



**QUARTERLY STATEMENT**  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**ANTIDOTE HEALTH PLAN OF OHIO, INC.**

NAIC Group Code.....5057.....5057.....NAIC Company Code.....17510.....Employer's ID Number.....88-4350607.....  
(Current) (Prior)  
Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....  
Country of Domicile.....US.....  
Licensed as business type:.....Health Maintenance Organization.....Is HMO Federally Qualified?.....No.....  
Incorporated/Organized.....11/30/2022.....Commenced Business.....01/01/2024.....  
Statutory Home Office.....1747 Olentangy River Road #1384.....Columbus, OH, US 43212.....  
Main Administrative Office.....1460 Broadway.....  
New York, NY, US 10036.....866-256-2134.....  
(Telephone Number)  
Mail Address.....1460 Broadway.....New York, NY, US 10036.....  
Primary Location of Books and  
Records.....1460 Broadway.....  
New York, NY, US 10036.....866-256-2134.....  
(Telephone Number)  
Internet Website Address.....www.antidotehealth.com.....  
Statutory Statement Contact.....Andrew Manke.....860-538-0303.....  
(Telephone Number)  
andrewm@antidotehealth.com.....  
(E-Mail Address) (Fax Number)

**OFFICERS**

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

**DIRECTORS OR TRUSTEES**

Avihai Sodri.....Yossi Holzman.....  
Bruce Butler.....Mike Chong.....  
Debra Hallday.....

State of.....Texas.....  
County of.....Collin.....SS

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

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

Subscribed and sworn to before me  
this 13th day of  
November, 2025 By Avihai Sodri.

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: \_\_\_\_\_  
2. Date filed: \_\_\_\_\_  
3. Number of pages attached: \_\_\_\_\_

x Electronic Notary Public



Electronically signed and notarized online using the Proof platform.



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Avihai Sodri..... Yossi Holzman.....  
Bruce Butler..... Jake Chong.....  
Debra Hallday.....

State of ..... Florida.....  
County of ..... BROWARD..... SS

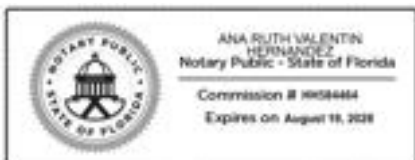
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

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

Subscribed and sworn to before me  
this ..... 13th ..... day of  
November....., 2025 by Yossi Holzman

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

x.....  
Ana R. Valentin Hernandez



Notarized remotely online using communication technology via Proof.

