



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

Sidecar Health Insurance Company

(Name)

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 [ X ]

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  
(Street and Number)  
El Segundo, CA, US 90245 424-666-2815  
(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  
(Street and Number)  
El Segundo, CA, US 90245 424-666-2815  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

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
James Parker #	Peter Andruszkiewicz #		

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
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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 \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

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 .....						
Group subscribers:						
Castrucci Automotive.....	122,841	1,735	0	6,943	6,943	124,576
Central Farm And Garden Inc.....	690	0	0	0	0	690
Colliers International.....	2,233	0	0	0	0	2,233
Converse Electric, Inc.....	599	0	0	0	0	599
Diane Sauer Chevrolet.....	705	0	0	0	0	705
Donald Martens & Sons Ambulance Service.....	24,212	0	0	0	0	24,212
Edfun dba Primrose.....	5,671	0	0	0	0	5,671
Friends Service Co., Inc.....	41,941	0	0	0	0	41,941
Lifeline 24 Pharmacy.....	430	0	0	0	0	430
Mercer Residential Services, Inc.....	553	0	0	0	0	553
Millennium Community School.....	0	389	0	0	0	389
Neighborhood Alliance.....	14,996	16,321	0	14	14	31,317
Patton Painting.....	0	11,868	0	0	0	11,868
Paystand Test Customer.....	0	2	0	0	0	2
Phoenix Door Systems, Inc.....	35,572	0	0	0	0	35,572
Pro-Pak Industries.....	(309)	0	733	241	241	424
Syndicate B dba Balance Grille.....	247	0	67	0	0	314
TecStone Granite USA.....	26,085	0	0	0	0	26,085
The Graham School.....	1,542	0	0	0	0	1,542
Tracewell System, Inc.....	1,157	0	0	0	0	1,157
Unistructural Support Systems LTD.....	33,902	0	0	0	0	33,902
Village of Lexington.....	1,467	0	0	0	0	1,467
Weaver Industries Inc.....	(1,826)	17,777	0	0	0	15,951
Undeposited funds from TPA.....	145,593	0	0	0	0	145,593
0299997 Group subscriber subtotal .....	458,301	48,092	800	7,198	7,198	507,192
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	458,301	48,092	800	7,198	7,198	507,192
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)	458,301	48,092	800	7,198	7,198	507,192

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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 .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....	228,535	1,466,738		239,267	228,535	7,590
7. Totals (Lines 1 through 6)	228,535	1,466,738	0	239,267	228,535	7,590

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)**

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## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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Exhibit 8 - Furniture, Equipment and Supplies Owned

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      Sidecar Health Insurance Company      2. \_\_\_\_\_ (LOCATION)

	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 .....	0													
2 First Quarter .....	0													
3 Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year	172		172											
6 Current Year Member Months	326		326											
Total Member Ambulatory Encounters for Year:														
7. Physician .....	157		157											
8. Non-Physician .....	12		12											
9. Total	169	0	169	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	26		26											
11. Number of Inpatient Admissions	11		11											
12. Health Premiums Written (b).....	350,481		350,481											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	350,481		350,481											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	37,014		37,014											
18. Amount Incurred for Provision of Health Care Services	146,860		146,860											

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      Sidecar Health Insurance Company      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code      00000      BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2023										NAIC Company Code      17104		
	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 .....	1,475	261	1,214											
2 First Quarter .....	3,570	236	3,334											
3 Second Quarter .....	4,376	215	4,161											
4. Third Quarter .....	4,896	212	4,684											
5. Current Year	5,534	212	5,322											
6 Current Year Member Months	53,195	2,620	50,575											
Total Member Ambulatory Encounters for Year:														
7. Physician .....	14,288	634	13,654											
8. Non-Physician .....	4,246	265	3,981											
9. Total	18,534	899	17,635	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	940	24	916											
11. Number of Inpatient Admissions	361	16	345											
12. Health Premiums Written (b).....	22,338,979	(15,830)	22,354,809											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	22,338,979	(15,830)	22,354,809											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	13,071,521	584,989	12,486,532											
18. Amount Incurred for Provision of Health Care Services	18,634,222	523,362	18,110,860											

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....212

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      Sidecar Health Insurance Company      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2023							NAIC Company Code		17104
	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 .....	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 .....	4,896	212	4,684	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	5,706	212	5,494	0	0	0	0	0	0	0	0	0	0	0
6 Current Year Member Months	53,521	2,620	50,901	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....	14,445	634	13,811	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	4,258	265	3,993	0	0	0	0	0	0	0	0	0	0	0
9. Total	18,703	899	17,804	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	966	24	942	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	372	16	356	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	22,689,460	(15,830)	22,705,290	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	22,689,460	(15,830)	22,705,290	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	13,108,535	584,989	12,523,546	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	18,781,082	523,362	18,257,720	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....212

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

## SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

## SCHEDULE S - PART 2

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

[illegible]

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### Reinsurance Ceded To Unauthorized Companies

NONE

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....



