



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

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County of

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

Patrick Quigley President & Chief Executive Officer	Andrea Sherry Treasurer & Vice President of Finance	Natalie Leino General Counsel, Chief Compliance & Risk Officer
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Subscribed and sworn to before me this day of ,

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
AG Container Transport.....	4,939	.0	.0	.0	.0	4,939
Be HR Strong, LLC.....	(4,569)	.0	1,092	.0	.0	(3,476)
Berns' Greenhouse and Garden Center, Inc.....	.0	(3,066)	.0	.0	.0	(3,066)
Castrucci Automotive.....	131,221	(15,761)	.0	12,281	12,281	115,460
Central Farm And Garden Inc.....	.0	.0	433	.0	.0	433
Central Ohio Surgical Associates, Inc.....	.0	.0	41,375	.1	.1	41,375
Columbus Speech and Hearing.....	18,618	28,995	.0	.0	.0	47,613
Culpepper & Associates Security Services.....	10,581	14,996	.0	12,944	12,944	25,577
Cypress Partners LLC.....	.0	.0	.0	174	174	.0
Duncan Oil Co.....	.0	.0	.0	53	53	.0
EKCN Holdings LLC dba Land Logix.....	4,029	.0	.0	.0	.0	4,029
Emmanuel Christian Academy.....	.0	9,592	.0	.0	.0	9,592
Fairfield Community Health Center.....	(31,744)	.0	.0	.0	.0	(31,744)
GFMCO, LLC dba Goldens' Foundry & Machin.....	100,744	102,359	.0	.0	.0	203,103
Harper Operating Company.....	.0	.0	.0	27,687	27,687	.0
JN House.....	.0	.0	(353)	.0	.0	(353)
Lang Stone Co Inc.....	15,213	16,207	.0	.0	.0	31,420
Lotus Growth dba Primrose.....	9,216	.0	.0	12,167	12,167	9,216
Matt Castrucci Automotive.....	28,283	20,045	2,706	1,028	1,028	51,034
Mercer Residential Services, Inc.....	19,278	13,640	.0	.0	.0	32,918
Moore's Electric LLC dba MEI.....	.0	9,239	.0	19,456	19,456	9,239
Navco Enterprises Inc.....	.0	.0	.0	952	952	.0
Patton Painting.....	10,214	.0	.0	11,425	11,425	10,214
Paystand Test Customer.....	.0	.0	.0	.2	.2	.0
Phoenix Door Systems, Inc.....	39,064	37,828	.0	18,740	18,740	76,892
Pro-Pak Industries, Inc.....	354	.0	.0	.0	.0	354
Rego Manufacturing Company, Inc.....	(439)	.0	.0	(1)	(1)	(439)
Renewed Vision LLC.....	47,107	.0	.0	.0	.0	47,107
Rensko Holding LLC.....	.0	.0	.0	52,941	52,941	.0
Rocknes, Inc.....	.0	.0	.0	1,797	1,797	.0
Southeastern Cardiology Associates.....	.0	490	.0	.0	.0	491
Spire Healthcare.....	42,482	.0	.0	.0	.0	42,482
Syndicate B dba Balance Grille.....	.0	.0	.0	67	67	.0
Tafur Enterprises, LLC.....	.0	.0	.0	15,162	15,162	.0
The Telischak Co. LTD.....	23,480	.0	.0	.0	.0	23,480
Tile Outlets of America.....	49,681	.0	.0	.0	.0	49,681
TMSA, Inc. dba The Main Street Academy.....	64,173	.0	.0	.0	.0	64,173
Weaver Industries Inc.....	17,889	.0	.0	.0	.0	17,889
West Liberty Care Center, Inc. dba Green.....	.0	.0	.0	103	103	.0
Woda Cooper Personnel.....	43,202	82,424	.0	.0	.0	125,626
Xtreme Express LLC.....	16,818	16,119	.0	.0	.0	32,937
0299997 Group subscriber subtotal	659,834	333,108	45,254	186,977	186,977	1,038,195
0299998 Premiums due and unpaid not individually listed	498,208					498,208
0299999 Total group	1,158,042	333,108	45,254	186,977	186,977	1,536,403
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)	1,158,042	333,108	45,254	186,977	186,977	1,536,403

