,045,143
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	8,650	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	8,650	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	8,650	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			82-1023772				Devoted Health, Inc.	DE	UIP	Todd Park	Ownership	42.073	Todd Park/Ed Park	NO	
			82-1023772				Devoted Health, Inc.	DE	UIP	Ed Park	Ownership	42.073	Todd Park/Ed Park	NO	
			37-1888690				Devoted Health Holdco, LLC	DE	UDP	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16358	82-3758085				Devoted Health Plan of Florida, Inc.	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16385	82-4278774				Devoted Health Insurance Company	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16487	61-1896982				Devoted Health Plan of Texas, Inc.	TX	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16758	83-4458231				Devoted Health Plan of Ohio, Inc.	OH	RE	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16614	84-2257628				Devoted Health Plan of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17010	84-4409284				Devoted Health Plan of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17222	85-0979261				Devoted Health Plan of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			83-3135833				Devoted Health Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1210036				Devoted Health Plan of Utah, Inc.	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1222388				Devoted Health Plan of Nevada, Inc.	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17188	86-1225656				Devoted Health Plan of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2128713				Devoted Medical Group, Inc.	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-3845516				Devoted Health Insurance Company of Nevada	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2672895				Devoted Health Insurance Company of Utah	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17187	86-3037982				Devoted Health Insurance Company of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17083	87-1091038				Devoted Health Insurance Company of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17219	87-0839319				Devoted Health Plan of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17218	87-0853289				Devoted Health Insurance Company of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17220	87-0958773				Devoted Health Insurance Company of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17277	87-1310756				Devoted Health Plan of Oregon, Inc.	OR	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17217	87-1577096				Devoted Health Plan of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17216	87-1729246				Devoted Health Insurance Company of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

Annual Statement for the Year 2023 of the Devoted Health Plan of Ohio, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4924	Devoted Health Group	17201	87-1843205				Devoted Health Plan of Virginia, Inc.	VA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17210	87-1866361				Devoted Health Insurance Company of Virginia, Inc.	VA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17263	87-1933443				Devoted Health Plan of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17262	87-1953361				Devoted Health Insurance Company of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17389	87-2668875				Devoted Health Plan of Missouri, Inc.	MO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17278	87-2877488				Devoted Health Plan of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17279	87-2895102				Devoted Health Insurance Company of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			36-4917517				Devoted Health MSC, Inc.	DE	NIA	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
			83-0914469				Devoted Medical Group, PLLC	FL	NIA	Robert Kocher	Other		Robert Kocher	NO	1
			85-2434574				Devoted Medical Group, Professional Corporation (FL)	FL	NIA	Robert Kocher	Ownership	100.000	Robert Kocher	NO	
			84-4609395				Devoted Medical Group of Texas, Inc.	TX	NIA	Devoted Health Holdco, LLC	Other		Todd Park/Ed Park	NO	2
			87-1378553				Devoted Medical, PC	IL	NIA	Brian Riveland	Ownership	100.000	Brian Riveland	NO	
4924	Devoted Health Group	17209	87-3970041				Devoted Health Insurance Company of Texas	TX	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3434243				Devoted Health Plan of Washington, Inc.	WA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3570851				Devoted Health Insurance Company of Washington	WA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3612583				Devoted Medical Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17247	87-4346278				Devoted Health Insurance Company of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17226	86-3255502				Devoted Health Plan of North Carolina, Inc.	NC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-4752280				My Enrollment Helper, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-1747609				Devoted Health Plan of New York, Inc.	NY	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-2201745				Devoted Health Plan of Michigan, Inc.	MI	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-1679517				Capstone Healthcare HoldCo, LLC	DE	NIA	Devoted Health Holdco, LLC	Ownership	50.010	Todd Park/Ed Park	NO	
			88-3278426				Devoted Health Plan of Georgia, Inc.	GA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3665767				Devoted Health Plan of Indiana, Inc.	IN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3483269				Devoted Health Plan of Mississippi, Inc.	MS	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			92-0608691				Devoted Medical PA, PC (PA)	PA	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			92-0943990				Devoted Medical NC, PC (NC)	NC	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	
			93-2804693				Devoted Health Insurance Company of Georgia, Inc.	GA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-2850564				Devoted Health Plan of New Mexico, Inc.	NM	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-3245827				Devoted Health Insurance Company of Mississippi	MS	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-3740332				Devoted Health Insurance Company of Arkansas	AR	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-3652533				Devoted Health Insurance Company of Kentucky, Inc.	KY	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-2527015				Devoted Health Holdings, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-4917082				Devoted Health Insurance Company of Indiana	IN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
Asterisk	Explanation														
1	Robert Kocher is the sole member														
2	Devoted Health Holdco, LLC is the sole corporate member														

