



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

Sidecar Health Insurance Company

(Name)

NAIC Group Code 00000 (Current Period), 00000 (Prior Period) NAIC Company Code 17104 Employer's ID Number 86-2011787

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 02/25/2021 Commenced Business 09/30/2021

Statutory Home Office One Columbus, Suite 495, 10 West Broad Street, Columbus, OH, US 43215

Main Administrative Office 2381 Rosecrans Ave Ste 400, El Segundo, CA, US 90245, 424-666-2815

Mail Address 2381 Rosecrans Ave Ste 400, El Segundo, CA, US 90245

Primary Location of Books and Records 2381 Rosecrans Ave Ste 400, El Segundo, CA, US 90245, 424-666-2815

Internet Web Site Address N/A

Statutory Statement Contact Andrea Sherry, 716-517-6457, asherry@SidecarHealth.com, 866-429-2596

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Patrick Quigley (President & Chief Executive Officer), Doug Lynch # (Actuary), Andrea Sherry (Treasurer & Vice President of Finance).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes Natalie Leino # (General Counsel, Chief Compliance & Risk Officer), Veronica Osetinsky (Chief Operating Officer).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Includes Peter Andruszkiewicz, James Parker, Jennifer Kent, Molly Bonakdarpour, Patrick Quigley.

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.

Patrick Quigley
President & Chief Executive Officer

Andrea Sherry
Treasurer & Vice President of Finance

Doug Lynch
Chief Financial Officer & Chief Actuary

Subscribed and sworn to before me this day of

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
Mark Porter Auto Group.....	(3,206)	106,001	0	15,518	15,518	102,794
Scioto County Board of DD.....	(4,309)	108,533	0	0	0	104,224
Youngstown Pipe and Steel, LLC.....	(1,610)	40,838	45,445	0	0	84,673
Scott M & A Corp.....	(5,179)	79,345	0	0	0	74,166
Skeye Wholesale, Inc.....	(1,882)	11,451	12,501	37,216	37,216	22,071
Classic Carriers, Inc.....	(4,463)	56,885	0	0	0	52,422
Harper Operating Company.....	(1,863)	27,386	25,652	0	0	51,175
Nicholson Builders, Inc.....	(20,182)	0	65,767	0	0	45,586
Rensko Holdings, LLC.....	(4,091)	49,126	0	0	0	45,035
Fairfield Community Health Center.....	(1,729)	46,412	0	0	0	44,683
Woda Cooper Personnel.....	(46,817)	45,037	0	45,421	45,421	(1,780)
QSR Executive Enterprises, LLC.....	(9,511)	0	0	52,773	52,773	(9,511)
Reef Runner Remodeling and Repair, LLC.....	(3,167)	10,188	6,896	29,081	29,081	13,917
JN House.....	(3,197)	0	0	43,280	43,280	(3,197)
Ohio Eastern Star Home Inc.....	(2,053)	41,406	0	0	0	39,354
Lotus Growth dba Primrose.....	0	0	8,784	29,420	29,420	8,784
Roof Management Inc.....	811	0	0	33,756	33,756	811
GD Supply DBA Johnstone Supply 77.....	(1,285)	30,368	0	0	0	29,083
Tarpstop, Inc.....	(545)	27,924	0	1,410	1,410	27,379
Wicki Ventures.....	(1,736)	0	28,838	0	0	27,102
Lake Conway Landscaping of Orlando, Inc.....	(1,250)	0	26,611	0	0	25,361
The Telischak Co. LTD.....	(1,518)	22,014	0	0	0	20,496
Tom Fouts Tire.....	(1,935)	22,296	0	0	0	20,361
Xtreme Express LLC.....	(1,752)	10,438	0	8,744	8,744	8,686
Culpepper & Associates Security Services.....	0	(20,865)	9,338	28,744	28,744	(11,526)
Rocknes, Inc.....	0	0	0	16,296	16,296	0
Schmidt QSR, Inc.....	(798)	0	16,939	0	0	16,140
Mi Escuela Montessori, Inc.....	(1,085)	15,783	0	0	0	14,698
Patton Painting.....	(1,262)	12,292	0	0	0	11,030
Lang Stone Co Inc.....	0	10,000	0	0	0	10,000
Sylvania Schools.....	0	0	0	6,299	6,299	0
Four Fries, LLC.....	4,390	0	0	0	0	4,390
NSI Crankshaft LLC.....	2,166	0	0	2,191	2,191	2,166
Taiho Corporation Of America.....	2,924	0	0	0	0	2,924
Barn Light Electric Company, LLC.....	2,888	0	0	0	0	2,888
Pro-Pak Industries, Inc.....	1,189	0	2,109	(424)	(424)	3,299
Mercer Residential Services, Inc.....	2,680	0	0	0	0	2,680
WC Enterprises, Inc.....	1,897	0	0	0	0	1,897
VitaDepot.com LLC dba reCom.....	1,700	0	0	0	0	1,700
Goodwill Industries of Central Ohio.....	1,481	0	0	0	0	1,481
0299997 Group subscriber subtotal.....	(104,298)	752,860	248,882	349,724	349,724	897,444
0299998 Premiums due and unpaid not individually listed.....	922,204	17,299	0	(5,106)	(5,106)	939,504
0299999 Total group.....	817,906	770,159	248,882	344,618	344,618	1,836,947
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	817,906	770,159	248,882	344,618	344,618	1,836,947

