

**Illinois Department of Insurance
Domestic Investment Supplement - Health Entities**

(Note: If zero or does not apply enter "None")

Due Date: March 1, 2024

Investment Supplement (Catch-all, 215 ILCS 5/126.20) (HMO 215 ILCS 125/3-1)

Company Name: _____

Please enter investment amounts admitted under Section 126.20 of the Illinois Insurance Code.

CUSIP #	Description (include page #)	Value	Limitation	Excess Amount
Total Amount of Investments Admitted under Section 126.20				

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For investments which exceed current "per issuer" limitations but were within the limitation at the date of purchase, please list the following information:

CUSIP #	Date of Purchase	Description	Cost at Purchase Date	NAIC Rating at Purchase	Total Admitted Assets At Date of Purchase	Surplus at Date of Purchase

Name of Company: _____

Pursuant to Section 141.3 of the Illinois Insurance Code, list below salaries, commissions, or any valuable consideration paid to each officer and each director of any management company or to any shareholder who owns, directly or indirectly, 10% of the shares of either the managed insurance company or the management company.

Title of Payee	Name of Payee	By Whom Paid (Management Company or Insurance Company)	Amount	Date Paid	By Whom Authorized