



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

Longevity Health Plan of Michigan, Inc.

NAIC Group Code	4920 <small>(Current Period)</small>	4920 <small>(Prior Period)</small>	NAIC Company Code	16779	Employer's ID Number	83-3062929
Organized under the Laws of	MI		State of Domicile or Port of Entry	MI		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	01/02/2019		Commenced Business	01/01/2021		
Statutory Home Office	601 Abbot Road <small>(Street and Number)</small>		East Lansing, MI, US 48823 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	11770 U.S. Highway One, Suite #E102 <small>(Street and Number)</small>					
	Palm Beach Gardens, FL, US 33408 <small>(City or Town, State, Country and Zip Code)</small>		(561)444-0710 <small>(Area Code) (Telephone Number)</small>			
Mail Address	11770 U.S. Highway One, Suite #E102 <small>(Street and Number or P.O. Box)</small>		Palm Beach Gardens, FL, US 33408 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	11770 U.S. Highway One, Suite #E102 <small>(Street and Number)</small>					
	Palm Beach Gardens, FL, US 33408 <small>(City or Town, State, Country and Zip Code)</small>		(561)444-0710 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	N/A					
Statutory Statement Contact	Vicky Zhai <small>(Name)</small>		(561)632-8915 <small>(Area Code)(Telephone Number)(Extension)</small>			
	vicky.zhai@longevityhealthplan.com <small>(E-Mail Address)</small>		(Fax Number)			

OFFICERS

Name	Title	#
Rene Lerer	President	
Leslie Steven Granow	Chief Financial Officer	
Brendan Todd Rager	Secretary	

OTHERS

DIRECTORS OR TRUSTEES

#

State of Florida
County of Palm Beach 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.

_____ <small>(Signature)</small> Brendan Todd Rager <small>(Printed Name)</small> 1. Secretary <small>(Title)</small>	_____ <small>(Signature)</small> Leslie Steven Granow <small>(Printed Name)</small> 2. Chief Financial Officer <small>(Title)</small>	_____ <small>(Signature)</small> <small>(Printed Name)</small> 3. <small>(Title)</small>
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Subscribed and sworn to before me this _____ day of _____, 2022

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....2,612,104, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....110,000, Schedule DA)	2,722,104		2,722,104	1,509,966
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,722,104		2,722,104	1,509,966
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	194,208		194,208	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....23,166) and contracts subject to redetermination (\$.....0)	23,166		23,166	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	11,253		11,253	
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	36,725		36,725	
24. Health care (\$.....65,036) and other amounts receivable	65,036		65,036	
25. Aggregate write-ins for other than invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,052,492		3,052,492	1,509,966
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	3,052,492		3,052,492	1,509,966
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	931,628		931,628	
2. Accrued medical incentive pool and bonus amounts	12,144		12,144	
3. Unpaid claims adjustment expenses	8,349		8,349	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	45,885		45,885	
9. General expenses due or accrued	10,210		10,210	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	72,844		72,844	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	37,948		37,948	
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	1,119,008		1,119,008	
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	2,510,000	1,510,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(576,516)	(34)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	1,933,484	1,509,966
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	3,052,492	1,509,966
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	902	
2. Net premium income (including \$.....0 non-health premium income)	X X X	2,530,725	
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$.....0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. TOTAL Revenues (Lines 2 to 7)	X X X	2,530,725	
Hospital and Medical:			
9. Hospital/medical benefits		2,098,921	
10. Other professional services		69,318	
11. Outside referrals			
12. Emergency room and out-of-area		22,550	
13. Prescription drugs		15,317	
14. Aggregate write-ins for other hospital and medical		16,161	
15. Incentive pool, withhold adjustments and bonus amounts		12,144	
16. Subtotal (Lines 9 to 15)		2,234,411	
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		2,234,411	
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....78,615 cost containment expenses		227,048	
21. General administrative expenses		645,748	34
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		3,107,207	34
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(576,482)	(34)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains (losses) less capital gains tax of \$.....0			
27. Net investment gains (losses) (Lines 25 plus 26)			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(576,482)	(34)
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(576,482)	(34)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401. Durable Medical Equipment		16,161	
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		16,161	
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	1,509,966	
34.	Net income or (loss) from Line 32	(576,482)	(34)
35.	Change in valuation basis of aggregate policy and claim reserves		
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)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	1,000,000	1,510,000
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	423,518	1,509,966
49.	Capital and surplus end of reporting year (Line 33 plus 48)	1,933,484	1,509,966
DETAILS OF WRITE-INS			
4701.	.....	
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,385,931	
2. Net investment income		
3. Miscellaneous income		
4. TOTAL (Lines 1 through 3)	2,385,931	
5. Benefit and loss related payments	1,355,675	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	818,118	34
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10. TOTAL (Lines 5 through 9)	2,173,793	34
11. Net cash from operations (Line 4 minus Line 10)	212,138	(34)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	1,000,000	1,510,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,000,000	1,510,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,212,138	1,509,966
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,509,966	
19.2 End of year (Line 18 plus Line 19.1)	2,722,104	1,509,966

