

QUARTERLY STATEMENT

AS OF JUNE 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

DEVOTED HEALTH PLAN OF OHIO, INC.

NAIC Group Code 4924,..... 4924 NAIC Company Code 16758 Employer's ID Number 83-4458231

(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Life, Accident & Health Is HMO Federally Qualified?

Incorporated/Organized 04/18/2019 Commenced Business 01/01/2021

Statutory Home Office 3700 Park East Drive Suite 450 Beachwood, OH, US 44122

Main Administrative Office 221 Crescent Street Suite 202
Waltham, MA, US 02453 617-958-1611
(Telephone Number)

Mail Address 221 Crescent Street Suite 202 Waltham, MA, US 02453

Primary Location of Books and
Records 221 Crescent Street Suite 202
Waltham, MA, US 02453 617-958-1611
(Telephone Number)

Internet Website Address www.devoted.com

Statutory Statement Contact Joseph Anthony Alfano 860-916-9120
(Telephone Number)

..... joseph.alfano@devoted.com 978-616-7824
(E-Mail Address) (Fax Number)

OFFICERS

Dariel Quintana, President and Chief Executive Officer Joseph Anthony Alfano, Co-Chief Financial Officer

Lawrence Doran Henry, Chief Operating Officer Wilson Bradley Yale, Co-Chief Financial Officer

OTHER

David Michael Johnson MD, Medical Director Paul David Jernigan, Secretary

Daniel Francis Quinn, Appointed Actuary

DIRECTORS OR TRUSTEES

Dariel Quintana Richard Glenn Waldron

Joseph Anthony Alfano David Michael Johnson MD

Lawrence Doran Henry

State of Virginia

County of Prince William, Virginia 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.

Dariel Quintana

x

Dariel Quintana
President and Chief Executive Officer

x

Lawrence Doran Henry
Chief Operating Officer

x

Joseph Anthony Alfano
Co-Chief Financial Officer

Subscribed and sworn to before me

this 29th day of

July, 2025

x

Electronic Notary Public

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____



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State ofFlorida

County ofAlachuaSS

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xLawrence Doran Henryx

Dariel QuintanaLawrence Doran HenryJoseph Anthony Alfano

President and Chief Executive OfficerChief Operating OfficerCo-Chief Financial Officer

Subscribed and sworn to before me

this1stday of

August, 2025 by Lawrence Doran Henry

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b. If no:

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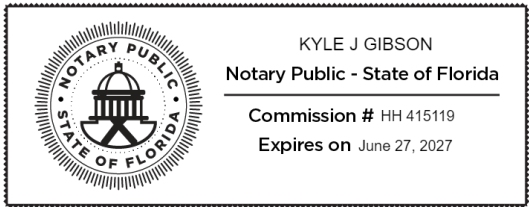
2. Date filed:

3. Number of pages attached:

xKyle J Gibson

ID produced DRIVER LICENSE

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State ofNevada

County ofClarkSS

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x

Dariel Quintana

President and Chief Executive Officer

x

Lawrence Doran Henry

Chief Operating Officer

x

Joseph Anthony Alfano

Co-Chief Financial Officer

Subscribed and sworn to before me

this28thday of

July, 2025

x

Vickey Beglari

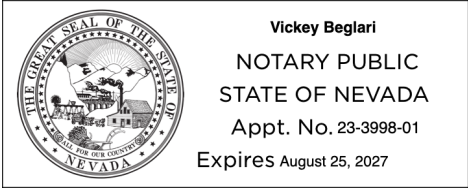
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ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	365,531		365,531	361,987
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances)				
	4.2 Properties held for the production of income (less \$..... encumbrances)				
	4.3 Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....(388,160)), cash equivalents (\$.....46,095,289) and short-term investments (\$.....)	45,707,129		45,707,129	72,012,115
6.	Contract loans (including \$..... premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	46,072,660		46,072,660	72,374,102
13.	Title plants less \$..... charged off (for Title insurers only)				
14.	Investment income due and accrued	224,135		224,135	308,431
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	199,657	98,740	100,917	124,161
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$.....1,655,276) and contracts subject to redetermination (\$.....17,121,169)	18,776,445		18,776,445	14,213,583
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	34,811		34,811	144,258
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	13,093,326	172,905	12,920,421	14,474,014
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....18,657,364) and other amounts receivable	28,266,372	9,609,008	18,657,364	27,540,617
25.	Aggregate write-ins for other-than-invested assets	1,316,197	1,316,197	—	—
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	107,983,603	11,196,850	96,786,753	129,179,166
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	107,983,603	11,196,850	96,786,753	129,179,166
Details of Write-Ins					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid benefit expenses	1,266,197	1,266,197	—	—
2502.	Prepaid care management fee	50,000	50,000	—	—
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,316,197	1,316,197	—	—

