



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

Elixir Insurance Company

(Name)

NAIC Group Code 00000 (Current Period), 00000 (Prior Period) NAIC Company Code 12747 Employer's ID Number 20-4308924

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 02/08/2006 Commenced Business 01/01/2007

Statutory Home Office 200 Newberry Commons, Etters, PA, US 17319
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Newberry Commons, Etters, PA, US 17319
(Street and Number) (City or Town, State, Country and Zip Code)
330-405-8089 (Area Code) (Telephone Number)

Mail Address 7835 Freedom Avenue NW, North Canton, OH, US 44720
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Newberry Commons, Etters, PA, US 44720
(Street and Number) (City or Town, State, Country and Zip Code)
330-405-8089 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.elixirsolutions.com

Statutory Statement Contact Anna Khais, Anna.P.Khais@ElixirInsCo.com
(Name) (E-Mail Address)
330-486-4801 (Area Code) (Telephone Number) (Extension) (Fax Number)

OFFICERS

Name Title Name Title
Matthew Schroeder, President Anna Khais, Chief Financial Officer & Treasurer
Susan Catherine Lowell, Secretary

OTHER OFFICERS

Jennifer Wagner-Parish, Vice President

DIRECTORS OR TRUSTEES

Susan Catherine Lowell, Steven Bixler, Matthew Schroeder, Anna Khais

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.

Matthew Schroeder
President

Anna Khais
Chief Financial Officer & Treasurer

Susan Catherine Lowell
Secretary

Subscribed and sworn to before me this
day of

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	1,639,931		1,639,931	5,148,015
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....2,979,524 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	2,979,524		2,979,524	16,671,038
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	4,619,455	0	4,619,455	21,819,053
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....			0	54,961
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0	171,024
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 (\$ .....579,314 ) and contracts subject to redetermination (\$ ..... ) .....	579,314		579,314	603,956
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
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 .....	10,467,294		10,467,294	14,320,362
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 .....			0	38,353,025
24. Health care (\$ ..... ) and other amounts receivable.....	2,829,848		2,829,848	1,545
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	18,495,911	0	18,495,911	75,323,926
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	18,495,911	0	18,495,911	75,323,926
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
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.....			0	0
2502. ....			0	0
2503. ....			0	0
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)	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)			0	6,475,900
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....			0	1,650
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	875,593		875,593	1,298,645
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
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 .....			0	0
16. Derivatives.....		0	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	4,127,825
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 .....	4,723,112		4,723,112	5,653,712
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	5,598,705	0	5,598,705	17,557,732
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	2,000,000	2,000,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	154,200,000	154,200,000
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(143,302,794)	(98,433,807)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	12,897,206	57,766,193
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	18,495,911	75,323,925
<b>DETAILS OF WRITE-INS</b>				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
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)	0	0	0	0
2501. ....	XXX	XXX	0	0
2502. ....	XXX	XXX	0	0
2503. ....	XXX	XXX	0	0
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	0	0
3002. ....	XXX	XXX	0	0
3003. ....	XXX	XXX	0	0
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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	0	230,491
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	984	879,092
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	984	879,092
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			0
10. Other professional services .....			0
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....		(2,128,432)	15,307,069
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	(2,128,432)	15,307,069
<b>Less:</b>			
17. Net reinsurance recoveries .....			12,356,506
18. Total hospital and medical (Lines 16 minus 17) .....	0	(2,128,432)	2,950,563
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....		175	(807,690)
21. General administrative expenses.....		1,991,534	3,336,374
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	(3,796,543)
23. Total underwriting deductions (Lines 18 through 22) .....	0	(136,723)	1,682,704
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	137,707	(803,612)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		156,041	241,265
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	156,041	241,265
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....41,546,278 )] .....		(41,546,278)	(799,069)
29. Aggregate write-ins for other income or expenses .....	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	(41,252,530)	(1,361,416)
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(41,252,530)	(1,361,416)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. Discount on Early Claims Payment.....			7,686,248
2902. Loss on Sale of CMS Receivables.....			(7,686,248)
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	57,766,194	56,926,439
34. Net income or (loss) from Line 32 .....	(41,252,530)	(1,361,416)
35. Change in valuation basis of aggregate policy and claim reserves .....		.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		.0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		.0
38. Change in net deferred income tax .....		.0
39. Change in nonadmitted assets .....	.0	2,201,171
40. Change in unauthorized and certified reinsurance .....	.0	.0
41. Change in treasury stock .....	.0	.0
42. Change in surplus notes .....	.0	.0
43. Cumulative effect of changes in accounting principles .....		.0
44. Capital Changes:		
44.1 Paid in .....	.0	.0
44.2 Transferred from surplus (stock dividend) .....		.0
44.3 Transferred to surplus .....		.0
45. Surplus adjustments:		
45.1 Paid in .....	.0	.0
45.2 Transferred to capital (stock dividend) .....	.0	.0
45.3 Transferred from capital .....		.0
46. Dividends to stockholders .....		.0
47. Aggregate write-ins for gains or (losses) in surplus .....	(3,616,458)	.0
48. Net change in capital and surplus (Lines 34 to 47) .....	(44,868,988)	839,755
49. Capital and surplus end of reporting year (Line 33 plus 48)	12,897,206	57,766,194
<b>DETAILS OF WRITE-INS</b>		
4701. Settlement of Intercompany Liability.....	(3,616,458)	.0
4702. ....		.0
4703. ....		.0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.0	.0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(3,616,458)	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	196,650	109,011,849
2. Net investment income .....	269,086	345,867
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	465,736	109,357,716
5. Benefit and loss related payments .....	4,347,468	123,044,718
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	41,040,221	(280,500,010)
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	45,387,689	(157,455,292)
11. Net cash from operations (Line 4 minus Line 10) .....	(44,921,953)	266,813,008
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	3,450,000	1,585,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	3,450,000	1,585,000
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	3,450,000	1,585,000
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	27,780,442	(369,886,308)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	27,780,442	(369,886,308)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(13,691,511)	(101,488,300)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	16,671,035	118,159,335
19.2 End of year (Line 18 plus Line 19.1) .....	2,979,524	16,671,035

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	984	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	984	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits	0													XXX
9. Other professional services	0													XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	(2,128,432)												(2,128,432)	XXX
13. Aggregate write-ins for other hospital and medical	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	(2,128,432)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(2,128,432)	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	(2,128,432)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(2,128,432)	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ cost containment expenses	175													175
20. General administrative expenses	1,991,534													1,991,534
21. Increase in reserves for accident and health contracts	0													XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	(136,723)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(136,723)	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	137,707	0	0	0	0	0	0	0	0	0	0	0	137,707	0
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare supplement .....				.0
4. Vision only .....				.0
5. Dental only .....				.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
10. Disability income .....				.0
11. Long-term care .....				.0
12. Other health .....	.984			.984
13. Health subtotal (Lines 1 through 12) .....	.984	.0	.0	.984
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	.984	.0	.0	.984

