



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Align Senior Care MI, LLC

NAIC Group Code 4950, 4950 NAIC Company Code 16580 Employer's ID Number 83-4016126
Organized under the Laws of MI State of Domicile or Port of Entry MI
Country of Domicile United States of America
Licensed as business type: Life, Accident & Health[], Property/Casualty[], Hospital, Medical & Dental Service or Indemnity[]
Dental Service Corporation[], Vision Service Corporation[], Health Maintenance Organization[X]
Other[], Is HMO Federally Qualified? Yes[] No[] N/A[X]
Incorporated/Organized 01/08/2019 Commenced Business 01/01/2020
Statutory Home Office 400 Renaissance Center Detroit, MI, US 48243
Main Administrative Office 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 (804)396-6412
Mail Address 10900 Nuckols Road STE 110 Glen Allen, VA, US 23060
Primary Location of Books and Records 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 (804)220-6171
Internet Website Address N/A
Statutory Statement Contact Robert Ragland (804)220-6171
regulatoryaccounting@allyalign.com (804)241-1577

OFFICERS

Name Title #
Anne Pearson Rote President #
Amy Elizabeth Kaszak Vice President
Julianne Christine Hug Secretary/Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Will Franklin Saunders # Julianne Christine Hug
Richard James Gilson

State of Virginia
County of Henrico 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...

(Signature) Anne Pearson Rote (Signature) Amy Elizabeth Kaszak (Signature) Julianne Christine Hug
(Printed Name) 1. 2. 3.
President Vice President Secretary/Treasurer
(Title) (Title) (Title)

Subscribed and sworn to before me this day of 2022 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

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	191					191
0299999 TOTAL Group	191					191
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	191					191

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	22,244		31,539	21,991	21,991	53,783
0199999 Subtotal - Pharmaceutical Rebate Receivables	22,244		31,539	21,991	21,991	53,783
0699998 Other Receivables - Not Individually Listed				47,366	47,366	
0699999 Subtotal - Other Health Care Receivables				47,366	47,366	
0799999 Gross Health Care receivables	22,244		31,539	69,357	69,357	53,783

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	94,463	39,185		75,774	94,463	88,991
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				47,366		
7. TOTALS (Lines 1 through 6)	94,463	39,185		123,140	94,463	88,991

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	35,372					35,372
0499999 Subtotals	35,372					35,372
0599999 Unreported claims and other claim reserves						478,523
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						513,895
0899999 Accrued Medical Incentive Pool and Bonus Amounts						212,517

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Innovative Long Term Care Management, Inc	63					63	
0199999 Total - Individually listed receivables	63					63	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	63					63	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Innovative Long Term Care Management, Inc	Management fees	11,124	11,124	
0199999 Total - Individually Listed Payables	X X X	11,124	11,124	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	11,124	11,124	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	501,414	23.958	108	100.000	501,414	
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	501,414	23.958	108	100.000	501,414	
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,393,840	66.599	X X X	X X X		1,393,840
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	197,623	9.443	X X X	X X X		197,623
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	1,591,463	76.042	X X X	X X X		1,591,463
13. TOTAL (Line 4 plus Line 12)	2,092,877	100.000	X X X	X X X	501,414	1,591,463

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	NONE					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4950

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 16580

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	145							145		
2. First Quarter	135							135		
3. Second Quarter	121							121		
4. Third Quarter	119							119		
5. Current Year	108							108		
6. Current Year Member Months	1,490							1,490		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,290							1,290		
8. Non-Physician	7,310							7,310		
9. TOTAL	8,600							8,600		
10. Hospital Patient Days Incurred	264							264		
11. Number of Inpatient Admissions	36							36		
12. Health Premiums Written (b)	3,096,457							3,096,457		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,096,457							3,096,457		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,092,877							2,092,877		
18. Amount Incurred for Provision of Health Care Services	1,800,080							1,800,080		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,096,457