ASSETS

		Current Statement Date			4  December 31 Prior Year Net Admitted Assets
		1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds .....	450,295		450,295	450,295
2.	Stocks:				
	2.1 Preferred stocks .....				
	2.2 Common stocks .....				
3.	Mortgage loans on real estate:				
	3.1 First liens .....				
	3.2 Other than first liens .....				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances) .....				
	4.2 Properties held for the production of income (less \$..... encumbrances) .....				
	4.3 Properties held for sale (less \$..... encumbrances) .....				
5.	Cash (\$.....6,080,615), cash equivalents (\$.....) and short-term investments (\$.....) .....	6,080,615		6,080,615	3,848,401
6.	Contract loans (including \$..... premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	6,530,910		6,530,910	4,298,696
13.	Title plants less \$..... charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....				39,205
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection .....				
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums) .....				
	15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....) .....				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers .....				
	16.2 Funds held by or deposited with reinsured companies .....				
	16.3 Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....) .....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....				12
24.	Health care (\$.....) and other amounts receivable .....	4,699,490		4,699,490	95,759
25.	Aggregate write-ins for other-than-invested assets .....				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	11,230,400		11,230,400	4,433,672
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	Total (Lines 26 and 27) .....	11,230,400		11,230,400	4,433,672
Details of Write-Ins					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded).....	2,341,936		2,341,936	
2.	Accrued medical incentive pool and bonus amounts.....				
3.	Unpaid claims adjustment expenses.....				
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5.	Aggregate life policy reserves.....				
6.	Property/casualty unearned premium reserve.....				
7.	Aggregate health claim reserves.....				8,681
8.	Premiums received in advance.....	1,409,099		1,409,099	722,811
9.	General expenses due or accrued.....	970,510		970,510	214
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....	603,649		603,649	37,763
10.2	Net deferred tax liability.....				
11.	Ceded reinsurance premiums payable.....				
12.	Amounts withheld or retained for the account of others.....				
13.	Remittances and items not allocated.....				
14.	Borrowed money (including \$..... current ) and interest thereon \$..... (including \$..... current).....				
15.	Amounts due to parent, subsidiaries and affiliates.....				
16.	Derivatives.....				
17.	Payable for securities.....				
18.	Payable for securities lending.....				
19.	Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20.	Reinsurance in unauthorized and certified (\$.....) companies.....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates.....				
22.	Liability for amounts held under uninsured plans.....				
23.	Aggregate write-ins for other liabilities (including \$..... current).....	6,280		6,280	6,280
24.	Total liabilities (Lines 1 to 23).....	5,331,474		5,331,474	775,749
25.	Aggregate write-ins for special surplus funds.....	XXX	XXX		
26.	Common capital stock.....	XXX	XXX	100	100
27.	Preferred capital stock.....	XXX	XXX		
28.	Gross paid in and contributed surplus.....	XXX	XXX	3,749,900	3,499,900
29.	Surplus notes.....	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31.	Unassigned funds (surplus).....	XXX	XXX	2,148,926	157,923
32.	Less treasury stock, at cost:				
32.1	shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2	shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	5,898,926	3,657,923
34.	Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	11,230,400	4,433,672
Details of Write-Ins					
2301.	State Taxes.....	6,280		6,280	6,280
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page.....				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	6,280		6,280	6,280
2501.	.....	XXX	XXX		
2502.	.....	XXX	XXX		
2503.	.....	XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.	.....	XXX	XXX		
3002.	.....	XXX	XXX		
3003.	.....	XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months.....	XXX	47,516	107	167
2.	Net premium income (including \$..... non-health premium income).....	XXX	27,235,208	54,249	81,058
3.	Change in unearned premium reserves and reserve for rate credits.....	XXX			
4.	Fee-for-service (net of \$..... medical expenses).....	XXX			
5.	Risk revenue.....	XXX			
6.	Aggregate write-ins for other health care related revenues.....	XXX			
7.	Aggregate write-ins for other non-health revenues.....	XXX			
8.	Total revenues (Lines 2 to 7).....	XXX	27,235,208	54,249	81,058
Hospital and Medical:					
9.	Hospital/medical benefits.....		16,279,707	14,298	31,051
10.	Other professional services.....				
11.	Outside referrals.....				
12.	Emergency room and out-of-area.....				
13.	Prescription drugs.....		4,192,458	1,945	2,276
14.	Aggregate write-ins for other hospital and medical.....				
15.	Incentive pool, withhold adjustments and bonus amounts.....				
16.	Subtotal (Lines 9 to 15).....		20,472,165	16,243	33,327
Less:					
17.	Net reinsurance recoveries.....				
18.	Total hospital and medical (Lines 16 minus 17).....		20,472,165	16,243	33,327
19.	Non-health claims (net).....				
20.	Claims adjustment expenses, including \$..... cost containment expenses.....				
21.	General administrative expenses.....		4,344,742	18,337	36,405
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23.	Total underwriting deductions (Lines 18 through 22).....		24,816,907	34,580	69,732
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	2,418,301	19,669	11,326
25.	Net investment income earned.....		138,587	179,448	164,906
26.	Net realized capital gains (losses) less capital gains tax of \$.....				
27.	Net investment gains (losses) (Lines 25 plus 26).....		138,587	179,448	164,906
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....				
29.	Aggregate write-ins for other income or expenses.....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	2,556,888	199,117	176,232
31.	Federal and foreign income taxes incurred.....	XXX	565,887	34,133	42,134
32.	Net income (loss) (Lines 30 minus 31).....	XXX	1,991,001	164,984	134,098
Details of Write-Ins					
0601.	.....	XXX			
0602.	.....	XXX			
0603.	.....	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX			
0701.	.....	XXX			
0702.	.....	XXX			
0703.	.....	XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page.....				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.	State Taxes Incurred.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page.....				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year.....	3,657,925	3,523,827	3,523,827
34.	Net income or (loss) from Line 32.....	1,991,001	164,984	134,098
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....			
39.	Change in nonadmitted assets.....			
40.	Change in unauthorized and certified reinsurance.....			
41.	Change in treasury stock.....			
42.	Change in surplus notes.....			
43.	Cumulative effect of changes in accounting principles.....			
44.	Capital Changes:			
44.1	Paid in.....			
44.2	Transferred from surplus (Stock Dividend).....			
44.3	Transferred to surplus.....			
45.	Surplus adjustments:			
45.1	Paid in.....	250,000	—	—
45.2	Transferred to capital (Stock Dividend).....			
45.3	Transferred from capital.....			
46.	Dividends to stockholders.....			
47.	Aggregate write-ins for gains or (losses) in surplus.....			
48.	Net change in capital and surplus (Lines 34 to 47).....	2,241,001	164,984	134,098
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	5,898,926	3,688,811	3,657,925
Details of Write-Ins				
4701.	.....			
4702.	.....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page.....			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	27,921,496	54,295	799,990
2. Net investment income	177,792	128,502	135,101
3. Miscellaneous income	(4,603,731)		(95,759)
4. Total (Lines 1 to 3)	23,495,557	182,797	839,332
5. Benefit and loss related payments	18,138,910	8,554	24,646
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,374,446	17,867	36,191
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	1	11,339	10,705
10. Total (Lines 5 through 9)	21,513,357	37,760	71,542
11. Net cash from operations (Line 4 minus Line 10)	1,982,200	145,037	767,790
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	-	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7)	-	-	-
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	-	-	-
13.7 Total investments acquired (Lines 13.1 to 13.6)	-	-	-
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	-	-	-
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	250,000	-	-
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	12	(43,197)	(43,732)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	250,012	(43,197)	(43,732)
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)	2,232,212	101,840	724,058
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	3,848,403	3,124,345	3,124,345
19.2 End of period (Line 18 plus Line 19.1)	6,080,615	3,226,185	3,848,403
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year.....	22	22												
2. First Quarter.....	4,213	4,213												
3. Second Quarter.....	6,237	6,237												
4. Third Quarter.....	6,292	6,292												
5. Current Year.....														
6. Current Year Member Months.....	47,516	47,516												
Total Member Ambulatory Encounters for Period:														
7. Physician.....	28,146	28,146												
8. Non-Physician.....	10,628	10,628												
9. Total.....	38,774	38,774												
10. Hospital Patient Days Incurred.....	167	167												
11. Number of Inpatient Admissions.....	825	825												
12. Health Premiums Written (a).....	27,235,208	27,235,208												
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	27,235,208	27,235,208												
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	18,297,314	18,297,314												
18. Amount Incurred for Provision of Health Care Services.....	20,472,165	20,472,165												

