

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

NAIC Group Code 5057,..... 5057 NAIC Company Code 17510 Employer's ID Number 88-4350607.....
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? No
Incorporated/Organized 11/30/2022 Commenced Business
Statutory Home Office 1747 Olentangy River Road #1384 Columbus, OH, US 43212
Main Administrative Office 1460 Broadway
New York, NY, US 10036 866-256-2134
(Telephone)
Mail Address 1460 Broadway New York, NY, US 10036
Primary Location of Books and
Records 1460 Broadway
New York, NY, US 10036 866-256-2134
(Telephone)
Internet Website Address www.antidotehealth.com
Statutory Statement Contact Andrew Manke 860-538-0303
(Telephone)
andrewm@antidotehealth.com
(E-Mail) (Fax)

OFFICERS

Avihai Sodri, President & CEO Bruce Butler, Treasurer & CFO
Andrew Manke, Financial Controller

DIRECTORS OR TRUSTEES

Avihai Sodri Bruce Butler
Jake Chong Debra Hallday

State of Texas
County of Johnson SS

Electronically signed and notarized online using the Proof platform.

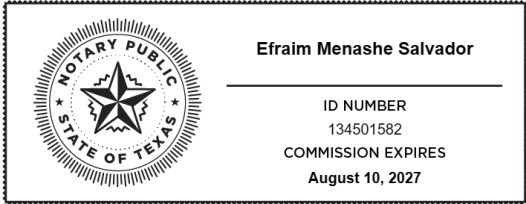
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 Avihai Sodri x Bruce Butler x Andrew Manke
President & CEO Treasurer & CFO Financial Controller

Subscribed and sworn to before me
this 20th day of
February, 2025
by Avihai Sodri

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

x [Signature]





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ANTIDOTE HEALTH PLAN OF OHIO, INC.

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(Current) (Prior)

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Country of Domicile..... US.....
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Incorporated/Organized..... 11/30/2022..... Commenced Business.....
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andrewm@antidotehealth.com.....
(E-Mail) (Fax)

OFFICERS

Avihai Sodri, President & CEO..... Bruce Butler, Treasurer & CFO.....
Andrew Manke, Financial Controller.....

DIRECTORS OR TRUSTEES

Avihai Sodri..... Bruce Butler.....
Mike Chong..... Debra Halliday.....

State of
County of SS

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<p>X _____ Avihai Sodri President & CEO</p>	<p><u>Bruce Butler</u> X Bruce Butler (Feb 24, 2025 07:03 PST) Bruce Butler Treasurer & CFO</p>	<p>X _____ Andrew Manke Financial Controller</p>
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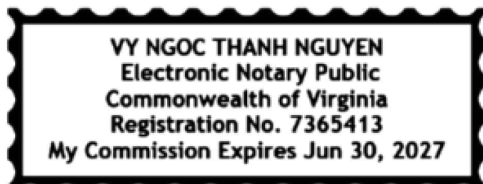
Subscribed and sworn to before me
this 24th day of
February, 2025

Vy Ngoc Thanh Nguyen
X Vy Ngoc Thanh Nguyen (Feb 24, 2025 10:12 EST)

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____



Notarized online using Video-Audio Communication

1740352391-2024-ahpoh-jurat-as-unsigned

Final Audit Report

2025-02-24

Created:	2025-02-24
By:	vy nguyen (viivynt@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-a_lh-GblsTBsQqb0-1KWI95ZkZzjuLu

"1740352391-2024-ahpoh-jurat-as-unsigned" History

-  Document created by vy nguyen (viivynt@gmail.com)
2025-02-24 - 3:01:49 PM GMT- IP address: 173.66.152.179
-  Document emailed to bruceb@antidotehealth.com for signature
2025-02-24 - 3:01:52 PM GMT
-  Email viewed by bruceb@antidotehealth.com
2025-02-24 - 3:02:22 PM GMT- IP address: 104.47.17.190
-  Signer bruceb@antidotehealth.com entered name at signing as Bruce Butler
2025-02-24 - 3:02:59 PM GMT- IP address: 76.144.22.161
-  Document e-signed by Bruce Butler (bruceb@antidotehealth.com)
Signature Date: 2025-02-24 - 3:03:01 PM GMT - Time Source: server- IP address: 76.144.22.161
-  Agreement completed.
2025-02-24 - 3:03:01 PM GMT

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.....						
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).....						

NONE

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
0799999 – Gross Health Care Receivables						

NONE

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		NONE				
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

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
0899999 – Accrued medical incentive pool and bonus amounts						

NONE

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
0299999 – Receivables not individually listed.....	12					12	
0399999 – Total gross amounts receivable.....	12					12	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0399999 – Total gross payables				

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	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						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	33,327	100.000	XXX	XXX	33,327	
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	33,327	100.000	XXX	XXX	33,327	
13. Total (Line 4 plus Line 12)	33,327	100.000 %	XXX	XXX	33,327	

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 Antidote Health Plan of Ohio, Inc.