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded).....	36,239,919		36,239,919	65,851,986
2.	Accrued medical incentive pool and bonus amounts.....	4,256,633		4,256,633	5,925,941
3.	Unpaid claims adjustment expenses.....	837,864		837,864	1,376,727
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....	4,809,313		4,809,313	3,017,764
5.	Aggregate life policy reserves.....				
6.	Property/casualty unearned premium reserve.....				
7.	Aggregate health claim reserves.....				
8.	Premiums received in advance.....	2,747		2,747	7,047
9.	General expenses due or accrued.....	3,460		3,460	58,340
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....				
10.2	Net deferred tax liability.....				
11.	Ceded reinsurance premiums payable.....				
12.	Amounts withheld or retained for the account of others.....				
13.	Remittances and items not allocated.....				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15.	Amounts due to parent, subsidiaries and affiliates.....	7,855,580		7,855,580	9,104,905
16.	Derivatives.....				
17.	Payable for securities.....				
18.	Payable for securities lending.....				
19.	Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20.	Reinsurance in unauthorized and certified (\$.....) companies.....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates.....				
22.	Liability for amounts held under uninsured plans.....	1,675,722		1,675,722	4,428,412
23.	Aggregate write-ins for other liabilities (including \$..... current).....				
24.	Total liabilities (Lines 1 to 23).....	55,681,238		55,681,238	89,771,122
25.	Aggregate write-ins for special surplus funds.....	XXX	XXX		
26.	Common capital stock.....	XXX	XXX	1,000,000	1,000,000
27.	Preferred capital stock.....	XXX	XXX		
28.	Gross paid in and contributed surplus.....	XXX	XXX	49,600,000	49,600,000
29.	Surplus notes.....	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31.	Unassigned funds (surplus).....	XXX	XXX	(9,494,485)	(11,191,956)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 \$.....)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	41,105,515	39,408,044
34.	Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	96,786,753	129,179,166
Details of Write-Ins					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page.....				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.	.....	XXX	XXX		
2502.	.....	XXX	XXX		
2503.	.....	XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.	.....	XXX	XXX		
3002.	.....	XXX	XXX		
3003.	.....	XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months	XXX	218,876	266,284	582,890
2.	Net premium income (including \$..... non-health premium income)	XXX	248,436,719	291,552,005	626,552,925
3.	Change in unearned premium reserves and reserve for rate credits	XXX	987,692	1,688,470	770,827
4.	Fee-for-service (net of \$..... medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	249,424,411	293,240,475	627,323,752
Hospital and Medical:					
9.	Hospital/medical benefits		145,907,398	172,825,130	393,975,873
10.	Other professional services		1,097,592	1,274,013	2,739,789
11.	Outside referrals		672,078	991,407	1,865,720
12.	Emergency room and out-of-area		4,906,463	6,105,946	13,888,144
13.	Prescription drugs		48,140,710	39,909,931	84,411,183
14.	Aggregate write-ins for other hospital and medical		3,174,448	29,490,889	67,420,157
15.	Incentive pool, withhold adjustments and bonus amounts		4,252,196	(932,465)	(34,435,101)
16.	Subtotal (Lines 9 to 15)		208,150,885	249,664,851	529,865,765
Less:					
17.	Net reinsurance recoveries		5,083		144,258
18.	Total hospital and medical (Lines 16 minus 17)		208,145,802	249,664,851	529,721,507
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....6,798,109 cost containment expenses		8,479,023	8,646,536	23,551,510
21.	General administrative expenses		27,888,831	35,146,541	73,998,349
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		244,513,656	293,457,928	627,271,366
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,910,755	(217,453)	52,386
25.	Net investment income earned		1,471,167	1,411,724	3,191,767
26.	Net realized capital gains (losses) less capital gains tax of \$.....				
27.	Net investment gains (losses) (Lines 25 plus 26)		1,471,167	1,411,724	3,191,767
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	6,381,922	1,194,271	3,244,153
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	6,381,922	1,194,271	3,244,153
Details of Write-Ins					
0601.	.....	XXX			
0602.	.....	XXX			
0603.	.....	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	.....	XXX			
0702.	.....	XXX			
0703.	.....	XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	Supplemental benefits		3,174,448	29,490,889	67,420,157
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		3,174,448	29,490,889	67,420,157
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	39,408,044	18,374,787	18,374,787
34.	Net income or (loss) from Line 32	6,381,922	1,194,271	3,244,153
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(4,684,451)	(768,242)	(210,896)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			18,000,000
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	1,697,471	426,029	21,033,257
49.	Capital and surplus end of reporting period (Line 33 plus 48)	41,105,515	18,800,816	39,408,044
Details of Write-Ins				
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	246,807,402	278,185,246	621,524,736
2. Net investment income	1,551,919	1,292,670	3,029,888
3. Miscellaneous income			
4. Total (Lines 1 to 3)	248,359,321	279,477,916	624,554,624
5. Benefit and loss related payments	233,957,019	235,110,217	502,123,868
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	38,499,549	42,313,071	107,089,662
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)			
10. Total (Lines 5 through 9)	272,456,568	277,423,288	609,213,530
11. Net cash from operations (Line 4 minus Line 10)	(24,097,247)	2,054,628	15,341,094
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds		354,600	354,600
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)		354,600	354,600
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(354,600)	(354,600)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			18,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(2,207,739)	4,772,358	7,561,645
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(2,207,739)	4,772,358	25,561,645
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(26,304,986)	6,472,386	40,548,139
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	72,012,115	31,463,976	31,463,976
19.2 End of period (Line 18 plus Line 19.1)	45,707,129	37,936,362	72,012,115
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year	54,589							54,589						
2. First Quarter	36,480							36,480						
3. Second Quarter	35,964							35,964						
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	218,876							218,876						
Total Member Ambulatory Encounters for Period:														
7. Physician	108,309							108,309						
8. Non-Physician	146,423							146,423						
9. Total	254,732							254,732						
10. Hospital Patient Days Incurred	26,915							26,915						
11. Number of Inpatient Admissions	4,349							4,349						
12. Health Premiums Written (a)	248,640,276							248,640,276						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	249,627,968							249,627,968						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	234,071,549							234,071,549						
18. Amount Incurred for Provision of Health Care Services	208,150,884							208,150,884						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$248,640,276

