



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2024  
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 [ ]

Incorporated/Organized 02/25/2021 Commenced Business 09/30/2021

Statutory Home Office One Columbus, Suite 495, 10 West Broad Street (Street and Number) , Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)

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

El Segundo, CA, US 90245 (City or Town, State, Country and Zip Code) 424-666-2815 (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 2381 Rosecrans Ave Ste 400 (Street and Number)

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

Internet Web Site Address N/A

Statutory Statement Contact Andrea Sherry (Name) , 716-517-6457 (Area Code) (Telephone Number) (Extension)

asherry@SidecarHealth.com (E-Mail Address) 866-429-2596 (Fax Number)

OFFICERS

Name	Title	Name	Title
Patrick Quigley	President & Chief Executive Officer	Andrea Sherry	Treasurer & Vice President of Finance
Natalie Leino #	General Counsel, Chief Compliance & Risk Officer		

OTHER OFFICERS

Doug Lynch	Chief Actuary	Veronica Osetinsky	Chief Operating Officer

DIRECTORS OR TRUSTEES

Peter Andruszkiewicz	Jennifer Kent	Molly Bonakdarpour	Patrick Quigley
James Parker			

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  
Natalie Leino General Counsel, Chief Compliance & Risk Officer

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	15,843,500		15,843,500	6,181,254
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....3,238,522 , Schedule E-Part 1), cash equivalents (\$ .....5,872,506 , Schedule E-Part 2) and short-term investments (\$ .....670,955 , Schedule DA).....	9,781,982		9,781,982	11,931,870
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	25,625,482	0	25,625,482	18,113,124
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	121,210		121,210	38,084
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,723,380	186,977	1,536,403	507,192
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,078,058		3,078,058	285,744
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	160,000		160,000	466,081
24. Health care (\$ ..... ) and other amounts receivable.....	2,842,362	519,093	2,323,269	1,042,585
25. Aggregate write-ins for other-than-invested assets .....	104,414	11,658	92,756	187,793
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	33,654,906	717,728	32,937,178	20,640,603
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	33,654,906	717,728	32,937,178	20,640,603
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses.....	11,658	11,658	0	0
2502. Other Receivable.....	92,756		92,756	187,793
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	104,414	11,658	92,756	187,793

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....200,000 reinsurance ceded)	13,724,674		13,724,674	7,029,954
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	513,024		513,024	279,224
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	170,384		170,384	2,133,581
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....	1,168,595		1,168,595	1,228,735
9. General expenses due or accrued .....	1,495,877		1,495,877	726,698
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	316,690		316,690	118,763
12. Amounts withheld or retained for the account of others .....	2,840,129		2,840,129	1,505,185
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	1,004,603		1,004,603	731,580
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	36,246	0	36,246	0
24. Total liabilities (Lines 1 to 23).....	21,270,222	0	21,270,222	13,753,720
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	3,000,000	3,000,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	29,500,000	13,000,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(20,833,044)	(9,113,117)
32. Less treasury stock, at cost:				
32.1 .....shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	11,666,956	6,886,883
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	32,937,178	20,640,603
DETAILS OF WRITE-INS				
2301. Broker Commission Payable.....	36,246		36,246	
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	36,246	0	36,246	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	104,872	53,521
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	44,727,753	18,815,070
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	44,727,753	18,815,070
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			0
10. Other professional services .....		0	0
11. Outside referrals .....		15,529,983	13,295,659
12. Emergency room and out-of-area .....		17,944,871	899,948
13. Prescription drugs .....		16,858,183	4,585,476
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	50,333,038	18,781,082
<b>Less:</b>			
17. Net reinsurance recoveries .....		3,451,926	619,125
18. Total hospital and medical (Lines 16 minus 17) .....	0	46,881,111	18,161,957
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....		5,141,536	2,779,131
21. General administrative expenses.....		5,681,581	2,469,621
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(1,157,086)	496,009
23. Total underwriting deductions (Lines 18 through 22) .....	0	56,547,143	23,906,718
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(11,819,390)	(5,091,647)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		501,330	166,686
26. Net realized capital gains (losses) less capital gains tax of \$ .....71 .....			(1,260)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	501,402	165,426
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(11,317,989)	(4,926,221)
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(11,317,989)	(4,926,221)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	6,886,883	5,704,762
34. Net income or (loss) from Line 32 .....	(11,317,989)	(4,926,221)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	(401,939)	108,343
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	16,500,000	6,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	4,780,073	1,182,122
49. Capital and surplus end of reporting year (Line 33 plus 48)	11,666,956	6,886,883
DETAILS OF WRITE-INS		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations		1	2
		Current Year	Prior Year
1.	Premiums collected net of reinsurance .....	41,693,352	19,784,079
2.	Net investment income .....	427,365	197,936
3.	Miscellaneous income .....	0	0
4.	Total (Lines 1 through 3) .....	42,120,718	19,982,016
5.	Benefit and loss related payments .....	44,729,432	14,665,728
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	9,820,137	4,062,409
8.	Dividends paid to policyholders .....		0
9.	Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10.	Total (Lines 5 through 9) .....	54,549,569	18,728,137
11.	Net cash from operations (Line 4 minus Line 10) .....	(12,428,851)	1,253,879
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	1,593,498	740,498
12.2	Stocks .....	0	0
12.3	Mortgage loans .....	0	0
12.4	Real estate .....	0	0
12.5	Other invested assets .....	0	0
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7	Miscellaneous proceeds .....	0	0
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	1,593,498	740,498
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	11,263,834	490,215
13.2	Stocks .....	0	0
13.3	Mortgage loans .....	0	0
13.4	Real estate .....	0	0
13.5	Other invested assets .....	0	0
13.6	Miscellaneous applications .....	1,000	0
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	11,264,834	490,215
14.	Net increase/(decrease) in contract loans and premium notes .....	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(9,671,336)	250,283
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....	0	0
16.2	Capital and paid in surplus, less treasury stock .....	16,500,000	6,000,000
16.3	Borrowed funds .....	0	0
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		0
16.5	Dividends to stockholders .....	0	0
16.6	Other cash provided (applied) .....	3,450,300	1,326,205
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	19,950,300	7,326,205
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,149,887)	8,830,367
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	11,931,870	3,101,503
19.2	End of year (Line 18 plus Line 19.1) .....	9,781,982	11,931,870

