

A hand holding a newspaper with a network overlay. The network consists of interconnected nodes and lines, symbolizing technology or data. The background is blurred, showing what appears to be a computer screen and other office equipment.

NEWS FROM SIA MEMBERS

MAY 2026 MEMBER NEWS

SIIA boasts a very active and dynamic membership. Here are some of the latest developments from member companies and individuals powering the self-insurance industry.

Intellivo Names New AI and Technology Executive

Intellivo announced the appointment of Dhiraj Sankala as Chief AI and Technology Officer (CAITO). Sankala brings more than 20 years of experience leading digital transformation and AI strategy across healthcare and financial services organizations. In this newly created role, he will lead the continued advancement of Intellivo's technology platform designed to identify third-party liability opportunities with greater speed, accuracy, and scale.

"Health plans should not have to choose between strong financial outcomes and a positive member experience," said Laura Hescocock, CEO of Intellivo. "Our goal is simple: increase recoveries back to health plans without member abrasion of any kind. To ensure this, we continue to grow our executive team and invest in technology. Dhiraj brings deep expertise in AI, data platforms, and healthcare claims intelligence that will help us accelerate the next phase of our technology strategy and further strengthen our ability to uncover recovery opportunities others miss."

As CAITO, Sankala will lead Intellivo's AI and technology platform strategy, with a focus on scaling the company's advanced detection capabilities through machine learning, intelligent data ingestion, and a cloud-native infrastructure. His work will expand the platform's ability to analyze large volumes of property and casualty (P&C) insurance data, legal suit filings, and other liability intelligence signals to maximize reimbursement opportunities.

“Intellivo has built a powerful foundation by combining sophisticated data capabilities with deep expertise in subrogation and liability recovery,” said Sankala. “By applying AI and advanced analytics to large volumes of P&C insurance data and legal filings, we can uncover liability coverage connections that are often invisible to traditional processes. This approach allows us to identify more recovery opportunities while protecting the experience of the members our clients serve.”

Ryan O’Deen Promoted to President at Auxiant

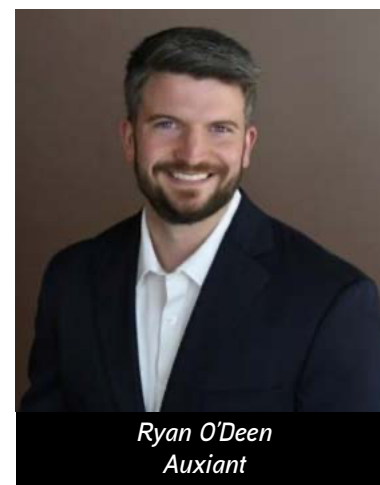
Auxiant, a leading independent Third-Party Administrator (TPA)

of self-funded health plans, announced today the promotion of Ryan O’Deen to President.

Ryan brings nearly a decade of experience at Auxiant, having held leadership roles across operations, compliance, client services and business development. His deep understanding of the organization and the self-funded market has helped drive sustained organic growth, strengthened client partnerships, and expanded Auxiant’s national footprint – while reinforcing the company’s family-owned foundation. Ryan is a graduate of North Central College and is a Certified Employee Benefit Specialist and Certified Self-Funding Specialist.

Following the passing of President and Owner, Mike O’Deen, in 2021, Ryan assumed expanded leadership responsibilities, helping guide the organization through a period of transition while maintaining the O’Deen family’s long-term vision and commitment to independence.

“As we look ahead, our focus remains clear: continue to scale responsibly, invest in our people and innovative technology, and



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deliver transparent, independent solutions that create measurable results for our clients,” said Ryan O’Deen. “Auxiant’s independence is a strategic advantage in the marketplace, promoting aligned objectives with self-funded employers who are aiming to more effectively manage claims expenses and provide valuable benefits to their employees.”

Ryan will serve in a dual role as President and Director of Business Development, ensuring continuity for clients, partners, and employees.

Frederick Karutz to Help Advise Zakipoint Health

Zakipoint Health (ZPH), a leader in data-driven healthcare engagement and analytics solutions for self-funded employers, TPAs, and healthcare organizations, today announced that healthcare executive and former President of Carelon Advocacy, Frederick Karutz, has joined the company as Strategic Advisor. In this role, Karutz will support ZPH’s strategy and expansion into the health plan market.

Karutz brings more than two decades of leadership experience across health plans, digital health, and healthcare analytics, with a proven track record of building solutions that improve member engagement, optimize care navigation, and reduce total cost of care.

Over the course of his career, Karutz has held senior leadership roles across the healthcare ecosystem, including President of Carelon Advocacy, as well as executive positions at AIM Specialty Health, ConnectedHealth, Health Care Service Corporation, Silverlink Communications, GoHealth, and Valenz Health. His work has consistently focused on leveraging analytics and consumer engagement strategies

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Frederick Karutz
Zakipoint Health

to help health plans and employers identify risk earlier, guide members to high-value care, and drive measurable improvements in outcomes and cost efficiency.

In his role as Strategic Advisor to Zakipoint Health, Karutz will work closely with the executive leadership team to help shape the company's health plan market strategy, expand strategic partnerships, and accelerate adoption of ZPH's AI-driven engagement and analytics platform across the payer ecosystem.

