



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Sidecar Health Insurance Company

| | | | | | | | | | |
|---------------------------------------|---|------------------|---|-------|---|-------------------|-------|----------------------|------------|
| NAIC Group Code | 00000 | (Current Period) | , | 00000 | (Prior Period) | NAIC Company Code | 17104 | Employer's ID Number | 86-2011787 |
| Organized under the Laws of | Ohio | | | | State of Domicile or Port of Entry | | | | Ohio |
| Country of Domicile | United States | | | | | | | | |
| Licensed as business type: | Life, Accident & Health [X] | | Property/Casualty [] | | Hospital, Medical & Dental Service or Indemnity [] | | | | |
| | Dental Service Corporation [] | | Vision Service Corporation [] | | Health Maintenance Organization [] | | | | |
| | Other [] | | | | Is HMO Federally Qualified? Yes [] No [] | | | | |
| Incorporated/Organized | 02/25/2021 | | Commenced Business | | 09/30/2021 | | | | |
| Statutory Home Office | One Columbus, Suite 495, 10 West Broad Street | | | | Columbus, OH, US 43215 | | | | |
| | (Street and Number) | | | | (City or Town, State, Country and Zip Code) | | | | |
| Main Administrative Office | 2381 Rosecrans Ave Ste 400 | | El Segundo, CA, US 90245 | | 424-666-2815 | | | | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | | |
| Mail Address | 2381 Rosecrans Ave Ste 400 | | El Segundo, CA, US 90245 | | | | | | |
| | (Street and Number or P.O. Box) | | (City or Town, State, Country and Zip Code) | | | | | | |
| Primary Location of Books and Records | 2381 Rosecrans Ave Ste 400 | | El Segundo, CA, US 90245 | | 424-666-2815 | | | | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | | |
| Internet Web Site Address | | | | | N/A | | | | |
| Statutory Statement Contact | Andrea Sherry | | 716-517-6457 | | | | | | |
| | (Name) | | (Area Code) (Telephone Number) (Extension) | | | | | | |
| | asherry@SidecarHealth.com | | 866-429-2596 | | | | | | |
| | (E-Mail Address) | | (FAX Number) | | | | | | |

OFFICERS

| Name | Title | Name | Title |
|-----------------|--|---------------|---------------------------------------|
| Patrick Quigley | President & Chief Executive Officer | Andrea Sherry | Treasurer & Vice President of Finance |
| Natalie Leino # | General Counsel, Chief Compliance & Risk Officer | | |

OTHER OFFICERS

| | | | |
|------------|---------------|--------------------|-------------------------|
| Doug Lynch | Chief Actuary | Veronica Osetinsky | Chief Operating Officer |
| | | | |

DIRECTORS OR TRUSTEES

| | | | |
|----------------------|---------------|--------------------|-----------------|
| Peter Andruszkiewicz | Jennifer Kent | Molly Bonakdarpour | Patrick Quigley |
| James Parker | | | |

State of

County of ss

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

| | | |
|--|--|---|
| Patrick Quigley President & Chief Executive Officer | Andrea Sherry Treasurer & Vice President of Finance | Natalie Leino General Counsel, Chief Compliance & Risk Officer |
| a. Is this an original filing? Yes [X] No [] | | |
| b. If no: | | |
| 1. State the amendment number | | |
| 2. Date filed | | |
| 3. Number of pages attached | | |
| Subscribed and sworn to before me this | | |
| day of , | | |
| | | |

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|--|------------------------|--------------------|--------------------------------------|---|
| | 1 | 2 | 3 | |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 23,371,717 | | 23,371,717 | 15,843,500 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$10,867,480), cash equivalents (\$3,281,268) and short-term investments (\$0) | 14,148,748 | | 14,148,748 | 9,781,982 |
| 6. Contract loans (including \$premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 37,520,465 | 0 | 37,520,465 | 25,625,482 |
| 13. Title plants less \$charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 163,712 | | 163,712 | 121,210 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 1,841,803 | 155,248 | 1,686,556 | 1,536,403 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 163,299 | | 163,299 | 3,078,058 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 564,833 | | 564,833 | 160,000 |
| 24. Health care (\$708,836) and other amounts receivable | 4,614,345 | 427,681 | 4,186,664 | 2,323,269 |
| 25. Aggregate write-ins for other-than-invested assets | 36,305 | 36,305 | 0 | 92,756 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 44,904,763 | 619,234 | 44,285,529 | 32,937,178 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 44,904,763 | 619,234 | 44,285,529 | 32,937,178 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Expenses | 36,305 | 36,305 | 0 | 0 |
| 2502. Other Receivable | | | 0 | 92,756 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 36,305 | 36,305 | 0 | 92,756 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$248,746 reinsurance ceded)..... | 15,445,570 | | 15,445,570 | 13,724,674 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 427,196 | | 427,196 | 513,024 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act..... | 170,384 | | 170,384 | 170,384 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 186,814 | | 186,814 | 1,168,595 |
| 9. General expenses due or accrued | 474,756 | | 474,756 | 1,495,877 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 1,016,524 | | 1,016,524 | 316,690 |
| 12. Amounts withheld or retained for the account of others | 3,975,106 | | 3,975,106 | 2,840,129 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 1,760,027 | | 1,760,027 | 1,004,603 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 186,351 | 0 | 186,351 | 36,246 |
| 24. Total liabilities (Lines 1 to 23)..... | 23,642,728 | 0 | 23,642,728 | 21,270,222 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 3,000,000 | 3,000,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 49,000,000 | 29,500,000 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (31,357,198) | (20,833,044) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 20,642,802 | 11,666,956 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 44,285,529 | 32,937,178 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Broker Commission Payable..... | 186,351 | | 186,351 | 36,246 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 186,351 | 0 | 186,351 | 36,246 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|--------------|--------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 134,498 | 47,605 | 104,872 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 63,233,080 | 32,057,454 | 44,727,753 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 63,233,080 | 32,057,454 | 44,727,753 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | 0 | 0 |
| 10. Other professional services | | | 0 | 0 |
| 11. Outside referrals | | 46,053,037 | 15,464,441 | 31,340,154 |
| 12. Emergency room and out-of-area | | 2,456,034 | 1,256,491 | 2,140,173 |
| 13. Prescription drugs | | 20,067,534 | 15,225,556 | 16,852,711 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 68,576,606 | 31,946,488 | 50,333,038 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 4,214,428 | 2,753,670 | 3,451,926 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 64,362,178 | 29,192,818 | 46,881,111 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 185,414 cost containment expenses..... | | 1,928,659 | 1,726,244 | 5,141,536 |
| 21. General administrative expenses..... | | 8,324,668 | 6,125,179 | 5,681,581 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | | 0 | (1,157,086) |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 74,615,505 | 37,044,241 | 56,547,143 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (11,382,425) | (4,986,787) | (11,819,390) |
| 25. Net investment income earned | | 759,776 | 300,137 | 501,330 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | | 0 | 71 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 759,776 | 300,137 | 501,402 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 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 | (10,622,649) | (4,686,650) | (11,317,989) |
| 31. Federal and foreign income taxes incurred | XXX | | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (10,622,649) | (4,686,650) | (11,317,989) |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | 0 | 0 |
| 0602. | XXX | | 0 | 0 |
| 0603. | XXX | | 0 | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | 0 | 0 |
| 0702. | XXX | | 0 | 0 |
| 0703. | XXX | | 0 | 0 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | 0 | 0 |
| 1402. | | | 0 | 0 |
| 1403. | | | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | 0 | 0 |
| 2902. | | | 0 | 0 |
| 2903. | | | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

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..... | 11,666,956 | 6,886,883 | 6,886,883 |
| 34. Net income or (loss) from Line 32 | (10,622,649) | (4,686,650) | (11,317,989) |
| 35. Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. Change in net deferred income tax | | 0 | 0 |
| 39. Change in nonadmitted assets | 98,494 | (399,324) | (401,939) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| 44.3 Transferred to surplus | | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 19,500,000 | 14,500,000 | 16,500,000 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | | 0 | 0 |
| 46. Dividends to stockholders | | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 8,975,845 | 9,414,026 | 4,780,073 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 20,642,801 | 16,300,909 | 11,666,956 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | 0 | 0 |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 62,832,709 | 28,880,015 | 41,693,352 |
| 2. Net investment income | 676,010 | 261,939 | 427,365 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 63,508,720 | 29,141,954 | 42,120,718 |
| 5. Benefit and loss related payments | 60,789,669 | 31,245,174 | 44,729,432 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 11,210,172 | 7,174,741 | 9,820,137 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 0 | 0 | 0 |
| 10. Total (Lines 5 through 9) | 71,999,841 | 38,419,915 | 54,549,569 |
| 11. Net cash from operations (Line 4 minus Line 10) | (8,491,121) | (9,277,960) | (12,428,851) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 1,880,822 | 1,113,525 | 1,593,498 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,880,822 | 1,113,525 | 1,593,498 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 9,367,775 | 3,830,017 | 11,263,834 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 1,000 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 9,367,775 | 3,830,017 | 11,264,834 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (7,486,953) | (2,716,491) | (9,671,336) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 19,500,000 | 14,500,000 | 16,500,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | 844,839 | 2,390,414 | 3,450,300 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 20,344,839 | 16,890,414 | 19,950,300 |
| 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) | 4,366,765 | 4,895,963 | (2,149,887) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 9,781,982 | 11,931,870 | 11,931,870 |
| 19.2 End of period (Line 18 plus Line 19.1) | 14,148,748 | 16,827,832 | 9,781,982 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