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	5,820,692												5,820,692	
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	1,473,224												1,473,224	
1.4 Net .....	4,347,468	0	0	0	0	0	0	0	0	0	0	0	4,347,468	0
2. Paid medical incentive pools and bonuses .....	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0													
6. Net healthcare receivables (a) .....	0													
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	7,949,124	0	0	0	0	0	0	0	0	0	0	0	7,949,124	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	1,473,224	0	0	0	0	0	0	0	0	0	0	0	1,473,224	0
8.4 Net .....	6,475,900	0	0	0	0	0	0	0	0	0	0	0	6,475,900	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct .....	(2,128,432)	0	0	0	0	0	0	0	0	0	0	0	(2,128,432)	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	(2,128,432)	0	0	0	0	0	0	0	0	0	0	0	(2,128,432)	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	.0													
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	.0													
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
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 .....	6,475,900	(2,128,432)			6,475,900	6,475,900
13. Health subtotal (Lines 1 to 12) .....	6,475,900	(2,128,432)	.0	.0	6,475,900	6,475,900
14. Healthcare receivables (a) .....					.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....					.0	.0
17. Totals (Lines 13-14+15+16)	6,475,900	(2,128,432)	0	0	6,475,900	6,475,900

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	581,644	579,526	388,862	390,719	390,702
2. 2021 .....	443,044	585,717	580,069	578,281	578,108
3. 2022 .....	XXX	506,307	672,275	668,381	668,050
4. 2023 .....	XXX	XXX	638,344	653,095	652,103
5. 2024 .....	XXX	XXX	XXX	103,574	109,435
6. 2025 .....	XXX	XXX	XXX	XXX	0

**Section B – Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	581,644	581,717	388,098	389,872	390,529
2. 2021 .....	581,797	588,868	580,159	578,280	577,949
3. 2022 .....	XXX	589,864	584,738	668,381	667,389
4. 2023 .....	XXX	XXX	857,300	653,094	652,446
5. 2024 .....	XXX	XXX	XXX	120,967	121,000
6. 2025 .....	XXX	XXX	XXX	XXX	0

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	590,283	578,108		0.0	578,108	97.9			578,108	97.9
2. 2022.....	592,116	668,050		0.0	668,050	112.8			668,050	112.8
3. 2023.....	266,109	652,103		0.0	652,103	245.1			652,103	245.1
4. 2024.....	879	109,435		0.0	109,435	12,449.9			109,435	12,449.9
5. 2025 .....		0		0.0	0	0.0			0	0.0

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)**

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	581,644	579,526	388,862	390,719	390,702
2. 2021 .....	443,044	585,717	580,069	578,281	578,108
3. 2022 .....	XXX	506,307	672,275	668,381	668,050
4. 2023 .....	XXX	XXX	638,344	653,095	652,103
5. 2024 .....	XXX	XXX	XXX	103,574	109,435
6. 2025 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	581,644	581,717	388,098	389,872	390,529
2. 2021 .....	581,797	588,868	580,159	578,280	577,949
3. 2022 .....	XXX	589,864	584,738	668,381	667,389
4. 2023 .....	XXX	XXX	857,300	653,094	652,446
5. 2024 .....	XXX	XXX	XXX	120,967	121,000
6. 2025 .....	XXX	XXX	XXX	XXX	0

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021 .....	590,283	578,108	0	0.0	578,108	97.9	0	0	578,108	97.9
2. 2022 .....	592,116	668,050	0	0.0	668,050	112.8	0	0	668,050	112.8
3. 2023 .....	266,109	652,103	0	0.0	652,103	245.1	0	0	652,103	245.1
4. 2024 .....	879	109,435	0	0.0	109,435	12,449.9	0	0	109,435	12,449.9
5. 2025 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

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Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	.0												
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	.0												
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....					0
2. Salaries, wages and other benefits .....					0
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....					0
4. Legal fees and expenses .....			58,476		58,476
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....			1,572,701		1,572,701
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....					0
10. Printing and office supplies .....			838		838
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....			25,526		25,526
14. Outsourced services including EDP, claims, and other services .....		175	(108,372)		(108,197)
15. Boards, bureaus and association fees .....			4,188		4,188
16. Insurance, except on real estate .....			221,764		221,764
17. Collection and bank service charges .....			181,325		181,325
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			30,761		30,761
23.2 State premium taxes .....			2,715		2,715
23.3 Regulatory authority licenses and fees .....			1,612		1,612
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....				58,158	58,158
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	0	175	1,991,534	58,158 (a)	2,049,867
27. Less expenses unpaid December 31, current year .....			875,593		875,593
28. Add expenses unpaid December 31, prior year .....	0	1,650	1,298,645	0	1,300,295
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	1,825	2,414,586	58,158	2,474,569
<b>DETAILS OF WRITE-INS</b>					
2501. ....					0
2502. ....					0
2503. ....					0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ ..... to affiliates and \$ ..... (108,208) to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 149,942	175,257
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 38,942	38,942
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	188,884	214,199
11. Investment expenses		(g) 58,158
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		58,158
17. Net investment income (Line 10 minus Line 16)		156,041
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ ..... accrual of discount less \$ ..... 58,084 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.
- (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates			0		
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

NONE

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	.0	.0
25. Aggregate write-ins for other-than-invested assets .....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	.0	.0	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	0	0	0
<b>DETAILS OF WRITE-INS</b>			
1101. ....		.0	.0
1102. ....		.0	.0
1103. ....		.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....		.0	.0
2502. ....		.0	.0
2503. ....		.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Part D Prescription Drug Plan.....	.0					
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of Elixir Insurance Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. There is no deviation from the NAIC Accounting Practices and Procedures Manual.

	<u>2025</u>	<u>2024</u>
<b><u>NET INCOME</u></b>		
Elixir Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$(41,252,530)	\$(1,361,416)
State Prescribed Practices that are an increase/(decrease) from NAIC SAP	\$0	\$0
State Permitted Practices that are an increase/(decrease) from NAIC SAP	\$0	\$0
NAIC SAP	\$(41,252,530)	\$(1,361,416)
 <b><u>SURPLUS</u></b>		
Elixir Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$12,897,206	\$57,766,193
State Prescribed Practices that are an increase/(decrease) from NAIC SAP	\$0	\$0
State Permitted Practices that are an increase/(decrease) from NAIC SAP	\$0	\$0
NAIC SAP	\$12,897,206	\$57,766,193

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

The preparation of financial statements in conformity with the Annual Statement Instruction and Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Such estimates and assumptions could change in the future as more information becomes known, which could impact amount reported and disclosed herein. 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.