Holowka to Lead Complete Captive Management Services

Phillip Holowka has been promoted to chief executive officer at Complete Captive Management Services.

Holowka takes up the CEO role after serving at the firm for more than eight years at the firm as chief operating officer.

In this role he leads a team of captive insurance professionals to grow a medical stop-loss captive risk pool that has been in existence since 2010.

Holowka has held a variety of roles in his career connected to medical stop-loss, and according to his LinkedIn profile he remains assistant corporate secretary at medTRANS insurance, having been part of the founding team who funded, built, and grew the medical stop-loss captive insurance company.

Health In Tech Announces Final Results

Health In Tech, Inc. (Nasdaq: HIT), an AI-enabled InsurTech platform company, announced its financial results for the fourth quarter and full year ended December 31, 2025.

- Full year 2025 revenues were \$33.3 million, up 71% year over year ("YoY").
- Full year 2025 Adjusted EBITDA was \$4.1 million, up 81% YoY.
- The number of billed enrolled employees (EEs) was 22,515 as of December 31, 2025, up 23% YoY.
- The number of Brokers, Third-party Administrator ("TPAs") and Agencies expanded to 858 partners as of December 31, 2025, up 34% YoY.

According to a company statement, Health In Tech expects full-year 2026 revenue to be in the range of \$45 million to \$50 million, representing year-over-year growth of approximately 35% to 50%.

This outlook is based on management's current expectations and assumptions, including continued strong demand for the Company's AI-enabled underwriting marketplace across the self-funded health insurance segment and successful deployment of new features. Actual results may differ materially due to risks and uncertainties described in Health In Tech's filings with the SEC.

"This financing strengthens our ability to accelerate the next phase of our platform development," said Tim Johnson, Chief Executive Officer of Health In Tech. "The additional capital will support key technology initiatives and help us bring new product capabilities to market that our clients have been actively requesting. As we continue expanding the functionality of our platform, we believe it will deepen customer engagement and support sustained, scalable revenue growth."



Phillip Holowka
Complete Captive
Management Services

D.W. Van Dyke & Co Stop-Loss Survey Results Released

D.W. Van Dyke & Co, announced that results for the recently completed January 2026 Employer Medical Stop Loss Persistency and New Business Survey have been distributed to the 33 companies (MGUs and Direct Carriers) that participated. The survey represented annualized premiums of over \$18.4 billion, the highest premium volume in the history of this survey.

Stop-Loss Carriers and MGUs are all welcome and invited to participate in future DWVD surveys. Those interested should contact Joe Sabol at jsabol@dwvd.com, or Miller Thompson at mthompson@dwvd.com.

Highmark Health Reports Financial Results

Highmark Health announced consolidated financial results for the twelve months ended Dec. 31, 2025, with \$32.4 billion in revenue, a \$674 million operating loss, and a \$175 million net loss.

Top-line revenue growth of more than \$3 billion represents an 11% increase, reflecting continued demand for the organization's products and services, even as shifting economic forces reshape how care is delivered and financed.

"Highmark Health's diverse business portfolio and growth strategy are critical to navigating the significant challenges of this industry and ensuring our long-term success," said David Holmberg, Highmark Health CEO. "That organizational strength has enabled us to be transformative in addressing opportunities to make healthcare more accessible, effective and affordable through our Living Health model and for the millions of people we serve across the country."



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For the year, strong 2025 performances...were offset by continued pressure on health-plan and stop-loss businesses due to higher-than-expected utilization. HM Insurance Group reported \$1.3 billion in operating revenue and a \$107 million operating loss, due to an increase in frequency and severity of high-dollar claims. "Though we expect challenges to persist, we have strategically repositioned our stop-loss businesses to improve the financial performance going forward," said Carl Daley, chief financial officer and treasurer of Highmark Health.



New Hires and Promotions Announced at Captive Resources

Captive Resources, LLC, a leading consultant to group captive insurance companies headquartered in Itasca, IL, has named Joe Parrilli as Chief Business Officer, Health Solutions.

In this role, Parrilli maintains executive responsibility for captive budgets, including growth and renewals, while ensuring alignment across the Health Solutions business. He provides leadership to the Managing Director group, oversees alignment with carrier partners, and leads key human resource functions, including performance management, compensation, and team operations.

Kevin Hallen has been named Managing Director, Health Solutions.

Hallen leads the Health Solutions Captive Executive team, overseeing performance management, training, and resource allocation.

Kevin is responsible for captive performance and key metrics, working closely with underwriting and fronting partners. He also serves as a primary escalation point for member, broker, and carrier matters and represents Captive Resources at the board level across assigned captives.



Dave Gillis has been named Managing Director, Medical Stop-Loss. Gillis leads the Business Development teams, overseeing performance, training, and production standards.

Dave manages business development budgets and reporting, drives broker engagement and coverage strategy, and maintains senior broker relationships, along with HR responsibilities across his team.

"These leadership updates underscore both the commitment of our Health Solutions leaders and the meaningful impact they are already driving across the business," said Steve Gransbury, President of Health Solutions. "This structure brings greater clarity to roles and responsibilities and positions us to execute more effectively while continuing to deliver strong results for our partners and clients." ■



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