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



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

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0299999 – Aggregate accounts not individually listed-uncovered.....	2,142,548	190,668	4,042	1,261	3,417	2,341,936
0499999 – Subtotals.....	2,142,548	190,668	4,042	1,261	3,417	2,341,936
0799999 – Total claims unpaid.....						2,341,936
0899999 – Accrued medical incentive pool and bonus amounts.....						

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....	8,681	18,130,229	—	2,341,936	8,681	8,681
2. Comprehensive (hospital and medical) group.....						
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....						
8. Title XIX – Medicaid.....						
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	8,681	18,130,229	—	2,341,936	8,681	8,681
14. Health care receivables (a).....						
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....						
17. Totals (Lines 13-14+15+16).....	8,681	18,130,229	—	2,341,936	8,681	8,681

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of the Antidote Health Plan of Ohio Inc. (AHP OH or the Company) are presented on the basis of accounting practices prescribed or permitted by the State of Ohio Department of Insurance (the Department).

The Department recognizes Statutory Accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial conditions and results of the operation of the insurance company and for determining its solvency under the Ohio Law. The Department has adopted the National Association of Insurance Commissioners’ (NAIC) and Accounting Practices and Procedures Manual as its statutory accounting principle (SAP) basis. Prescribed accounting practices are those practices which are incorporated directly or by reference to state laws, regulations and general administrative rules applicable to all insurance enterprises domiciled in a particular state. Permitted accounting practices include deviation from NAIC SAP and state prescribed accounting practices specifically requested by an insurer and granted by the Department.

The Department has approved no permitted practices for the Company that differ from NAIC SAP or state prescribed accounting practices.