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income .....	44,727,753	173,255	44,554,498	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit .....	0													
3. Fee-for-service (net of \$ ..... medical expenses) .....	.0													XXX
4. Risk revenue .....	.0													XXX
5. Aggregate write-ins for other health care related revenues .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6) .....	44,727,753	173,255	44,554,498	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits .....	.0													XXX
9. Other professional services .....	.0		.0											XXX
10. Outside referrals .....	15,529,983	(189,474)	15,719,457											XXX
11. Emergency room and out-of-area .....	17,944,871	75,884	17,868,987											XXX
12. Prescription drugs .....	16,858,183	4,019	16,854,164											XXX
13. Aggregate write-ins for other hospital and medical .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	.0													XXX
15. Subtotal (Lines 8 to 14) .....	50,333,038	(109,571)	50,442,609	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries .....	3,451,926		3,451,926											XXX
17. Total hospital and medical (Lines 15 minus 16) .....	46,881,111	(109,571)	46,990,683	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ .....0 cost containment expenses .....	5,141,536	(13,763)	5,155,299											
20. General administrative expenses .....	5,681,581		5,681,581											
21. Increase in reserves for accident and health contracts .....	(1,157,086)		(1,157,086)											XXX
22. Increase in reserves for life contracts .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	56,547,143	(123,334)	56,670,477	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(11,819,390)	296,589	(12,115,979)	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501. ....														XXX
0502. ....														XXX
0503. ....														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....														XXX
1302. ....														XXX
1303. ....														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....	173,255			173,255
2. Comprehensive (hospital and medical) group .....	48,859,222		4,304,724	44,554,498
3. Medicare Supplement .....				0
4. Vision only .....				0
5. Dental only .....				0
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....	0			0
8. Title XIX – Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	49,032,477	0	4,304,724	44,727,753
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	49,032,477	0	4,304,724	44,727,753



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	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
1. Payments during the year:														
1.1 Direct .....	43,839,254	150,948	43,688,306											
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	646,035		646,035											
1.4 Net .....	43,193,219	150,948	43,042,271	0	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	13,924,674	521	13,924,153	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	200,000	0	200,000	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	13,724,674	521	13,724,153	0	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0													
6. Net healthcare receivables (a).....	214,513		214,513											
7. Amounts recoverable from reinsurers December 31, current year .....	3,078,058		3,078,058											
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	7,216,377	261,040	6,955,337	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	186,423	0	186,423	0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	7,029,954	261,040	6,768,914	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	285,744	0	285,744	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct .....	50,333,038	(109,571)	50,442,609	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	3,451,926	0	3,451,926	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	46,881,111	(109,571)	46,990,683	0	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and 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
1. Reported in Process of Adjustment:														
1.1. Direct .....	.0													
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	13,924,674	521	13,924,153											
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	200,000		200,000											
2.4. Net .....	13,724,674	521	13,724,153	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct .....	13,924,674	521	13,924,153	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	200,000	.0	200,000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	13,724,674	521	13,724,153	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	150,948	.0	521	.0	151,469	261,040
2. Comprehensive (hospital and medical) group .....	4,284,252	35,965,705	247,517	13,476,636	4,531,769	6,768,914
3. Medicare Supplement .....					.0	.0
4. Vision Only .....					.0	.0
5. Dental Only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability Income .....					.0	.0
11. Long-Term Care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12) .....	4,435,200	35,965,705	248,038	13,476,636	4,683,237	7,029,954
14. Healthcare receivables (a) .....		214,513			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....					.0	.0
17. Totals (Lines 13-14+15+16)	4,435,200	35,751,192	248,038	13,476,636	4,683,237	7,029,954

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.0	.0	.0	.0	
3. 2021 .....	XXX	.0			
4. 2022 .....	XXX	XXX	751	1,580	1,585
5. 2023 .....	XXX	XXX	XXX	11,847	16,284
6. 2024 .....	XXX	XXX	XXX	XXX	38,658

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.0	.0	.0	.0	
3. 2021 .....	XXX	.0			
4. 2022 .....	XXX	XXX	2,295	1,605	1,610
5. 2023 .....	XXX	XXX	XXX	18,852	23,289
6. 2024 .....	XXX	XXX	XXX	XXX	42,439

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2020.....	.0	.0		.0	.0	.0			.0	.0
2. 2021.....	.0	.0		.0	.0	.0			.0	.0
3. 2022.....	1,372	1,585	361	22.8	1,946	141.8			1,946	141.8
4. 2023.....	18,815	16,284	2,780	17.1	19,065	101.3			19,065	101.3
5. 2024 .....	44,477	38,658	4,629	12.0	43,287	97.3	13,725	513	57,525	129.3

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	.0
2. 2020 .....	.0	.0	.0	.0	.0
3. 2021 .....	XXX	.0	.0	.0	.0
4. 2022 .....	XXX	XXX	751	1,580	1,585
5. 2023 .....	XXX	XXX	XXX	11,847	16,284
6. 2024 .....	XXX	XXX	XXX	XXX	38,658

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	.0
2. 2020 .....	.0	.0	.0	.0	.0
3. 2021 .....	XXX	.0	.0	.0	.0
4. 2022 .....	XXX	XXX	2,295	1,605	1,610
5. 2023 .....	XXX	XXX	XXX	18,852	23,289
6. 2024 .....	XXX	XXX	XXX	XXX	42,439