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
CVS Caremark.....	4,109,608					4,109,608
0199999 – Individually listed claims unpaid.....	4,109,608					4,109,608
0399999 – Aggregate accounts not individually listed-covered.....	796,729					796,729
0499999 – Subtotals.....	4,906,337					4,906,337
0599999 – Unreported claims and other claim reserves.....						31,333,582
0799999 – Total claims unpaid.....						36,239,919
0899999 – Accrued medical incentive pool and bonus amounts.....						4,256,633

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....						
2. Comprehensive (hospital and medical) group.....						
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....	36,153,005	191,171,827	1,761,674	34,478,245	37,914,679	65,851,986
8. Title XIX – Medicaid.....						
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	36,153,005	191,171,827	1,761,674	34,478,245	37,914,679	65,851,986
14. Health care receivables (a).....	9,944,331	18,265,041			9,944,331	33,312,334
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....	4,630,884	2,368,496	341,878	3,914,754	4,972,762	5,925,941
17. Totals (Lines 13-14+15+16).....	30,839,558	175,275,282	2,103,552	38,392,999	32,943,110	38,465,593

(a) Excludes \$57,000 loans or advances to providers not yet expensed.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Devoted Health Plan of Ohio, Inc. (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the "Department"). The Company focuses on Medicare, the health insurance program for retired United States citizens aged 65 and older, qualifying disabled persons, and persons suffering from end-stage renal disease. Medicare is funded by the federal government and administered by the Department of Health and Human Services, Centers for Medicare & Medicaid Services ("CMS"). The Company has contracts with CMS to provide Medicare Advantage ("MA") and MA preferred provider organization ("MA PPO") health care services through a network of healthcare providers to Medicare enrollees in various counties in Ohio.

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. At this time, there are no prescribed or permitted practices that impact the Company's statutory basis financial statements.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	06/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 6,381,922	\$ 3,244,153
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 6,381,922</u>	<u>\$ 3,244,153</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 41,105,515	\$ 39,408,044
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 41,105,515</u>	<u>\$ 39,408,044</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments - Not Applicable
- (2) Bonds

The Company's bonds are comprised of an investment in a United States Treasury Note ("T Note"), which is held in satisfaction of the Company's statutory deposit requirement. The T Note has an NAIC 1 designation and is carried at amortized cost, with amortization calculated based on the scientific interest method.

- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Asset-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

The Company had changes to the following additional significant accounting policies:

Medicare Part C and D Premium Revenue and Expenses and Related Subsidies

Under the Medicare Part C and D programs, there are eight separate elements of payment recognized by the Company during the plan year. These payment elements are as follows:

- CMS Premium: CMS pays a fixed monthly premium per member to the Company for the entire plan year.
- Member Premium: Additionally, certain members pay a fixed monthly premium to the Company for the entire plan year.
- Low-Income Premium Subsidy: For qualifying low-income members, CMS pays some or all of the member's monthly premium to the Company on the member's behalf.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

- *Catastrophic Reinsurance Subsidy*: CMS pays the Company a cost reimbursement estimate monthly to fund the CMS obligation to pay approximately 60% of the costs incurred by individual members in excess of the individual out-of-pocket maximum. A settlement is made with CMS based on actual cost experience, after the end of the plan year.
- *Low-Income Member Cost Sharing Subsidy*: For qualifying low-income members, CMS pays on the member’s behalf some or all of a member’s cost sharing amounts, such as deductibles and coinsurance. The cost sharing subsidy is funded by CMS through monthly payments to the Company. The Company administers and pays the subsidized portion of the claims on behalf of CMS, and a final settlement takes place between CMS and the Company based on actual claims and premiums experience, after the end of the plan year.
- *CMS Risk-Share*: CMS payments are subject to risk sharing through the Medicare Part D risk corridor provisions. The risk corridor provisions compare costs targeted in the Company’s bid to actual prescription drug costs, limited to actual costs that would have been incurred under the standard coverage as defined by CMS. Variances of more than 5% above or below the original bid submitted by the Company may result in CMS making additional payments to the Company or require the Company to refund to CMS a portion of the premiums it received. As risk corridor provisions are considered in the Company’s overall annual bid process, it estimates and recognizes an adjustment to net premiums earned related to these provisions based upon pharmacy claims experience. The Company records its Medicare Part D risk corridor provisions in accordance with Statement of Statutory Accounting Principles (“SSAP”) No. 66, *Retrospectively Rated Contracts* (“SSAP No. 66”).
- *Manufacturer Discount Program (“MDP”)*: On January 1, 2025, CMS implemented a MDP, in which drug manufacturers provide a discount on applicable drugs to Part D members in both the initial coverage phase and the catastrophic phase. This discount is funded by CMS and participating pharmaceutical manufacturers, while the Company administers the application of these funds. Since the Company solely administers the application of the funds related to the MDP, there is no insurance risk to the Company. Amounts receivable relating to uninsured plans include receivables from pharmaceutical manufacturers for reimbursement of discounts under the MDP. Liability for amounts held under uninsured plans also includes MDP discounts pre-funded by CMS for the applicable Medicare beneficiaries receiving this benefit. The pre-funded amounts are subject to recoupment by CMS pending a final reconciliation.
- *Medicare Prescription Payment Plan (“MPPP”)*: The MPPP program is a new program that was effective January 1, 2025. The MPPP requires the Company to offer enrollees the option to pay their out-of-pocket prescription drug costs through monthly payments to the Company over the remainder of the plan year as opposed to paying the full amount upfront to the pharmacy. For enrollees who elect to participate, the Company is required to fully pay the pharmacy the total of the enrollee’s applicable out-of-pocket amount and the Company’s portion of the payment. Subsequently, the Company will bill the MPPP participant monthly for any cost-sharing incurred while enrolled in the MPPP. To help cover potential uncollectible balances, CMS allows the Company to include an estimate for MPPP related losses in plan bids. The Company receives additional premium revenue from CMS, which helps to cover uncollectible balances from MPPP participants.

