

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
DEVOTED HEALTH PLAN OF OHIO, INC.

NAIC Group Code4924, 4924NAIC Company Code16758Employer's ID Number83-4458231
(Current) (Prior)

Organized under the Laws ofOHState of Domicile or Port of EntryOH
Country of DomicileUS
Licensed as business type:Life, Accident & HealthIs HMO Federally Qualified?
Incorporated/Organized04/18/2019Commenced Business01/01/2021
Statutory Home Office3700 Park East Drive Suite 450Beachwood, OH, US 44122
Main Administrative Office221 Crescent Street Suite 202
Waltham, MA, US 02453617-958-1611
(Telephone)

Mail Address221 Crescent Street Suite 202Waltham, MA, US 02453
Primary Location of Books and
Records221 Crescent Street Suite 202
Waltham, MA, US 02453617-958-1611
(Telephone)

Internet Website Addresswww.devoted.com
Statutory Statement ContactJoseph Anthony Alfano860-916-9120
(Telephone)
joseph.alfano@devoted.com978-616-7824
(E-Mail)(Fax)

OFFICERS
Dariel Quintana, President and Chief Executive Officer
Joseph Anthony Alfano, Co-Chief Financial Officer
OTHER
David Michael Johnson MD, Medical Director
Daniel Francis Quinn, Appointed Actuary

Lawrence Doran Henry, Chief Operating Officer
Wilson Bradley Yale, Co-Chief Financial Officer
Paul David Jernigan, Secretary

DIRECTORS OR TRUSTEES
Dariel Quintana
Joseph Anthony Alfano#
Lawrence Doran Henry#
Richard Glenn Waldron#
David Michael Johnson MD#

State of
County ofSS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me
this _____ day of _____, 2025

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

X

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....	48,810	39,136	36,215	234,101	234,101	124,161
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	48,810	39,136	36,215	234,101	234,101	124,161

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
CVS Caremark.....	21,715,382			3,050,017	3,050,017	21,715,382
0199999 – Pharmaceutical Rebate Receivables.....	21,715,382			3,050,017	3,050,017	21,715,382
0299998 – Aggregate of Amounts Not Individually Listed.....	1,037,615	489,502	147,783	711,836	2,386,736	
0299999 – Claim Overpayment Receivables.....	1,037,615	489,502	147,783	711,836	2,386,736	
0399998 – Aggregate of Amounts Not Individually Listed.....				57,000	57,000	
0399999 – Loans and Advances to Providers.....				57,000	57,000	
Devoted Medical Group, Inc.....	5,814,392					5,814,392
0599998 – Aggregate of Amounts Not Individually Listed.....	148,891	85,775		92,778	327,444	
0599999 – Risk Sharing Receivables.....	5,963,283	85,775		92,778	327,444	5,814,392
0699998 – Aggregate of Amounts Not Individually Listed.....	3,078	7,574	191	7,522	7,522	10,843
0699999 – Other Health Care Receivables.....	3,078	7,574	191	7,522	7,522	10,843
0799999 – Gross Health Care Receivables.....	28,719,358	582,851	147,974	3,919,153	5,828,719	27,540,617

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

	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	15,272,352	39,656,075	1,486,672	23,278,727	16,759,024	17,093,134
2. Claim overpayment receivables	405,778		139,566	2,247,170	545,344	1,190,353
3. Loans and advances to providers				57,000		14,000
4. Capitation arrangement receivables						
5. Risk sharing receivables	1,876	41,905,480	3,489	6,138,347	5,365	285,711
6. Other health care receivables	150,537	72,496	5,076	13,290	155,613	7,161
7. Totals (Lines 1 through 6)	15,830,543	81,634,051	1,634,803	31,734,534	17,465,346	18,590,359

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark	4,653,363					4,653,363
Dentegra Insurance Company	2,243,602					2,243,602
First American Administrators, Inc.	2,109,686					2,109,686
0199999 – Individually listed claims unpaid	9,006,651					9,006,651
0399999 – Aggregate accounts not individually listed-covered	948,230					948,230
0499999 – Subtotals	9,954,881					9,954,881
0599999 – Unreported claims and other claim reserves						55,897,105
0799999 – Total claims unpaid						65,851,986
0899999 – Accrued medical incentive pool and bonus amounts						5,925,941