#### C. Accounting Policy

The Company receives premium for plans offered under Medicare Part D. Premiums are earned on a monthly basis over the terms of the contract. There are 5 sources of Premium as follows:

- 1) Part D Subsidy – The amount of Premium remitted by Medicare for each individual that is enrolled in a plan (“Insured”).
- 2) Basic Member Premium - The amount of Premium remitted by the individual Insured.
- 3) Low Income Premium Subsidy - The amount of Basic Member Premium remitted by Medicare for each Insured eligible for Low Income Subsidies (“LIS”). This amount is paid on behalf of the Insured for their Premium.
- 4) Risk Corridor Adjustment – The calculated Premium adjustment for losses that exceed the target profit thresholds that are set in the Company’s annual Medicare Part D bids.
- 5) Supplemental Member Premium – Premium an Insured pays for enhanced benefit coverage and/or non-Medicare covered drugs.

Expenses incurred in connection with acquiring new business and retaining existing business are charged to operations as incurred.

In addition, the Company abides by the following policies:

- 1) Short-term investments are stated at amortized cost.
- 2) Bonds are stated at amortized cost. Amortization of the bond premium or discount is calculated using the scientific (constant yield) interest method taking into consideration specified interest and premium provisions over the life of the bonds.
- 3) The Company has no investments in common stock.
- 4) The Company has no preferred stock.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

- 5) The Company has no mortgage loans.
- 6) The Company has no loan-backed securities.
- 7) The Company has no investments in subsidiaries, controlled or affiliated entities.
- 8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- 9) The Company has no derivatives.
- 10) The Company had no premium deficiency calculation.
- 11) The Company's claims primarily consist of prescription drug claims processed at the point of sale with the pharmacy. Loss liabilities are primarily based on claims and claims adjustments expenses processed, but unpaid to the pharmacy benefit manager. The Company has established an incurred but not reported reserve. That is based on historical rates of negative claims development experience.
- 12) The Company does not have a capitalization policy.
- 13) The Company does not have pharmaceutical rebate receivables.

**2. Accounting Changes and Corrections of Errors**

None.

**3. Business Combination and Goodwill**

- A. Statutory Purchase Method - Not Applicable
- B. Statutory Merger - Not Applicable
- C. Assumption Reinsurance - Not Applicable
- D. Impairment Loss - Not Applicable
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill – Not Applicable

**4. Discontinued Operations**

The Company had no operations that were discontinued during 2025 or 2024.

**5. Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2025 or 2024.

- B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2025 or 2024.

- C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2025 or 2024.

- D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2025 or 2024.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into repurchase agreements or securities lending transactions at December 31, 2025 or 2024.

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not have any repurchase agreements transactions accounted for as secured borrowing for the year ended December 31, 2025 or 2024.

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing for the year ended December 31, 2025 or 2024.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not have any repurchase agreements transactions accounted for as a sale for the year ended December 31, 2025 or 2024.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not have any reverse repurchase agreements transactions accounted for as a sale for the year ended December 31, 2025 or 2024.

J. Real Estate

The Company did not have any reportable real estate transactions for the year ended December 31, 2025 or 2024.

K. Low-Income Housing Tax Credits (LIHTC)

The Company did not have any investments in LIHTC at December 31, 2025 or 2024.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

**December 31, 2025**

		1	2	3	4	5	6	7
	Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Place under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	1,639,931	5,148,015	(3,508,084)	-	1,639,931	0.9%	0.9%
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (Including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	<b>Total Restricted Assets</b>	<b>1,639,931</b>	<b>5,148,015</b>	<b>(3,508,084)</b>	<b>-</b>	<b>1,639,931</b>	<b>0.9%</b>	<b>0.9%</b>

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company  
NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024**

		1	2	3	4	5	6	7
Restricted Asset Category		Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Place under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	5,148,015	6,791,565	(1,643,550)	-	5,148,015	0.6%	0.6%
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (Including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	5,148,015	6,791,565	(1,643,550)	-	5,148,015	0.6%	0.6%

**M. Working Capital Finance Investments**

The Company did not have any working capital finance investments for the year ended December 31, 2025 or 2024.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting and netting of assets and liabilities for the year ended December 31, 2025 or 2024.

**O. 5GI Securities**

The Company did not have any 5GI securities for the year ended December 31, 2025 or 2024.

**P. Short Sales**

The Company did not have any short sales for the year ended December 31, 2025 or 2024.

**Q. Prepayment Penalty and Acceleration Fees**

The Company did not have any prepayment penalty and acceleration fees for the year ended December 31, 2025 or 2024.

**R. The Company did not have investments in shared cash pool for the year ended December 31, 2025 or 2024.**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

**6. Joint Ventures, Partnerships and Limited Liability Companies**

A. The Company did not have investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeded 10% of its admitted assets at December 31, 2025 or 2024.

B. Not applicable to the Company.

**7. Investment Income**

A. The Company had no due and accrued investment income with amounts that are over 90 days past due.

B. At December 31, 2025 and 2024 there was no non-admitted accrued investment interest income.

C. At December 31, 2025 the gross, non-admitted and admitted amounts for interest income due and accrued:

1) Gross	\$25,315
2) Non-admitted	\$ -
3) Admitted	\$25,315

D. The Company had no aggregate deferred interest as December 31, 2025 or 2024.

E. The Company had no cumulative amounts of paid-in-kind interest at December 31, 2025 or 2024.

**8. Derivative Instruments**

The Company has no derivative instruments at December 31, 2025 or 2024.

**9. Income Taxes**

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

	12/31/2025			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
1. (a) (a) Gross Deferred Tax Assets	\$26,113,152		\$26,113,152	\$17,049,642	\$ -	\$17,049,642	\$ 9,063,510	\$ -	\$ 9,063,510
(b) (b) Statutory Valuation Allowance Adjustments	\$26,113,152	-	26,113,152	17,049,642	-	17,049,642	9,063,510	-	9,063,510
(c) (c) Adjusted Gross Deferred Tax Assets (1a -1b)	-	-	-	-	-	-	-	-	-
(d) (d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	-	-	-	-	-	-	-	-	-
(f) (f) Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
(g) (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	12/31/2025			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
2. Admission Calculation Components SSAP No. 101									
(a) (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above)After Application of the Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. 2. Adjusted Gross Deferred Tax Assets Allowed Per Limitation Threshold	XXX	XXX	\$ -	XXX	XXX	\$ -	XXX	XXX	\$ -
(c) (c) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company  
NOTES TO FINANCIAL STATEMENTS**

3.