The CMS Premium, the Member Premium and the Low-Income Premium Subsidy represent payments for the Company’s insurance risk coverage under the Medicare Parts C and D programs and therefore are recorded as premium revenue. Premiums are recorded as revenue in the month for which members are entitled to service. Premium income collected prior to the month for which the member is entitled to service is recorded as premiums received in advance. As further described below, these premium payments are subject to adjustment in accordance with the CMS risk adjustment payment methodology.

The Catastrophic Reinsurance Subsidy and Low-Income Member Cost Sharing Subsidy represent a cost reimbursement under the Medicare Part D program. Amounts for these subsidies are recorded as liability for amounts held under uninsured plans or amounts receivable relating to uninsured plans. Pharmacy benefit costs are expensed as incurred and are recognized in hospital and medical costs.

Recoverables from MPPP participants are accrued by the Company when the related payment is made to the pharmacy for the out-of-pocket costs incurred on behalf of the MPPP participant. These recoverables are recorded as health care receivables. Amounts less than 90 days overdue from the billing due date are admitted assets and are subject to impairment analysis. Uncollected MPPP recoverables more than 90 days overdue from the billing due date are nonadmitted. Recoverables determined to be uncollectible are written off and expensed as incurred and are recognized in hospital and medical costs.

There have been no significant changes in the Company’s other additional significant accounting policies.

D. Going Concern

As of August 8, 2025, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate - Not Applicable
- K. Investments in Tax Credit Structures (tax credit investments) - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

- L. Restricted Assets - No Significant Changes
- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income - No Significant Changes

8. Derivative Instruments - Not Applicable

9. Income Taxes - No Significant Changes

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of Relationships - No Significant Changes
- B. Detail of Related Party Transactions - No Significant Changes
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - No Significant Changes
- D. Amounts Due To or From Related Parties - No Significant Changes
- E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - No Significant Changes
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - No Significant Changes

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 – Quoted (unadjusted) prices for identical assets in active markets.

Level 2 – Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

variability over time, etc.);

- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair value of cash equivalents and bonds are based on quoted market prices, where available. As of June 30, 2025, the Company's cash equivalents consisted of investments in money market mutual funds. As of June 30, 2025, the carrying value of the money market mutual funds approximated fair value due to the short-term nature of the investments. As of June 30, 2025, the Company's bonds consisted of an investment in a T Note, which was held in satisfaction of the Company's statutory deposit requirement. The fair value of the T Note as of June 30, 2025 was provided by U.S. Bank.

A. Fair Value Measurement

(1) Fair value measurements at reporting date

The following table presents information about the Company's financial assets that are measured and reported at fair value at June 30, 2025, in the statutory basis statements of admitted assets, liabilities, and capital and surplus according to the valuation techniques the Company used to determine their fair values:

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Money market mutual funds.....	\$ 46,095,289	\$	\$	\$	\$ 46,095,289
Total assets at fair value/NAV.....	<u>\$ 46,095,289</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 46,095,289</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the period ended June 30, 2025.

(4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 as of June 30, 2025 and therefore has no valuation technique(s) to disclose.

(5) The Company has no derivative assets or liabilities as of June 30, 2025.

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

The aggregate fair value by hierarchy of all financial instruments as of June 30, 2025 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer credit obligations.....	\$ 368,344	\$ 365,531	\$ 368,344	\$	\$	\$	\$
Money market mutual funds.....	46,095,289	46,095,289	46,095,289				

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through August 8, 2025, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

Type II – Non recognized Subsequent Events

Subsequent events have been considered through August 8, 2025, which was the date of issuance for these statutory financial statements. There are no subsequent events to be reported.

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- Method Used to Estimate - No Significant Changes
- Method Used to Record - No Significant Changes
- Amount and Percent of Net Retrospective Premiums - No Significant Changes
- Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - No Significant Changes
- Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Claims unpaid and accrued medical incentive pool as of December 31, 2024 were \$71,777,927. As of June 30, 2025, \$64,151,893 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining related to prior years are now \$2,103,553 as a result of re-estimation of claims unpaid and accrued medical incentive pool on the Company's MA and MA PPO business. Therefore, there has been a \$5,522,482 favorable prior year development since December 31, 2024 to June 30, 2025. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Notes to the Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses (Continued)

There have been no other significant changes.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

There have been no significant changes to the methodologies or assumptions used in calculating the Company's liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - No Significant Changes

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves:..... \$—.....
- 2. Date of the most recent evaluation of this liability:..... 07/15/2025.....
- 3. Was anticipated investment income utilized in the calculation?..... YES.....

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2020
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date)..... 04/29/2022
- 6.4 By what department or departments?
Ohio Department of Insurance and Florida Office of Insurance Regulation.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$
13. Amount of real estate and mortgages held in short-term investments:..... \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... NO
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgage Loans on Real Estate
14.26 All Other.....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... N/A
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.3 Total payable for securities lending reported on the liability page..... \$
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?..... NO

- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?..... NO
- 17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2
Name of Firm or Individual	Affiliation
Internally Managed.....	I.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... NO.....
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... NO.....