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 | 9,962 | .0 | 9,962 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 2. First Quarter | 14,532 | .0 | 14,532 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 3. Second Quarter | 15,296 | .0 | 15,296 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. Third Quarter | 14,934 | .0 | 14,934 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 134,498 | | 134,498 | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 77,312 | | 77,312 | | | | | | | | | | | |
| 8. Non-Physician | 3,351 | | 3,351 | | | | | | | | | | | |
| 9. Total | 80,663 | 0 | 80,663 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 6,036 | | 6,036 | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | 4,350 | | 4,350 | | | | | | | | | | | |
| 12. Health Premiums Written (a)..... | 67,792,233 | | 67,792,233 | | | | | | | | | | | |
| 13. Life Premiums Direct..... | .0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 67,792,233 | | 67,792,233 | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 70,152,153 | .0 | 70,152,153 | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 68,576,606 | (521) | 68,577,126 | | | | | | | | | | | |

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

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

| Aging Analysis of Unpaid Claims | | | | | | |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
| Claims unpaid (Reported) | | | | | | |
| Toledo Hospital..... | 335,658 | | | | | 335,658 |
| Imaging Center Woodman..... | 111,163 | | | | 930 | 112,093 |
| Northwestern Memorial Hospital..... | | | | | 93,185 | 93,185 |
| James Cancer Hospital And Solove Researc..... | 70,735 | | | | | 70,735 |
| Lima Memorial Health System..... | 37,657 | | | | | 37,657 |
| Promedica..... | 35,479 | | | | 139 | 35,617 |
| Kindred Hospital Lima..... | 34,101 | | | | | 34,101 |
| Kettering Health Miamisburg..... | 23,141 | | | | | 23,141 |
| RIVERSIDE METHODIST HOSPITAL..... | 22,573 | | | | | 22,573 |
| St. Francis - Emory Healthcare..... | | | | | 21,431 | 21,431 |
| HUTCHINSON HEALTH..... | | | | | 17,668 | 17,668 |
| Benefits Payable to Enrollees in Large G..... | | 17,500 | | | | 17,500 |
| Piedmont Newton Hospital..... | 17,384 | | | | | 17,384 |
| Family First Outpatient Services..... | 13,500 | | | | | 13,500 |
| Mount Carmel Behavioral Health..... | | | | | 13,185 | 13,185 |
| PROMEDICA CENTRAL PHYSICIANS LLC..... | 8,026 | | | | | 8,026 |
| 0199999 Individually listed claims unpaid..... | 709,416 | 17,500 | 0 | 0 | 146,537 | 873,454 |
| 0299999 Aggregate accounts not individually listed-uncovered..... | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered..... | 150,430 | 233 | 4,301 | | 212,900 | 367,864 |
| 0499999 Subtotals..... | 859,846 | 17,733 | 4,301 | 0 | 359,437 | 1,241,317 |
| 0599999 Unreported claims and other claim reserves..... | XXX | XXX | XXX | XXX | XXX | 14,452,999 |
| 0699999 Total amounts withheld..... | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid..... | XXX | XXX | XXX | XXX | XXX | 15,694,316 |
| 0899999 Accrued medical incentive pool and bonus amounts..... | XXX | XXX | XXX | XXX | XXX | 0 |

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 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|--|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | 0 | 0 | 0 | 0 | 0 | 521 |
| 2. Comprehensive (hospital and medical) group | 7,774,228 | 55,897,481 | 609,985 | 14,835,585 | 8,384,213 | 13,724,153 |
| 3. Medicare Supplement | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Dental only | | | | | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | | | | | 0 | 0 |
| 8. Title XIX - Medicaid | | | | | 0 | 0 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability income | | | | | 0 | 0 |
| 11. Long-term care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12)..... | 7,774,228 | 55,897,481 | 609,985 | 14,835,585 | 8,384,213 | 13,724,674 |
| 14. Health care receivables (a) | | 1,030,428 | | | 0 | 0 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 17. Totals (Lines 13-14+15+16) | 7,774,228 | 54,867,053 | 609,985 | 14,835,585 | 8,384,213 | 13,724,674 |

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Sidecar Health Insurance Company (“The Company”) is dedicated to providing simple and transparent insurance options based on cash prices. Sidecar Health is a licensed insurer domiciled in Ohio. The Company began writing both a large employer group line and an Affordable Care Act (ACA) individual market line for Plan Year 2022. The Company subsequently exited the individual market effective at the beginning of 2024.

1A. Accounting Practices

The Company prepares its statutory financial statements in conformity with accounting practices prescribed by the State of Ohio. The State of Ohio requires that insurance entities domiciled in Ohio prepare their statutory basis financial statements in accordance with the Statutory Accounting Principles as per the NAIC Accounting Practices and Procedures Manual (NAIC SAP).

| | SSAP | F/S Page | F/S Line | 2025-Q3 | 2024 |
|--|------|-------------|-------------|----------------|----------------|
| NET INCOME (LOSS) | | | | | |
| (1) Sidecar Hlth Ins. Co state basis (Page 4, Line 32, Columns 2 & 3) | | | | (\$10,622,649) | (\$11,317,989) |
| (2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP | | | | 0 | 0 |
| (3) State Permitted Practice that is an increase/(decrease) from NAIC SAP | | | | 0 | 0 |
| (4) NAIC SAP (1 – 2 – 3 = 4) | | | | (\$10,622,649) | (\$11,317,989) |
| SURPLUS | | | | | |
| (5) Sidecar Hlth Ins. Co state basis (Page 3, line 33, Columns 3 & 4) | | | | \$20,642,802 | \$11,666,956 |
| (6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP | | | | 0 | 0 |
| (7) State Permitted Practice that is an increase/(decrease) from NAIC SAP | | | | 0 | 0 |
| (8) NAIC SAP (5 – 6 – 7 = 8) | | | | \$20,642,802 | \$11,666,956 |

1B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with the NAIC SAP 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 reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

1C. Accounting Policies

Expenses incurred in connection with acquiring new business are charged to operations as incurred. The Company’s health plans use a non-network indemnity model to pay an allowed amount (referred to as the Benefit Amount in policies and plan documents) for each procedure, device, or drug billed by a provider or pharmacy in connection with delivering covered services. For most claims, members pay providers at the point of service using either their own payment method or a Company-issued Visa card. Members submit proof of loss to the Company and, subject to cost sharing, the Company reimburses members the applicable allowed amount for the drug or service, regardless of billed charges. The Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats this charge to the Sidecar Health Visa card as an account receivable. The Company had \$3,867,240 such Member Receivables at September 30, 2025 and \$2,937,802 at December 31, 2024. The Company writes off receivables if after 90 days from the date of the charge to the Sidecar Health Visa card a medical expense is not substantiated or the balance is not repaid by the member. If the Sidecar Health Visa data indicates the charge was likely made to pay for a covered service, then the receivable is charged to claims expense when it is written off. Otherwise, the receivable is charged to Other Claims Adjustment Expenses. The Company has written off \$577,324 in Sidecar Health Visa charges to Claims Expense as of September 30, 2025, and \$695,195 as of December 31, 2024. The Company has written off \$1,553,124 to Other Claims adjustment Expense as of September 30, 2025, and \$1,868,577 as of December 31, 2024.

The Company receives some claims directly from providers. The Company pays the allowed amount for such services directly to the member, except for claims subject to surprise billing laws or coordination of benefits, in which case the Company pays the allowed amount to the provider. In addition, the Company has direct billing agreements with certain providers who prefer to submit claims and receive reimbursement through a traditional billing cycle rather than charging members directly. As the Company does not utilize any provider networks, all medical expenses, whether paid to providers or members, are reported as outside referrals, other than expenses for emergency room services or prescription drugs, which are reported on their respective lines. All medical expenses are reported as “fee for service” in Exhibit 7 to the annual statement.

If not paying providers directly, the Company may pay claims by crediting the applicable Benefit Amount for covered services to the member’s Sidecar Health account. The balance in this account can be withdrawn by the member and received in the form of a check payment from the Company’s claims account or the member can elect to apply their balance against claims balances due to Sidecar Health. Sidecar Health account balances are liabilities on the Company’s balance sheet, retained for the benefit of members.

1C.(2) - SVO-Identified securities – there are no investments reported at a different measurement method from what was used in an earlier current-year interim and/or in a prior annual statement.

