



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Elixir Insurance Company

(Name)

NAIC Group Code 00000 (Current Period), 00000 (Prior Period) NAIC Company Code 12747 Employer's ID Number 20-4308924

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 02/08/2006 Commenced Business 01/01/2007

Statutory Home Office 200 Newberry Commons, Etters, PA, US 17319
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Newberry Commons, Etters, PA, US 17319
(Street and Number) (City or Town, State, Country and Zip Code)
330-405-8089 (Area Code) (Telephone Number)

Mail Address 7835 Freedom Avenue NW, North Canton, OH, US 44720
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Newberry Commons, Etters, PA, US 44720
(Street and Number) (City or Town, State, Country and Zip Code)
330-405-8089 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.elixirsolutions.com

Statutory Statement Contact Anna Khais, Anna.P.Khais@ElixirInsCo.com
(Name) (E-Mail Address)
330-486-4801 (Area Code) (Telephone Number) (Extension) (Fax Number)

OFFICERS

Name Title Name Title
Matthew Schroeder, President Anna Khais, Chief Financial Officer & Treasurer
Susan Catherine Lowell, Secretary

OTHER OFFICERS

Jennifer Wagner-Parish, Vice President

DIRECTORS OR TRUSTEES

Susan Catherine Lowell, Steven Bixler, Matthew Schroeder, Anna Khais

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.

Matthew Schroeder
President

Anna Khais
Chief Financial Officer & Treasurer

Susan Catherine Lowell
Secretary

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



Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**







**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**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 .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments .....	.0	.0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments .....	0	.0.0	XXX	XXX	0	0
13. Total (Line 4 plus Line 12)	0	100 %	XXX	XXX	0	0

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**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 .....	<b>NONE</b>					
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 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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
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13. Life premiums direct.....	0													
14. Property/casualty premiums written.....	0													
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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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

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REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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
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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 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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	0													
2. First quarter .....	0													
3. Second quarter .....	0													
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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
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(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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 12747

	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
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Total Members at end of:														
1. Prior year .....	0													
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Total Member Ambulatory Encounters for Year:														
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(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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 12747

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 12747

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	0													
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3. Second quarter .....	0													
4. Third quarter .....	0													
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9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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11. Number of inpatient admissions	0													
12. Health premiums written (b).....	0													
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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 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 \$ .....

30.GU



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.HI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.ID



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.1A



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.KS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.KY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.LA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.ME



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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).....	984												984	
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	(2,128,432)												(2,128,432)	

(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 \$ .....984

30.0H



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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													

30. OR

(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 \$ .....



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.P.R



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.W1



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	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 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 \$ .....

30.WY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Elixir Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2025

NAIC Company Code 12747

	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 .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current year member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b).....	984	0	0	0	0	0	0	0	0	0	0	0	984	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.....	0	0	0	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 .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	(2,128,432)	0	0	0	0	0	0	0	0	0	0	0	(2,128,432)	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....984

30.GT











**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**SCHEDULE S – PART 6**

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

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	11,477	10,309	11,652	11,055
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	0
5. Total hospital and medical expenses.....	0	0	0	0	8,226
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	3,006
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	4,128	2,648	3,017	4,478
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	2,648	3,017	4,478
14. Letters of credit (L).....	0	0	0	0	500
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	4,619,455		4,619,455
2. Accident and health premiums due and unpaid (Line 15).....	579,314		579,314
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	13,297,142		13,297,142
6. Total assets (Line 28)	18,495,911	0	18,495,911
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
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).....	5,598,705		5,598,705
15. Total liabilities (Line 24).....	5,598,705	0	5,598,705
16. Total capital and surplus (Line 33).....	12,897,206	XXX	12,897,206
17. Total liabilities, capital and surplus (Line 34)	18,495,911	0	18,495,911
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
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 .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**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					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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**SCHEDULE Y  
PART 1A – DETAILS 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)	*
			23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	NO	.0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	NO	.0
			26-0676699				Elixir Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
		12747	20-4308924				Elixir Insurance Company	OH	RE	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			34-1939227				Elixir Rx Options, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			36-4221427				Elixir Rx Solutions, LLC	MO	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			05-0570786				Elixir Rx Solutions, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			88-0511398				Elixir Rx Solutions of Nevada, LLC	NV	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-3389462				Elixir Savings, LLC	FL	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			26-2434607				Elixir Pharmacy, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			61-1772789				Elixir Puerto Rico	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			87-3071832				Tonic Procurement Solutions	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			59-3760021				Advance Benefits, LLC	FL	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			20-3649446				Rx Initiatives L.L.C	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	NO	.0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Elixir Holdings LLC	Ownership	100.0	Rite Aid Corporation	NO	.0