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... YES.....

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... NO.....

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... NO.....

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO.....

GENERAL INTERROGATORIES
PART 2 – HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	86.176 %
1.2	A&H cost containment percent.....	2.726 %
1.3	A&H expense percent excluding cost containment expenses.....	11.855 %
2.1	Do you act as a custodian for health savings accounts?	NO
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?	NO
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	NO
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	NO

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 93572	43-1235868.....	..... 01/01/2025	RGA Reinsurance Company.....	.....MO.....	.....SSL/I.....	.....MR.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

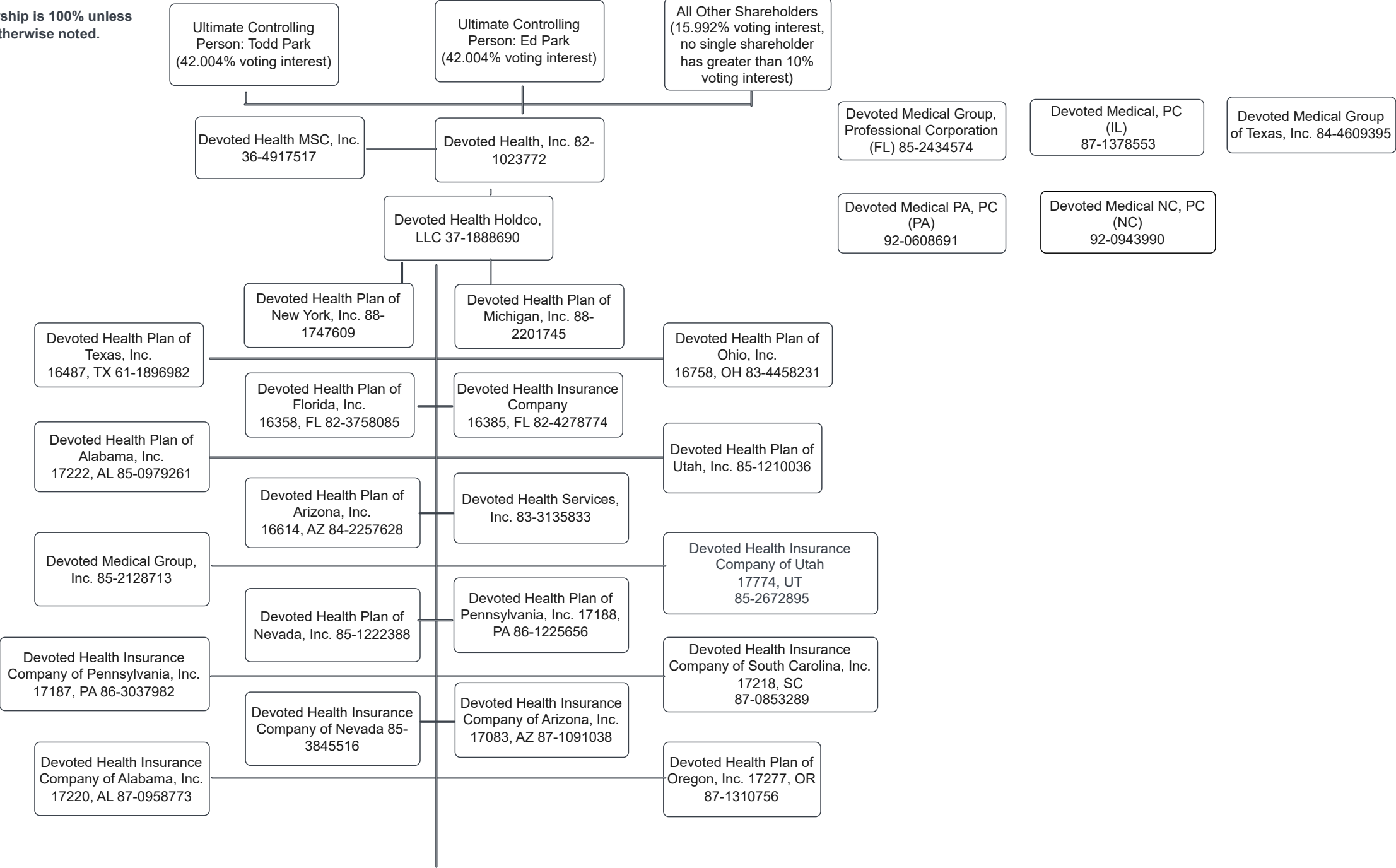
			Direct Business Only									
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit–Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	N									
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	N									
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	L		248,640,276						248,640,276	
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX			248,640,276						248,640,276	
60.	Reporting entity contributions for employee benefits plans	XXX										
61.	Total (Direct Business)	XXX			248,640,276						248,640,276	
Details of Write-Ins												
58001.		XXX										
58002.		XXX										
58003.		XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX										

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1 4. Q – Qualified - Qualified or accredited reinsurer –
2. R – Registered – Non-domiciled RRGs – 5. N – None of the above - Not allowed to write business in the state 56
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state –