NOTES TO FINANCIAL STATEMENTS

1C.(6) - Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

1D. Going Concern Based upon its evaluation of relevant conditions and events, management is confident of the Company's ability to continue as a going concern. The Company is more than adequately capitalized for its current large group membership and can exercise control over large groups sales activities to ensure enrollment remains within acceptable limits. In addition, the Company’s upstream parent raised \$125 million in Series D equity financing in Q2 2024 and an additional \$32M in Q2 2025, providing the capacity and can to contribute additional capital necessary to support the Company’s operations.

Note 2 - Accounting Changes and Corrections of Errors - The Company has reclassified claims expenses in the prior year's Statement of Income to more accurately reflect the service and nature of claims incurred. This reclassification had no impact on total claims expense, net income, or surplus, and aligns the prior period presentation with the current year's classification. The effect of this reclassification is summarized below:

| Financial Statement Line | 2024 As Previously Reported | 2024 Restated |
|------------------------------------|-----------------------------|---------------|
| 11. Outside referrals | 15,529,983 | 31,340,155 |
| 12. Emergency room and out-of-area | 17,944,871 | 2,140,173 |
| 13. Prescription drugs | 16,858,183 | 16,852,708 |
| Total | 50,333,036 | 50,333,036 |

Note 3 - Business Combinations and Goodwill - None.

Note 4A-D - Discontinued Operations - None.

Note 5 - Investments – No significant change.

5A-C. The Company has no investments in mortgage loans, restructured debt, reverse mortgages, repurchase agreements or real estate. There are no significant changes in investments.
The unrealized losses on the Company's fixed maturity investments are primarily caused by changes in interest rates. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. The Company intends and believes it can hold these investments until an expected recovery of fair value.

5D. Investments in Loan Backed Securities –
1) Prepayment assumptions for mortgage-backed securities are based on estimates provided by the dealer markets.
2 & 3) there are no OTTI adjustments on the company’s mortgage backed securities.
4) There are no OTTI impaired mortgage backed securities.

5E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None.
5F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
5G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.
5H. Repurchase Agreements Transactions Accounted for as a Sale – None.
5I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
5J. Real Estate – None.
5K. Low-Income Housing Tax Credits (LIHTC) – None.
5L. Restricted Assets - Investments and cash in the amount of \$117,705 are held on deposit by the Ohio Department of Insurance, representing less than 1% of total invested assets of \$37,520,465.
5M. Working Capital Finance Investments – None.
5N. Offsetting and Netting of Assets and Liabilities – None.
5O. 5* Securities – None.
5P. Short Sales – None.
5Q. Prepayment Penalty and Acceleration Fees– None.
5R. Cash Pool – None.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies - None.

Note 7 - Investment Income - The Company has no investments with income in arrears or over 90 days past due.

Note 8A-B - Derivative Instruments - None.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/liability at June 30 are as follows:

| | 9/30/2025 | | | 12/31/2024 | | | Change | | |
|-----|-----------|---------|-----------|------------|---------|-----------|-----------|---------|-----------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| 1. | | | | | | | | | |
| (a) | 6,297,328 | 529 | 6,297,857 | 4,066,571 | 529 | 4,067,100 | 2,230,757 | 0 | 2,230,757 |
| (b) | 6,297,118 | 529 | 6,297,647 | 4,066,361 | 529 | 4,066,890 | 2,230,757 | 0 | 2,230,757 |
| (c) | 210 | - | 210 | 210 | - | 210 | (0) | - | (0) |
| (d) | - | - | - | - | - | - | - | - | - |
| (e) | 210 | - | 210 | 210 | - | 210 | (0) | - | (0) |
| (f) | 210 | - | 210 | 210 | - | 210 | (0) | - | (0) |
| (g) | (0) | - | (0) | - | - | - | (0) | - | (0) |
| | | | | | | | | | |
| | 9/30/2025 | | | 12/31/2024 | | | Change | | |
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| 2. | | | | | | | | | |
| (a) | - | - | - | - | - | - | - | - | - |
| (b) | - | - | - | - | - | - | - | - | - |
| (c) | - | - | - | - | - | - | - | - | - |
| (d) | (0) | - | (0) | - | - | - | (0) | - | (0) |
| (1) | (0) | - | (0) | - | - | - | (0) | - | (0) |
| (2) | XXX | XXX | 3,096,420 | XXX | XXX | 1,750,043 | XXX | XXX | 1,346,377 |
| (c) | 210 | - | 210 | 210 | - | 210 | (0) | - | (0) |
| (d) | 210 | - | 210 | 210 | - | 210 | (0) | - | (0) |

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

| 3. | | 9/30/2025 | 12/31/2024 | | | | | | | | | | | | | | | | | | | | |
|--------------------|---|--|---------------|-------------|-------------|--------------------|--|-------------------|--|--------|--|-----|-----|-----|-----|-----|-----|----------|---------|----------|---------|-------------|-------------|
| (a) | Ratio percentage used to determine recovery period and threshold limitation amount | 229051.94% | 129456.21% | | | | | | | | | | | | | | | | | | | | |
| (b) | Amount of adjusted capital and surplus used to determine recovery period and threshold limit in 2.(b)(2) above | 20,642,802 | \$ 11,666,956 | | | | | | | | | | | | | | | | | | | | |
| 4. | | <table><tr><th colspan="2">September 30, 2025</th><th colspan="2">December 31, 2024</th><th colspan="2">Change</th></tr><tr><th>(1)</th><th>(2)</th><th>(3)</th><th>(4)</th><th>(5)</th><th>(6)</th></tr><tr><th>Ordinary</th><th>Capital</th><th>Ordinary</th><th>Capital</th><th>(Col 1 - 3)</th><th>(Col 2 - 4)</th></tr></table> | | | | September 30, 2025 | | December 31, 2024 | | Change | | (1) | (2) | (3) | (4) | (5) | (6) | Ordinary | Capital | Ordinary | Capital | (Col 1 - 3) | (Col 2 - 4) |
| September 30, 2025 | | December 31, 2024 | | Change | | | | | | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | | | | | | | | | | | | | | | | | | |
| Ordinary | Capital | Ordinary | Capital | (Col 1 - 3) | (Col 2 - 4) | | | | | | | | | | | | | | | | | | |
| | Impact of Tax-Planning Strategies | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage, | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Adjusted Gross DTAs Amount From Note 9A1(c) | 210 | - | 210 | - | | | | | | | | | | | | | | | | | | |
| 2. | Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies | 0% | 0% | 0% | 0% | | | | | | | | | | | | | | | | | | |
| 3. | Net Admitted Adjusted Gross DTAs Amount from Note 9A1(c) | 210 | - | 210 | - | | | | | | | | | | | | | | | | | | |
| 4. | Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies | 0% | 0% | 0% | 0% | | | | | | | | | | | | | | | | | | |
| (b) | Does the Company's tax-planning strategies include the use of reinsurance? | Yes | | No | X | | | | | | | | | | | | | | | | | | |
| B. | Unrecognized DTLs | | | | | | | | | | | | | | | | | | | | | | |
| | Not applicable. | | | | | | | | | | | | | | | | | | | | | | |
| C. | The components of incurred income tax expense and the change in DTA's and DTL's are as follows: | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Current Income Tax | 9/30/2025 | 12/31/2024 | Change | | | | | | | | | | | | | | | | | | | |
| (a) | Federal | - | - | - | | | | | | | | | | | | | | | | | | | |
| (b) | Foreign | - | - | - | | | | | | | | | | | | | | | | | | | |
| (c) | Subtotal (1a+1b) | - | - | - | | | | | | | | | | | | | | | | | | | |
| (d) | Federal income tax on net capital gains | - | - | - | | | | | | | | | | | | | | | | | | | |
| (e) | Utilization of capital loss carryforwards | - | - | - | | | | | | | | | | | | | | | | | | | |
| (f) | Other | - | - | - | | | | | | | | | | | | | | | | | | | |
| (g) | Federal and foreign taxes incurred (1c+1d+1e+1f) | - | - | - | | | | | | | | | | | | | | | | | | | |
| 2. | Deferred Tax Assets | 9/30/2025 | 12/31/2024 | Change | | | | | | | | | | | | | | | | | | | |
| (a) | Ordinary | | | | | | | | | | | | | | | | | | | | | | |
| (1) | Discounting of unpaid losses | 67,381 | 58,684 | 8,697 | | | | | | | | | | | | | | | | | | | |
| (2) | Unearned premium reserve | 7,846 | 49,081 | (41,235) | | | | | | | | | | | | | | | | | | | |
| (3) | Policyholder reserves | - | - | - | | | | | | | | | | | | | | | | | | | |
| (4) | Investments | - | - | - | | | | | | | | | | | | | | | | | | | |
| (5) | Deferred acquisition costs | - | - | - | | | | | | | | | | | | | | | | | | | |
| (6) | Policyholder dividends accrual | - | - | - | | | | | | | | | | | | | | | | | | | |
| (7) | Fixed assets | - | - | - | | | | | | | | | | | | | | | | | | | |
| (8) | Accrued expenses | - | - | - | | | | | | | | | | | | | | | | | | | |
| (9) | Pension accrual | - | - | - | | | | | | | | | | | | | | | | | | | |
| (10) | Receivables - nonadmitted | - | - | - | | | | | | | | | | | | | | | | | | | |
| (11) | Net operating loss carry-forward | 6,021,642 | 3,758,348 | 2,263,294 | | | | | | | | | | | | | | | | | | | |
| (12) | Tax credit carry-forward | - | - | - | | | | | | | | | | | | | | | | | | | |
| (13) | Other | 200,458 | 200,458 | (0) | | | | | | | | | | | | | | | | | | | |
| (99) | Subtotal (sum of 2a1 through 2a13) | 6,297,328 | 4,066,570 | 2,230,758 | | | | | | | | | | | | | | | | | | | |
| (b) | Statutory valuation allowance adjustment | 6,297,118 | 4,066,360 | 2,230,758 | | | | | | | | | | | | | | | | | | | |
| (c) | Nonadmitted | - | - | - | | | | | | | | | | | | | | | | | | | |
| (d) | Admitted ordinary deferred tax assets | 210 | 210 | (0) | | | | | | | | | | | | | | | | | | | |
| (e) | Capital: | | | | | | | | | | | | | | | | | | | | | | |
| (1) | Investments - Unrealized gains on AFS Securities | - | - | - | | | | | | | | | | | | | | | | | | | |
| (2) | Net capital loss carryforward | 529 | 529 | - | | | | | | | | | | | | | | | | | | | |
| (3) | Real Estate | - | - | - | | | | | | | | | | | | | | | | | | | |
| (4) | Other | - | - | - | | | | | | | | | | | | | | | | | | | |
| (99) | Subtotal (2e1+2e2+2e3+2e4) | 529 | 529 | - | | | | | | | | | | | | | | | | | | | |
| (f) | Statutory valuation allowance adjustment | 529 | 529 | 0 | | | | | | | | | | | | | | | | | | | |
| (g) | Nonadmitted | - | - | - | | | | | | | | | | | | | | | | | | | |
| (h) | Admitted capital deferred tax assets (2e99 - 2f - 2g) | - | - | (0) | | | | | | | | | | | | | | | | | | | |
| (i) | Admitted deferred tax assets (2d + 2h) | 210 | 210 | (0) | | | | | | | | | | | | | | | | | | | |
| 3. | Deferred Tax Liabilities | 9/30/2025 | 12/31/2024 | Change | | | | | | | | | | | | | | | | | | | |
| (a) | Ordinary | | | | | | | | | | | | | | | | | | | | | | |
| (1) | Investments | - | - | - | | | | | | | | | | | | | | | | | | | |
| (2) | Fixed assets | - | - | - | | | | | | | | | | | | | | | | | | | |
| (3) | Deferred and uncollected premium | - | - | - | | | | | | | | | | | | | | | | | | | |
| (4) | Policyholder Reserves | - | - | - | | | | | | | | | | | | | | | | | | | |
| (5) | Other | 210 | 210 | - | | | | | | | | | | | | | | | | | | | |
| (99) | Subtotal (3a1+3a2+3a3+3a4+3a5) | 210 | 210 | - | | | | | | | | | | | | | | | | | | | |
| (b) | Capital | | | | | | | | | | | | | | | | | | | | | | |
| (1) | Investments | (0) | - | - | | | | | | | | | | | | | | | | | | | |
| (2) | Real Estate | - | - | - | | | | | | | | | | | | | | | | | | | |
| (3) | Other | - | - | - | | | | | | | | | | | | | | | | | | | |
| (99) | Subtotal (3b1+3b2+3b3) | (0) | - | - | | | | | | | | | | | | | | | | | | | |
| (c) | Deferred tax liabilities (3a99 + 3b99) | 210 | 210 | - | | | | | | | | | | | | | | | | | | | |
| 4. | Net deferred tax assets/(liabilities) (2i-3c) | (0) | - | (0) | | | | | | | | | | | | | | | | | | | |