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	37-1888690	Devoted Health Holdco, LLC		(61,350,000)							(61,350,000)	
00000	83-3135833	Devoted Health Services, Inc.					244,676,766				244,676,766	
16358	82-3758085	Devoted Health Plan of Florida, Inc.					(65,272,776)				(65,272,776)	
16385	82-4278774	Devoted Health Insurance Company		10,000,000			(4,377,113)				5,622,887	
16487	61-1896982	Devoted Health Plan of Texas, Inc.		14,250,000			(40,618,209)				(26,368,209)	
16758	83-4458231	Devoted Health Plan of Ohio, Inc.		10,000,000			(29,029,443)				(19,029,443)	
16614	84-2257628	Devoted Health Plan of Arizona, Inc.					(9,431,608)				(9,431,608)	
17010	84-4409284	Devoted Health Plan of Illinois, Inc.		2,300,000			(17,556,661)				(15,256,661)	
17083	87-1091038	Devoted Health Ins Co of Arizona, Inc.		2,100,000			(228,740)				1,871,260	
17209	87-3970041	Devoted Health Ins Co of Texas					(426,179)				(426,179)	
17216	87-1729246	Devoted Health Ins Co of Hawaii, Inc.		5,000,000			(239,798)				4,760,202	
17222	85-0979261	Devoted Health Plan of Alabama, Inc.		2,900,000			(6,894,501)				(3,994,501)	
17220	87-0958773	Devoted Health Ins Co of Alabama, Inc.		600,000			(1,158,885)				(558,885)	
17219	87-0839319	Devoted Hlth Plan of South Carolina, Inc.		1,900,000			(857,512)				1,042,488	
17218	87-0853289	Devoted Hlth Ins Co of South Carolina, Inc.		1,700,000			(2,075,289)				(375,289)	
17226	86-3255502	Devoted Hlth Plan of North Carolina, Inc.		10,700,000			(2,446,655)				8,253,345	
17247	87-4346278	Devoted Hlth Ins Co of Illinois, Inc.		6,950,000			(2,534,064)				4,415,936	
17188	86-1225656	Devoted Hlth Plan of Pennsylvania, Inc.					(953,425)				(953,425)	
17187	86-3037982	Devoted Hlth Ins Co of Pennsylvania, Inc.					(230,242)				(230,242)	
17262	87-1953361	Devoted Hlth Ins Co of Tennessee, Inc.		500,000			(80,235)				419,765	
17263	87-1933443	Devoted Health Plan of Tennessee, Inc.		1,100,000			(2,369,945)				(1,269,945)	
17277	87-1310756	Devoted Health Plan of Oregon, Inc.					(1,839,705)				(1,839,705)	
17278	87-2877488	Devoted Health Plan of Colorado, Inc.					(3,886,343)				(3,886,343)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
17279	87-2895102	Devoted Health Ins Co of Colorado, Inc.		600,000			(345,942)				254,058	
00000	84-4609395	Devoted Medical Group of Texas, Inc.					(38,909,456)				(38,909,456)	
00000	85-2434574	Devoted Medical Group, PC (FL)					(9,488,298)				(9,488,298)	
00000	85-2128713	Devoted Medical Group, Inc.					(6,135,903)				(6,135,903)	
00000	87-1378553	Devoted Medical, PC					2,106,446				2,106,446	
00000	92-0943990	Devoted Medical, NC PC (NC)					358,873				358,873	
00000	92-0608691	Devoted Medical, PA PC (PA)					244,842				244,842	
00000	93-1679517	Capstone Healthcare HoldCo, LLC		(9,250,000)							(9,250,000)	
9999999 - Control Totals				-			-		XXX		-	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Devoted Health Plan of Florida, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Texas, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Ohio, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Arizona, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Illinois, Inc.	Capstone Healthcare HoldCo, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Alabama, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Pennsylvania, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Pennsylvania, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Arizona, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of South Carolina, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of South Carolina, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Oregon, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Hawaii, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Hawaii, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Virginia, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Virginia, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Tennessee, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Tennessee, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Missouri, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of Colorado, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Colorado, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Texas	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Illinois, Inc.	Capstone Healthcare HoldCo, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Plan of North Carolina, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	
Devoted Health Insurance Company of Alabama, Inc.	Devoted Health Holdco, LLC	100.000 %	No	Todd Park/Ed Park		%	

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.












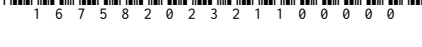

	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
June Filing	
8. Will an audited financial report be filed by June 1?.....	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 3 6 0 0 0 0 0 0
11. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 0 5 0 0 0 0 0
12. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 4 2 0 0 0 0 0 0
13. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 3 7 1 0 0 0 0 0
14. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 3 7 0 0 0 0 0 0
15. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 3 6 5 0 0 0 0 0
16. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 2 4 0 0 0 0 0
17. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 2 5 0 0 0 0 0
18. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 2 6 0 0 0 0 0
19. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 6 0 0 0 0 0 0 0
20. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 3 0 6 0 0 0 0 0
21. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	
24. The data for this supplement is not required to be filed.	 1 6 7 5 8 2 0 2 3 2 2 3 0 0 0 0 0

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