	SSAP #	F/S Page	F/S Line #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 1,991,001	\$ 134,098
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 1,991,001</u>	<u>\$ 134,098</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 5,898,926	\$ 3,657,923
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 5,898,926</u>	<u>\$ 3,657,923</u>

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

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

C. Accounting Policy

- (1) Short-term investments are reported at amortized cost using the straight line method.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost using the straight line method. The Company’s bond portfolio is reviewed quarterly for any potential impairments.
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Asset-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - Not Applicable
- (11) Liabilities for losses and loss/claim adjustment expenses - Not Applicable
- (12) Changes in capitalization policy - Not Applicable
- (13) Pharmaceutical rebate receivables - Not Applicable

D. Going Concern

After evaluating the entity’s ability to continue as a going concern, management was not aware of any conditions or events that raised substantial doubts concerning the entity’s ability to continue as a going concern as of the date of the filing of this statement.

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate - Not Applicable
- K. Investments in Tax Credit Structures (tax credit investments) - None
- L. Restricted Assets

(1) Restricted assets (including pledged) - No Significant Changes

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None
- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral

Collateral Type		Aggregate Collateral Loan	Admitted	Nonadmitted
(1)	Cash, Cash Equivalent & ST Investments			
	a. Affiliated.....	\$.....	\$.....	\$.....
	b. Unaffiliated.....			
(2)	Issuer Credit Obligations			
	a. Affiliated.....			
	b. Unaffiliated.....			
(3)	Asset-Backed Securities			
	a. Affiliated.....			
	b. Unaffiliated.....			
(4)	Preferred Stocks			
	a. Affiliated.....			
	b. Unaffiliated.....			
(5)	Common Stocks			
	a. Affiliated.....			
	b. Unaffiliated.....			
(6)	Real Estate			
	a. Affiliated.....			
	b. Unaffiliated.....			
(7)	Mortgage Loans			
	a. Affiliated.....			
	b. Unaffiliated.....			
(8)	Joint Ventures, Partnerships, LLC			
	a. Affiliated.....			
	b. Unaffiliated.....			
(9)	Other Qualifying Investments			
	a. Affiliated.....			
	b. Unaffiliated.....			
(10)	Collateral Does not Qualify as an Investment			
	a. Affiliated.....			
	b. Unaffiliated.....			
(11)	Total.....	<u>\$.....</u>	<u>\$.....</u>	<u>\$.....</u>

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets - Not Applicable

Notes to the Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies (Continued)

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus - Not Applicable
- B. Total Amount Excluded - Not Applicable
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross.....	\$.....
2. Nonadmitted.....	\$.....
3. Admitted.....	\$.....

D. The aggregate deferred interest

	Amount
Aggregate Deferred Interest.....	\$.....

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

	Amount
Cumulative amounts of PIK interest included in the current principal balance.....	\$.....

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - Derivatives - Not Applicable
- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - Not Applicable

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability) - Not Applicable
- B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable
- C. Major Components of Current Income Taxes Incurred

	(1) 09/30/2025	(2) 12/31/2024	(3) Change (1-2)
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal.....	\$..... 565,887	\$..... 37,763	\$..... 528,124
(b) Foreign.....			
(c) Subtotal (1a+1b).....	\$..... 565,887	\$..... 37,763	\$..... 528,124
(d) Federal income tax on net capital gains.....			
(e) Utilization of capital loss carry-forwards.....			
(f) Other.....			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f).....	\$..... 565,887	\$..... 37,763	\$..... 528,124

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1)	(2)	(3)
	09/30/2025	12/31/2024	Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$	\$	\$
(2) Unearned premium reserve			
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other			
(99) Subtotal (Sum of 2a1 through 2a13)	\$	\$	\$
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	\$	\$
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$	\$	\$
	(1)	(2)	(3)
	09/30/2025	12/31/2024	Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other			
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$	\$	\$
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$	\$	\$
4. Net deferred tax assets/liabilities (2i - 3c)	\$	\$	\$

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Current Period	Prior Year	Change (Col. 1 - Col. 2)
Adjusted gross deferred tax assets	\$	\$	\$
Total deferred tax liabilities			
Net deferred tax assets (liabilities)			
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance			
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			\$

D. Among the More Significant Book to Tax Adjustments - Not Applicable

E. Operating Loss and Tax Credit Carryforwards - Not Applicable

Notes to the Financial Statements

9. Income Taxes (Continued)

- F. Consolidated Federal Income Tax Return - Not Applicable
- G. Federal or Foreign Income Tax Loss Contingencies - Not Applicable
- H. Repatriation Transition Tax (RTT) - Not Applicable
- I. Alternative Minimum Tax (AMT) Credit - Not Applicable