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	206,753	32,774,320		214,513	206,753	239,267
7. Totals (Lines 1 through 6)	206,753	32,774,320	0	214,513	206,753	239,267

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

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Large Group Market HP.....	49,132	.0	184,618	.0	32,781	266,531
BIOLOGICS BY MCKESSON.....	67,003	33,502	.0	.0	.0	100,505
CVS Specailty Pharmacy.....	953,777	843,611	600,092	357,406	6,723	2,761,609
Fisher-Titus Medical Center.....	48,321	.0	.0	.0	.0	48,321
Guardian Flight LLC.....	49,132	.0	.0	.0	.0	49,132
HUTCHINSON HEALTH.....	.0	.0	.0	17,668	.0	17,668
Lima Memorial Health System.....	198,574	.0	.0	.0	.0	198,574
Mercy Health - Anderson Hospital.....	17,436	.0	.0	.0	.0	17,436
Mercy Health - St. Elizabeth.....	.0	.0	.0	.0	.0	.0
Nationwide Childrens Hospital.....	33,192	.0	.0	.0	.0	33,192
Northside Hospital Gwinnett.....	34,493	.0	.0	.0	.0	34,493
Ohio State University Hospital.....	8,449	9,162	.0	.0	.0	17,611
OSU Wexner Medical Center.....	14,167	.0	.0	.0	.0	14,167
Primary Care - Outpatient Worthington.....	586,809	.0	.0	.0	.0	586,809
Promedica.....	8,161	.0	.0	.0	.0	8,161
Promedica Toledo Hospital.....	58,377	.0	.0	.0	.0	58,377
Riverside Methodist Hospital.....	14,685	.0	.0	.0	.0	14,685
UH Cleveland Medical Center.....	325	.0	.0	.0	457	782
0199999 Individually listed claims unpaid.....	2,142,032	886,275	784,710	375,073	39,960	4,228,051
0299999 Aggregate accounts not individually listed-uncovered.....						.0
0399999 Aggregate accounts not individually listed-covered	106,866	3,486	2,961	33,764	28,711	175,787
0499999 Subtotals	2,248,898	889,761	787,671	408,837	68,671	4,403,838
0599999 Unreported claims and other claim reserves						9,520,836
0699999 Total amounts withheld						
0799999 Total claims unpaid						13,924,674
0899999 Accrued medical incentive pool and bonus amounts						0

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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	0	0	0	0	0	0



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code		00000		BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2024							NAIC Company Code		17104	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:																
1. Prior Year		0														
2 First Quarter		0														
3 Second Quarter		0														
4. Third Quarter		0														
5. Current Year		0														
6 Current Year Member Months		0														
Total Member Ambulatory Encounters for Year:																
7. Physician		0														
8. Non-Physician		0														
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0														
11. Number of Inpatient Admissions		0														
12. Health Premiums Written (b).....		0														
13. Life Premiums Direct.....		0														
14. Property/Casualty Premiums Written.....		0														
15. Health Premiums Earned.....		0														
16. Property/Casualty Premiums Earned		0														
17. Amount Paid for Provision of Health Care Services		0														
18. Amount Incurred for Provision of Health Care Services		0														

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2 First Quarter	0													
3 Second Quarter	0													
4. Third Quarter	0													
5. Current Year	44		44											
6 Current Year Member Months	40		40											
Total Member Ambulatory Encounters for Year:														
7. Physician	10		10											
8. Non-Physician	2		2											
9. Total	12	0	12	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b).....	19,554		19,554											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	19,554		19,554											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,280		2,280											
18. Amount Incurred for Provision of Health Care Services	28,826		28,826											

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 00000 BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2024										NAIC Company Code 17104		
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	172		172											
2 First Quarter	379		379											
3 Second Quarter	624		624											
4. Third Quarter	1,385		1,385											
5. Current Year	2,227		2,227											
6 Current Year Member Months	11,869		11,869											
Total Member Ambulatory Encounters for Year:														
7. Physician	5,116		5,116											
8. Non-Physician	901		901											
9. Total	6,017	0	6,017	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,075		1,075											
11. Number of Inpatient Admissions	864		864											
12. Health Premiums Written (b).....	5,754,165		5,754,165											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	5,754,165		5,754,165											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,090,230		4,090,230											
18. Amount Incurred for Provision of Health Care Services	6,408,630		6,408,630											