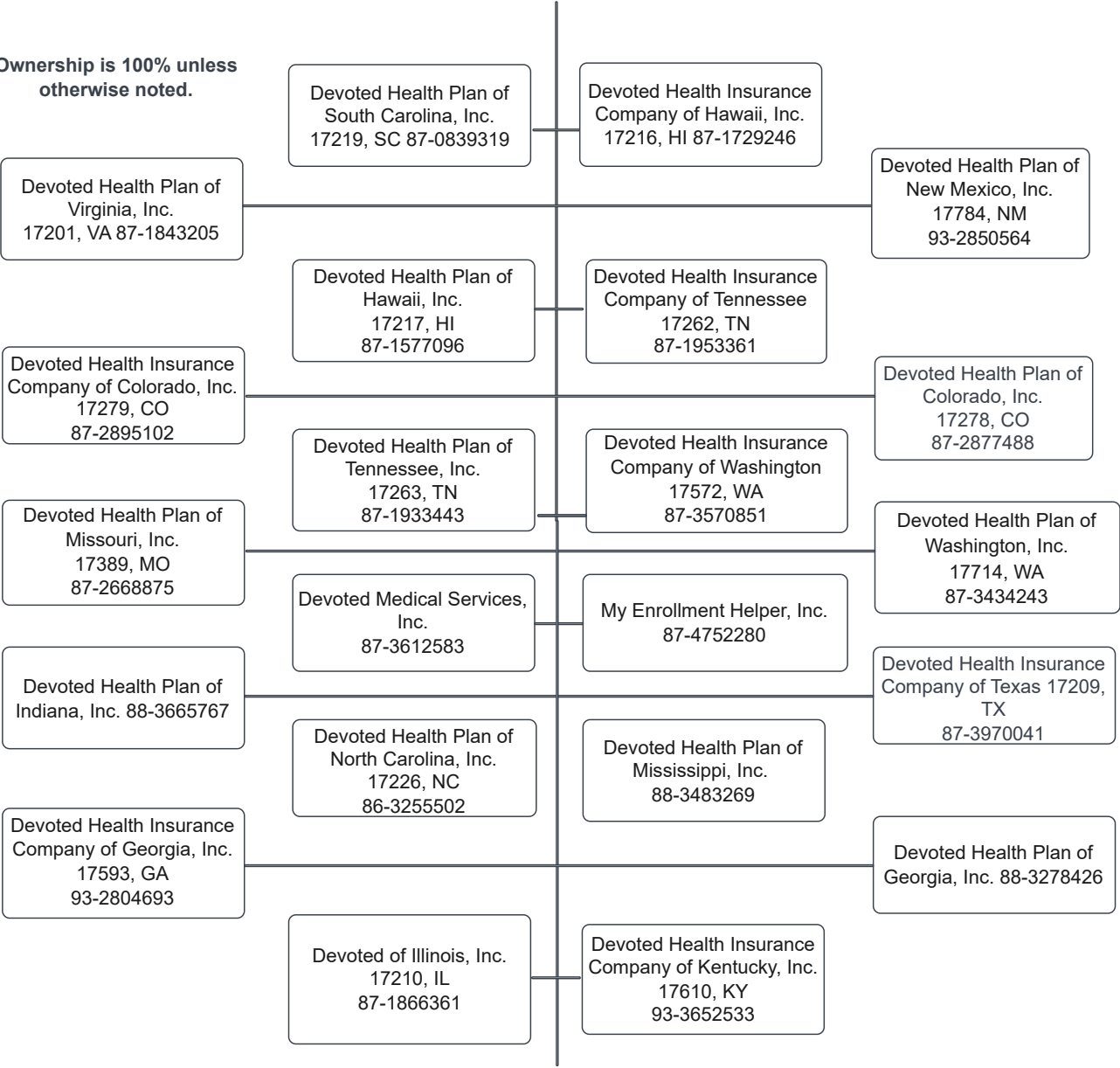
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Ownership is 100% unless
otherwise noted.



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

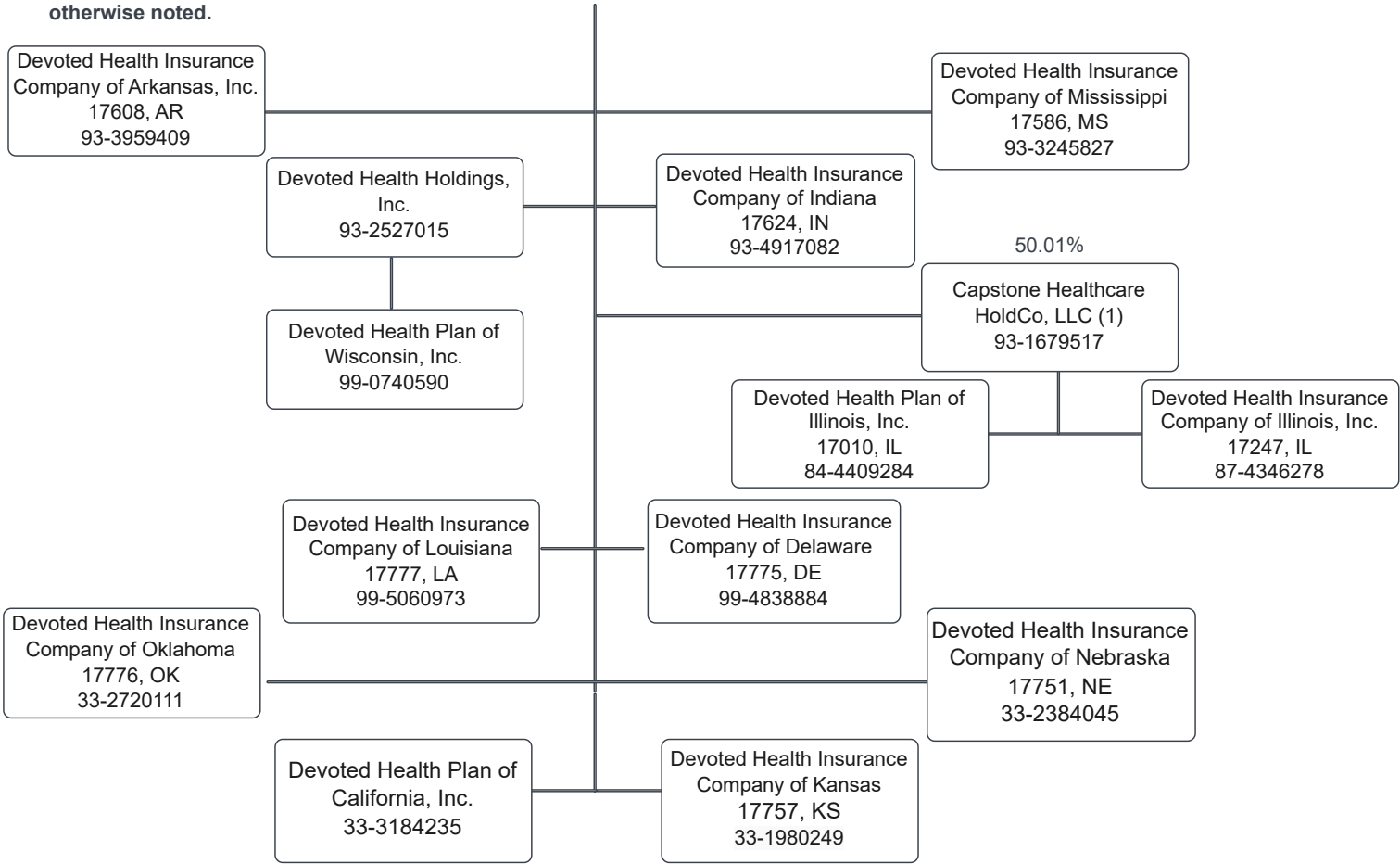
Ownership is 100% unless
otherwise noted.