2. New York, NY
(LOCATION)

NAIC Group Code: 5057

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Company Code: 17510

	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														
2. First Quarter	13	13												
3. Second Quarter	11	11												
4. Third Quarter	18	18												
5. Current Year	22	22												
6. Current Year Member Months	167	167												
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)	81,058	81,058												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	81,058	81,058												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	33,327	33,327												
18. Amount Incurred for Provision of Health Care Services	33,327	33,327												

(a) For health business: number of persons insured under PPO managed care products 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 \$

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



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

2. New York, NY
(LOCATION)

NAIC Group Code: 5057

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 17510

	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														
2. First Quarter	13	13												
3. Second Quarter	11	11												
4. Third Quarter	18	18												
5. Current Year	22	22												
6. Current Year Member Months	167	167												
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)	81,058	81,058												
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	81,058	81,058												
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	33,327	33,327												
18. Amount Incurred for Provision of Health Care Services	33,327	33,327												

(a) For health business: number of persons insured under PPO managed care products 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 \$

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

(33) Schedule S - Part 3 - Section 2

NONE

(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

(36) Schedule S - Part 6

NONE

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)	4,298,696		4,298,696
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	134,976		134,976
6. Total assets (Line 28)	4,433,672		4,433,672
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	722,811		722,811
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)	52,938		52,938
15. Total liabilities (Line 24)	775,749		775,749
16. Total capital and surplus (Line 33)	3,657,923	XXX	3,657,923
17. Total liabilities, capital and surplus (Line 34)	4,433,672		4,433,672
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		XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables		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		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)	*
5057	Antidote Health Group	17404	92-1089797				Antidote Health of Arizona, Inc.	AZ	IA	Antidote Health HMO HoldCo Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
5057	Antidote Health Group	17510	88-4350607				Antidote Health of Ohio, Inc.	OH	RE	Antidote Health HMO HoldCo Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-0655584				Antidote Health HMO HoldCo Inc.	DE	UDP	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-1187202				Antidote Operations Management Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
							Antidote A.I. Health Ltd.	ISR	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			85-3535641				Antidote A.I. Health Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-0468760				Antidote Health Group, Inc.	DE	UIP					NO	

Asterisk	Explanation

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)
9999999 – Control Totals.....									XXX			

NONE

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)
ntidote Health Plan of Arizona, Inc.....	Antidote Health HMO HoldCo Inc.....	100.000 %	NO	Antidote Health Group, Inc.....	Antidote Health Plan of Ohio, Inc. & Antidote Health Plan of Arizona, Inc.	100.000 %	NO
Antidote Health Plan of Ohio, Inc.....	Antidote Health HMO HoldCo Inc.....	100.000 %	NO	Antidote Health Group, Inc.....	Antidote Health Plan of Ohio, Inc. & Antidote Health Plan of Arizona, Inc.	100.000 %	NO

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

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?	NO
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?	NO
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.	 1 7 5 1 0 2 0 2 4 4 0 0 0 0 0
3.	
4.	
5.	
6.	
7.	
8.	 1 7 5 1 0 2 0 2 4 2 2 0 0 0 0
9.	 1 7 5 1 0 2 0 2 4 2 2 1 0 0 0
10.	 1 7 5 1 0 2 0 2 4 3 6 0 0 0 0
11.	 1 7 5 1 0 2 0 2 4 2 0 5 0 0 0
12.	 1 7 5 1 0 2 0 2 4 4 2 0 0 0 0
13.	 1 7 5 1 0 2 0 2 4 3 7 1 0 0 0
14.	 1 7 5 1 0 2 0 2 4 3 7 0 0 0 0
15.	 1 7 5 1 0 2 0 2 4 3 6 5 0 0 0
16.	 1 7 5 1 0 2 0 2 4 2 2 4 0 0 0
17.	 1 7 5 1 0 2 0 2 4 2 2 5 0 0 0
18.	 1 7 5 1 0 2 0 2 4 2 2 6 0 0 0
19.	 1 7 5 1 0 2 0 2 4 6 0 0 0 0 0
20.	 1 7 5 1 0 2 0 2 4 3 0 6 0 0 0
21.	 1 7 5 1 0 2 0 2 4 2 1 1 0 0 0
22.	 1 7 5 1 0 2 0 2 4 2 1 6 0 0 0
23.	 1 7 5 1 0 2 0 2 4 2 9 0 0 0 0
24.	 1 7 5 1 0 2 0 2 4 2 2 3 0 0 0

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