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,530,725						2,530,725			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										X X X
4. Risk revenue										X X X
5. Aggregate write-ins for other health care related revenues										X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6)	2,530,725						2,530,725			
8. Hospital/medical benefits	2,098,921						2,098,921			X X X
9. Other professional services	69,318						69,318			X X X
10. Outside referrals										X X X
11. Emergency room and out-of-area	22,550						22,550			X X X
12. Prescription drugs	15,317						15,317			X X X
13. Aggregate write-ins for other hospital and medical	16,161						16,161			X X X
14. Incentive pool, withhold adjustments and bonus amounts	12,144						12,144			X X X
15. Subtotal (Lines 8 to 14)	2,234,411						2,234,411			X X X
16. Net reinsurance recoveries										X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	2,234,411						2,234,411			X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....78,615 cost containment expenses	227,048						227,048			
20. General administrative expenses	645,748						645,748			
21. Increase in reserves for accident and health contracts										X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	3,107,207						3,107,207			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(576,482)						(576,482)			
DETAILS OF WRITE-INS										
0501.										X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. Durable Medical Equipment	16,161						16,161			X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	16,161						16,161			X X X

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	2,535,560		4,835	2,530,725
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	2,535,560		4,835	2,530,725
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	2,535,560		4,835	2,530,725

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,355,675						1,355,675			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	1,355,675						1,355,675			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	931,628						931,628			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	931,628						931,628			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	12,144						12,144			
6. Net healthcare receivables (a)	65,036						65,036			
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	2,222,267						2,222,267			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	2,222,267						2,222,267			
13. Incurred medical incentive pools and bonuses	12,144						12,144			

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	4,850						4,850			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	4,850						4,850			
2. Incurred but Unreported:										
2.1 Direct	926,778						926,778			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	926,778						926,778			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	931,628						931,628			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	931,628						931,628			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare		1,355,675		931,628		
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)		1,355,675		931,628		
10. Healthcare receivables (a)		65,036				
11. Other non-health						
12. Medical incentive pool and bonus amounts				12,144		
13. TOTALS (Lines 9 - 10 + 11 + 12)		1,290,639		943,772		

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X				
4. 2019	X X X	X X X			
5. 2020	X X X	X X X	X X X		
6. 2021	X X X	X X X	X X X	X X X	1,290

Section B - Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X				
4. 2019	X X X	X X X			
5. 2020	X X X	X X X	X X X		
6. 2021	X X X	X X X	X X X	X X X	2,234

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021	2,531	1,290	219	16.977	1,509	59.621	944	8	2,461	97.234

12 Grand Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

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

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X				
4. 2019	X X X	X X X			
5. 2020	X X X	X X X	X X X		
6. 2021	X X X	X X X	X X X	X X X	1,290

Section B - Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X				
4. 2019	X X X	X X X			
5. 2020	X X X	X X X	X X X		
6. 2021	X X X	X X X	X X X	X X X	2,234

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

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. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021	2,531	1,290	219	16.977	1,509	59.621	944	8	2,461	97.234

12 Title XVIII-Medicare

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

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 (\$.....0 for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			17,608		17,608
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies			7,412		7,412
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services		35,167	5,117		40,284
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges			120		120
18. Group service and administration fees	78,615	113,267	615,141		807,023
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees			350		350
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	78,615	148,434	645,748		(a) 872,797
27. Less expenses unpaid December 31, current year		8,349	10,210		18,559
28. Add expenses unpaid December 31, prior year					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	78,615	140,085	635,538		854,238
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$.....673,420 to affiliates and \$.....125,252 to non-affiliates.