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2020 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2021 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2022 .....	1,372	1,585	361	22.8	1,946	141.8	.0	.0	1,946	141.8
4. 2023 .....	18,815	16,284	2,780	17.1	19,065	101.3	.0	.0	19,065	101.3
5. 2024 .....	44,477	38,658	4,629	12.0	43,287	97.3	13,725	513	57,525	129.3

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XI  
**NONE**

Part 2C - Sn C - Claims Expense Ratio OT  
**NONE**



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		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
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	170,384		170,384										
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	.0												
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	170,384	.0	170,384	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	170,384	0	170,384	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. RISK ADJUSTMENT RESERVE.....	.0												
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....	.0												
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....170,384 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....			12,000		12,000
2. Salaries, wages and other benefits .....		1,472,017	73,411		1,545,428
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			2,609,710		2,609,710
4. Legal fees and expenses .....			605		605
5. Certifications and accreditation fees .....			0		0
6. Auditing, actuarial and other consulting services .....			42,646		42,646
7. Traveling expenses .....			1,444		1,444
8. Marketing and advertising .....			606,233		606,233
9. Postage, express and telephone .....			20,900		20,900
10. Printing and office supplies .....			1,281		1,281
11. Occupancy, depreciation and amortization .....			0		0
12. Equipment .....			0		0
13. Cost or depreciation of EDP equipment and software .....		1,564,486	7,231		1,571,716
14. Outsourced services including EDP, claims, and other services .....			229,305		229,305
15. Boards, bureaus and association fees .....			22,523		22,523
16. Insurance, except on real estate .....			1,363		1,363
17. Collection and bank service charges .....			1,285,030		1,285,030
18. Group service and administration fees .....			0		0
19. Reimbursements by uninsured plans .....			0		0
20. Reimbursements from fiscal intermediaries .....			0		0
21. Real estate expenses .....			0		0
22. Real estate taxes .....			0		0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			0		0
23.2 State premium taxes .....			668,241		668,241
23.3 Regulatory authority licenses and fees .....			95,684		95,684
23.4 Payroll taxes .....			3,974		3,974
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	2,105,034	0	67,500	2,172,534
26. Total expenses incurred (Lines 1 to 25) .....	0	5,141,536	5,681,581	67,500	(a) 10,890,617
27. Less expenses unpaid December 31, current year .....		513,024	1,495,877		2,008,901
28. Add expenses unpaid December 31, prior year .....	0	279,224	726,698	0	1,005,922
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	4,907,736	4,912,401	67,500	9,887,637
DETAILS OF WRITE-INS					
2501. Investment management expenses.....				67,500	67,500
2502. Member receivables charged off.....		1,871,234			1,871,234
2503. Change in loss adjustment expense.....		233,800			233,800
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	2,105,034	0	67,500	2,172,534

(a) Includes management fees of \$ .....4,417,856 to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....20,125	.....34,508
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....191,222	.....243,489
1.3	Bonds of affiliates .....	(a).....0	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11	Preferred stocks of affiliates .....	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....0
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....273,703	.....290,179
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....654
10.	Total gross investment income .....	485,050	568,830
11.	Investment expenses .....		(g).....67,500
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13.	Interest expense .....		(h).....
14.	Depreciation on real estate and other invested assets .....		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....67,500
17.	Net investment income (Line 10 minus Line 16) .....		501,330
DETAILS OF WRITE-INS			
0901.	Misc Income .....		.....654
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	654
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		0

(a) Includes \$ .....29,142 accrual of discount less \$ .....38,303 amortization of premium and less \$ .....50,406 paid for accrued interest on purchases.  
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ .....6,578 accrual of discount less \$ .....169 amortization of premium and less \$ .....1,143 paid for accrued interest on purchases.  
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....	.....71		.....71		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	71	0	71	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	186,977	7,198	(179,779)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	519,093	303,104	(215,989)
25. Aggregate write-ins for other-than-invested assets .....	11,658	5,488	(6,171)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	717,728	315,790	(401,939)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	717,728	315,790	(401,939)
DETAILS OF WRITE-INS			
1101. ....		0	0
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Rent/Expenses.....	11,658	5,488	(6,171)
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	11,658	5,488	(6,171)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	5,706	7,836	9,525	11,246	7,910	104,872
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	5,706	7,836	9,525	11,246	7,910	104,872
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Sidecar Health Insurance Company (“The Company”) is dedicated to providing simple and transparent insurance options based on cash prices. Sidecar Health is a licensed insurer domiciled in Ohio. The Company began writing both a large employer group line and an Affordable Care Act (ACA) individual market line for Plan Year 2022. The Company subsequently exited the individual market effective at the beginning of 2024.

1A. Accounting Practices

The Company prepares its statutory financial statements in conformity with accounting practices prescribed by the State of Ohio. The State of Ohio requires that insurance entities domiciled in Ohio prepare their statutory basis financial statements in accordance with the Statutory Accounting Principles as per the NAIC Accounting Practices and Procedures Manual (NAIC SAP).

	SSAP	F/S Page	F/S Line	2024	2023
NET INCOME (LOSS)					
(1) Sidecar Hlth Ins. Co state basis (Page 4, Line 32, Columns 2 & 3)				(\$11,317,989)	(\$4,926,221)
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP				0	0
(4) NAIC SAP (1 – 2 – 3 = 4)				(\$11,317,989)	(\$4,926,221)
SURPLUS					
(5) Sidecar Hlth Ins. Co state basis (Page 3, line 33, Columns 3 & 4)				\$11,666,956	\$6,886,883
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP				0	0
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP				0	0
(8) NAIC SAP (5 – 6 – 7 = 8)				\$11,666,956	\$6,886,883

1B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with the NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