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes (Continued)

D. Reconciliation of Federal income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

| Description | Amount | Tax Effect @ | |
|--|--------------|--------------|----------------|
| | | 21% | Effective Rate |
| Income before taxes | (10,622,649) | | |
| Tax at statutory rates | | (2,230,756) | 21.00% |
| Increase/(Decrease) in valuation allowance | | 2,230,756 | -21.00% |
| Other | | - | 0.00% |
| Unrealized loss | | - | 0.00% |
| Total income tax expense | | 0 | 0.00% |

E. Operating Loss and Tax Credit Carryforwards

(1) The company has a federal operating loss carryforwards available of \$28,674,487

(2) The company has \$0 of income taxes incurred in current or prior years that are available for recoupment in the event of future net losses.

(3) The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0.

F. Consolidated Federal Income Tax Return

(1) Sidecar Health Insurance Company's federal income tax return will be consolidated with its parent, Sidecar Health, Inc.

(2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Income Tax Loss Contingencies

(1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

(1) The Company does not have foreign operations and is not subject to RTT.

I. Alternative Minimum Tax (AMT) Credits

(1) The Company had no AMT credits.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties -

The Company has an administrative services agreement with its TPA affiliate Sidecar Health Insurance Solutions, LLC (SHIS) to administer policies of insurance on behalf of the Company and provide various services including, but not limited to, managing the promotion, marketing, sale, enrollment, administration, renewal, claims processing and claims adjustment of such policies via a proprietary digital platform, as well as operation of the Company’s public facing website. In exchange for these services, the Company will pay an administrative services fee of \$39.70 per enrollee per month, and 100% of the expenses incurred by SHIS for quality improvement activities. As of September 30, 2025, the company has expensed \$5,349,673 under the administrative service agreement.

The Company has a management services agreement with its ultimate parent Sidecar Health, Inc. (SHI) to provide management services related to the operation of the Company including, but not limited to, accounting, human resources, actuarial services, compliance, and marketing. In exchange for these services, the Company will pay an administrative services fee of \$2.20 per month for each enrollee. As of September 30, 2025, the company has expensed \$296,455 under the management service agreement.

The Company recorded intercompany payables of \$1,760,027 at September 30, 2025 and \$1,004,603 at December 31, 2024, representing net expenses paid by the parent or affiliate for the benefit of the Company.

Note 11A-B – Debt - None.

11B. FHLB Agreements - None.

Note 12A-C - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans- None.

12A1-21. Defined Benefit Plan - not applicable.

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - The Company has issued and authorized 30,000 shares of common stock at a par value \$100 per share. All shares of Common Stock are held by Sidecar Health Holding Company, LLC representing 100% ownership of the Company. In addition to Common Stock, during the period ended September 30, 2025 Sidecar Health Holding Company, LLC has provided an additional \$19,500,000 of contributed surplus in the form of cash, for a total contributed surplus amount of \$49,000,000 as of September 30, 2025.

Note 14 - Contingencies

- A. The Company has no contingent commitments to any venture and has no guarantees outstanding.
- B. The Company is not aware of any assessments that could have a material impact on its financial statements.
- C. The Company has no gain contingencies.
- D. The Company has no extra contractual obligation or bad faith losses or amounts recorded for such. The Company is subject to potential litigation in the normal course of business. The Company is not aware of any potential material contingent liabilities not otherwise recorded in the financial statements or discussed in these footnotes.
- E. The Company has no Joint and Several Liabilities.
- F. The Company has no other contingencies.

NOTES TO FINANCIAL STATEMENTS

Note 15A-B - Leases - Rental Expense – The Company leases office space from One Columbus Property, LLC with a twelve-month term at a fixed monthly rate of \$1,000 through February 28, 2025. The lease was renewed at the same fixed monthly rate of \$1,000 per month effective March 1, 2025 for a period of two years ending on February 28, 2027. Rental expense was \$9,000 as of September 30, 2025 and was \$12,000 as of December 31, 2024. There are no contingent rental payments, early terminations, sale-leaseback transactions nor leases with noncancelable terms in excess of one year. Annual minimum lease payments are \$12,000 per year.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk - None.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None.

17B. Transfer and Servicing of Financial Assets - None.

17C. Wash Sales - None.

Note 18A-C - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None.

Note 20 - Fair Value

The Company has categorized its assets and liabilities that are measured at fair value on a recurring basis into the three-level fair value hierarchy as reflected in the following table. See item three below for a discussion of the fair value levels.

A. Inputs Used for Assets and Liabilities Measured at Fair value on Recurring Basis:

Levels 1, 2, and 3

1. Assets Measured at Fair value on Recurring Basis: none

2. Rollforward of Level 3 Items - None.

3. Inputs and Techniques Used for Fair Value

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 2 - Significant Other Observable Inputs: Quoted Prices in Active Markets for Identical Assets and Liabilities: The estimated fair value was determined by an independent pricing service using observable inputs.

Level 3 - Significant Unobservable Inputs: None.

B. Inputs Used for Assets and Liabilities Measured at Fair value on Non-Recurring Basis - None.

C. Other Fair value Disclosures - not applicable.

D. Reasons Not Practical to Estimate Fair Value - not applicable.

Note 21 - Other Items

21A. Unusual or Infrequent Items – None.