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		1,391,738		1,525,571	.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	182,719	84,784,094		304,660	182,719	214,513
7. Totals (Lines 1 through 6)	182,719	86,175,832	0	1,830,231	182,719	214,513

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
Saint Joseph Hospital.....	.0	.0	15,200	.0	.0	15,200
CVS Specialty Pharmacy.....	80,209	4,227	.0	.0	.0	84,435
Crystal Clinic Orthopaedic Center.....	12,731	.0	.0	.0	.0	12,731
Encompass Health Rehabilitation Hospital.....	19,190	.0	.0	.0	.0	19,190
Fisher-Titus Medical Center.....	46,005	.0	.0	.0	.0	46,005
Jake Moore.....	63,471	.0	.0	128	.0	63,599
James Cancer Hospital And Solove Researc.....	317,509	.0	.0	.0	.0	317,509
Kettering Health Miamisburg.....	29,611	.0	.0	.0	.0	29,611
Kettering Health Troy.....	7,007	.0	.0	.0	.0	7,007
Lima Memorial Health System.....	11,675	11,499	.0	.0	.0	23,174
Mercy Health - The Heart & Vascular Inst.....	25,904	.0	.0	.0	.0	25,904
Mount Carmel East Hospital.....	23,798	.0	.0	.0	.0	23,798
OSU Internal Medicine.....	17,941	.0	.0	.0	.0	17,941
Ohio State University Hospital.....	52,509	.0	.0	.0	.0	52,509
Ohio State University Wexner Medical Cen.....	31,451	.0	.0	.0	.0	31,451
Olentangy Sports Medicine & Rehabilitati.....	49,461	.0	.0	.0	.0	49,461
Osu Observation Medicine.....	17,042	.0	.0	.0	.0	17,042
Promedica Defiance Regional Hospital.....	32,607	.0	.0	.0	.0	32,607
Promedica Laboratories -Toledo.....	482,577	.0	.0	.0	.0	482,577
Promedica Monroe Regional Hospital.....	38,770	.0	.0	.0	.0	38,770
Soin Medical Center.....	12,624	.0	.0	.0	.0	12,624
Sylvania Family Practice.....	26,183	830	.0	.0	.0	27,013
TOLEDO CLINIC INC.....	13,631	.0	.0	.0	.0	13,631
Toledo Clinic DbA Toledo Clinic Outpatie.....	62,313	.0	.0	.0	.0	62,313
University Of Toledo Medical Center.....	63,857	.0	.0	.0	.0	63,857
0199999 Individually listed claims unpaid.....	1,538,077	16,556	15,200	128	.0	1,569,961
0299999 Aggregate accounts not individually listed-uncovered.....	.0	.0	.0	.0	.0	.0
0399999 Aggregate accounts not individually listed-covered.....	390,672	19,471	8,078	211	142	418,573
0499999 Subtotals	1,928,749	36,027	23,278	339	142	1,988,534
0599999 Unreported claims and other claim reserves						13,916,967
0699999 Total amounts withheld						
0799999 Total claims unpaid						15,905,501
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health 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
Capitation Payments:						
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
Other Payments:						
5. Fee-for-service	93,028,272	100.0	XXX	XXX		93,028,272
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	93,028,272	100.0	XXX	XXX	0	93,028,272
13. Total (Line 4 plus Line 12)	93,028,272	100 %	XXX	XXX	0	93,028,272