	2025	2024
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	305%	305%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$12,897,206	\$57,766,193

B. There are no deferred tax liabilities that are not recognized at December 31, 2025 and 2024.

C. Current income taxes incurred consist of the following major components:

	(1) 12/31/2025	(2) 12/31/2024	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign	-	-	-
(c) Subtotal	-	-	-
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ -	\$ -	\$ -
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	26,113,152	17,049,642	9,063,510
(12) Tax credit carryforward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	-	-	-
(99) Subtotal	\$ 26,113,152	\$ 17,049,642	\$ 9,063,510
(b) Statutory valuation allowance adjustments	26,113,152	17,049,642	9,063,510
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2(a)(99) - 2(b) -2(c))	-	-	-
(e - h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets (2(d) + 2(h))	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed Assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax assets)	-	-	-
(99) Subtotal	\$ -	\$ -	\$ -
(b) Capital	-	-	-
(c) Deferred tax liabilities	\$ -	\$ -	\$ -
4. Net deferred tax assets/liabilities (2(i) + 3(c))	\$ -	\$ -	\$ -

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate for 2025:

	<b>2025</b>	
	Amount	Effective Tax Rate (%)
Provision at the statutory rate	\$ (8,663,031)	21.0
Premium Deficiency Reserve	-	-
Net operating loss carryforward	-	-
Other tax differences	8,663,031	(21.0)
Federal and foreign income taxes incurred	\$ -	-

E. The Company has operating losses of \$124.3 million available for offsetting net taxable income. The Company has established a reserve of \$124.3 million for amounts that may not be realizable in future periods.

# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

## NOTES TO FINANCIAL STATEMENTS

F. The Company's tax return will be consolidated with that of Rite Aid Corporation and subsidiaries. The Company has a written tax sharing agreement with the Parent, and its allocation of the Parent's federal income and state income and premium tax liability is based on the Company's federal tax liability determined as if the Company were filing its own separate tax return each year. The Company's tax sharing agreement with the Parent provides that the Company will pay the Parent for its net operating losses to the extent that such net operating loss is used in the reduction of the Company's federal income tax liability.

G. Not applicable.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

#### A. Nature of the relationship

Elixir Insurance Company is a wholly owned subsidiary of Elixir Holdings LLC. ("EH" or the "Parent"). Elixir Rx Options, LLC ("ROI") and First Florida Insurers of Tampa, LLC ("FFI") are affiliates of EIC and wholly owned subsidiaries of the Parent. The Parent is a wholly owned subsidiary of Hunter Lane, LLC ("Hunter Lane"). Hunter Lane is a wholly owned subsidiary of Rite Aid Corporation ("Rite Aid").

The Company had a pharmacy benefit management services agreement ("PBMSA") with ROI through January 31, 2024.

The Company entered into a PBMSA with a third party, MedImpact Healthcare Systems, Inc., a California corporation, effective February 1, 2024.

#### B. Transactions for each Period

In December 2024, the Company used the proceeds from the sale of its 2023 CMS Medicare Part D receivables (See Note 17A.) to pay ROI for claims and other amounts outstanding for pharmacy benefit management services. According to the terms of the PBMSA with ROI, the Company was provided with an early payment discount in the amount of \$7.7 million. Additionally, the Company completed an exchange with ROI of an early payment discount applicable to payment of outstanding claims for the deferred purchase price receivable of \$78.6 million received from the sale of its 2023 CMS Medicare Part D receivables.

The Company has a pharmacy benefit management services agreement ("PBMSA") with ROI and MedImpact Healthcare Systems, Inc. The transactions under the agreement totaled \$2,684,221 and \$11,580,281 for the years ended December 31, 2025 and 2024, respectively

C. The Company did not have any transactions with related parties who are not reported on Schedule Y for the years ended December 31, 2025 and 2024, respectively.

#### D. Amounts Due to or from Related Parties

At December 31, 2025 the Company reported \$0 due from or to affiliates and at December 31, 2024, the Company reported \$38,353,025 due from affiliates.

#### E. Management, Service Contracts, Cost Sharing Arrangements

Under the PBMSAs, ROI and MedImpact Healthcare Systems, Inc. have agreed to provide certain management services to the Company. These designated services include but are not limited to payroll, claims processing, facilities, customer service and other general administrative services.

The Company has a written tax sharing agreement with the Parent, and its allocation of the Parent's federal income and state income and premium tax liability is based on the Company's federal tax liability determined as if the Company were filing its own separate tax return each year. The Company's tax sharing agreement with the Parent provides that the Company will pay the Parent for its net operating losses to the extent that such net operating loss is used in the reduction of the Company's federal income tax liability. Furthermore, state income and premium tax that results from a combined/consolidated filing shall be allocated to each entity based on the aggregate apportionment of all participating members included within the respective filing. Intercompany tax balances are settled annually.

F. The Company did not enter into guarantees or undertaking for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

#### G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by EPH.

#### H. Amount Deducted for Investment in Upstream Company

None

#### I. Detail of Investments in Subsidiaries, Controlled or Affiliated Companies Greater than 10% of Admitted Assets

None

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

None

K. Investment in a Foreign Insurance Subsidiary

None

L. Investment in Downstream Noninsurance Holding Company

None

M. All Investments in Subsidiaries, Controlled or Affiliated Companies

None

N. Investments in Insurance Subsidiaries, Controlled or Affiliated Companies

None

O. Subsidiaries, Controlled or Affiliated Companies Loss Tracking

None

**11. Debt**

The Company has no debt outstanding at December 31, 2025 and 2024.

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

Not applicable to the Company.

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

A. Outstanding Shares

As of December 31, 2025, the Company has 20,000 shares of \$100 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restriction

The Company is generally restricted by insurance laws of the State of Ohio with regard to amounts that can be transferred to the Parent in the form of dividends without the approval of the ODI.

D. Dividends Paid

No dividends were paid by the Company during the years ending December 31, 2025 or 2024.

E. Profits Payable as Dividends

The Company is restricted about amounts that can be transferred to the Parent in the form of dividends, loans, or advances without the approval of the ODI to the greater of (a) 10 percent of statutory surplus as of December 31 of the year preceding the dividend, loan or advancement or (b) 100 percent of statutory net income for the year ended December 31 preceding the dividend, loan or advancement.