1C. Accounting Policies

Expenses incurred in connection with acquiring new business are charged to operations as incurred. The Company’s health plans use a non-network indemnity model to pay an allowed amount (referred to as the Benefit Amount in policies and plan documents) for each procedure, device, or drug billed by a provider or pharmacy in connection with delivering covered services. For most claims, members pay providers at the point of service using either their own payment method or a Company-issued Visa card. Members submit proof of loss to the Company and, subject to cost sharing, the Company reimburses members the applicable allowed amount for the drug or service, regardless of billed charges. The Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats this charge to the Sidecar Health Visa card as an account receivable. The Company had \$2,937,802 such Member Receivables at December 31, 2024 and \$1,398,468 at December 31, 2023. The Company writes off receivables if after 90 days from the date of the charge to the Sidecar Health Visa card a medical expense is not substantiated or the balance is not repaid by the member. If the Sidecar Health Visa data indicates the charge was likely made to pay for a covered service, then the receivable is charged to claims expense when it is written off. Otherwise, the receivable is charged to Other Claims Adjustment Expenses. The Company has written off \$695,195 in Sidecar Health Visa charges to Claims Expense as of December 31, 2024, and \$366,207 as of December 31, 2023. The Company has written off \$1,868,577 to Other Claims adjustment Expense as of December 31, 2024, and \$1,017,976 as of December 31, 2023.

The Company receives some claims directly from providers. The Company pays the allowed amount for such services directly to the member, except for claims subject to surprise billing laws or coordination of benefits, in which case the Company pays the allowed amount to the provider. In addition, the Company has direct billing agreements with certain providers who prefer to submit claims and receive reimbursement through a traditional billing cycle rather than charging members directly. As the Company does not utilize any provider networks, all medical expenses, whether paid to providers or members, are reported as outside referrals, other than expenses for emergency room services or prescription drugs, which are reported on their respective lines. All medical expenses are reported as “fee for service” in Exhibit 7 to the annual statement.

If not paying providers directly, the Company may pay claims by crediting the applicable Benefit Amount for covered services to the member’s Sidecar Health account. The balance in this account can be withdrawn by the member and received in the form of a check payment from the Company’s claims account or the member can elect to apply their balance against claims balances due to Sidecar Health. Sidecar Health account balances are liabilities on the Company’s balance sheet, retained for the benefit of members.

As of December 31, 2024 the Company has no reserves related to plan year 2023 for estimated risk adjustment charges for the state market pool related to off-exchange individual market lives in Ohio.

NOTES TO FINANCIAL STATEMENTS

1C.(2) - SVO-Identified securities – there are no investments reported at a different measurement method from what was used in an earlier current-year interim and/or in a prior annual statement.

1C.(6) - Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

**1D. Going Concern** Based upon its evaluation of relevant conditions and events, management is confident of the Company's ability to continue as a going concern. The Company has exited the individual market, which, due to risk adjustment charges, resulted in a net loss of nearly a \$1 million in 2023. Due to the exit, these losses did not recur in 2024, and the Company only has enrollments in its large employer group products. The Company is more than adequately capitalized for its current large group membership and can exercise control over large groups sales activities to ensure enrollment remains within acceptable limits. In addition, the Company’s upstream parent recently raised \$125 million in Series D equity financing and can contribute additional capital necessary to support the Company’s operations.

**Note 2 - Accounting Changes and Corrections of Errors** - None.

**Note 3 - Business Combinations and Goodwill** - None.

**Note 4A-D - Discontinued Operations** - None.

**Note 5 - Investments** – No significant change.

- 5A-C. The Company has no investments in mortgage loans, restructured debt, reverse mortgages, repurchase agreements or real estate. There are no significant changes in investments.
- The unrealized losses on the Company's fixed maturity investments are primarily caused by changes in interest rates. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. The Company intends and believes it can hold these investments until an expected recovery of fair value.
- 5D. Investments in Loan Backed Securities –
- 1) Prepayment assumptions for mortgage-backed securities are based on estimates provided by the dealer markets.
  - 2 & 3) there are no OTTI adjustments on the company’s mortgage backed securities.
  - 4) There are no OTTI impaired mortgage backed securities.
- 5E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.
- 5F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
- 5G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
- 5H. Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
- 5J. Real Estate – None.
- 5K. Low-Income Housing Tax Credits (LIHTC) – None.
- 5L. Restricted Assets - Investments and cash in the amount of \$111,769 are held on deposit by the Ohio Department of Insurance, representing less than 1% of total invested assets of \$25,625,482.
- 5M. Working Capital Finance Investments – None.
- 5N. Offsetting and Netting of Assets and Liabilities – None.
- 5O. 5\* Securities – None.
- 5P. Short Sales – None.
- 5Q. Prepayment Penalty and Acceleration Fees– None.
- 5R. Cash Pool – None.

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies** - None.

**Note 7 - Investment Income**

The Company has no investments with income in arrears or over 90 days past due.

**Note 8A-B - Derivative Instruments** - None.

**Note 9 - Income Taxes**

A. The components of the net deferred tax asset/liability at December 31 are as follows:

		12/31/2024			12/31/2023			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.										
(a)	Gross Deferred Tax Assets	4,066,571	529	4,067,100	1,847,384	265	1,847,649	2,219,187	264	2,219,451
(b)	Statutory Valuation Allowance Adjustments	4,066,361	529	4,066,890	1,847,174	265	1,847,439	2,219,187	264	2,219,451
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	210	-	210	210	-	210	(0)	-	(0)
(d)	Deferred Tax Assets Nonadmitted				-		-	-	-	-
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	210	-	210	210	-	210	(0)	-	(0)
(f)	Deferred Tax Liabilities	210	-	210	210		210	(0)	-	(0)
(g)	Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	(0)	-	(0)	-	-	-	(0)	-	(0)