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

- A. Nature of Relationships - No Significant Changes
- B. Detail of Related Party Transactions - Not Applicable
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. The Company was due to pay \$0 to it's affiliate, Antidote Operations Management Inc as of September 30, 2025 for Operating expenses paid on The Company's behalf. The Company is billed 30 days following the close of the month and will reimburse these amount within 15 days of receipt.
- E. The Company has a Shared Services Agreement with Antidote Operations Management Inc. for them to provide accounting, underwriting, claims adjusting, loss control and administrative services. The company did not incur expenses on this contract as of December 31, 2024.
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - Not Applicable
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt

- A. Debt, Including Capital Notes - Not Applicable
- B. FHLB (Federal Home Loan Bank) Agreements - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan - Not Applicable
- B. Investment Policies and Strategies of Plan Assets - Not Applicable
- C. Fair Value of Each Class of Plan Assets - Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans - Not Applicable
- H. Postemployment Benefits and Compensated Absences - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

The Company received \$3,499,900 of paid in surplus contributions during 2023. The Company received an additional \$250,000 of paid in surplus contributions during on June 30, 2025.

- A. Outstanding Shares  

The Company has 1000 shares at a par value of \$.10 authorized, issued and outstanding.
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. The Company is a stock company and is subject to dividend restrictions in accordance with Ohio Insurance Statutes.
- D. Ordinary Dividends - Not Applicable
- E. Company Profits Paid as Ordinary Dividends - Not Applicable
- F. Surplus Restrictions - Not Applicable
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- J. Unassigned Funds (Surplus) - Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - Not Applicable
- B. Assessments - Not Applicable
- C. Gain Contingencies - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable
- E. Joint and Several Liabilities - Not Applicable
- F. All Other Contingencies - Not Applicable

15. Leases

- A. Lessee Operating Lease - Not Applicable
- B. Lessor Leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

- 1. Face Amount of the Company's Financial Instruments with Off-Balance-Sheet Risk - Not Applicable
- 2. Nature of Terms - Not Applicable
- 3. Exposure to Credit Related Losses - Not Applicable
- 4. Collateral Policy - Not Applicable

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

- A. Transfers of Receivables Reported as Sales - Not Applicable
- B. Transfer and Servicing of Financial Assets - Not Applicable
- C. Wash Sales - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans - Not Applicable
- B. ASC Plans - Not Applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - Not Applicable

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

20. Fair Value Measurements

- A. Fair Value Measurement - Not Applicable
- B. Other Fair Value Disclosures - Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Long term bonds.....	\$..... 450,295	\$..... 450,295	\$..... 450,295	\$.....	\$.....	\$.....	\$.....

- D. Not Practicable to Estimate Fair Value - Not Applicable
- E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items

- A. Unusual or Infrequent Items - Not Applicable
- B. Troubled Debt Restructuring - Not Applicable
- C. Other Disclosures - Not Applicable
- D. Business Interruption Insurance Recoveries - Not Applicable
- E. State and Federal Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure - Not Applicable
- G. Retained Assets - Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts - Not Applicable
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable



Notes to the Financial Statements

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through November 14, 2025 for the statutory statement issued on November 14, 2025. There were no Type I events.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through November 14, 2025 for the statutory statement issued on November 14, 2025. There were no Type II events.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

- B. Uncollectible Reinsurance - Not Applicable
- C. Commutation of Ceded Reinsurance - Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable
- E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - Not Applicable
- B. Method Used to Record - Not Applicable
- C. Amount and Percent of Net Retrospective Premiums - Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? YES

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments).....	\$.....
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment .....	\$.....
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium).....	.....
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$.....
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	.....

As this is The Company's first year of wider operations, we have insufficient data to make an estimate.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2024 were \$8,456. As of September, 2025 the reserves are \$\$1,285,177. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses, including reasons for the change and the effects on the financial statements, for the most recent reporting period presented.

- A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years - Not Applicable
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables - Not Applicable
- B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

The Company has determined that no premium deficiency reserve is required. The premium deficiency reserve has been evaluated through September 30, 2025.