F. Unassigned Surplus Restriction

Unassigned surplus funds are not restricted at December 31, 2025 or 2024.

G. Mutual Surplus Advances

There have been no advances to surplus at December 31, 2025.

H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2025.

I. Changes in Special Surplus Funds

The Company had no Special Surplus Funds at December 31, 2025.

J. Changes in Unassigned Funds

# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

## NOTES TO FINANCIAL STATEMENTS

The Company has no cumulative unrealized capital gains and losses included in unassigned funds.

### K. Surplus Notes

The company has no surplus notes.

### L. Reinstatement due to Prior Quasi-Reorganizations

The Company had no restatements due to prior quasi-reorganizations.

### M. Quasi-Reorganizations over Prior 10 Years

The Company has not been involved in quasi-reorganization during the past 10 years.

## 14. Liabilities, Contingencies and Assessments

### A. Contingent Commitments

The Company has no contingent commitments at December 31, 2025.

### B. Assessments

The Company has not recorded a liability for an assessment as of December 31, 2025.

### C. Gain Contingencies

The Company has no gain contingencies at December 31, 2025.

### D. Claims-Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable to the Company.

### E. Joint and Several Liabilities

Not Applicable to the Company

### F. All Other Contingencies

Not Applicable to the Company.

## 15. Leases

### A. Lessee Leasing Arrangements

The Company has not entered into any lessee leasing arrangements.

The Company has not entered into any sale and leaseback arrangements.

### B. Lessor Leasing Arrangements

The Company has not entered into any operating or leveraged leases.

## 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company has no financial instruments with off-balance sheet risk and concentration of credit risk.

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

### A. Transfers of Receivables Reported as Sales

Not applicable to the Company

### B. Transfer and Servicing of Financial Assets

Not applicable to the Company.

### C. Wash Sales

Not applicable to the Company.

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

### A. Administrative Services Only (ASO) Plans

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company  
NOTES TO FINANCIAL STATEMENTS**

**December 31, 2025**

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees in excess of actual expenses)	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)		0	
c. Net gain or loss from operations	0	0	0
d. Total claim payment volume	0	NA	0

**December 31, 2024**

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees in excess of actual expenses)	213,002	0	213,002
b. Total net other income or expenses (including interest paid to or received from plans)		0	
c. Net gain or loss from operations	213,002	0	213,002
d. Total claim payment volume	257,511	NA	257,511

**B. Administrative Services Contract (ASC) Plans**

Not applicable to the Company.

**C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts**

Not applicable to the Company.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable to the Company.

**20. Fair Value Measurements**

The Company has no assets recorded at fair value as of December 31, 2025 or 2024.

**21. Other Items**

**A. Unusual or Infrequent Items**

Not applicable to the Company.

**B. Troubled Debt Restructuring for Debtors**

Not applicable to the Company.

**C. Other Disclosures**

The Company terminated its Medicare Part D Prescription Benefits Plans and contract with CMS effective December 31, 2024. Accordingly, no policyholders or related direct premiums were written or active as of the end of business on 12/31/24. All unpaid claims liabilities reported as of 12/31/24 have been satisfied by the Company as of February 28, 2025. There were no unpaid claims liabilities as of 12/31/25. The Company expects to settle its subsidy receivable balances with CMS, in accordance with CMS final settlement procedures, which are estimated to finalize after June 30, 2026.

**D. Business Interruption Insurance Recoveries**

Not applicable to the Company.

**E. State Transferable Tax Credits**

Not applicable to the Company.

**F. Subprime-Mortgage-Related Risk Exposure**

Not applicable to the Company.

**G. Retained Assets**

Not applicable to the Company.

# ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company

## NOTES TO FINANCIAL STATEMENTS

### H. Insurance Linked Securities

Not applicable to the Company.

### 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 to the Company.

## 22. Events Subsequent

The Company used February 27, 2026, the date these statutory financial statements were available to be issued as the date through which subsequent events have been evaluated for disclosure.

### Type I – Recognized Subsequent Events:

No items were discovered that require disclosure.

### Type II – Nonrecognized Subsequent Events:

No items were discovered that require disclosure.

## 23. Reinsurance

### A. Ceded Reinsurance Report

#### Section I – 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 similar credit?

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.

\$0

- (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 force or which had existing reserves established by the Company as the effective date of the agreement?

Yes ( ) No (x)

### B. None.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

- C. None.
- D. None.
- E. None.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Medicare Part D

- A. The Company offered Medicare Part D Prescription Benefits Plans. As part of these plans, risk-sharing corridors were established between the providers (the Company) and the Centers for Medicare and Medicaid Services (“CMS”). After all costs are known, a retrospectively rated premium adjustment was developed and paid by (or to) CMS.
- B. The Company records accrued retrospective premiums through written premiums. A targeted amount is factored in determining the retrospective adjustments.
- C. The amount of the retrospective premium recognized in 2025, for prior plan years, was \$25,000.

Group Plans

- A. The Company offers Employer Group Waiver Plans under its Medicare Part D Contract. Certain of these plans have contingent premium clauses based on the plans loss experience compared to targets established in the group agreement. Accruals are based on annual experience available at the end of the plan year. At December 31, 2025 and 2024, there has been no accrued for contingent premiums.
- B. The Company records contingent premium payable through written premiums.
- C. The amount of net premiums subject to these group contingent premium clauses written by the company at December 31, 2025 was \$0.

Medical Loss Ratio Rebates Pursuant to the Public Health Service Act

Starting with plan year 2014, the Company was required to report its medical loss ratio and be subject to medical loss ratio and rebate requirements for its Medicare Part D contract. The medical loss ratio to be reported will not be below the CMS established minimum threshold for regulatory action.

Risk-Sharing Provisions of the Affordable Care Act (ACA)

The Company only provides coverage under a Medicare Part D Contract and does not provide coverage subject to the ACA risk-sharing provisions.

**25. Change in Incurred Claims and Claims Adjustment Expenses**

Activity in the reserve for losses and loss adjustment expenses is summarized as follows:

<i>(In Thousands)</i>	2025	2024
Balance as of January 1:	\$ 6,475	\$ 130,366
Incurred related to:		
Current year	(2,128)	15,096
Prior years	<u>6,475</u>	<u>(12,145)</u>
Total incurred	<u>4,347</u>	<u>2,951</u>
Paid related to:		
Current year	(2,128)	8,621
Prior years	<u>6,475</u>	<u>118,220</u>
Total paid	<u>4,347</u>	<u>126,842</u>
Balance as of December 31:	<u>\$ 0</u>	<u>\$ 6,475</u>

These amounts do not include the LICS, CGDP, or Federal Catastrophic Reinsurance portions of claims that have been or will be reimbursed by CMS or drug manufacturers.