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)
	59-2798509	First Florida Insurers of Tampa, LLC									0	
	34-1939227	Elixir Rx Options, LLC									0	
12747	20-4308924	Elixir Insurance Company									0	
	26-0676699	Envision Pharmaceutical Holdings LLC									0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0



# 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?   | .....SEE EXPLANATION..... |
| 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?  | .....YES.....             |
| 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 with electronically with the NAIC by March 1?  | .....NO.....              |
| 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? | .....SEE EXPLANATION..... |

### AUGUST FILING

- |  |               |
|--|---------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

### Explanation:

- 10. The Company does not offer Medicare Supplement Insurance
- 11. The Company does not offer Life Insurance
- 12. The Company has less than 100 shareholders
- 13. The Company does not write Life Insurance
- 14. The Company does not write Life Insurance
- 16. Not Applicable
- 17. Not Applicable
- 18. Not Applicable
- 19. Not Required
- 20. Not Required
- 23. Not Required by state of Ohio

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

10.   
1 2 7 4 7 2 0 2 5 3 6 0 5 9 0 0 0

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

13.   
1 2 7 4 7 2 0 2 5 3 7 1 0 0 0 0 0

14.   
1 2 7 4 7 2 0 2 5 3 7 0 0 0 0 0 0

16.   
1 2 7 4 7 2 0 2 5 2 2 4 0 0 0 0 0

17.   
1 2 7 4 7 2 0 2 5 2 2 5 0 0 0 0 0

18.   
1 2 7 4 7 2 0 2 5 2 2 6 0 0 0 0 0

19.   
1 2 7 4 7 2 0 2 5 6 0 0 0 0 0 0 0

20.   
1 2 7 4 7 2 0 2 5 3 0 6 0 0 0 0 0

21.   
1 2 7 4 7 2 0 2 5 2 1 1 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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**SUPPLEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)  
 (To Be Filed By March 1)

NAIC Group Code 00000

NAIC Company Code 12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage.....	0	XXX	196,650	XXX	196,650
1.12 Without reinsurance coverage.....	0	XXX	0	XXX	0
1.13 Risk-corridor payment adjustments.....	0	XXX	0	XXX	0
1.2 Supplemental benefits.....	0	XXX	0	XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage.....	0	XXX	0	XXX	XXX
2.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
2.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage.....	0	XXX	0	XXX	XXX
3.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
3.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	0	XXX	0	XXX	XXX
4.2 Payable.....	0	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage.....	0	XXX	196,650	XXX	XXX
5.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-corridor payment adjustments.....	0	XXX	0	XXX	XXX
5.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
6. Total premiums.....	0	XXX	196,650	XXX	196,650
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage.....	0	XXX	(2,128,432)	XXX	(2,128,432)
7.12 Without reinsurance coverage.....	0	XXX	0	XXX	0
7.2 Supplemental benefits.....	0	XXX	0	XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage.....	0	XXX	6,475,900	XXX	XXX
8.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
8.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage.....	0	XXX	0	XXX	XXX
9.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
9.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage.....	0	XXX	4,347,468	XXX	XXX
10.12 Without reinsurance coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental benefits.....	0	XXX	0	XXX	XXX
11. Total claims.....	0	XXX	4,347,468	XXX	(2,128,432)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid – net of reimbursements applied.....	XXX	0	XXX	0	0
12.2 Reimbursements received but not applied-change.....	XXX	0	XXX	0	0
12.3 Reimbursements receivable-change.....	XXX	0	XXX	0	XXX
12.4 Health care receivables-change.....	XXX	0	XXX	0	XXX
13. Aggregate policy reserves-change.....	0	0	0	0	XXX
14. Expenses paid.....	0	XXX	0	XXX	0
15. Expenses incurred.....	0	XXX	0	XXX	XXX
16. Underwriting gain/loss.....	0	XXX	(4,150,818)	XXX	XXX
17. Cash flow result.....	XXX	XXX	XXX	XXX	2,325,082