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Devoted Health Services, Inc.....	Administrative services/other.....	9,104,905	9,104,905	
0199999 – Individually listed payable.....		9,104,905	9,104,905	
0399999 – Total gross payables.....		9,104,905	9,104,905	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1	2	3	4	5	6
		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	477,726,855	95.140	54,485	99.809	423,915,756	53,811,099
2.	Intermediaries						
3.	All other providers	2,739,789	0.546	104	0.191		2,739,789
4.	Total capitation payments	480,466,644	95.685	54,589	100.000	423,915,756	56,550,888
Other Payments:							
5.	Fee-for-service	10,850,511	2.161	XXX	XXX	10,850,511	
6.	Contractual fee payments	9,995,046	1.991	XXX	XXX		9,995,046
7.	Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8.	Bonus/withhold arrangements – contractual fee payments	820,315	0.163	XXX	XXX		820,315
9.	Non-contingent salaries			XXX	XXX		
10.	Aggregate cost arrangements			XXX	XXX		
11.	All other payments			XXX	XXX		
12.	Total other payments	21,665,872	4.315	XXX	XXX	10,850,511	10,815,361
13.	Total (Line 4 plus Line 12)	502,132,516	100.000 %	XXX	XXX	434,766,267	67,366,249

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Company Code: 16758

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	28,060							28,060						
2. First Quarter	43,675							43,675						
3. Second Quarter	48,206							48,206						
4. Third Quarter	52,632							52,632						
5. Current Year	54,589							54,589						
6. Current Year Member Months	582,890							582,890						
Total Member Ambulatory Encounters for Year:														
7. Physician	335,275							335,275						
8. Non-Physician	419,245							419,245						
9. Total	754,520							754,520						
10. Hospital Patient Days Incurred	58,381							58,381						
11. Number of Inpatient Admissions	9,871							9,871						
12. Health Premiums Written (b)	627,239,870							627,239,870						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	628,010,697							628,010,697						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	502,132,518							502,132,518						
18. Amount Incurred for Provision of Health Care Services	529,865,765							529,865,765						

(a) For health business: number of persons insured under PPO managed care products 2,972 and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 627,239,870

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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

2. Waltham, MA
(LOCATION)

NAIC Group Code: 4924

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 16758

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	28,060							28,060						
2. First Quarter	43,675							43,675						
3. Second Quarter	48,206							48,206						
4. Third Quarter	52,632							52,632						
5. Current Year	54,589							54,589						
6. Current Year Member Months	582,890							582,890						
Total Member Ambulatory Encounters for Year:														
7. Physician	335,275							335,275						
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13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	628,010,697							628,010,697						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	502,132,516							502,132,518						
18. Amount Incurred for Provision of Health Care Services	529,865,765							529,865,765						

(a) For health business: number of persons insured under PPO managed care products 2,972 and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 627,239,870

SCHEDULE S - PART 1 - SECTION 2

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

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

NONE

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
..... 93572 .....	.43-1235868..	...01/01/2024...	RGA Reinsurance Company .....	..... MO .....	..... 144,258 .....	.....
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates.....					..... 144,258 .....	.....
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates.....					..... 144,258 .....	.....
2299999 – Total Accident and Health.....					..... 144,258 .....	.....
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 144,258 .....	.....
9999999 – Total (Sum of 1199999 and 2299999) .....					..... 144,258 .....	.....

