



**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.....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.....  
Andrew Manke, Financial Controller.....  
Bruce Butler, Treasurer & CFO.....

**DIRECTORS OR TRUSTEES**

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

State of Texas ..... County of Johnson

88

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 Avinash Sodhi

Y

1

Avihai Sodri  
President & CEO

Bruce Butler  
Treasurer & CFO

Andrew Manke  
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:

	<b>Efraim Menashe Salvador</b>	
	<hr/> ID NUMBER 134501582	COMMISSION EXPIRES <b>August 10, 2027</b>



Efraim Menashe Salvador

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**ID NUMBER**

134501582

COMMISSION EXPIRES

August 10, 2027



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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.....

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(Telephone)

Internet Website Address..... [www.antidotehealth.com](http://www.antidotehealth.com).....

Statutory Statement Contact..... Andrew Manke..... 860-538-0303.....  
(Telephone)

[andrewm@antidotehealth.com](mailto:andrewm@antidotehealth.com).....

OFFICER

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

#### DIRECTORS OR TRUSTEES

DIRECTORS OR TRUSTEES  
Avihai Sodri..... Bruce Butler.....  
Like Chong..... Debra Hallday.....

State of \_\_\_\_\_  
County of \_\_\_\_\_ SS \_\_\_\_\_

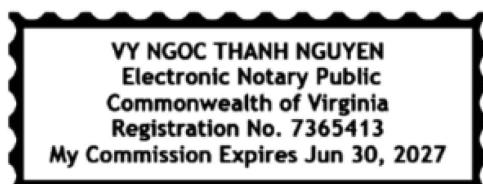
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

X Bruce Butler X Bruce Butler (Feb 24, 2025 07:03 PST) X Andrew Manke  
Avihai Sodri President & CEO Bruce Butler Treasurer & CFO Andrew Manke Financial Controller

Subscribed and sworn to before me  
this 24th day of  
February 2025

Vy Ngoc Thanh Nguyen  
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_Ih-GbIsTBsQqb0-1KWI95ZkZzjuLu

## "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



Adobe Acrobat Sign

**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:						
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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 - Gross Health Care Receivables.....	.....	.....	.....	.....	.....	.....

**NONE**

**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		
1. Pharmaceutical rebate receivables						
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)						

**NONE**

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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0899999 - Accrued medical incentive pool and bonus amounts			<b>NONE</b>			

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 - Receivables not individually listed	12					12	
0399999 - Total gross amounts receivable	12					12	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables.....	<b>NONE</b>			

## EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
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 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

**NONE**

**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 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.....														
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 <sup>(a)</sup>

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

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL					
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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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		
			85-3535641			Antidote A.I. Health Ltd.	ISR	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO		
			92-0468760			Antidote A.I. Health Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO		
						Antidote Health Group, Inc.	DE	UIP							

Asterisk	Explanation

**SCHEDULE Y**

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Antidote 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
<b>March Filing</b>	
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 .....
<b>April Filing</b>	
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 .....
<b>June Filing</b>	
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.

	Response
<b>March Filing</b>	
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 .....
<b>April Filing</b>	
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 .....
<b>August Filing</b>	
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 4 0 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 0 0
9.	 1 7 5 1 0 2 0 2 4 2 2 1 0 0 0 0 0
10.	 1 7 5 1 0 2 0 2 4 3 6 0 0 0 0 0 0
11.	 1 7 5 1 0 2 0 2 4 2 0 5 0 0 0 0 0
12.	 1 7 5 1 0 2 0 2 4 4 2 0 0 0 0 0 0
13.	 1 7 5 1 0 2 0 2 4 3 7 1 0 0 0 0 0
14.	 1 7 5 1 0 2 0 2 4 3 7 0 0 0 0 0 0
15.	 1 7 5 1 0 2 0 2 4 3 6 5 0 0 0 0 0
16.	 1 7 5 1 0 2 0 2 4 2 2 4 0 0 0 0 0
17.	 1 7 5 1 0 2 0 2 4 2 2 5 0 0 0 0 0
18.	 1 7 5 1 0 2 0 2 4 2 2 6 0 0 0 0 0
19.	 1 7 5 1 0 2 0 2 4 6 0 0 0 0 0 0 0
20.	 1 7 5 1 0 2 0 2 4 3 0 6 0 0 0 0 0
21.	 1 7 5 1 0 2 0 2 4 2 1 1 0 0 0 0 0
22.	 1 7 5 1 0 2 0 2 4 2 1 6 0 0 0 0 0
23.	 1 7 5 1 0 2 0 2 4 2 9 0 0 0 0 0 0
24.	 1 7 5 1 0 2 0 2 4 2 2 3 0 0 0 0 0

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