The negative development for prior years is due to subsequent claims adjustments made under the Medicare Part D program related to internal and external claims audits.

**26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2025 and 2024.

**27. Structured Settlements**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**  
**NOTES TO FINANCIAL STATEMENTS**

Not applicable at December 31, 2025 and 2024.

**28. Health Care Receivables**

The Company does not have any health care receivables disclosures at December 31, 2025 or 2024.

**29. Participating Policies**

Not applicable at December 31, 2025 and 2024.

**30. Premium Deficiency Reserves**

- |  |   |
|--|---|
| 1. Liability carried for premium deficiency reserves             | \$0   |
| 2. Date of the most recent evaluation of the liability           | 12/31/2025  |
| 3. Was anticipated investment income utilized in the calculation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**31. Anticipated Subrogation and Other Receivables**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses. No reduction in liability was required.

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 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, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes  No  N/A
- 1.3 State Regulating? Ohio.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2020
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2020
- 3.3 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). ....08/31/2022
- 3.4 By what department or departments? Ohio Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
     4.11 sales of new business? Yes  No   
     4.12 renewals? Yes  No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
     4.21 sales of new business? Yes  No   
     4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the 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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1 Has the 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
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No
- 7.2 If yes, .....0.0 %  
     7.21 State the percentage of foreign control .....
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC. ....
- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes  No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes  No  N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 N/A.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes  No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes  No

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
Pursuant to the following section - OH ADC 3901-1-50, not required based on size exemption, annual premiums under \$500M.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
N/A.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]
- 12.11 Name of real estate holding company 0.....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 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 [ X ] 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [  ] No [  ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [  ] No [  ] NA [  ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [  ] No [  ] NA [  ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [  ] No [  ] NA [  ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [  ] No [  ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....1,639,931
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [  ] No [  ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [  ] No [  ] N/A [  ]
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [  ] No [  ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [  ] No [  ]
- 27.42 Permitted accounting practice Yes [  ] No [  ]
- 27.43 Other accounting guidance Yes [  ] No [  ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [  ] No [  ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [  ] No [  ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....
29. 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 [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
Huntington National Bank.....	300 Market Street, Akron, OH 44308.....

29.02 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)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [  ] No [  ]
- 29.04 If yes, give full and complete information relating thereto:

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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
Internally Managed	

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ ] No [ X ] NA [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ] NA [ ]

29.06 For those firms or individuals listed in the table for 29.05 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 Registered With	4 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations	1,639,931	1,674,000	34,069
31.2 Asset-Backed Securities			0
31.3 Preferred Stocks	0		0
31.4 Totals	1,639,931	1,674,000	34,069

31.5 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 ]

35. 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
  - 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 ]

36. 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

Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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?

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [ ] NA [ X ]

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ X ]

- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
- 39.21 Held directly Yes [ ] No [ ]
  - 39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

41.1 Amount of payments for legal expenses, if any? \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ .....0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ .....
- 1.31 Reason for excluding .....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....0
- 1.62 Total incurred claims \$ .....0
- 1.63 Number of covered lives .....0
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....0
- 1.65 Total incurred claims \$ .....0
- 1.66 Number of covered lives .....0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ .....0
- 1.72 Total incurred claims \$ .....0
- 1.73 Number of covered lives .....0
- All years prior to most current three years:
- 1.74 Total premium earned \$ .....0
- 1.75 Total incurred claims \$ .....0
- 1.76 Number of covered lives .....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1 Premium Numerator	\$	.....984	\$	.....879,092
2.2 Premium Denominator	\$	.....984	\$	.....879,092
2.3 Premium Ratio (2.1/2.2)		.....1.000		.....1.000
2.4 Reserve Numerator	\$	.....	\$	.....6,475,900
2.5 Reserve Denominator	\$	.....0	\$	.....6,475,900
2.6 Reserve Ratio (2.4/2.5)		.....0.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ ] No [ X ]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ X ]
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ .....
- 5.32 Medical Only \$ .....
- 5.33 Medicare Supplement \$ .....
- 5.34 Dental and Vision \$ .....
- 5.35 Other Limited Benefit Plan \$ .....
- 5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year .....0
- 8.2 Number of providers at end of reporting year .....0
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ X ]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months .....
- 9.22 Business with rate guarantees over 36 months .....

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH INTERROGATORIES**

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....
- 10.22 Amount actually paid for year bonuses \$.....
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]
- 11.14 A Mixed Model (combination of above) ? Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ ] No [ X ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. ....
- 11.4 If yes, show the amount required. \$.....0
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
OH, NY, PA, PR.....
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$.....
- 15.2 Total Incurred Claims \$.....
- 15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 16.1 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 [ ]

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**FIVE - YEAR HISTORICAL DATA**

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	18,495,911	75,323,926	546,826,421	418,112,299	698,026,838
2. Total liabilities (Page 3, Line 24) .....	5,598,705	17,557,732	489,899,982	348,283,642	614,707,596
3. Statutory minimum capital and surplus requirement .....	0	1,625,909	15,840,529	10,693,266	17,786,348
4. Total capital and surplus (Page 3, Line 33) .....	12,897,206	57,766,193	56,926,439	69,828,657	83,319,242
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	984	879,092	266,109,424	592,116,010	590,283,512
6. Total medical and hospital expenses (Line 18) .....	(2,128,432)	2,950,563	263,220,810	597,003,376	587,478,687
7. Claims adjustment expenses (Line 20) .....	175	(807,690)	1,162,896	2,779,513	3,244,771
8. Total administrative expenses (Line 21) .....	1,991,534	3,336,374	8,185,290	10,544,294	14,519,710
9. Net underwriting gain (loss) (Line 24) .....	137,707	(803,612)	(10,256,116)	(5,851,243)	(27,319,586)
10. Net investment gain (loss) (Line 27) .....	156,041	241,265	622,488	281,737	123,322
11. Total other income (Lines 28 plus 29) .....	(41,546,278)	(799,069)	(2,900,000)	(1,900,000)	(21,414,320)
12. Net income or (loss) (Line 32) .....	(41,252,530)	(1,361,416)	(12,533,628)	(7,469,506)	(48,610,584)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(44,921,953)	266,813,008	(70,092,355)	77,505,244	(103,469,124)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	12,897,206	57,766,193	56,926,439	69,828,657	83,319,242
15. Authorized control level risk-based capital .....	114,012	1,436,684	11,994,404	22,882,755	24,905,057
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	0	0	282,251	650,713	768,008
17. Total members months (Column 6, Line 7) .....	0	230,491	3,530,155	7,879,281	9,368,455
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	(216,304.1)	335.6	98.9	100.8	99.5
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	17.8	(91.9)	0.4	0.5	0.5
22. Total underwriting deductions (Line 23) .....	(13,894.6)	191.4	103.9	101.0	104.6
23. Total underwriting gain (loss) (Line 24) .....	13,994.6	(91.4)	(3.9)	(1.0)	(4.6)
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	6,475,900	118,220,108	86,255,407	145,892,177	134,198,904
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] .....	6,475,900	130,366,598	90,133,855	138,752,866	128,517,229
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) .....	0	0	0	0	0
29. Affiliated mortgage loans on real estate .....	0	0	0	0	0
30. All other affiliated .....	0	0	0	0	0
31. Total of above Lines 26 to 30 .....	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 above .....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Corrections of Errors? ..... Yes [ ] No [ ]