		12/31/2024			12/31/2023			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
2.	Admission Calculation Components per SSAP No. 101									
(a)	Federal Income Taxes Paid in Prior Years	-	-	-	-	-	-	-	-	-
	Recoverable Through Loss Carrybacks	-	-	-	-	-	-	-	-	-
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount of Deferred Tax Assets from 2(a) above) after application of the Threshold Limitation (The lesser of 2(b)1 and 2(b)2 below)	(0)	-	(0)	-	-	-	(0)	-	(0)
(1)	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	(0)		(0)	-	-	-	(0)		(0)
(2)	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	1,750,043	XXX	XXX	1,033,032	XXX	XXX	717,011
(c)	Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	210	-	210	210	-	210	(0)	-	(0)
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	210	-	210	210	-	210	(0)	-	(0)

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

3.		12/31/2024	12/31/2023					
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	129456.21%	76416.66%					
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limit in 2.(b)(2) above	11,666,956	\$ 6,886,883					
4.								
		December 31, 2024		December 31, 2023		Change		
		(1)	(2)	(3)	(4)	(5)	(6)	
		Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital	
	Impact of Tax-Planning Strategies							
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage,							
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	210	-	210	-	(0)	-	
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%	
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(c)	210	-	210	-	(0)	-	
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%	
(b)	Does the Company's tax-planning strategies include the use of reinsurance?	Yes		No	X			
B.	Unrecognized DTLs							
	Not applicable.							
C.	The components of incurred income tax expense and the change in DTA's and DTL's are as follows:							
1.	Current Income Tax	12/31/2024	12/31/2023	Change				
(a)	Federal	-	-	-				
(b)	Foreign	-	-	-				
(c)	Subtotal (1a+1b)	-	-	-				
(d)	Federal income tax on net capital gains	-	-	-				
(e)	Utilization of capital loss carryforwards	-	-	-				
(f)	Other	-	-	-				
(g)	Federal and foreign taxes incurred (1c+1d+1e+1f)	-	-	-				
2.	Deferred Tax Assets	12/31/2024	12/31/2023	Change				
(a)	Ordinary							
(1)	Discounting of unpaid losses	58,684	40,443	18,241				
(2)	Unearned premium reserve	49,081	51,607	(2,526)				
(3)	Policyholder reserves	-	-	-				
(4)	Investments	-	-	-				
(5)	Deferred acquisition costs	-	-	-				
(6)	Policyholder dividends accrual	-	-	-				
(7)	Fixed assets	-	-	-				
(8)	Accrued expenses	-	-	-				
(9)	Pension accrual	-	-	-				
(10)	Receivables - nonadmitted	-	-	-				
(11)	Net operating loss carry-forward	3,758,348	1,596,329	2,162,019				
(12)	Tax credit carry-forward	-	-	-				
(13)	Other	200,458	159,006	41,452				
(99)	Subtotal (sum of 2a1 through 2a13)	4,066,571	1,847,384	2,219,187				
(b)	Statutory valuation allowance adjustment	4,066,361	1,847,174	2,219,187				
(c)	Nonadmitted	-	-	-				
(d)	Admitted ordinary deferred tax assets	210	210	(0)				
(e)	Capital:							
(1)	Investments - Unrealized gains on AFS Securities	-	-	-				
(2)	Net capital loss carryforward	529	265	-				
(3)	Real Estate	-	-	-				
(4)	Other	-	-	-				
(99)	Subtotal (2e1+2e2+2e3+2e4)	529	265	-				
(f)	Statutory valuation allowance adjustment	529	265	264				
(g)	Nonadmitted	-	-	-				
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	(264)				
(i)	Admitted deferred tax assets (2d + 2h)	210	210	(264)				
3.	Deferred Tax Liabilities	12/31/2024	12/31/2023	Change				
(a)	Ordinary							
(1)	Investments	-	-	-				
(2)	Fixed assets	-	-	-				
(3)	Deferred and uncollected premium	-	-	-				
(4)	Policyholder Reserves	-	-	-				
(5)	Other	210	210	-				
(99)	Subtotal (3a1+3a2+3a3+3a4+3a5)	210	210	-				
(b)	Capital							
(1)	Investments	(0)	-	-				
(2)	Real Estate	-	-	-				
(3)	Other	-	-	-				
(99)	Subtotal (3b1+3b2+3b3)	(0)	-	-				
(c)	Deferred tax liabilities (3a99 + 3b99)	210	210	-				
4.	Net deferred tax assets/(liabilities) (2i-3c)	0	-	(264)				



NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

D. Reconciliation of Federal income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @	
		21%	Effective Rate
Income before taxes	(11,317,989)		
Tax at statutory rates		(2,376,778)	21.00%
Increase/(Decrease) in valuation allowance		2,219,452	-19.61%
Other		157,326	-1.39%
Unrealized loss		-	0.00%
Total income tax expense		0	0.00%

E. Operating Loss and Tax Credit Carryforwards

(1) The company has a federal operating loss carryforwards available of \$17,896,897

(2) The company has \$0 of income taxes incurred in current or prior years that are available for recoupment in the event of future net losses.

(3) The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0.

F. Consolidated Federal Income Tax Return

(1) Sidecar Health Insurance Company's federal income tax return will be consolidated with its parent, Sidecar Health, Inc.

(2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Income Tax Loss Contingencies

(1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

(1) The Company does not have foreign operations and is not subject to RTT.

I. Alternative Minimum Tax (AMT) Credits

(1) The Company had no AMT credits.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties** - The Company has an administrative services agreement with its affiliate Sidecar Health Insurance Solutions, LLC (SHIS) to administer policies of insurance on behalf of the Company and provide various services including, but not limited to, managing the promotion, marketing, sale, enrollment, administration, renewal, claims processing and claims adjustment of such policies via a proprietary digital platform, as well as operation of the Company's public facing website. In exchange for these services, the Company will pay an administrative services fee of 5.59% of premium and \$15 per month technology fee for each enrollee. As of December 31, 2024, the company has expensed \$4,304,170 under the administrative service agreement.