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	SSL/I	MR	686,945						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							686,945						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							686,945						
1199999 – Total General Account Authorized							686,945						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							686,945						
9199999 – Total U.S.							686,945						
9999999 – Total (Sum of 4599999 and 9099999)							686,945						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

		1	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums.....					
2.	Title XVIII-Medicare.....	687	650	458	202	
3.	Title XIX-Medicaid.....					
4.	Commissions and reinsurance expense allowance.....					
5.	Total hospital and medical expenses.....	144	81	97	1	
B.	BALANCE SHEET ITEMS					
6.	Premiums receivable.....					
7.	Claims payable.....					
8.	Reinsurance recoverable on paid losses.....	144	9		1	
9.	Experience rating refunds due or unpaid.....					
10.	Commissions and reinsurance expense allowances due.....					
11.	Unauthorized reinsurance offset.....					
12.	Offset for reinsurance with Certified Reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F).....					
14.	Letters of credit (L).....					
15.	Trust agreements (T).....					
16.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust.....					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	72,374,102		72,374,102
2. Accident and health premiums due and unpaid (Line 15)	14,337,744		14,337,744
3. Amounts recoverable from reinsurers (Line 16.1)	144,258	(144,258)	–
4. Net credit for ceded reinsurance	XXX	144,258	144,258
5. All other admitted assets (Balance)	42,323,062		42,323,062
6. Total assets (Line 28)	129,179,166	–	129,179,166
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	65,851,986		65,851,986
8. Accrued medical incentive pool and bonus payments (Line 2)	5,925,941		5,925,941
9. Premiums received in advance (Line 8)	7,047		7,047
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	17,986,148		17,986,148
15. Total liabilities (Line 24)	89,771,122		89,771,122
16. Total capital and surplus (Line 33)	39,408,044	XXX	39,408,044
17. Total liabilities, capital and surplus (Line 34)	129,179,166		129,179,166
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	144,258	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	144,258	XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance	144,258	XXX	XXX