21B. Troubled Debt Restructuring - not applicable.

21C. Other Disclosures - The Company has elected to use rounding in reporting amounts in the statements and schedules.

21D-H. The company has no Business Interruption Recoveries, State Transferable and Non-Transferable Tax Credits, Subprime-Mortgage-Related Risk Exposure, Retained Asset Accounts or ILS Contracts.

Note 22 - Events Subsequent

Subsequent events have been considered through November 14, 2025 for the statutory statement issued on November 14, 2025.

Note 23 - Reinsurance

23A. Ceded Reinsurance Report – No reinsurers are controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company.

23B. Uncollectible Reinsurance - None.

23C. Commutation of Ceded Reinsurance - None.

23D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

23E. Reinsurance Credit - None.

Reinsurance and ceded balances as of September 30, 2025:

| | |
|--------------------------------|-------------|
| Paid Loss Recoverable | \$163,299 |
| Reinsurance Premiums Payable | \$1,016,524 |
| Ceded Unearned Premium Reserve | \$0 |
| Ceded Loss Reserves | \$248,746 |

The Company maintains three active reinsurance agreements as of the reporting date. One policy became effective May 1, 2023 for groups with start dates between May 1, 2023 and April 30, 2024. Coverage is effective through the end of the groups’ contract term, not to exceed one year. This reinsurance agreement provides unlimited coverage for losses in excess of \$200,000 per covered member. A second policy became effective May 1, 2024 for groups with start dates between May 1, 2024 and April 30, 2025. Coverage is effective through the end of the groups’ contract term, not to exceed one year. This reinsurance agreement provides unlimited coverage for losses in excess of \$250,000 per covered member, with the exception of one covered member. The Company has an attachment point of \$600,000 for the individual member carve-out. The third policy has an effective date of May 1, 2025. This policy covers groups with start dates between May 1, 2025 and April 30, 2026. Coverage is effective through the end of the groups’ contract term. This agreement provides unlimited coverage for losses in excess of \$400,000 per covered member, subject to coinsurance for individual claims in excess of \$700,000. For each policy, the Company is required to pay a deposit reinsurance premium based on a specific rate times the number of covered lives each month. Related reinsurance premiums payable have been accrued in the amount of \$1,016,524 at September 30, 2025.

NOTES TO FINANCIAL STATEMENTS

Note 23 – Reinsurance (Continued)

All contracts of reinsurance are with unaffiliated US reinsurers. There are no reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit. There are no commuted or uncollectible losses. No reinsurers have been downgraded or whose status has been revoked.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination – No significant change.

A-D. There are no Retrospectively Rated Contracts or medical loss rebate receivables.
E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Starting January 1, 2022, the Company wrote premiums subject to the Affordable Care Act risk-sharing provisions. The Company exited the ACA market as of January 1, 2024 and, as such, is no longer subject to risk adjustment provisions beginning with the 2024 benefit year.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses – As of September 30, 2025 the Company reported reserves for incurred but not reported (“IBNR”) claims totaling \$11,713,429 and loss adjustment expense (“LAE”) reserves of \$427,196 compared to December 31, 2024 reserves for incurred but not reported (“IBNR”) claims totaling \$13,288,976 and loss adjustment expense (“LAE”) reserves of \$513,024. During 2025, the IBNR reserve decreased by \$1,575,547 and LAE reserve decreased by \$85,828. The change in INBR included a reduction of \$13,169,474 related to prior-year incurred claims, resulting from both favorable development in comprehensive major medical, as well as the materialization of reserved claims into actual paid claims in the current period. The favorable prior period development was offset by an increase of \$11,508,392 in reserves for claims incurred in the current calendar year, in line with expected claim volume and updated cost trend assumptions. There were no significant changes in reserving methodologies or actuarial assumptions used during the year. No additional or return premiums were accrued in connection with these reserve adjustments.

Note 26 - Intercompany Pooling Arrangements - None.

Note 27A-B - Structured Settlements - None.

Note 28A-B - Health Care Receivables – The Company receives pharmaceutical rebates from a third-party benefit manager. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions. The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has non-admitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, Health Care and Government Insured Plan Receivables ("SSAP No. 84") from the financial statements. As of September 30, 2025, the Company had \$708,836 in admitted healthcare receivables related to pharmacy rebates.

| Quarter | Estimated Pharmacy Rebates as Reported on the Financial Statements | Pharmacy Rebates as Confirmed | Actual Rebates Collected Within 90 Days of Confirmation | Actual Rebates Collected Within 91 to 180 Days of Confirmation | Actual Rebates Collected More Than 180 Days After Confirmation |
|-----------|--|-------------------------------|---|--|--|
| 9/30/2025 | 137,981 | 570,855 | - | - | - |
| 6/30/2025 | - | 431,272 | - | - | - |
| 3/31/2025 | - | - | - | - | 431,272 |

The Company has “other healthcare receivables” resulting from Members’ use of the Company-issued Visa card. As noted above, the Company fully funds charges made by members to the Sidecar Health Visa card for services not subject to cost sharing and for any services incurred after the member has met their out-of-pocket maximum. Until the member submits an itemized medical invoice for the Visa charge the Company treats such charges to the Sidecar Health Visa card as an account receivable. The Company adjudicates the claim when the member submits an itemized invoice. If the Company determines the charge was paid towards a covered service, the Company debits claims expense for the Benefit Amount of the covered services and credits the Benefit Amount towards the account receivable accrued when the member used their Sidecar Health Visa card. If the Benefit Amount exceeds this account receivable the excess benefit is credited to a liability account and retained by the Company on behalf of the member (see note 1C, above). If the Benefit Amount is less than the account receivable the Company invoices the member for the balance and treats the balance as a healthcare receivable. In accordance with SSAP No. 84—Health Care and Government Insured Plan Receivables, the Company books these healthcare receivables as “other healthcare receivables” and treats them as a nonadmitted asset. The Company considers these non-admitted healthcare receivables impaired if they are not collected within 90 days of the member’s use of their Company-issued Visa card. Such impaired receivables are written off and charged to claims expense. The Company has a balance of \$321,592 of healthcare receivables outstanding as of September 30, 2025 compared to \$214,513 as of December 31, 2024.

Note 29 - Participating Policies - None.

Note 30 - Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves \$170,384
- 2. Date of the most recent evaluation of this liability 09/30/25
- 3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

Note 31 - Anticipated Salvage and Subrogation - none, 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? Yes ☐ No ☒
- 1.2 If yes, has the report been filed with the domiciliary state? Yes ☐ No ☐
- 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? Yes ☐ 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 ☒ No ☐
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? Yes ☒ No ☐
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Sidecar Health Captive, LLC added to the system.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes ☐ 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? Yes ☐ 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? Yes ☐ No ☒ NA ☐
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.12/31/2024
- 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.
- 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).
- 6.4 By what department or departments?
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ☐ No ☐ NA ☒
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☐ No ☐ NA ☒
- 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? Yes ☐ 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?..... Yes ☐ 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?..... Yes ☐ 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 affiliate's primary federal regulator.]

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

- 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 ☒ No ☐
(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? Yes ☐ 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? Yes ☐ 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?..... Yes ☒ No ☐
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$0

GENERAL INTERROGATORIES

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.) Yes [] No [X]

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:\$0

13. Amount of real estate and mortgages held in short-term investments:\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$0 | \$0 |
| 14.22 Preferred Stock | \$0 | \$0 |
| 14.23 Common Stock | \$0 | \$0 |
| 14.24 Short-Term Investments | \$0 | \$0 |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$0 |
| 14.26 All Other | \$0 | \$0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)..... | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$0 | \$0 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA []
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*? Yes [X] No []

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

| 1 Name of Custodian(s) | 2 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 Name(s) | 2 Location(s) | 3 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? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 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: ["...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|--|------------------|
| AAM Insurance Investment Management..... | U..... |

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? Yes [X] 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? Yes [X] 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 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|--|---------------------------------------|--|---|
| 109875..... | Asset Allocation & Management Company, L.L.C..... | 549300DSCH1V5W3U963..... | Securities Exchange Commission..... | NO..... |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

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?..... Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or

GENERAL INTERROGATORIES

- ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?....

Yes [] No [X]

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?.....

Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

102.1 %

1.2 A&H cost containment percent

0.3 %

1.3 A&H expense percent excluding cost containment expenses

101.7 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ 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?

Yes ☐ 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?

Yes ☒ 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?