The Company entered into a management services agreement with its ultimate parent Sidecar Health, Inc. (SHI), effective January 1, 2022, to provide management services related to the operation of the Company including accounting, human resources, actuarial services, compliance, marketing and more. In exchange for these services, the Company will pay an administrative services fee of \$1.09 per month for each enrollee. As of December 31, 2024, the company has expensed \$113,686 under the management service agreement.

The Company recorded an intercompany payable of \$1,004,603 at December 31, 2024, and \$731,580 at December 31, 2023 representing net expenses paid by the parent or affiliate for the benefit of the Company.

**Note 11A-B – Debt** - None.  
**11B. FHLB Agreements** - None.

**Note 12A-C - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**- None.  
**12A1-21.** Defined Benefit Plan - not applicable.

**Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** - The Company has issued and authorized 30,000 shares of common stock at a par value \$100 per share. All shares of Common Stock are held by Sidecar Health Holding Company, LLC representing 100% ownership of the Company. In addition to Common Stock, as of December 31, 2024 Sidecar Health Holding Company, LLC has provided an additional \$29,500,000 of contributed surplus in the form of cash.

**Note 14 - Contingencies**

- A. The Company has no contingent commitments to any venture and has no guarantees outstanding.
- B. The Company is not aware of any assessments that could have a material impact on its financial statements.
- C. The Company has no gain contingencies.
- D. The Company has no extra contractual obligation or bad faith losses or amounts recorded for such. The Company is subject to potential litigation in the normal course of business. The Company is not aware of any potential material contingent liabilities not otherwise recorded in the financial statements or discussed in these footnotes.
- E. The Company has no Joint and Several Liabilities.
- F. The Company has no other contingencies.

**Note 15A-B - Leases** - Rental Expense – The Company leases office space from One Columbus Property, LLC with three one-year renewal options. The lease comprises a twelve-month term at a fixed monthly rate of \$1,000 until February 2025. Rental expense was \$12,000 as of December 31, 2024 and was \$12,000 as of December 31, 2023. There are no contingent rental payments, early terminations, sale-leaseback transactions nor leases with noncancelable terms in excess of one year. Annual minimum lease payments are \$12,000 per year.

NOTES TO FINANCIAL STATEMENTS

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk** - None.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - None.

17B. Transfer and Servicing of Financial Assets - None.

17C. Wash Sales - None.

**Note 18A-C - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - None.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - None.

**Note 20 - Fair Value**

The Company has categorized its assets and liabilities that are measured at fair value on a recurring basis into the three-level fair value hierarchy as reflected in the following table. See item three below for a discussion of the fair value levels.

**A. Inputs Used for Assets and Liabilities Measured at Fair value on Recurring Basis:**

**Levels 1, 2, and 3**

1. Assets Measured at Fair value on Recurring Basis:

Description	Level 1	Level 2	Level 5	Unrealized Total	Gain/(Loss)
Assets at Fair Value:					
None	\$0	\$0	\$0	\$0	\$0

2. Rollforward of Level 3 Items - None.

3. Inputs and Techniques Used for Fair Value

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 2 - Significant Other Observable Inputs: Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 3 - Significant Unobservable Inputs: None.

**B. Inputs Used for Assets and Liabilities Measured at Fair value on Non-Recurring Basis** - None.

**C. Other Fair value Disclosures** - not applicable.

**D. Reasons Not Practical to Estimate Fair Value** - not applicable.

**Note 21 - Other Items**

21A. Unusual or Infrequent Items – None.

21B. Troubled Debt Restructuring - not applicable.

21C. Other Disclosures - The Company has elected to use rounding in reporting amounts in the statements and schedules.

21D-H. The company has no Business Interruption Recoveries, State Transferable and Non-Transferable Tax Credits, Subprime-Mortgage-Related Risk Exposure, Retained Asset Accounts or ILS Contracts.

**Note 22 - Events Subsequent**

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

**Note 23 - Reinsurance**

23A. Ceded Reinsurance Report – No reinsurers are controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company.

23B. Uncollectible Reinsurance - None.

23C. Commutation of Ceded Reinsurance - None.

23D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

23E. Reinsurance Credit - None.

Reinsurance and ceded balances as of December 31, 2024:

Paid Loss Recoverable	\$3,078,058
Reinsurance Premiums Payable	\$316,690
Ceded Unearned Premium Reserve	\$0
Ceded Loss Reserves	\$200,000

The Company maintains two active reinsurance agreements as of the reporting date. One policy became effective May 1, 2023 for groups with start dates between May 1, 2023 and April 30, 2024. Coverage is effective through the end of the groups’ contract term, not to exceed one year. This reinsurance agreement provides unlimited coverage for losses in excess of \$200,000 per covered member. A second policy became effective May 1, 2024 for groups with start dates between May 1, 2024 and April 30, 2025. Coverage is effective through the end of the groups’ contract term, not to exceed one year. This reinsurance agreement provides unlimited coverage for losses in excess of \$250,000 per covered member, with the exception of one covered member. The Company has an attachment point of \$600,000 for the individual member carve-out. For each policy, the Company is required to pay a deposit reinsurance premium based on a specific rate times the number of covered lives each month. Related reinsurance premiums payable have been accrued in the amount of \$316,690 at December 31, 2024.

All contracts of reinsurance are with unaffiliated US reinsurers. There are no reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit. There are no commuted or uncollectible losses. No reinsurers have been downgraded or whose status has been revoked.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination** – No significant change.

A-D. There are no Retrospectively Rated Contracts or medical loss rebate receivables.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Starting January 1, 2022, the Company wrote premiums subject to the Affordable Care Act risk-sharing provisions. At December 31, 2024 \$173,255 is included in revenue as an adjustment to premium, with no estimated risk adjustment payable for the 2023 benefit year. The Company exited the ACA

NOTES TO FINANCIAL STATEMENTS

market as of January 1, 2024 and, as such, is no longer subject to risk adjustment provisions beginning with the 2024 benefit year.