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	5,534	212	5,322											
2 First Quarter	7,457		7,457											
3 Second Quarter	8,901		8,901											
4. Third Quarter	9,861		9,861											
5. Current Year	5,639		5,639											
6 Current Year Member Months	92,963		92,963											
Total Member Ambulatory Encounters for Year:														
7. Physician	34,926		34,926											
8. Non-Physician	9,151		9,151											
9. Total	44,077	0	44,077	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,060		4,060											
11. Number of Inpatient Admissions	2,451		2,451											
12. Health Premiums Written (b).....	43,258,758	173,255	43,085,503											
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	43,258,758	173,255	43,085,503											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	39,746,744	150,948	39,595,796											
18. Amount Incurred for Provision of Health Care Services	43,895,583	(109,571)	44,005,154											

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 00000 BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2024										NAIC Company Code 17104		
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	5,706	212	5,494	0	0	0	0	0	0	0	0	0	0	0
2 First Quarter	7,836	0	7,836	0	0	0	0	0	0	0	0	0	0	0
3 Second Quarter	9,525	0	9,525	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	11,246	0	11,246	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	7,910	0	7,910	0	0	0	0	0	0	0	0	0	0	0
6 Current Year Member Months	104,872	0	104,872	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	40,052	0	40,052	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	10,054	0	10,054	0	0	0	0	0	0	0	0	0	0	0
9. Total	50,106	0	50,106	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,135	0	5,135	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3,315	0	3,315	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	49,032,477	173,255	48,859,222	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	49,032,477	173,255	48,859,222	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	43,839,254	150,948	43,688,306	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	50,333,038	(109,571)	50,442,609	0	0	0	0	0	0	0	0	0	0	0

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

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

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

SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

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

SCHEDULE S - PART 2

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

[illegible]

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ΩΩ

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Reinsurance Ceded To Unauthorized Companies

NONE

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

35

35

35

3535

SCHEDULE S – PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums.....	4,305	3,874	440	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....	200	186	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	3,078	286	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F) .....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O)	0	0	0	0	0

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)	25,625,482		25,625,482
2. Accident and health premiums due and unpaid (Line 15).....	1,536,403		1,536,403
3. Amounts recoverable from reinsurers (Line 16.1).....	3,078,058	(3,078,058)	0
4. Net credit for ceded reinsurance.....	XXX	2,961,368	2,961,368
5. All other admitted assets (Balance).....	2,697,235		2,697,235
6. Total assets (Line 28)	32,937,178	(116,690)	32,820,488
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	13,724,674	200,000	13,924,674
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,168,595		1,168,595
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	6,376,953	(316,690)	6,060,263
15. Total liabilities (Line 24).....	21,270,222	(116,690)	21,153,532
16. Total capital and surplus (Line 33).....	11,666,956	XXX	11,666,956
17. Total liabilities, capital and surplus (Line 34)	32,937,178	(116,690)	32,820,488
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	200,000		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	3,078,058		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,278,058		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	316,690		
30. Total ceded reinsurance payables/offsets	316,690		
31. Total net credit for ceded reinsurance	2,961,368		

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

Allocated By States and Territories

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

NONE

41

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 16.48% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H)

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

SCHEDULE Y

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

[illegible]

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

SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

SUPPLEMENTAL FILINGS

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

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....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?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

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

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

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

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

.....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.....

Explanation:

16.


Not Applicable.
17.


Not Applicable.
18.


Not Applicable.


Bar code:

10.


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


1 7 1 0 4 2 0 2 4 2 0 5 5 9 0 0 0
12.


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


1 7 1 0 4 2 0 2 4 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.


1 7 1 0 4 2 0 2 4 3 7 0 0 0 0 0 0

15.


1 7 1 0 4 2 0 2 4 3 6 5 0 0 0 0 0

19.


1 7 1 0 4 2 0 2 4 6 0 0 0 0 0 0 0

20.


1 7 1 0 4 2 0 2 4 3 0 6 0 0 0 0 0

21.


1 7 1 0 4 2 0 2 4 2 1 1 0 0 0 0 0

24.


1 7 1 0 4 2 0 2 4 2 2 3 0 0 0 0 0

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