Yes ☐ No ☐

SCHEDULE S - CEDED REINSURANCE

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | | | |
|---|-----|-------------------------------|---|----------------------------------|--------------------------------|-------------------------|---|--|--|--|-------------------------------------|
| States, Etc. | | 1 Active Status (a) | Direct Business Only | | | | | | | | |
| | | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Plan Premiums | 7 Life & Annuity Premiums & Other Considerations | 8 Property/ Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts |
| 1. Alabama | AL | L | | | | | | | | .0 | |
| 2. Alaska | AK | N | | | | | | | | .0 | |
| 3. Arizona | AZ | N | | | | | | | | .0 | |
| 4. Arkansas | AR | N | | | | | | | | .0 | |
| 5. California | CA | N | | | | | | | | .0 | |
| 6. Colorado | CO | N | | | | | | | | .0 | |
| 7. Connecticut | CT | N | | | | | | | | .0 | |
| 8. Delaware | DE | N | | | | | | | | .0 | |
| 9. Dist. Columbia | DC | N | | | | | | | | .0 | |
| 10. Florida | FL | L | 2,244,687 | | | | | | | 2,244,687 | |
| 11. Georgia | GA | L | 16,097,877 | | | | | | | 16,097,877 | |
| 12. Hawaii | HI | N | | | | | | | | .0 | |
| 13. Idaho | ID | N | | | | | | | | .0 | |
| 14. Illinois | IL | N | | | | | | | | .0 | |
| 15. Indiana | IN | N | | | | | | | | .0 | |
| 16. Iowa | IA | N | | | | | | | | .0 | |
| 17. Kansas | KS | N | | | | | | | | .0 | |
| 18. Kentucky | KY | N | | | | | | | | .0 | |
| 19. Louisiana | LA | N | | | | | | | | .0 | |
| 20. Maine | ME | N | | | | | | | | .0 | |
| 21. Maryland | MD | N | | | | | | | | .0 | |
| 22. Massachusetts | MA | N | | | | | | | | .0 | |
| 23. Michigan | MI | N | | | | | | | | .0 | |
| 24. Minnesota | MN | N | | | | | | | | .0 | |
| 25. Mississippi | MS | N | | | | | | | | .0 | |
| 26. Missouri | MO | N | | | | | | | | .0 | |
| 27. Montana | MT | N | | | | | | | | .0 | |
| 28. Nebraska | NE | N | | | | | | | | .0 | |
| 29. Nevada | NV | N | | | | | | | | .0 | |
| 30. New Hampshire | NH | N | | | | | | | | .0 | |
| 31. New Jersey | NJ | N | | | | | | | | .0 | |
| 32. New Mexico | NM | N | | | | | | | | .0 | |
| 33. New York | NY | N | | | | | | | | .0 | |
| 34. North Carolina | NC | N | | | | | | | | .0 | |
| 35. North Dakota | ND | N | | | | | | | | .0 | |
| 36. Ohio | OH | L | 49,449,668 | | | | | | | 49,449,668 | |
| 37. Oklahoma | OK | N | | | | | | | | .0 | |
| 38. Oregon | OR | N | | | | | | | | .0 | |
| 39. Pennsylvania | PA | N | | | | | | | | .0 | |
| 40. Rhode Island | RI | N | | | | | | | | .0 | |
| 41. South Carolina | SC | N | | | | | | | | .0 | |
| 42. South Dakota | SD | N | | | | | | | | .0 | |
| 43. Tennessee | TN | N | | | | | | | | .0 | |
| 44. Texas | TX | L | | | | | | | | .0 | |
| 45. Utah | UT | N | | | | | | | | .0 | |
| 46. Vermont | VT | N | | | | | | | | .0 | |
| 47. Virginia | VA | N | | | | | | | | .0 | |
| 48. Washington | WA | N | | | | | | | | .0 | |
| 49. West Virginia | WV | N | | | | | | | | .0 | |
| 50. Wisconsin | WI | N | | | | | | | | .0 | |
| 51. Wyoming | WY | N | | | | | | | | .0 | |
| 52. American Samoa | AS | N | | | | | | | | .0 | |
| 53. Guam | GU | N | | | | | | | | .0 | |
| 54. Puerto Rico | PR | N | | | | | | | | .0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | .0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | .0 | |
| 57. Canada | CAN | N | | | | | | | | .0 | |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .0 | 0 |
| 59. Subtotal | XXX | | 67,792,233 | 0 | 0 | 0 | 0 | 0 | 0 | 67,792,233 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | | .0 | |
| 61. Total (Direct Business) | XXX | | 67,792,233 | 0 | 0 | 0 | 0 | 0 | 0 | 67,792,233 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | | XXX | | | | | | | | | |
| 58002. | | XXX | | | | | | | | | |
| 58003. | | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page. | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG5

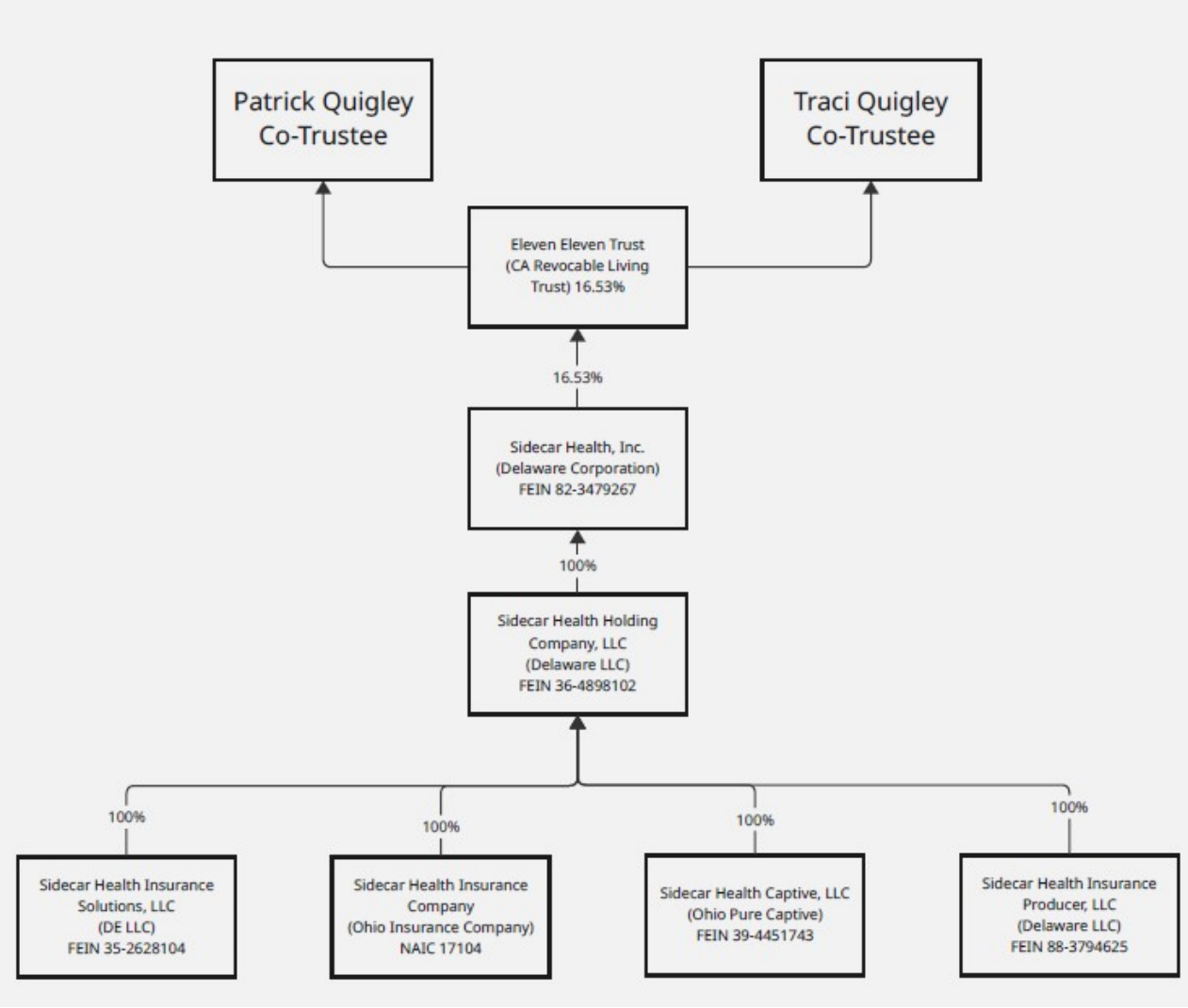
2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

5. N – None of the above – Not allowed to write business in the state.....52

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



19

PART 1A – DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

| Asterisk | Explanation |
|----------|---|
| 1 | Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 16.53% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H)..... |

| Asterisk | Explanation |
|----------|---|
| 1 | Patrick Griffin Quigley and Traci Dreher Quigley are Co-Trustees of the Eleven Eleven Trust. The Trust owns 16.53% of Sidecar Health, Inc. Each of the other shareholders of SHI holding an interest of 10% or greater filed disclaimers of affiliation with the Ohio Department of Insurance pursuant to RC 3901.33(J) and OAC 3901-3-02(H)..... |

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. |N/A..... |

Explanation:

Bar Code:

1.