**Note 25 - Change in Incurred Claims and Claim Adjustment Expenses-** There are no changes to reserves for incurred losses and loss adjustment expenses attributable to prior year insured events at December 31, 2024.

**Note 26 - Intercompany Pooling Arrangements** - None.

**Note 27A-B - Structured Settlements** - None.

**Note 28A-B - Health Care Receivables** – The company has neither pharmaceutical rebate receivables nor risk sharing receivables. The Company has “other healthcare receivables” resulting from Members’ use of the Company-issued Visa card. As noted above, the Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats such charges to the Sidecar Health Visa card as an account receivable. The Company adjudicates the claim when the member submits an itemized invoice. If the Company determines the charge was paid towards a covered service, the Company debits claims expense for the Benefit Amount of the covered services and credits the Benefit Amount towards the account receivable accrued when the member used their Sidecar Health Visa card. If the Benefit Amount exceeds this account receivable the excess benefit is credited to accounts payable and retained by the Company on behalf of the member (see note 1C, above). If the Benefit Amount is less than the account receivable the Company invoices the member for the balance and treats the balance as a healthcare receivable. In accordance with SSAP No. 84—Health Care and Government Insured Plan Receivables, the Company books these healthcare receivables as “other healthcare receivables” and treats them as a nonadmitted asset. The Company considers these non-admitted healthcare receivables impaired if they are not collected within 90 days of the member’s use of their Company-issued Visa card. Such Impaired receivables are written off and charged to claims expense. The Company has a balance of \$214,513 outstanding as of December 31, 2024 compared to \$239,267 as of December 31, 2023.

**Note 29 - Participating Policies** - None.

**Note 30 - Premium Deficiency Reserves**

- 1. Liability carried for premium deficiency reserves \$170,384
- 2. Date of the most recent evaluation of this liability 12/31/24
- 3. Was anticipated investment income utilized in the calculation? Yes [ ] No [X]

**Note 31 - Anticipated Salvage and Subrogation** - none, not applicable.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [ X ] No [ ]
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]
- 1.3

State Regulating? Ohio Department of Insurance.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [ X ]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4

By what department or departments? .....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]
- 7.2

If yes,  
7.21 State the percentage of foreign control .....0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [ ] No [ X ]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to theFederal Reserve Board's capital rule?

Yes [ ] No [ X ] N/A [ ]
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP 6500 Sheridan Drive, Suite 216 Williamsville, NY 14221.....
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidocar Health Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Doug Lynch, Chief Actuary.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.  
Yes [ X ] No [ ]
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....

20.12 To stockholders not officers \$.....

20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....

20.22 To stockholders not officers \$.....

20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \$.....

21.22 Borrowed from others \$.....

21.23 Leased from others \$.....

21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....

22.22 Amount paid as expenses \$.....

22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes ☒ ] No ☐ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

\$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

\$.....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes ☐ ] No ☐ ] NA ☒ ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ☐ ] No ☐ ] NA ☒ ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes ☐ ] No ☐ ] NA ☒ ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....0

25.093 Total payable for securities lending reported on the liability page

\$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03).

Yes ☒ ] No ☐ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements

\$.....

26.22 Subject to reverse repurchase agreements

\$.....

26.23 Subject to dollar repurchase agreements

\$.....

26.24 Subject to reverse dollar repurchase agreements

\$.....

26.25 Placed under option agreements

\$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$.....

26.27 FHLB Capital Stock

\$.....

26.28 On deposit with states

\$.....111,769

26.29 On deposit with other regulatory bodies

\$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB

\$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements

\$.....

26.32 Other

\$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ ] No ☒ ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes ☐ ] No ☐ ] N/A ☐ ]
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes ☐ ] No ☐ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108

Yes ☐ ] No ☐ ]

27.42 Permitted accounting practice

Yes ☐ ] No ☐ ]

27.43 Other accounting guidance

Yes ☐ ] No ☐ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes ☐ ] No ☐ ]

  - The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ ] No ☒ ]
- 28.2 If yes, state the amount thereof at December 31 of the current year.

\$.....
29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☒ ] No ☐ ]
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third bank, National Association.....	38 Fountain Square Plaza 1090C7, Cincinnati , OH 45263.....

- 29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes ☐ ] No ☒ ]
- 29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
AAM Insurance Investment Management.....	U.....
.....	.....
.....	.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	16,514,454	16,210,975	(303,480)
31.2 Preferred Stocks.....	0		0
31.3 Totals	16,514,454	16,210,975	(303,480)

31.4 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.Issuer or obligor is current on all contracted interest and principal payments.

c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

a. The security was either:

i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or

ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").

b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.

c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.

d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Sidecar Health Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

36.

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ☐ ] No [ ☒ ]

37.

By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [ ☐ ] No [ ☐ ] NA [ ☒ ]

38.1

Does the reporting entity directly hold cryptocurrencies?

Yes [ ☐ ] No [ ☒ ]

38.2

If the response to 38.1 is yes, on what schedule are they reported? .....

39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [ ☐ ] No [ ☒ ]

39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

39.22 Immediately converted to U.S. dollars

Yes [ ☐ ] No [ ☐ ]

Yes [ ☐ ] No [ ☐ ]

39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ .....

40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

41.1

Amount of payments for legal expenses, if any?

\$ .....

41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Frost Brown Todd LLC.....	\$.....605

42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....

42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

27.4



GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only.

\$ .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ .....

1.31 Reason for excluding

.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ .....0

1.62 Total incurred claims

\$ .....0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$ .....0

1.65 Total incurred claims

\$ .....0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ .....0

1.72 Total incurred claims

\$ .....0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$ .....0

1.75 Total incurred claims

\$ .....0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....44,303,983	\$	.....18,888,912
2.2	Premium Denominator	\$ .....44,727,753	\$	.....18,815,070
2.3	Premium Ratio (2.1/2.2)	.....0.991		.....1.004
2.4	Reserve Numerator	\$ .....13,724,674	\$	.....7,766,066
2.5	Reserve Denominator	\$ .....13,895,058	\$	.....9,163,535
2.6	Reserve Ratio (2.4/2.5)	.....0.988		.....0.847

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ .....1,000,000

5.32 Medical Only

\$ .....