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4950

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16580

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	145							145		
2. First Quarter	135							135		
3. Second Quarter	121							121		
4. Third Quarter	119							119		
5. Current Year	108							108		
6. Current Year Member Months	1,490							1,490		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,290							1,290		
8. Non-Physician	7,310							7,310		
9. TOTAL	8,600							8,600		
10. Hospital Patient Days Incurred	264							264		
11. Number of Inpatient Admissions	36							36		
12. Health Premiums Written (b)	3,096,457							3,096,457		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,096,457							3,096,457		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,092,877							2,092,877		
18. Amount Incurred for Provision of Health Care Services	1,800,080							1,800,080		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,096,457

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2021	PARTNERRE AMER INS CO	DE	SSL/I	MR	19,884						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							19,884						
1099999 Total - General Account - Authorized - Non-Affiliates							19,884						
1199999 Total - General Account - Authorized							19,884						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							19,884						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							19,884						
9999999 Total (Sum of 4599999 and 9099999)							19,884						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	20	22			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	5,389,820		5,389,820
2. Accident and health premiums due and unpaid (Line 15)	134,227		134,227
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	226,343		226,343
6. TOTAL Assets (Line 28)	5,750,390		5,750,390
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	513,895		513,895
8. Accrued medical incentive pool and bonus payments (Line 2)	212,517		212,517
9. Premiums received in advance (Line 8)	50,704		50,704
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	105,662		105,662
15. TOTAL Liabilities (Line 24)	882,778		882,778
16. TOTAL Capital and Surplus (Line 33)	4,867,612	X X X	4,867,612
17. TOTAL Liabilities, Capital and Surplus (Line 34)	5,750,390		5,750,390
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4950	Innovative Long Term Care Mgmt Grp	16580	83-4016126				Align Senior Care MI, LLC	MI	RE	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	NEA 17 GP, LLC	No	
4950	Innovative Long Term Care Mgmt Grp	16579	83-3977653				Align Senior Care, Inc.	VA	DS	Align Senior Care MI, LLC	Ownership	1.0	NEA 17 GP, LLC	No	
4950	Innovative Long Term Care Mgmt Grp	16778	84-3524877				Align Senior Care Florida, Inc.	FL	IA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	NEA 17 GP, LLC	No	
4950	Innovative Long Term Care Mgmt Grp	17111	84-3103446				Align Senior Care California, Inc.	CA	IA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Senior Housing Buyer, Inc.	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	85-3423867				Senior Housing Buyer, Inc.	DE	UIP	Senior Housing NewCo, LLC	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	85-3388267				Senior Housing NewCo, LLC	DE	UIP	New Enterprise Associates 17, L.P.	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	83-3748767				New Enterprise Associates 17, L.P.	DE	UIP	NEA Partners 17, L.P.	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	83-3783104				NEA Partners 17, L.P.	DE	UIP	NEA 17 GP, LLC	Ownership	1.0	NEA 17 GP, LLC	No	
		00000	83-3748606				NEA 17 GP, LLC	DE	UIP					No	
		00000	46-2915506				AllyAlign Health, Inc.	DE	NIA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	NEA 17 GP, LLC	No	

41

Asterisk	Explanation
0000001	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 16580 ..	.. 83-4016126 ..	ALIGN SENIOR CARE MI LLC .....	.....	..... 250,000	.....	.....	..... (377,462)	.....	.....	.....	..... (127,462)	.....
.....	.. 46-2915506 ..	AllyAlign Health, Inc .....	.....	..... (250,000)	.....	.....	..... 377,462	.....	.....	.....	..... 127,462	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Align Senior Care MI, LLC	Innovative Long Term Care Management, Inc.	1.0%	No	NEA 17 GP, LLC	Innovative Long Term Care Mgmt Grp	1.0%	No
Align Senior Care, Inc.	Align Senior Care MI, LLC	1.0%	No	NEA 17 GP, LLC	Innovative Long Term Care Mgmt Grp	1.0%	No
Align Senior Care Florida, Inc.	Innovative Long Term Care Management, Inc.	1.0%	No	NEA 17 GP, LLC	Innovative Long Term Care Mgmt Grp	1.0%	No
Align Senior Care California, Inc.	Innovative Long Term Care Management, Inc.	1.0%	No	NEA 17 GP, LLC	Innovative Long Term Care Mgmt Grp	1.0%	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



16580202121100000

2021

Document Code: 211

Management's Report of Internal Control over Financial Reporting



16580202122300000

2021

Document Code: 223

NONE