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
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture, Equipment and Supplies Owned

NONE

Prem., Enrollment

NONE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Sidecar Health Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 17104

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	44		44											
2 First quarter	165		165											
3 Second quarter	506		506											
4. Third quarter	1,058		1,058											
5. Current year	1,943		1,943											
6 Current year member months	9,941		9,941											
Total Member Ambulatory Encounters for Year:														
7. Physician	4,345		4,345											
8. Non-physician	686		686											
9. Total	5,031	0	5,031	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	460		460											
11. Number of inpatient admissions	197		197											
12. Health premiums written (b).....	4,603,495		4,603,495											
13. Life premiums direct.....	0													
14. Property/casualty premiums written.....	0													
15. Health premiums earned.....	4,603,495		4,603,495											
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	3,927,884		3,927,884											
18. Amount incurred for provision of health care services	3,876,968		3,876,968											

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Sidecar Health Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 17104

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	1,998		1,998											
2 First quarter	3,496		3,496											
3 Second quarter	3,828		3,828											
4. Third quarter	3,858		3,858											
5. Current year	3,716		3,716											
6 Current year member months	44,482		44,482											
Total Member Ambulatory Encounters for Year:														
7. Physician	16,854		16,854											
8. Non-physician	2,787		2,787											
9. Total	19,641	0	19,641	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	3,463		3,463											
11. Number of inpatient admissions	935		935											
12. Health premiums written (b).....	21,114,191		21,114,191											
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	15,285,379		15,285,379											
18. Amount incurred for provision of health care services	15,058,600		15,058,600											

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Sidecar Health Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 17104

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	7,920		7,920											
2. First quarter	10,871		10,871											
3. Second quarter	10,962		10,962											
4. Third quarter	10,018		10,018											
5. Current year	10,638		10,638											
6. Current year member months	128,314	0	128,314											
Total Member Ambulatory Encounters for Year:														
7. Physician	66,294		66,294											
8. Non-physician	13,792		13,792											
9. Total	80,086	0	80,086	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	10,860		10,860											
11. Number of inpatient admissions	3,930		3,930											
12. Health premiums written (b).....	64,309,890	0	64,309,890											
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	73,815,010	(521)	73,815,531											
18. Amount incurred for provision of health care services	72,717,729	(521)	72,718,250											

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Sidecar Health Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 17104

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	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													

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Sidecar Health Insurance Company

2.

(LOCATION)

NAIC Group Code 00000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2025

NAIC Company Code 17104

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	9,962	.0	9,962	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2 First quarter	14,532	.0	14,532	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3 Second quarter	15,296	.0	15,296	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third quarter	14,934	.0	14,934	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current year	16,297	0	16,297	0	0	0	0	0	0	0	0	0	0	0
6 Current year member months	182,737	0	182,737	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	87,493	.0	87,493	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-physician	17,265	.0	17,265	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Total	104,758	0	104,758	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	14,783	0	14,783	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	5,062	0	5,062	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b).....	90,027,576	.0	90,027,576	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Life premiums direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/casualty premiums written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health premiums earned.....	4,603,495	.0	4,603,495	.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	93,028,273	(521)	93,028,794	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Amount incurred for provision of health care services	91,653,297	(521)	91,653,818	0	0	0	0	0	0	0	0	0	0	0