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Elixir Insurance Company**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

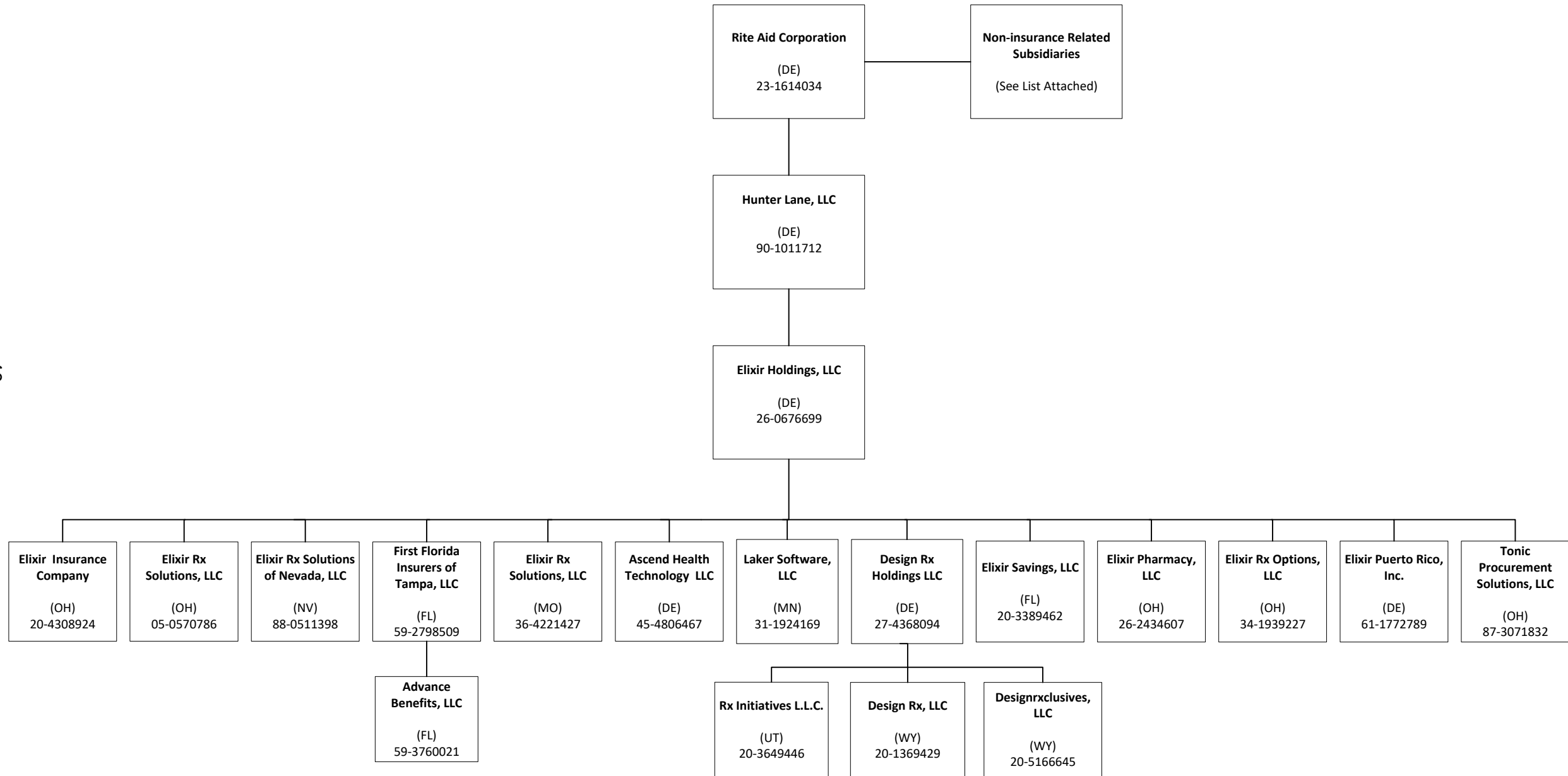
State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	0
2. Alaska	AK	N								0	0
3. Arizona	AZ	N								0	0
4. Arkansas	AR	N								0	0
5. California	CA	N								0	0
6. Colorado	CO	N								0	0
7. Connecticut	CT	N								0	0
8. Delaware	DE	N								0	0
9. District of Columbia	DC	N								0	0
10. Florida	FL	N								0	0
11. Georgia	GA	N								0	0
12. Hawaii	HI	N								0	0
13. Idaho	ID	N								0	0
14. Illinois	IL	N								0	0
15. Indiana	IN	N								0	0
16. Iowa	IA	N								0	0
17. Kansas	KS	N								0	0
18. Kentucky	KY	N								0	0
19. Louisiana	LA	N								0	0
20. Maine	ME	N								0	0
21. Maryland	MD	N								0	0
22. Massachusetts	MA	N								0	0
23. Michigan	MI	N								0	0
24. Minnesota	MN	N								0	0
25. Mississippi	MS	N								0	0
26. Missouri	MO	N								0	0
27. Montana	MT	N								0	0
28. Nebraska	NE	N								0	0
29. Nevada	NV	N								0	0
30. New Hampshire	NH	N								0	0
31. New Jersey	NJ	N								0	0
32. New Mexico	NM	N								0	0
33. New York	NY	L								0	0
34. North Carolina	NC	N								0	0
35. North Dakota	ND	N								0	0
36. Ohio	OH	L	984							984	0
37. Oklahoma	OK	N								0	0
38. Oregon	OR	N								0	0
39. Pennsylvania	PA	L								0	0
40. Rhode Island	RI	N								0	0
41. South Carolina	SC	N								0	0
42. South Dakota	SD	N								0	0
43. Tennessee	TN	N								0	0
44. Texas	TX	N								0	0
45. Utah	UT	N								0	0
46. Vermont	VT	N								0	0
47. Virginia	VA	N								0	0
48. Washington	WA	N								0	0
49. West Virginia	WV	N								0	0
50. Wisconsin	WI	N								0	0
51. Wyoming	WY	N								0	0
52. American Samoa	AS	N								0	0
53. Guam	GU	N								0	0
54. Puerto Rico	PR	L								0	0
55. U.S. Virgin Islands	VI	N								0	0
56. Northern Mariana Islands	MP	N								0	0
57. Canada	CAN	N								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	984	0	0	0	0	0	0	984	0	0
60. Reporting entity contributions for employee benefit plans	XXX								0		
61. Total (direct business)	XXX	984	0	0	0	0	0	0	984	0	0
<b>DETAILS OF WRITE-INS</b>											
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	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	4	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state	53
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.