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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			82-1023772				Devoted Health, Inc.	DE	UIP	Todd Park	Ownership	42.073	Todd Park/Ed Park	NO	
			82-1023772				Devoted Health, Inc.	DE	UIP	Ed Park	Ownership	42.073	Todd Park/Ed Park	NO	
			37-1888690				Devoted Health Holdco, LLC	DE	UDP	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16358	82-3758085				Devoted Health Plan of Florida, Inc.	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16385	82-4278774				Devoted Health Insurance Company	FL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16487	61-1896982				Devoted Health Plan of Texas, Inc.	TX	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16758	83-4458231				Devoted Health Plan of Ohio, Inc.	OH	RE	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16614	84-2257628				Devoted Health Plan of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17010	84-4409284				Devoted Health Plan of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17222	85-0979261				Devoted Health Plan of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			83-3135833				Devoted Health Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1210036				Devoted Health Plan of Utah, Inc.	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-1222388				Devoted Health Plan of Nevada, Inc.	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17188	86-1225656				Devoted Health Plan of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2128713				Devoted Medical Group, Inc.	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-3845516				Devoted Health Insurance Company of Nevada	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2672895				Devoted Health Insurance Company of Utah	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17187	86-3037982				Devoted Health Insurance Company of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17083	87-1091038				Devoted Health Insurance Company of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17219	87-0839319				Devoted Health Plan of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17218	87-0853289				Devoted Health Insurance Company of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17220	87-0958773				Devoted Health Insurance Company of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17277	87-1310756				Devoted Health Plan of Oregon, Inc.	OR	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17217	87-1577096				Devoted Health Plan of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17216	87-1729246				Devoted Health Insurance Company of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17201	87-1843205				Devoted Health Plan of Virginia, Inc.	VA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4924	Devoted Health Group	17263	87-1933443				Devoted Health Plan of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17262	87-1953361				Devoted Health Insurance Company of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17389	87-2668875				Devoted Health Plan of Missouri, Inc.	MO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17278	87-2877488				Devoted Health Plan of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17279	87-2895102				Devoted Health Insurance Company of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			36-4917517				Devoted Health MSC, Inc.	DE	NIA	Devoted Health, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
			85-2434574				Devoted Medical Group, Professional Corporation (FL)	FL	NIA	Robert Kocher	Ownership	100.000	Robert Kocher	NO	
			84-4609395				Devoted Medical Group of Texas, Inc.	TX	NIA	Devoted Health Holdco, LLC	Other		Todd Park/Ed Park	NO	1
			87-1378553				Devoted Medical, PC	IL	NIA	Brian Riveland	Ownership	100.000	Brian Riveland	NO	
4924	Devoted Health Group	17209	87-3970041				Devoted Health Insurance Company of Texas	TX	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17714	87-3434243				Devoted Health Plan of Washington, Inc.	WA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17572	87-3570851				Devoted Health Insurance Company of Washington	WA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-3612583				Devoted Medical Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17247	87-4346278				Devoted Health Insurance Company of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17226	86-3255502				Devoted Health Plan of North Carolina, Inc.	NC	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			87-4752280				My Enrollment Helper, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-1747609				Devoted Health Plan of New York, Inc.	NY	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-2201745				Devoted Health Plan of Michigan, Inc.	MI	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-1679517				Capstone Healthcare HoldCo, LLC	DE	NIA	Devoted Health Holdco, LLC	Ownership	50.010	Todd Park/Ed Park	NO	
			88-3278426				Devoted Health Plan of Georgia, Inc.	GA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3665767				Devoted Health Plan of Indiana, Inc.	IN	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			88-3483269				Devoted Health Plan of Mississippi, Inc.	MS	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			92-0608691				Devoted Medical PA, PC (PA)	PA	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	
			92-0943990				Devoted Medical NC, PC (NC)	NC	NIA	Neil Wagle	Ownership	100.000	Neil Wagle	NO	
4924	Devoted Health Group	17593	93-2804693				Devoted Health Insurance Company of Georgia, Inc.	GA	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-2850564				Devoted Health Plan of New Mexico, Inc.	NM	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17586	93-3245827				Devoted Health Insurance Company of Mississippi	MS	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4924	Devoted Health Group	17608	93-3959409				Devoted Health Insurance Company of Arkansas, Inc.	AR	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17610	93-3652533				Devoted Health Insurance Company of Kentucky, Inc.	KY	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			93-2527015				Devoted Health Holdings, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17624	93-4917082				Devoted Health Insurance Company of Indiana	IN	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			99-0740590				Devoted Health Plan of Wisconsin, Inc.	WI	NIA	Devoted Health Holdings, Inc.	Ownership	100.000	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17210	87-1866361				Devoted of Illinois, Inc. (formerly, Devoted Health Insurance Company of Virginia, Inc.)	IL	IA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			99-5060973				Devoted Health Insurance Company of Louisiana	LA	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			99-4838884				Devoted Health Insurance Company of Delaware	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			33-2720111				Devoted Health Insurance Company of Oklahoma	OK	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			33-2384045				Devoted Health Insurance Company of Nebraska	NE	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	
			33-1980249				Devoted Health Insurance Company of Kansas	KS	NIA	Devoted Health Holdco, LLC	Ownership	100.000	Todd Park/Ed Park	NO	

