

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2025 OF THE CONDITION AND AFFAIRS OF THE ANTIDOTE HEALTH PLAN OF OHIO, INC.

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

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? No
Incorporated/Organized 11/30/2022 Commenced Business 01/01/2024
Statutory Home Office 1747 Olentangy River Road #1384 Columbus, OH, US 43212
Main Administrative Office 1460 Broadway
New York, NY, US 10036 866-256-2134
(Telephone)
Mail Address 1460 Broadway New York, NY, US 10036
Primary Location of Books and
Records 1460 Broadway
New York, NY, US 10036 866-256-2134
(Telephone)
Internet Website Address www.antidotehealth.com
Statutory Statement Contact Andrew Manke 860-538-0303
(Telephone)
andrewm@antidotehealth.com
(E-Mail) (Fax)

OFFICERS

Avihai Sodri, President & CEO Yossi Holzman#, Treasurer & CFO
Andrew Manke, Financial Controller

DIRECTORS OR TRUSTEES

Avihai Sodri Yossi Holzman
Jake Chong Debra Hallday

State of
County of SS

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

x Avihai Sodri x x
Avihai Sodri Yossi Holzman Andrew Manke
President & CEO Treasurer & CFO Financial Controller

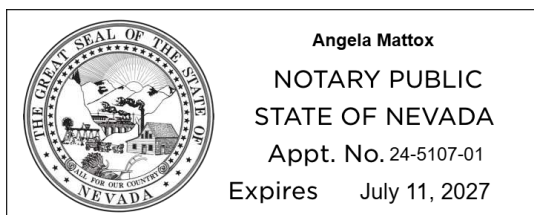
Subscribed and sworn to before me
this 27th day of
February, 2026

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

x Angela Mattox

State of Nevada
County of Clark

Signed and sworn to (or affirmed) before me on 02/27/2026 by Avihai Sodri.



Notarized remotely using audio-video communication technology via Proof.

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Jake Chong Debra Hallday


State of
County of SS

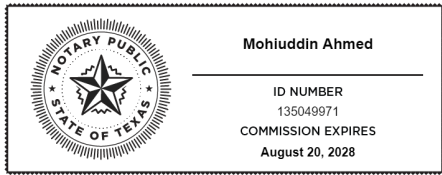
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

x N/A x  x N/A
Avihai Sodri Yossi Holzman Andrew Manke
President & CEO Treasurer & CFO Financial Controller

State of Texas County of Dallas
Subscribed and sworn to before me
this 27th day of
February, 2026 by Yossi Holzman

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

x 
Notary Public, State of Texas
Commission Expiration Date : 08/20/2028



Electronically signed and notarized online using the Proof platform.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Navitus.....	1,747,307					1,747,307
0199999 – Pharmaceutical Rebate Receivables.....	1,747,307					1,747,307
OSU.....	405,985					405,985
0299999 – Claim Overpayment Receivables.....	405,985					405,985
CMS Subsidy Receivable.....	806,070					806,070
0699999 – Other Health Care Receivables.....	806,070					806,070
0799999 – Gross Health Care Receivables.....	2,959,362					2,959,362

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables.....				1,747,307		
2. Claim overpayment receivables.....				405,985		
3. Loans and advances to providers.....						
4. Capitation arrangement receivables.....						
5. Risk sharing receivables.....						
6. Other health care receivables.....				806,070		
7. Totals (Lines 1 through 6).....				2,959,362		

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 – Aggregate accounts not individually listed-covered	9,866,928	878,070	18,614	5,808	15,734	10,785,154
0499999 – Subtotals	9,866,928	878,070	18,614	5,808	15,734	10,785,154
0799999 – Total claims unpaid						10,785,154
0899999 – Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Antidote Operations Management Inc.....	435,645					435,645	
0199999 – Individually listed receivables.....	435,645					435,645	
0399999 – Total gross amounts receivable.....	435,645					435,645	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 – Total gross payables.....	NONE			

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.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
Other Payments:						
5. Fee-for-service.....	32,019,604	100.000	XXX	XXX		32,019,604
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	32,019,604	100.000	XXX	XXX		32,019,604
13. Total (Line 4 plus Line 12).....	32,019,604	100.000 %	XXX	XXX		32,019,604

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary’s Total Adjusted Capital	6 Intermediary’s Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. New York, NY
(LOCATION)