17104202536500003

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 | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Current year change in encumbrances | | 0 |
| 4. Total gain (loss) on disposals | | 0 |
| 5. Deduct amounts received on disposals | | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 8. Deduct current year's depreciation | | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

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 | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase/(decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Total valuation allowance | | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

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 | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase/(decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium, depreciation and proportional amortization | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

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 | 15,843,500 | 6,181,254 |
| 2. Cost of bonds and stocks acquired | 9,367,775 | 11,263,834 |
| 3. Accrual of discount | 73,602 | 29,142 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 71 |
| 6. Deduct consideration for bonds and stocks disposed of | 1,880,822 | 1,593,498 |
| 7. Deduct amortization of premium | 32,337 | 38,303 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 1,000 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 23,371,717 | 15,843,500 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 23,371,717 | 15,843,500 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--------------------------------------|---|--|--|---|---|--|---|---|
| ISSUER CREDIT OBLIGATIONS (ICO) | | | | | | | | |
| 1. NAIC 1 (a)..... | 7,562,645 | 399,804 | 2,967 | 103,231 | 8,959,995 | 7,562,645 | 8,062,714 | 6,950,047 |
| 2. NAIC 2 (a)..... | 2,036,444 | 103,506 | | (99,010) | 1,932,469 | 2,036,444 | 2,040,940 | 1,766,146 |
| 3. NAIC 3 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total ICO | 9,599,090 | 503,310 | 2,967 | 4,221 | 10,892,464 | 9,599,090 | 10,103,654 | 8,716,193 |
| ASSET-BACKED SECURITIES (ABS) | | | | | | | | |
| 8. NAIC 1 | 11,031,992 | 1,181,415 | 947,235 | 12,897 | 10,123,808 | 11,031,992 | 11,279,069 | 7,798,262 |
| 9. NAIC 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total ABS..... | 11,031,992 | 1,181,415 | 947,235 | 12,897 | 10,123,808 | 11,031,992 | 11,279,069 | 7,798,262 |
| PREFERRED STOCK | | | | | | | | |
| 15. NAIC 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 16. NAIC 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 17. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 18. NAIC 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 19. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 20. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 21. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Total ICO, ABS & Preferred Stock | 20,631,082 | 1,684,725 | 950,202 | 17,118 | 21,016,272 | 20,631,082 | 21,382,723 | 16,514,454 |

(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 \$

SCHEDULE DA - PART 1
Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|-------------------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 7709999999 Totals | 0 | XXX | | | |