Asterisk	Explanation
1	Devoted Health Holdco, LLC is the sole corporate member.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	37-1888690	Devoted Health Holdco, LLC		(52,200,000)							(52,200,000)	
00000	83-3135833	Devoted Health Services, Inc.					423,820,930				423,820,930	
16358	82-3758085	Devoted Health Plan of Florida, Inc.					(93,627,233)				(93,627,233)	
16385	82-4278774	Devoted Health Insurance Company					430,135				430,135	
16487	61-1896982	Devoted Health Plan of Texas, Inc.					(73,715,343)				(73,715,343)	
16758	83-4458231	Devoted Health Plan of Ohio, Inc.		18,000,000			(49,943,773)				(31,943,773)	
16614	84-2257628	Devoted Health Plan of Arizona, Inc.		2,500,000			(5,044,826)				(2,544,826)	
17010	84-4409284	Devoted Health Plan of Illinois, Inc.					(23,849,566)				(23,849,566)	
17083	87-1091038	Devoted Health Ins Co of Arizona, Inc.					(1,252,972)				(1,252,972)	
17209	87-3970041	Devoted Health Ins Co of Texas					(1,665,805)				(1,665,805)	
17216	87-1729246	Devoted Health Ins Co of Hawaii, Inc.		1,600,000			(6,314,702)				(4,714,702)	
17222	85-0979261	Devoted Health Plan of Alabama, Inc.		5,500,000			(21,189,564)				(15,689,564)	
17220	87-0958773	Devoted Health Ins Co of Alabama, Inc.					(1,431,948)				(1,431,948)	
17219	87-0839319	Devot Hlth Plan of South Carolina, Inc.					(1,463,202)				(1,463,202)	
17218	87-0853289	Devot Hlth Ins Co of South Carolina Inc.					(5,711,764)				(5,711,764)	
17226	86-3255502	Devot Hlth Plan of North Carolina, Inc.					(4,903,973)				(4,903,973)	
17247	87-4346278	Devoted Hlth Ins Co of Illinois, Inc.		8,800,000			(7,822,954)				977,046	
17188	86-1225656	Devoted Hlth Plan of Pennsylvania, Inc.					(950,245)				(950,245)	
17187	86-3037982	Devot Hlth Ins Co of Pennsylvania, Inc.					(4,356,752)				(4,356,752)	
17262	87-1953361	Devoted Hlth Ins Co of Tennessee, Inc.					(3,086,667)				(3,086,667)	
17263	87-1933443	Devoted Health Plan of Tennessee, Inc.		1,050,000			(7,591,328)				(6,541,328)	
17277	87-1310756	Devoted Health Plan of Oregon, Inc.		500,000			(1,522,321)				(1,022,321)	
17278	87-2877488	Devoted Health Plan of Colorado, Inc.		600,000			(12,530,737)				(11,930,737)	
17279	87-2895102	Devoted Health Ins Co of Colorado, Inc.		500,000			(7,892,023)				(7,392,023)	
17389	87-2668875	Devoted Health Ins Co of Missouri, Inc.		700,000							700,000	
17572	87-3570851	Devoted Health Ins Co of Washington		4,800,000							4,800,000	
17593	93-2804693	Devoted Health Ins Co of Georgia, Inc.		5,000,000							5,000,000	
17610	93-3652533	Devoted Health Ins Co of Kentucky, Inc.		3,500,000							3,500,000	
17608	93-3959409	Devoted Health Ins Co of Arkansas, Inc.		1,600,000							1,600,000	
17624	93-4917082	Devoted Health Ins Co of Indiana		2,100,000							2,100,000	
17586	93-3245827	Devoted Health Ins Co of Mississippi		1,250,000							1,250,000	
17714	87-3434243	Devoted Health Plan of Washington, Inc.		3,000,000							3,000,000	
00000	84-4609395	Devoted Medical Group of Texas, Inc.					(22,416,765)				(22,416,765)	
00000	85-2434574	Devoted Medical Group, PC (FL)					(34,312,438)				(34,312,438)	
00000	85-2128713	Devoted Medical Group, Inc.					(35,684,671)				(35,684,671)	
00000	87-1378553	Devoted Medical, PC					2,575,886				2,575,886	
00000	92-0943990	Devoted Medical, NC PC (NC)					869,494				869,494	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	92-0608691	Devoted Medical, PA PC (PA)					585,127				585,127	
00000	93-1679517	Capstone Healthcare HoldCo, LLC		(8,800,000)							(8,800,000)	
9999999 – Control Totals				–			–		XXX		–	

SCHEDULE Y

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

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Devoted Health Insurance Company of Kentucky, Inc.....	Devoted Health Holdco, LLC.....	100.000 %	No.....	Todd Park/Ed Park.....		%	
Devoted Health Insurance Company of Indiana.....	Devoted Health Holdco, LLC.....	100.000 %	No.....	Todd Park/Ed Park.....		%	
Devoted Health Insurance Company of Washington.....	Devoted Health Holdco, LLC.....	100.000 %	No.....	Todd Park/Ed Park.....		%	
Devoted Health Insurance Company of Mississippi.....	Devoted Health Holdco, LLC.....	100.000 %	No.....	Todd Park/Ed Park.....		%	
Devoted Health Plan of Washington, Inc.....	Devoted Health Holdco, LLC.....	100.000 %	No.....	Todd Park/Ed Park.....		%	

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.












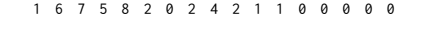

		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based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

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
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