NAIC Group Code: 5057

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 17510

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	22	22												
2. First quarter.....	4,213	4,213												
3. Second quarter.....	6,237	6,237												
4. Third quarter.....	6,292	6,292												
5. Current year.....	5,304	5,304												
6. Current year member months.....	62,623	62,623												
Total Member Ambulatory Encounters for Year:														
7. Physician.....	8,540	8,540												
8. Non-physician.....	2,004	2,004												
9. Total.....	10,544	10,544												
10. Hospital patient days incurred.....	214	214												
11. Number of inpatient admissions.....	60	60												
12. Health premiums written (b).....	40,574,456	40,574,456												
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	34,952,981	34,952,981												
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	32,019,604	32,019,604												
18. Amount incurred for provision of health care services.....	37,271,476	37,271,476												

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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 \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. New York, NY
(LOCATION)

NAIC Group Code: 5057

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 17510

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	22	22												
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30.GT

(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 \$

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
93572	43-1235868	01/01/2025	RG A Reinsurance Company	MO	1,957,455	
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates					1,957,455	
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					1,957,455	
2299999 – Total Accident and Health					1,957,455	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,957,455	
9999999 – Total (Sum of 1199999 and 2299999)					1,957,455	

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, Certified, Non-Affiliates, U.S. Non-Affiliates													
93572	43-1235868	01/01/2025	RG A Reinsurance Company	MO	OTH/I	CMM	1,259,285						
3099999 – General Account, Certified, Non-Affiliates, U.S. Non-Affiliates							1,259,285						
3299999 – General Account, Certified, Total Certified Non-Affiliates							1,259,285						
3399999 – Total General Account Certified							1,259,285						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							1,259,285						
9199999 – Total U.S.							1,259,285						
9999999 – Total (Sum of 4599999 and 9099999)							1,259,285						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

	1	2	3	4	5
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....	1,259				
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	1,957				
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	4,807,476		4,807,476
2. Accident and health premiums due and unpaid (Line 15)	3,731,806		3,731,806
3. Amounts recoverable from reinsurers (Line 16.1)	1,957,455	(1,957,455)	—
4. Net credit for ceded reinsurance	XXX	1,957,455	1,957,455
5. All other admitted assets (Balance)	5,535,723		5,535,723
6. Total assets (Line 28)	16,032,460	—	16,032,460
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	10,785,154		10,785,154
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	3,714,386		3,714,386
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	890,302		890,302
15. Total liabilities (Line 24)	15,389,842		15,389,842
16. Total capital and surplus (Line 33)	642,618	XXX	642,618
17. Total liabilities, capital and surplus (Line 34)	16,032,460		16,032,460
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	1,957,455	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	1,957,455	XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance	1,957,455	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

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

NONE

SCHEDULE Y

PART 1A - 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)	*
5057	Antidote Health Group	17404	92-1089797				Antidote Health of Arizona, Inc.	AZ	IA	Antidote Health HMO HoldCo Inc	Ownership	100.000	Antidote Health Group, Inc.	NO	
5057	Antidote Health Group	17510	88-4350607				Antidote Health of Ohio, Inc.	OH	RE	Antidote Health HMO HoldCo Inc	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-0655584				Antidote Health HMO HoldCo Inc	DE	UDP	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-1187202				Antidote Operations Management Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			85-3535641				Antidote A.I. Health Ltd.	ISR	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
			92-0468760				Antidote A.I. Health Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.000	Antidote Health Group, Inc.	NO	
							Antidote Health Group, Inc.	DE	UIP					NO	

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999 - Control Totals									.XXX			

NONE

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Antidote Health Plan of Arizona, Inc.....	Antidote Health HMO HoldCo Inc.....	100.000 %	NO	Antidote Health Group, Inc.....	Antidote Health Plan of Ohio, Inc. & Antidote Health Plan of Arizona, Inc.....	100.000 %	NO
Antidote Health Plan of Ohi, Inc.....	Antidote Health HMO HoldCo Inc.....	100.000 %	NO	Antidote Health Group, Inc.....	Antidote Health Plan of Ohio, Inc. & Antidote Health Plan of Arizona, Inc.....	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

	Responses
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES.....
2. Will an Actuarial Opinion be filed by March 1?.....	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.













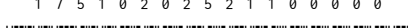
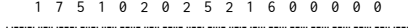
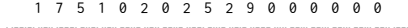
March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO.....
12. Will Schedule SIS (Stockholder Information 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?.....	NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO.....
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	NO.....
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation

Barcode

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