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

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

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

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

FINANCIAL

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

INVESTMENT

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

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

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

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

1	2
Name of Custodian(s)	Custodian Address

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

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

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

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

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

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

1	2
Name of Firm or Individual	Affiliation
Yossi Hozlman.....	I.....
Avihai Sodri.....	I.....
Andrew Manke.....	I.....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**GENERAL INTERROGATORIES**  
PART 2 – HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

75.160 %
- 1.2 A&H cost containment percent

%
- 1.3 A&H expense percent excluding cost containment expenses

16.000 %
- 2.1 Do you act as a custodian for health savings accounts?

NO
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$
- 2.3 Do you act as an administrator for health savings accounts?

NO
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

NO
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

NO

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

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

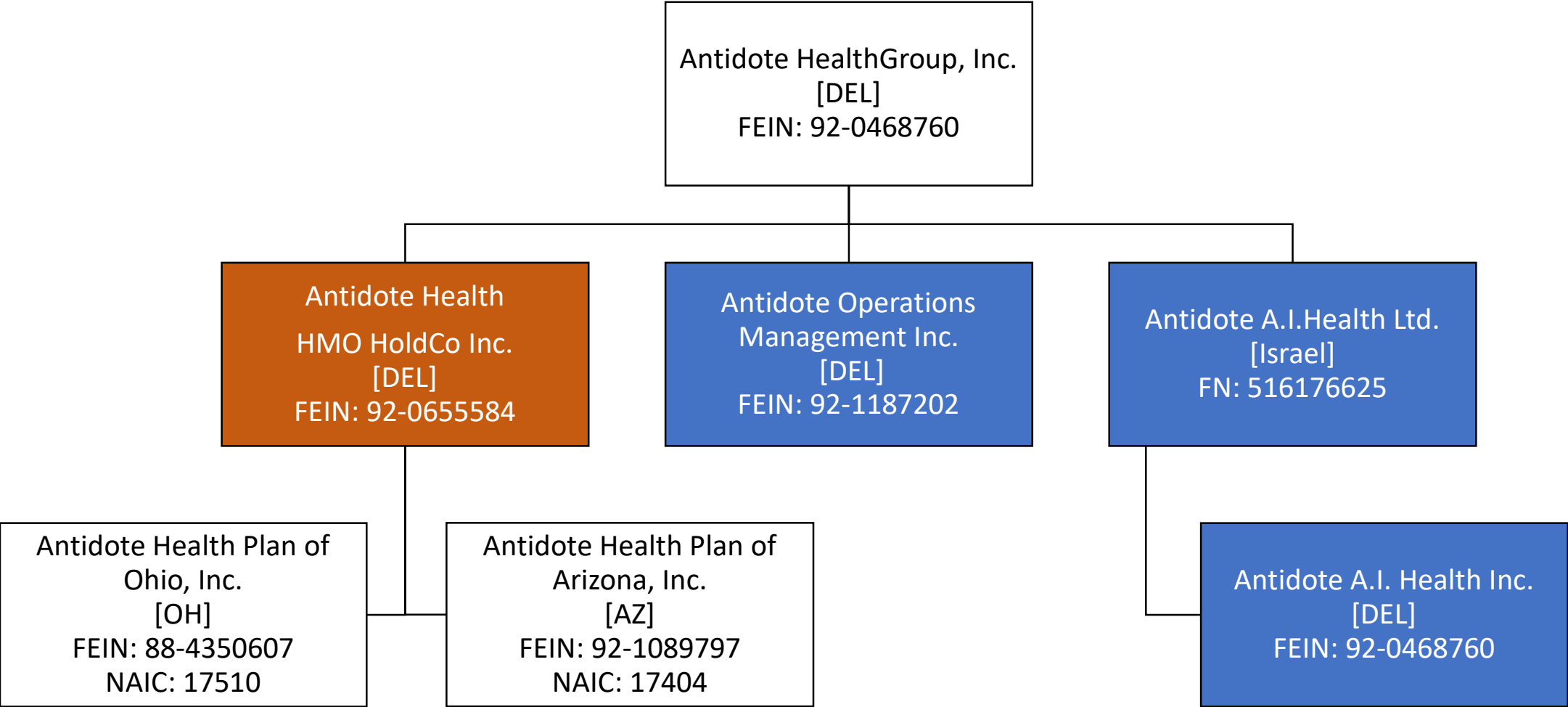
			Direct Business Only									
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit–Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	N									
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	N									
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	L	27,235,208							27,235,208	
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX		27,235,208							27,235,208	
60.	Reporting entity contributions for employee benefits plans	XXX										
61.	Total (Direct Business)	XXX		27,235,208							27,235,208	
Details of Write-Ins												
58001.		XXX										
58002.		XXX										
58003.		XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX										