5.33 Medicare Supplement

\$ .....

5.34 Dental and Vision

\$ .....

5.35 Other Limited Benefit Plan

\$ .....

5.36 Other

\$ .....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....0

8.2 Number of providers at end of reporting year

.....

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio.....
- 11.4 If yes, show the amount required.

\$.....2,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
OHIO.....
ALABAMA.....
GEORGIA.....
FLORIDA.....

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ X N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written\$.....

15.2 Total Incurred Claims\$.....

15.3 Number of Covered Lives.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ ]

FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	32,937,178	20,640,603	10,138,890	10,096,916	0
2. Total liabilities (Page 3, Line 24) .....	21,270,222	13,753,720	4,434,129	196,958	0
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	2,500,000	0
4. Total capital and surplus (Page 3, Line 33) .....	11,666,956	6,886,883	5,704,762	9,899,958	0
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	44,727,753	18,815,070	1,372,050	0	0
6. Total medical and hospital expenses (Line 18) .....	46,881,111	18,161,957	2,295,014	0	0
7. Claims adjustment expenses (Line 20) .....	5,141,536	2,779,131	362,139	0	0
8. Total administrative expenses (Line 21) .....	5,681,581	2,469,621	1,740,732	93,112	0
9. Net underwriting gain (loss) (Line 24) .....	(11,819,390)	(5,091,647)	(3,857,296)	(93,112)	0
10. Net investment gain (loss) (Line 27) .....	501,402	165,426	85,232	(5,930)	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(11,317,989)	(4,926,221)	(3,772,064)	(99,042)	0
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	(12,428,851)	1,253,879	(232,749)	10,214	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	11,666,956	6,886,883	5,704,762	9,899,958	0
15. Authorized control level risk-based capital.....	2,833,130	1,355,080	901,247	27,860	0
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	7,910	5,706	1,475	0	0
17. Total members months (Column 6, Line 7) .....	104,872	53,521	6,397	0	0
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	104.8	96.5	167.3	0.0	0.0
20. Cost containment expenses .....	0.0	0.2	3.4	0.0	0.0
21. Other claims adjustment expenses .....	11.5	14.6	23.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	126.4	127.1	381.1	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	(26.4)	(27.1)	(281.1)	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	4,683,237	559,841	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] .....	7,029,954	1,543,830	0	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [ ] No [ ]

If no, please explain .....

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

			1	Direct Business Only								
				2	3	4	5	6	7	8	9	10
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	AL	L								.0	.0
2.	Alaska .....	AK	N								.0	.0
3.	Arizona .....	AZ	N								.0	.0
4.	Arkansas .....	AR	N								.0	.0
5.	California .....	CA	N								.0	.0
6.	Colorado .....	CO	N								.0	.0
7.	Connecticut .....	CT	N								.0	.0
8.	Delaware .....	DE	N								.0	.0
9.	District of Columbia .....	DC	N								.0	.0
10.	Florida .....	FL	L	19,554							19,554	.0
11.	Georgia .....	GA	L	5,754,165							5,754,165	.0
12.	Hawaii .....	HI	N								.0	.0
13.	Idaho .....	ID	N								.0	.0
14.	Illinois .....	IL	N								.0	.0
15.	Indiana .....	IN	N								.0	.0
16.	Iowa .....	IA	N								.0	.0
17.	Kansas .....	KS	N								.0	.0
18.	Kentucky .....	KY	N								.0	.0
19.	Louisiana .....	LA	N								.0	.0
20.	Maine .....	ME	N								.0	.0
21.	Maryland .....	MD	N								.0	.0
22.	Massachusetts .....	MA	N								.0	.0
23.	Michigan .....	MI	N								.0	.0
24.	Minnesota .....	MN	N								.0	.0
25.	Mississippi .....	MS	N								.0	.0
26.	Missouri .....	MO	N								.0	.0
27.	Montana .....	MT	N								.0	.0
28.	Nebraska .....	NE	N								.0	.0
29.	Nevada .....	NV	N								.0	.0
30.	New Hampshire .....	NH	N								.0	.0
31.	New Jersey .....	NJ	N								.0	.0
32.	New Mexico .....	NM	N								.0	.0
33.	New York .....	NY	N								.0	.0
34.	North Carolina .....	NC	N								.0	.0
35.	North Dakota .....	ND	N								.0	.0
36.	Ohio .....	OH	L	43,258,758							43,258,758	.0
37.	Oklahoma .....	OK	N								.0	.0
38.	Oregon .....	OR	N								.0	.0
39.	Pennsylvania .....	PA	N								.0	.0
40.	Rhode Island .....	RI	N								.0	.0
41.	South Carolina .....	SC	N								.0	.0
42.	South Dakota .....	SD	N								.0	.0
43.	Tennessee .....	TN	N								.0	.0
44.	Texas .....	TX	N								.0	.0
45.	Utah .....	UT	N								.0	.0
46.	Vermont .....	VT	N								.0	.0
47.	Virginia .....	VA	N								.0	.0
48.	Washington .....	WA	N								.0	.0
49.	West Virginia .....	WV	N								.0	.0
50.	Wisconsin .....	WI	N								.0	.0
51.	Wyoming .....	WY	N								.0	.0
52.	American Samoa .....	AS	N								.0	.0
53.	Guam .....	GU	N								.0	.0
54.	Puerto Rico .....	PR	N								.0	.0
55.	U.S. Virgin Islands .....	VI	N								.0	.0</

(b) Explanation of basis of allocation by states, premiums by states, etc.  
PRORATA

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