Premiums by residency. Retrospective allocated proportionately.



Company (Name in which such subsidiary conducts business if other than corporate name):	State of Incorporation or Organization
1515 West State Street Boise, Idaho, LLC	Delaware
1740 Associates, LLC	Michigan
4042 Warrensville Center Road—Warrensville Ohio, Inc.	Ohio
5277 Associates, Inc.	Washington
5600 Superior Properties, Inc.	Ohio
Apex Drug Stores, Inc.	Michigan
Broadview and Wallings—Broadview Heights Ohio, Inc.	Ohio
Drug Palace, Inc.	Maine
Eckerd Corporation	Delaware
EDC Drug Stores, Inc.	North Carolina
GDF, Inc.	Maryland
Genovese Drug Stores, Inc.	Delaware
Gettysburg and Hoover-Dayton, Ohio LLC	Ohio
Grand River & Fenkell, LLC	Delaware
Harco, Inc.	Alabama
Health Dialog Services Corporation	Delaware
ILG – 90 B Avenue Lake Oswego, LLC	Delaware
JCG (PJC) USA, LLC	Delaware
JCG Holdings (USA), Inc.	Delaware
Juniper Rx, LLC	Delaware
K&B Alabama Corporation	Alabama
K&B Louisiana Corporation	Louisiana
K&B Mississippi Corporation	Mississippi
K&B Services, Incorporated	Louisiana
K&B Tennessee Corporation	Tennessee
K&B Texas Corporation	Texas
K&B, Incorporated	Delaware
Lakehurst and Broadway Corporation	New Jersey
LMW – 90B Avenue Lake Oswego Inc.	Delaware
Maxi Drug North, Inc.	Delaware
Maxi Drug South, L.P.	Delaware
Maxi Drug, Inc.	Delaware
Maxi Green, Inc.	Vermont
Munson & Andrews, LLC	Delaware
Name Rite, LLC	Delaware
P.J.C. Distribution, Inc.	Delaware
P.J.C. Realty Co., Inc.	Delaware
PDS-1 Michigan, Inc.	Michigan
Perry Distributors, Inc.	Michigan
Perry Drug Stores Inc.	Michigan
PJC Lease Holdings, Inc.	Delaware
PJC Manchester Realty LLC	Delaware
PJC of Massachusetts, Inc.	Massachusetts
PJC of Rhode Island, Inc.	Rhode Island
PJC of Vermont, Inc.	Vermont
PJC Peterborough Realty LLC	Delaware
PJC Realty MA, Inc.	Massachusetts
PJC Revere Realty LLC	Delaware
PJC Special Realty Holdings, Inc.	Delaware
RCMH, LLC	Texas
RDS Detroit, Inc.	Michigan
READ's Inc.	Maryland
RediClinic Associates, Inc.	Delaware
RediClinic LLC	Delaware
RediClinic of Dallas Forth-Worth, LLC	Delaware
RediClinic of DC, LLC	Delaware
RediClinic of DE, LLC	Delaware
RediClinic of MD, LLC	Delaware
RediClinic of PA, LLC	Delaware
RediClinic of VA, LLC	Delaware
RediClinic US, LLC	Delaware
Richfield Road – Flint, Michigan, LLC	Michigan
Rite Aid Drug Palace, Inc.	Delaware
Rite Aid Hdqtrs. Corp.	Delaware
Rite Aid Hdqtrs. Funding, Inc.	Delaware
Rite Aid Lease Management Company	California
Rite Aid of Connecticut, Inc.	Connecticut
Rite Aid of Delaware, Inc.	Delaware
Rite Aid of Georgia, Inc.	Georgia
Rite Aid of Indiana, Inc.	Indiana

<b>Company</b> <b>(Name in which such subsidiary conducts business if other than corporate name):</b>	<b>State of Incorporation or Organization</b>
Rite Aid of Kentucky, Inc.	Kentucky
Rite Aid of Maine, Inc.	Maine
Rite Aid of Maryland, Inc.	Maryland
Rite Aid of Michigan, Inc.	Michigan
Rite Aid of New Hampshire, Inc.	New Hampshire
Rite Aid of New Jersey, Inc.	New Jersey
Rite Aid of New York, Inc.	New York
Rite Aid of North Carolina, Inc.	North Carolina
Rite Aid of Ohio, Inc.	Ohio
Rite Aid of Pennsylvania, LLC	Pennsylvania
Rite Aid of South Carolina, Inc.	South Carolina
Rite Aid of Tennessee, Inc.	Tennessee
Rite Aid of Vermont, Inc.	Vermont
Rite Aid of Virginia, Inc.	Virginia
Rite Aid of Washington, D.C., Inc.	Washington DC
Rite Aid of West Virginia, Inc.	West Virginia
Rite Aid Online Store Inc.	Delaware
Rite Aid Payroll Management Inc.	Delaware
Rite Aid Realty Corp.	Delaware
Rite Aid Rome Distribution Center, Inc.	New York
Rite Aid Specialty Pharmacy LLC	Delaware
Rite Aid Transport, Inc.	Delaware
Rite Investments Corp.	Delaware
Rite Investments Corp., LLC	Delaware
Rx Choice, Inc.	Delaware
Rx USA, Inc.	Delaware
The Bartell Drug Company	Washington
The Jean Coutu Group (PJC) USA, Inc.	Delaware
The Lane Drug Company	Ohio
Thrift Drug Inc.	Delaware
Thrifty Corporation	California
Thrifty PayLess, Inc.	California