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SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	3,874	440	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....	186	0	0	0	0
8. Reinsurance recoverable on paid losses.....	286	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	18,113,124		18,113,124
2. Accident and health premiums due and unpaid (Line 15).....	507,192		507,192
3. Amounts recoverable from reinsurers (Line 16.1).....	285,744	(285,744)	0
4. Net credit for ceded reinsurance.....	XXX	353,404	353,404
5. All other admitted assets (Balance).....	1,734,543		1,734,543
6. Total assets (Line 28)	20,640,603	67,660	20,708,263
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	7,029,954	186,423	7,216,377
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,228,735		1,228,735
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	5,495,031	(118,763)	5,376,268
15. Total liabilities (Line 24).....	13,753,720	67,660	13,821,380
16. Total capital and surplus (Line 33).....	6,886,883	XXX	6,886,883
17. Total liabilities, capital and surplus (Line 34)	20,640,603	67,660	20,708,263
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	186,423		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	285,744		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	472,167		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	118,763		
30. Total ceded reinsurance payables/offsets .....	118,763		
31. Total net credit for ceded reinsurance	353,404		

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL						0
2. Alaska .....	AK						0
3. Arizona .....	AZ						0
4. Arkansas .....	AR						0
5. California .....	CA						0
6. Colorado .....	CO						0
7. Connecticut .....	CT						0
8. Delaware .....	DE						0
9. District of Columbia .....	DC						0
10. Florida .....	FL						0
11. Georgia .....	GA						0
12. Hawaii .....	HI						0
13. Idaho .....	ID						0
14. Illinois .....	IL						0
15. Indiana .....	IN						0
16. Iowa .....	IA						0
17. Kansas .....	KS						0
18. Kentucky .....	KY						0
19. Louisiana .....	LA						0
20. Maine .....	ME						0
21. Maryland .....	MD						0
22. Massachusetts .....	MA						0
23. Michigan .....	MI						0
24. Minnesota .....	MN						0
25. Mississippi .....	MS						0
26. Missouri .....	MO						0
27. Montana .....	MT						0
28. Nebraska .....	NE						0
29. Nevada .....	NV						0
30. New Hampshire .....	NH						0
31. New Jersey .....	NJ						0
32. New Mexico .....	NM						0
33. New York .....	NY						0
34. North Carolina .....	NC						0
35. North Dakota .....	ND						0
36. Ohio .....	OH						0
37. Oklahoma .....	OK						0
38. Oregon .....	OR						0
39. Pennsylvania .....	PA						0
40. Rhode Island .....	RI						0
41. South Carolina .....	SC						0
42. South Dakota .....	SD						0
43. Tennessee .....	TN						0
44. Texas .....	TX						0
45. Utah .....	UT						0
46. Vermont .....	VT						0
47. Virginia .....	VA						0
48. Washington .....	WA						0
49. West Virginia .....	WV						0
50. Wisconsin .....	WI						0
51. Wyoming .....	WY						0
52. American Samoa .....	AS						0
53. Guam .....	GU						0
54. Puerto Rico .....	PR						0
55. U.S. Virgin Islands .....	VI						0
56. Northern Mariana Islands .....	MP						0
57. Canada .....	CAN						0
58. Aggregate Other Alien .....	OT						0
59. Totals		0	0	0	0	0	0

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[illegible]

Asterisk	Explanation
1	Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 23.2% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater, and/or holding the right to appoint a director to the Board of SHI under the SHI voting agreement, filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H).....

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## SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES 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.

MARCH FILING

Responses

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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?

.....YES.....

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.....

Explanation:

12.

Not Applicable - None
16.


Not Applicable - None
17.


Not Applicable - None
18.


Not Applicable - None

Bar code:

10.

  
1 7 1 0 4 2 0 2 3 3 6 0 5 9 0 0 0
11.

  
1 7 1 0 4 2 0 2 3 2 0 5 5 9 0 0 0
13.

  
1 7 1 0 4 2 0 2 3 3 7 1 0 0 0 0 0
14.



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17104202337000000

15. 17104202336500000

20. 17104202330600000

21. 17104202321100000

24. 17104202322300000

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SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023  
(To Be Filed By March 1)

FOR THE STATE OF Alabama

NAIC Group Code 00000..... NAIC Company Code 17104.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023  
(To Be Filed By March 1)

FOR THE STATE OF Florida

NAIC Group Code 00000..... NAIC Company Code 17104.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	.NO.....
2. Health.....	.NO.....
3. Homeowners.....	.NO.....
4. Individual annuity.....	.NO.....
5. Individual life.....	.NO.....
6. Lender-placed home and auto.....	.NO.....
7. Long-term care.....	.NO.....
8. Other health.....	.NO.....
9. Private flood.....	.NO.....
10. Private passenger auto.....	.NO.....
11. Short-term limited duration health plans.....	.NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023  
(To Be Filed By March 1)

FOR THE STATE OF Georgia

NAIC Group Code 00000..... NAIC Company Code 17104.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Sidecar Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023  
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00000..... NAIC Company Code 17104.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel	NO