SCHEDULE DA - VERIFICATION
Short-Term Investments

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 670,955 | 0 |
| 2. Cost of short-term investments acquired | | 866,660 |
| 3. Accrual of discount | | 4,463 |
| 4. Unrealized valuation increase/(decrease)..... | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 670,955 | 200,000 |
| 7. Deduct amortization of premium..... | | 169 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 0 | 670,955 |
| 11. Deduct total nonadmitted amounts..... | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 670,955 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 5,872,506 | 2,220,585 |
| 2. Cost of cash equivalents acquired | 9,701,163 | 15,617,175 |
| 3. Accrual of discount | 11,006 | 2,115 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals..... | | 0 |
| 6. Deduct consideration received on disposals | 12,303,407 | 11,967,369 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 3,281,268 | 5,872,506 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 3,281,268 | 5,872,506 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|--|---------------|--|---------------------------|-------------|-----------|---|---|
| CUSIP Identification | Description | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Issuer Credit Obligations - Corporate Bonds (Unaffiliated) | | | | | | | | |
| 09659D-AC-0 | BOARD OF TRUSTEES OF LELAND STANFORD JUN | 08/06/2025 | GOLDMAN SACHS & CO. INC. | XXX | 225,000 | 225,000 | | 1.A FE |
| 446413-BA-3 | HUNTINGTON INGALLS INDUSTRIES INC. | 09/19/2025 | BARCLAYS CAPITAL | XXX | 103,506 | 100,000 | 996 | 2.C FE |
| 63743H-FZ-0 | NATIONAL RURAL UTILITIES COOPERATIVE FIN | 08/19/2025 | MITSUBISHI UFJ SECURITIES | XXX | 174,804 | 175,000 | | 1.F FE |
| 0089999999 - Issuer Credit Obligations - Corporate Bonds (Unaffiliated) | | | | | 503,310 | 500,000 | 996 | XXX |
| 0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated) | | | | | 503,310 | 500,000 | 996 | XXX |
| 0509999997 - Subtotals - Issuer Credit Obligations - Part 3 | | | | | 503,310 | 500,000 | 996 | XXX |
| 0509999999 - Subtotals - Issuer Credit Obligations | | | | | 503,310 | 500,000 | 996 | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | | | | |
| 38381M-ZA-1 | GNR 2025-128 AD - CMBS | 07/31/2025 | R W BAIRD & CO | XXX | 248,650 | 249,762 | 139 | 1.A |
| 1029999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | 248,650 | 249,762 | 139 | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | | | | |
| 3132XK-XN-2 | FH WNS184 - CMBS/RMBS | 07/29/2025 | STONEX FINANCIAL INC. | XXX | 199,992 | 200,000 | | 1.A |
| 3140LB-6Q-1 | FN BS1778 - CMBS/RMBS | 07/11/2025 | National Alliance Securities Corporation | XXX | 218,828 | 250,000 | 208 | 1.A |
| 1049999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | 418,820 | 450,000 | 208 | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated) | | | | | | | | |
| 02582J-KT-6 | AMXCA 2025-5 A - ABS | 07/15/2025 | BARCLAYS CAPITAL | XXX | 149,971 | 150,000 | | 1.A FE |
| 58769F-AC-9 | MBART 2023-2 A3 - ABS | 08/06/2025 | JP MORGAN SECURITIES INC. | XXX | 238,976 | 236,062 | 858 | 1.A FE |
| 1119999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated) | | | | | 388,947 | 386,062 | 858 | XXX |
| Asset-Backed Securities - Non-Financial Asset-Backed Securities – Practical Expedient - Other Non-Financial Asset-Backed Securities - Practical Expedient (Unaffiliated) | | | | | | | | |
| 26443U-AA-1 | DUK T1 A1 - ABS | 09/23/2025 | RBC CAPITAL MARKETS | XXX | 124,998 | 125,000 | | 1.A FE |
| 1539999999 - Asset-Backed Securities - Non-Financial Asset-Backed Securities – Practical Expedient - Other Non-Financial Asset-Backed Securities - Practical Expedient (Unaffiliated) | | | | | 124,998 | 125,000 | 0 | XXX |
| 1889999999 - Subtotal - Asset-Backed Securities (Unaffiliated) | | | | | 1,181,415 | 1,210,824 | 1,205 | XXX |
| 1909999997 - Subtotals - Asset-Backed Securities - Part 3 | | | | | 1,181,415 | 1,210,824 | 1,205 | XXX |
| 1909999999 - Subtotals - Asset-Backed Securities | | | | | 1,181,415 | 1,210,824 | 1,205 | XXX |
| 2009999999 - Subtotals - Issuer Credit Obligations and Asset-Backed Securities | | | | | 1,684,725 | 1,710,824 | 2,202 | XXX |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 6009999999 Totals | | | | | 1,684,725 | XXX | 2,202 | XXX |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Change in Book/Adjusted Carrying Value | | | | | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---------------|-------------------|---------------------------|---------------|-----------|-------------|---|---|--|---|--------------------------------------|--|--|--|----------------------------------|-------------------------------|--|----------------------------------|--|
| | | | | | | | | | 10 | 11 | 12 | 13 | 14 | | | | | | | |
| CUSIP Identification | Description | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other-Than-Temporary Impairment Recognized | Total Change in B./A.C.V. (10+11-12) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol |
| Issuer Credit Obligations - Single Entity Backed Obligations (Unaffiliated) | | | | | | | | | | | | | | | | | | | | |
| 02376U-AA-3 | AMERICAN AIRLINES 2016-1 PASS THROUGH TR | 07/15/2025 | Paydown | XXX | 2,967 | 2,967 | 2,827 | 2,840 | | 127 | | 127 | | 2,967 | | | .0 | 106 | 07/15/2029 | 1.F FE |
| 0129999999 - Issuer Credit Obligations - Single Entity Backed Obligations (Unaffiliated) | | | | | 2,967 | 2,967 | 2,827 | 2,840 | 0 | 127 | 0 | 127 | 0 | 2,967 | 0 | 0 | 0 | 106 | XXX | XXX |
| 0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated) | | | | | 2,967 | 2,967 | 2,827 | 2,840 | 0 | 127 | 0 | 127 | 0 | 2,967 | 0 | 0 | 0 | 106 | XXX | XXX |
| 0509999997 - Subtotals - Issuer Credit Obligations - Part 4 | | | | | 2,967 | 2,967 | 2,827 | 2,840 | 0 | 127 | 0 | 127 | 0 | 2,967 | 0 | 0 | 0 | 106 | XXX | XXX |
| 0509999999 - Subtotals - Issuer Credit Obligations | | | | | 2,967 | 2,967 | 2,827 | 2,840 | 0 | 127 | 0 | 127 | 0 | 2,967 | 0 | 0 | 0 | 106 | XXX | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 3622AD-RH-3 | G2 787788 - RMBS, GNR 2018-137 VD - | 09/01/2025 | Paydown | XXX | 10,278 | 10,278 | 9,875 | | | 403 | | 403 | | 10,278 | | | .0 | 79 | 07/20/2034 | 1.A |
| 38381A-QN-9 | CMO/RMBS, GNR 2023-007 CA - | 09/01/2025 | Paydown | XXX | 32,658 | 32,658 | 32,184 | 32,188 | | 470 | | 470 | | 32,658 | | | .0 | 766 | 10/20/2038 | 1.A |
| 38383V-GV-4 | CMO/RMBS, GNR 2024-127 UV - | 09/01/2025 | Paydown | XXX | 21,543 | 21,542 | 21,583 | 21,582 | | (40) | | (40) | | 21,543 | | | .0 | 790 | 01/20/2053 | 1.A |
| 38384U-SB-6 | CMO/RMBS, GNR 2025-023 EV - | 09/01/2025 | Paydown | XXX | 1,745 | 1,745 | 1,780 | | | (35) | | (35) | | 1,745 | | | .0 | 44 | 06/20/2035 | 1.A |
| 38385D-ZK-5 | CMO/RMBS | 09/01/2025 | Paydown | XXX | 4,381 | 4,381 | 4,401 | | | (20) | | (20) | | 4,381 | | | .0 | 73 | 02/20/2036 | 1.A |
| 1019999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | 70,605 | 70,605 | 69,822 | 53,770 | 0 | 779 | 0 | 779 | 0 | 70,605 | 0 | 0 | 0 | 1,751 | XXX | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 38378B-7F-0 | GNR 2013-033 B - CMBS | 09/01/2025 | Paydown | XXX | 1,856 | 1,856 | 1,868 | 1,859 | | (2) | | (2) | | 1,856 | | | .0 | 28 | 12/16/2042 | 1.A |
| 38378B-E2-1 | GNR 2012-114 A - CMBS | 09/01/2025 | Paydown | XXX | 12,235 | 12,235 | 10,654 | 10,739 | | 1,496 | | 1,496 | | 12,235 | | | .0 | 173 | 01/16/2053 | 1.A |
| 38379R-Y9-8 | GNR 2017-128 AC - CMBS | 09/01/2025 | Paydown | XXX | 33,297 | 33,297 | 29,780 | 30,418 | | 2,879 | | 2,879 | | 33,297 | | | .0 | 508 | 05/16/2051 | 1.A |
| 38381D-8U-7 | GNR 2021-183 AL - CMBS | 09/01/2025 | Paydown | XXX | 584 | | 584 | | | 0 | | 0 | | 584 | | | .0 | 5 | 07/16/2056 | 1.A |
| 38381M-ZA-1 | GNR 2025-128 AD - CMBS | 09/01/2025 | Paydown | XXX | 239 | 239 | 238 | | | 1 | | 1 | | 239 | | | .0 | 1 | 10/16/2056 | 1.A |
| 1029999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Guaranteed (Exempt from RBC) | | | | | 48,211 | 48,211 | 43,124 | 43,599 | 0 | 4,374 | 0 | 4,374 | 0 | 48,211 | 0 | 0 | 0 | 715 | XXX | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 3136AV-ZW-2 | FNR 2017-16 PM - CMO/RMBS | 09/01/2025 | Paydown | XXX | 6,882 | 6,882 | 7,052 | 6,929 | | (46) | | (46) | | 6,882 | | | .0 | 140 | 05/25/2044 | 1.A |
| 3136BR-U2-1 | FNR 2024-20 MV - CMO/RMBS | 09/01/2025 | Paydown | XXX | 1,833 | 1,833 | 1,801 | 1,803 | | 31 | | 31 | | 1,833 | | | .0 | 61 | 05/25/2035 | 1.A |
| 3136BU-SD-3 | FNR 2025-3 JV - CMO/RMBS, FNR 2025-028 BV - | 09/01/2025 | Paydown | XXX | 4,266 | 4,266 | 4,337 | | | (71) | | (71) | | 4,266 | | | .0 | 149 | 12/25/2035 | 1.A |
| 3136BV-LG-1 | CMO/RMBS | 09/01/2025 | Paydown | XXX | 3,627 | 3,627 | 3,656 | | | (29) | | (29) | | 3,627 | | | .0 | 76 | 12/25/2037 | 1.A |
| 3137BP-P2-9 | FHR 4579 BA - CMO/RMBS | 07/15/2025 | Paydown | XXX | 766 | | 766 | | | 0 | | 0 | | 766 | | | .0 | 13 | 01/15/2043 | 1.A |
| 3137HJ-AM-9 | FHR 5500 EV - CMO/RMBS | 09/01/2025 | Paydown | XXX | 3,469 | 3,469 | 3,516 | | | (47) | | (47) | | 3,469 | | | .0 | 95 | 12/25/2035 | 1.A |
| 31418D-4J-8 | FN MA4424 - RMBS | 09/01/2025 | Paydown | XXX | 7,440 | 7,440 | 6,959 | 6,972 | | 468 | | 468 | | 7,440 | | | .0 | 74 | 09/01/2031 | 1.A |
| 31418F-H6-9 | FN MA5651 - RMBS, SLST 2020-3 A1C - | 09/01/2025 | Paydown | XXX | 13,278 | 13,278 | 13,295 | | | (18) | | (18) | | 13,278 | | | .0 | 343 | 03/01/2040 | 1.A |
| 35564C-HX-8 | CMO/RMBS, SLST 2021-1 A1D - | 09/01/2025 | Paydown | XXX | 2,148 | 2,148 | 2,203 | 2,188 | | (40) | | (40) | | 2,148 | | | .0 | 28 | 04/26/2060 | 1.A |
| 35564C-JU-2 | CMO/RMBS | 09/01/2025 | Paydown | XXX | 1,904 | 1,904 | 1,913 | 1,910 | | (6) | | (6) | | 1,904 | | | .0 | 25 | 04/25/2061 | 1.A |
| 1039999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | 45,613 | 45,613 | 45,510 | 20,567 | 0 | 242 | 0 | 242 | 0 | 45,613 | 0 | 0 | 0 | 1,007 | XXX | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 3136AS-4R-4 | FNA 2016-M7 A2 - CMBS | 09/01/2025 | Paydown | XXX | 1,272 | 1,272 | 1,310 | 1,284 | | (12) | | (12) | | 1,272 | | | .0 | 23 | 09/25/2026 | 1.A |
| 3136BA-KB-3 | FNA 2019-M5 A2 - CMBS | 09/01/2025 | Paydown | XXX | 534 | | 512 | | | 21 | | 21 | | 534 | | | .0 | 12 | 02/25/2029 | 1.A |
| 3136BO-DE-6 | FNA 2023-M6 A2 - CMBS | 09/01/2025 | Paydown | XXX | 56 | | 54 | | | 2 | | 2 | | 56 | | | .0 | 2 | 07/25/2028 | 1.A |
| 3137BS-6F-5 | FHMS K-S07 A2 - CMBS | 09/25/2025 | Paydown | XXX | 250,000 | 250,000 | 245,723 | | | 3,825 | | 3,825 | | 250,000 | | | .0 | 5,128 | 09/25/2025 | 1.A |
| 1049999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC) | | | | | 251,862 | 251,862 | 247,599 | 1,852 | 0 | 3,836 | 0 | 3,836 | 0 | 251,862 | 0 | 0 | 0 | 5,165 | XXX | XXX |
| Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated) | | | | | | | | | | | | | | | | | | | | |
| 06540L-AW-7 | BANK 2021-BNK37 A1 - CMBS | 09/01/2025 | Paydown | XXX | 6,434 | 6,434 | 6,434 | 6,432 | | 2 | | 2 | | 6,434 | | | .0 | 51 | 11/18/2064 | 1.A FE |
| 12636L-AY-6 | CSAIL 2016-C5 A5 - CMBS | 09/01/2025 | Paydown | XXX | 65,526 | 65,526 | 70,369 | 66,494 | | (968) | | (968) | | 65,526 | | | .0 | 1,661 | 11/18/2048 | 1.A FE |
| 46590M-AQ-3 | JPWCC 2016-JP2 A3 - CMBS | 09/01/2025 | Paydown | XXX | 11,057 | 11,057 | 10,497 | 10,717 | | 340 | | 340 | | 11,057 | | | .0 | 204 | 08/17/2049 | 1.A FE |
| 46590R-AD-1 | JPWCC 2016-JP3 A4 - CMBS | 09/01/2025 | Paydown | XXX | 8,822 | | 8,279 | 8,450 | | 372 | | 372 | | 8,822 | | | .0 | 155 | 08/17/2049 | 1.A FE |
| 1079999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated) | | | | | 91,839 | 91,839 | 95,579 | 92,093 | 0 | (254) | 0 | (254) | 0 | 91,839 | 0 | 0 | 0 | 2,070 | XXX | XXX |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

[illegible]

E05.1

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part E
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Sidecar Health Insurance Company

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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