(a) Active Status Counts

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



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



SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
5057	Antidote Health Group	17404	92-1089797				Antidote Health of Arizona, Inc.	AZ	IA	Antidote Health HMO HoldCo Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
5057	Antidote Health Group	17510	88-4350607				Antidote Health of Ohio, Inc.	OH	RE	Antidote Health HMO HoldCo Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
			92-0655584				Antidote Health HMO HoldCo Inc.	DE	UDP	Antidote Health Group, Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
			92-1187202				Antidote Operations Management Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
							Antidote A.I. Health Ltd.	ISR	NIA	Antidote Health Group, Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
			85-3535641				Antidote A.I. Health Inc.	DE	NIA	Antidote Health Group, Inc.	Ownership	100.0	Antidote Health Group, Inc.	NO	
			92-0468760				Antidote Health Group, Inc.	DE	UIP					NO	
Asterisk	Explanation														

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:

1. ....
2. ....

BARCODES:

1. 

17510202536500003

2.

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION  
Real Estate

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

SCHEDULE B – VERIFICATION  
Mortgage Loans

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

SCHEDULE BA - VERIFICATION  
Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION  
Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	450,295	450,527
2.	Cost of bonds and stocks acquired .....		
3.	Accrual of discount .....		
4.	Unrealized valuation increase / (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration for bonds and stocks disposed of .....		
7.	Deduct amortization of premium .....		232
8.	Total foreign exchange change in book / adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	450,295	450,295
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....	450,295	450,295

SCHEDULE D – PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
<b>Issuer Credit Obligations (ICO)</b>								
1. NAIC 1 (a).....	450,295		—		450,295	450,295	450,295	450,295
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total ICO.....	450,295		—		450,295	450,295	450,295	450,295
<b>Asset-Backed Securities (ABS)</b>								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total ABS.....								
<b>Preferred Stock</b>								
15. NAIC 1.....								
16. NAIC 2.....								
17. NAIC 3.....								
18. NAIC 4.....								
19. NAIC 5.....								
20. NAIC 6.....								
21. Total Preferred Stock.....								
22. Total ICO, ABS, & Preferred Stock.....	450,295		—		450,295	450,295	450,295	450,295

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

(SI-03) Schedule DA - Part 1

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(SI-07) Schedule DB - Verification

NONE

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents

NONE

(E-01) Schedule A - Part 2  
**NONE**

(E-01) Schedule A - Part 3  
**NONE**

(E-02) Schedule B - Part 2  
**NONE**

(E-02) Schedule B - Part 3  
**NONE**

(E-03) Schedule BA - Part 2  
**NONE**

(E-03) Schedule BA - Part 3  
**NONE**

(E-04) Schedule D - Part 3  
**NONE**

(E-05) Schedule D - Part 4  
**NONE**

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

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

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

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

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

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

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

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

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

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

(E-10) Schedule DB - Part E  
**NONE**



(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

SCHEDULE E - PART 1 - CASH  
Month End Depository Balances

1  Depository	2  Restricted Asset Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6  First Month	7  Second Month	8  Third Month	
JP Morgan Chase Bank – PO Box 182051 Columbus, OH 43218-2051.....		3.500					4,070,973	XXX
JP Morgan Chase Bank – PO Box 182051 Columbus, OH 43218-2051.....		2.850					1,372,412	XXX
Huntington Bank – 41 South High Street, Columbus, OH 43216.....							59,293	XXX
JP Morgan Chase Bank – PO Box 182051 Columbus, OH 43218-2051.....							577,937	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....								XXX
0199999 – Total Open Depositories.....							6,080,615	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories.....								XXX
0299999 – Total Suspended Depositories.....								XXX
0399999 – Total Cash on Deposit.....							6,080,615	XXX
0499999 – Cash in Company's Office.....			XXX	XXX				XXX
0599999 – Total.....							6,080,615	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Other Cash Equivalents (Unaffiliated)								
XXX								
8609999999 – Total Cash Equivalents								