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Ownership is 100% unless
otherwise noted.



(1) Capstone Healthcare HoldCo, LLC is also 49.99% owned by Advocate Health and Hospitals Corporation.

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)	*
			82-1023772				Devoted Health, Inc.	DE	UIP	Todd Park	Ownership	42.0	Todd Park/Ed Park	NO	
			82-1023772				Devoted Health, Inc.	DE	UIP	Ed Park	Ownership	42.0	Todd Park/Ed Park	NO	
			37-1888690				Devoted Health Holdco, LLC	DE	UDP	Devoted Health, Inc.	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16358	82-3758085				Devoted Health Plan of Florida, Inc.	FL	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16385	82-4278774				Devoted Health Insurance Company	FL	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16487	61-1896982				Devoted Health Plan of Texas, Inc.	TX	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16758	83-4458231				Devoted Health Plan of Ohio, Inc.	OH	RE	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	16614	84-2257628				Devoted Health Plan of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17010	84-4409284				Devoted Health Plan of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17222	85-0979261				Devoted Health Plan of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			83-3135833				Devoted Health Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			85-1210036				Devoted Health Plan of Utah, Inc.	UT	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			85-1222388				Devoted Health Plan of Nevada, Inc.	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17188	86-1225656				Devoted Health Plan of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			85-2128713				Devoted Medical Group, Inc.	VA	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			85-3845516				Devoted Health Insurance Company of Nevada	NV	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17774	85-2672895				Devoted Health Insurance Company of Utah	UT	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17187	86-3037982				Devoted Health Insurance Company of Pennsylvania, Inc.	PA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17083	87-1091038				Devoted Health Insurance Company of Arizona, Inc.	AZ	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17219	87-0839319				Devoted Health Plan of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17218	87-0853289				Devoted Health Insurance Company of South Carolina, Inc.	SC	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17220	87-0958773				Devoted Health Insurance Company of Alabama, Inc.	AL	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17277	87-1310756				Devoted Health Plan of Oregon, Inc.	OR	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17217	87-1577096				Devoted Health Plan of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17216	87-1729246				Devoted Health Insurance Company of Hawaii, Inc.	HI	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	

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)	*
4924	Devoted Health Group	17201	87-1843205				Devoted Health Plan of Virginia, Inc.	VA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17263	87-1933443				Devoted Health Plan of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17262	87-1953361				Devoted Health Insurance Company of Tennessee, Inc.	TN	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17389	87-2668875				Devoted Health Plan of Missouri, Inc.	MO	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17278	87-2877488				Devoted Health Plan of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17279	87-2895102				Devoted Health Insurance Company of Colorado, Inc.	CO	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			36-4917517				Devoted Health MSC, Inc.	DE	NIA	Devoted Health, Inc.	Ownership	100.0	Todd Park/Ed Park	NO	
			85-2434574				Devoted Medical Group, Professional Corporation (FL)	FL	NIA	Robert Kocher	Ownership	100.0	Robert Kocher	NO	
			84-4609395				Devoted Medical Group of Texas, Inc.	TX	NIA	Devoted Health Holdco, LLC	Other		Todd Park/Ed Park	NO	1
			87-1378553				Devoted Medical, PC	IL	NIA	Brian Riveland	Ownership	100.0	Brian Riveland	NO	
4924	Devoted Health Group	17209	87-3970041				Devoted Health Insurance Company of Texas	TX	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17714	87-3434243				Devoted Health Plan of Washington, Inc.	WA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17572	87-3570851				Devoted Health Insurance Company of Washington	WA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			87-3612583				Devoted Medical Services, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17247	87-4346278				Devoted Health Insurance Company of Illinois, Inc.	IL	IA	Capstone Healthcare HoldCo, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17226	86-3255502				Devoted Health Plan of North Carolina, Inc.	NC	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			87-4752280				My Enrollment Helper, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			88-1747609				Devoted Health Plan of New York, Inc.	NY	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			88-2201745				Devoted Health Plan of Michigan, Inc.	MI	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			93-1679517				Capstone Healthcare HoldCo, LLC	DE	NIA	Devoted Health Holdco, LLC	Ownership	50.0	Todd Park/Ed Park	NO	
			88-3278426				Devoted Health Plan of Georgia, Inc.	GA	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			88-3665767				Devoted Health Plan of Indiana, Inc.	IN	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			88-3483269				Devoted Health Plan of Mississippi, Inc.	MS	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			92-0608691				Devoted Medical PA, PC (PA)	PA	NIA	Neil Wagle	Ownership	100.0	Neil Wagle	NO	
			92-0943990				Devoted Medical NC, PC (NC)	NC	NIA	Neil Wagle	Ownership	100.0	Neil Wagle	NO	
4924	Devoted Health Group	17593	93-2804693				Devoted Health Insurance Company of Georgia, Inc.	GA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	

