



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
Sidecar Health Insurance Company**

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

Main Administrative Office 2381 Rosecrans Ave Ste 400
(Street and Number)

El Segundo, CA, US 90245
(City or Town, State, Country and Zip Code) 424-888-2815
(Area Code) (Telephone Number)

Mail Address 2381 Rosecrans Ave Ste 400,
(Street and Number or P.O. Box) El Segundo, CA, US 90245
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2001 Research Rd, Ste 100
(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 General Counsel and Chief Risk Officer	Andrea Sherry	Treasurer & Vice President of Finance
Monica Auciello			

OTHER OFFICERS

Doug Lynch, Chief Actuary, Veronica Osetinsky, Chief Operating Officer

DIRECTORS OR TRUSTEES

State of _____

ss

County of

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

a. Is this an original filing? Yes [] 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

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

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 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
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.

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

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 Specialty.....	22,725	.0	.0	.0	.0	22,725
Knox Community Hospital.....	0	.0	13,820	.0	.0	13,820
Valley Health Winchester Medical Center.....	0	.0	0	14,031	.0	14,031
Benefits Pyble to Members of Indv Mkt HP.....	25,695	27,556	0	.0	.0	53,251
Benefits Pyble to Members of Group MktHP.....	211,753	104,804	27,317	.0	128,228	472,102
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0199999 Individually listed claims unpaid.....	260,173	132,360	41,137	14,031	128,228	575,929
0299999 Aggregate accounts not individually listed-uncovered.....	0	.0	0	.0	.0	0
0399999 Aggregate accounts not individually listed-covered.....	405,525	59,398	32,920	8,988	205,696	712,527
0499999 Subtotals.....	665,698	191,758	74,057	23,019	333,924	1,288,456
0599999 Unreported claims and other claim reserves.....						5,927,921
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						7,216,377
0899999 Accrued medical incentive pool and bonus amounts.....						0

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

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
Sidecar Health, Inc.	24,690					24,690	
Sidecar Health Insurance Solutions, LLC.	441,391					441,391	
0199999 Individually listed receivables	466,081	0	0	0	0	466,081	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	466,081	0	0	0	0	466,081	0

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Sidecar Health Insurance Solutions, LLC.....	ACA-claims related (Marqeta).....	57,653	57,653	
Sidecar Health Insurance Solutions, LLC.....	General Expenses.....	649,623	649,623	
Sidecar Health, Inc.....	General Expenses.....	24,304	24,304	
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0199999 Individually listed payables.....		731,580	731,580	0
0299999 Payables not individually listed				
0399999 Total gross payables		731,580	731,580	0

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

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		.0		
2. Intermediaries	0	0.0		.0		
3. All other providers	0	0.0		.0		
4. Total capitation payments	0	0.0	.0	0.0	0	0
Other Payments:						
5. Fee-for-service	13,108,535	100.0	XXX	XXX		13,108,535
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	13,108,535	100.0	XXX	XXX	0	13,108,535
13. Total (Line 4 plus Line 12)	13,108,535	100 %	XXX	XXX	0	13,108,535

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia			DURING THE YEAR 2023							NAIC Company Code	17104		
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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 products0 and number of persons insured under indemnity only products0

(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	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10				
		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		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 products0 and number of persons insured under indemnity only products212

(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 Consolidated			DURING THE YEAR 2023										NAIC Company Code	17104	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		Total	2 Individual	3 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		1,475	261	1,214	.0	0	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	0	0
3. Second Quarter		4,376	215	4,161	.0	0	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	0	0
5. Current Year		5,706	212	5,494	0	0	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	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	0	0
8. Non-Physician		4,258	265	3,993	.0	0	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	0	0
10. Hospital Patient Days Incurred		966	24	942	0	0	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	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	0	0
13. Life Premiums Direct .....		.0	0	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	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	0	0
16. Property/Casualty Premiums Earned		0	0	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	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	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products212

(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

SCHEDULE S - PART 1 - SECTION 2

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

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

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

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													
21113.....	13-5459190.....	05/01/2023.....	UNITED STATES FIRE INS CO.....	DE.....	SSL/I.....	CMM.....	360,775						
23680.....	47-0698507.....	01/01/2023.....	ODYSSEY REINS CO.....	CT.....	SSL/I.....	CMM.....	594,204						
38776.....	13-2997499.....	05/01/2022.....	SIRIUSPOINT AMER INS CO.....	NY.....	SSL/I.....	CMM.....	2,919,410						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,874,389	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							3,874,389	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							3,874,389	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							3,874,389	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,874,389	0	0	0	0	0	0
9999999 Totals							3,874,389	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

NONE

34

(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

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

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral								23	24	25	26		
															16	17	18	19	20	21	22	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)	Liability for Reinsurance				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer	Rating(1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col.8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Total Collateral Provided (Col. 16 +17 +19 +20 + 21)	Total Collateral Provided (Col. 22 / Col. 14)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)	Liability for Reinsurance	
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates																												
21113.....	13-5459190.....	05/01/2023.....	UNITED STATES FIRE INS CO.....	DE.....	3.....	08/03/2023.....			21,660.....			21,660.....			21,660.....		0.....						0.....	0.....	0.....	0.....	21,660.....	
23680.....	47-0698507.....	01/01/2023.....	ODYSSEY REINS CO.....	CT.....	2.....	07/06/2023.....				0.....				0.....		0.....						0.....	0.....	0.....	0.....	0.....		
3876.....	13-2997499.....	05/01/2022.....	SIRIUSPOINT AMER INC CO.....	NY.....	4.....	04/19/2023.....			411,043.....			411,043.....			411,043.....		0.....					0.....	0.....	0.....	0.....	411,043.....		
199999 - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates																												
2199999 - General Account - Accident and Health - Non-Affiliates - Total Non-Affiliates								0	432,702	0	432,702	0	432,702	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	432,702	
2299999 - General Account - Accident and Health - Total Accident and Health								0	432,702	0	432,702	0	432,702	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	432,702	
2399999 - General Account - Total General Account								0	432,702	0	432,702	0	432,702	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	432,702	
3599999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)								0	432,702	0	432,702	0	432,702	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	432,702	
9999999	Totals								0	432,702	0	432,702	0	432,702	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	432,702

(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

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

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
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	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	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	0
10. Commissions and reinsurance expense allowances due.....	0	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
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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		

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

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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	6 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

NONE

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

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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) ..

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

SCHEDULE Y

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

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

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

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

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

	<u>Responses</u>
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.....
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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 0



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



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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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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.....