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
21113	13-5459190	05/01/2023	UNITED STATES FIRE INS CO	DE	SSL/I	CMM	154,150						
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/I	CMM	858,900						
16535	36-4233459	05/01/2024	ZURICH AMER INS CO	NY	SSL/I	CMM	5,086,001						
38776	13-2997499	05/01/2022	SIRIUSPOINT AMER INS CO	NY	SSL/I	CMM							
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							6,099,052	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							6,099,052	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							6,099,052	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							6,099,052	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							6,099,052	0	0	0	0	0	0
9999999 Totals													
							6,099,052	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums.....	6,099	4,305	3,874	440	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		200	186	0	0
8. Reinsurance recoverable on paid losses.....	754	3,078	286	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health 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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	43,197,915		43,197,915
2. Accident and health premiums due and unpaid (Line 15).....	1,836,947		1,836,947
3. Amounts recoverable from reinsurers (Line 16.1).....	753,584	(753,584)	0
4. Net credit for ceded reinsurance.....	XXX	(263,450)	(263,450)
5. All other admitted assets (Balance).....	6,263,855		6,263,855
6. Total assets (Line 28)	52,052,301	(1,017,034)	51,035,267
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	15,905,501	0	15,905,501
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,418,101		1,418,101
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).....	11,014,698	(1,017,034)	9,997,664
15. Total liabilities (Line 24).....	28,338,300	(1,017,034)	27,321,266
16. Total capital and surplus (Line 33).....	23,714,001	XXX	23,714,001
17. Total liabilities, capital and surplus (Line 34)	52,052,301	(1,017,034)	51,035,267
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	753,584		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	753,584		
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	1,017,034		
30. Total ceded reinsurance payables/offsets	1,017,034		
31. Total net credit for ceded reinsurance	(263,450)		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health 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)	*
			82-3479267				Sidecar Health, Inc.....	DE	UIP	Eleven Eleven Trust.....	Ownership.....	15.5	Patrick Quigley and Traci Quigley.....	NO	.0
			36-4898102				Sidecar Health Holding Company, LLC.....	DE	UDP	Sidecar Health, Inc.....	Board, Ownership, Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.0
		17104	86-2011787				Sidecar Health Insurance Company.....	OH	RE	Sidecar Health Holding Company, LLC.....	Board, Ownership, Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.0
			35-2628104				Sidecar Health Insurance Solutions, LLC.....	DE	NIA	Sidecar Health Holding Company, LLC.....	Board, Ownership, Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.0
			88-3794625				Eleven Eleven Trust.....	CA	OTH	Patrick Quigley and Traci Quigley.....	Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.1
			39-4451743				Sidecar Health Insurance Producer.....	DE	NIA	Sidecar Health Holding Company, LLC.....	Ownership, Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.0
							Sidecar Health Captive, LLC.....	OH	IA	Sidecar Health Holding Company, LLC.....	Ownership, Management.....	100.0	Patrick Quigley and Traci Quigley.....	NO	.0

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Asterisk	Explanation
1	Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 15.52% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Sidecar Health Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	36-4898102	Sidecar Health Holding Company, LLC					7,669,783				7,669,783	
17104	86-2011787	Sidecar Health Insurance Company					(7,669,783)				(7,669,783)	
	82-3479267	Sidecar Health, Inc					402,709				402,709	
17104	86-2011787	Sidecar Health Insurance Company					(402,709)				(402,709)	
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?NO.....
- 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....
- 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?SEE EXPLANATION.....
- 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?NO.....

APRIL FILING

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?YES.....
- 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....

Explanation:

16. Not Applicable.

17. Not Applicable.

18. Not Applicable.

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

15. 
1 7 1 0 4 2 0 2 5 3 6 5 0 0 0 0 0

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

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

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

24. 
1 7 1 0 4 2 0 2 5 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
 *EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Change in loss adjustment expense.....	0	(12,205)	0	0	(12,205)
2597. Summary of remaining write-ins for Line 25 from Page 14	0	(12,205)	0	0	(12,205)