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)	*
4924	Devoted Health Group	17784	93-2850564				Devoted Health Plan of New Mexico, Inc.	NM	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17586	93-3245827				Devoted Health Insurance Company of Mississippi	MS	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17608	93-3959409				Devoted Health Insurance Company of Arkansas, Inc.	AR	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17610	93-3652533				Devoted Health Insurance Company of Kentucky, Inc.	KY	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			93-2527015				Devoted Health Holdings, Inc.	DE	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17624	93-4917082				Devoted Health Insurance Company of Indiana	IN	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			99-0740590				Devoted Health Plan of Wisconsin, Inc.	WI	NIA	Devoted Health Holdings, Inc.	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17210	87-1866361				Devoted of Illinois, Inc.	IL	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17777	99-5060973				Devoted Health Insurance Company of Louisiana	LA	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17775	99-4838884				Devoted Health Insurance Company of Delaware	DE	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17776	33-2720111				Devoted Health Insurance Company of Oklahoma	OK	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17751	33-2384045				Devoted Health Insurance Company of Nebraska	NE	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
4924	Devoted Health Group	17757	33-1980249				Devoted Health Insurance Company of Kansas	KS	IA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
			33-3184235				Devoted Health Plan of California, Inc.	CA	NIA	Devoted Health Holdco, LLC	Ownership	100.0	Todd Park/Ed Park	NO	
Asterisk	Explanation														
1	Devoted Health Holdco, LLC is the sole corporate member.														

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?.....	NO.....

August Filing

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES.....
--	----------

EXPLANATION:

1. The data for this supplement is not required to be filed.....
2.

BARCODES:

1.


1 6 7 5 8 2 0 2 5 3 6 5 0 0 0 0 2

2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION
Real Estate

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book / adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B – VERIFICATION
Mortgage Loans

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase / (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase / (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium, depreciation and proportional amortization		
9.	Total foreign exchange change in book / adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION
Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	361,987	
2.	Cost of bonds and stocks acquired		354,600
3.	Accrual of discount	3,544	7,387
4.	Unrealized valuation increase / (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book / adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	365,531	361,987
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	365,531	361,987

SCHEDULE D – PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
Issuer Credit Obligations (ICO)								
1. NAIC 1 (a).....	363,945			1,586	363,945	365,531		361,987
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total ICO.....	363,945			1,586	363,945	365,531		361,987
Asset-Backed Securities (ABS)								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total ABS.....								
Preferred Stock								
15. NAIC 1.....								
16. NAIC 2.....								
17. NAIC 3.....								
18. NAIC 4.....								
19. NAIC 5.....								
20. NAIC 6.....								
21. Total Preferred Stock.....								
22. Total ICO, ABS, & Preferred Stock.....	363,945			1,586	363,945	365,531		361,987

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	72,379,547	31,129,740
2.	Cost of cash equivalents acquired.....	2,372,490,872	3,329,476,799
3.	Accrual of discount.....		
4.	Unrealized valuation increase / (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration received on disposals.....	2,398,775,130	3,288,226,992
7.	Deduct amortization of premium.....		
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	46,095,289	72,379,547
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	46,095,289	72,379,547

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

(E-05) Schedule D - Part 4
NONE

(E-06) Schedule DB - Part A - Section 1
NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)
NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-07) Schedule DB - Part B - Section 1
NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name
NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)
NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-08) Schedule DB - Part D - Section 1
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity
NONE

(E-10) Schedule DB - Part E
NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
J.P. Morgan Chase Bank, N.A. – New York, NY					(508,662)	(104,274)	(388,160)	XXX
0199998 – Deposits in 1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories						171,987		XXX
0199999 – Total Open Depositories					(508,662)	67,713	(388,160)	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit					(508,662)	67,713	(388,160)	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					(508,662)	67,713	(388,160)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
4812CO-67-0	JP Morgan Funds US Govt MMF Capital		06/06/2025	4.180	XXX	23,639,605	155,136	1,250,509
4812C2-67-6	JP Morgan Funds US Govt MMF Morgan		06/30/2025	3.780	XXX	22,455,684	66,832	298,161
8309999999 – All Other Money Market Mutual Funds						46,095,289	221,968	1,548,670
8589999999 – Total Cash Equivalents (Unaffiliated)						46,095,289	221,968	1,548,670
8609999999 – Total Cash Equivalents						46,095,289	221,968	1,548,670