15 Exhibit of Net Investment Income NONE

15 Exhibit of Capital Gains (Losses) NONE

16 Exhibit of Nonadmitted Assets NONE

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				123	283	902
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL				123	283	902
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

Note 1 – Summary of Significant Accounting Policies

A. Accounting Practices

The financial Statements of Longevity Health Plan of Michigan, Inc. (the Company), are presented on the basis of accounting practices prescribed or permitted by the State of Michigan Department of Insurance and Financial Services (the Department).

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

The Company is a Michigan-based Medicare Advantage Organization operating a full-service I-SNP in a limited geographic region in Michigan. The Company's service area includes participating LTC facilities located in those specific geographic regions. The Company's target population are institutionalized Medicare beneficiaries who reside or are expected to reside in a contracted LTC facility for 90 days or longer. This plan is offered in Calhoun, Genesee, Grand Traverse, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Oakland, Ogemaw, Ottawa, Saginaw, St. Clair, Washtenaw, Wayne.

The Department has approved no permitted practices for the Company that differ from NAIC SAP or state prescribed accounting practices. A reconciliation of the Company's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the department are shown below:

Net Income	SSAP #	F/S Page	F/S Line	December 31, 2021	December 31, 2020
(1) Longevity Health Plan of Michigan, Inc. state basis (Page 4, Line 32, Column 2 & 3)				(576,482)	(34)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)				(576,482)	(34)
Surplus					
(5) Longevity Health Plan of Michigan, Inc. state basis (Page 3, Line 33, Column 3 & 4)				1,933,484	1,509,966
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)				1,933,484	1,509,966

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

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

C. Accounting Policies

Health premiums received are recognized as income in the month of coverage. Premiums collected are recognized as revenue during the months of coverage. Medical Loss Ratio (MLR) rebates are mandated by the Public Health Service Act. Rebates are issued to policyholders if the ratio of medical losses to premiums is below the specified minimum of 85% for large groups. Premiums are reported net of reinsurance and MLR rebates.

Net investment income earned consists primarily of interest less investment related expenses. Interest is recognized on an accrual basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include write-downs for impairments considered to be other than temporary. Expenses for management and administration of the organization, including acquisition costs such as marketing, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- Short-Term Investments consist of bonds that are stated at amortized cost using the straight-line method.
- Bonds – not applicable.
- Common Stocks – not applicable.
- Preferred Stocks – not applicable.
- Mortgage Loans – not applicable.
- Loan-Backed Securities – not applicable.
- Investments in Subsidiaries, Controlled and Affiliated Entities – not applicable.

Notes to Financial Statements

8. Joint Ventures, Partnerships and Limited Liability Companies – not applicable.
9. Derivatives – not applicable.
10. Premium Deficiency Reserve

Based upon guidance in SSAP No. 54, a premium deficiency reserve (PDR) is recorded when the expected claims payments, incurred claims costs, claims adjustment expense, and administrative expense will exceed premium.

11. Method of Establishing Claim and CAE Reserves

Claim reserves are estimated based on five key service categories (i.e., inpatient, SNF, outpatient, emergency room, and therapy). Inpatient estimates are based on a review of open authorizations priced at a reasonable cost per service. SNF, Therapy, Outpatient services and emergency room services IBNR estimates are established based on a run-rate historical cost per member for similar services at comparable plans. Management review is used to ensure the final incurred claims approximate a reasonable final incurred amount for each service. It is important to note that IBNR estimates are subject to favorable or unfavorable changes until sufficient claim experience is developed in the plan to minimize variations in estimation. Loss adjustment expense is typically estimated at 1% of total IBNR reserves and is generally reserved prior to year-end.

12. Capitalization Policy – no change.
13. The method used to estimate pharmaceutical rebate receivables

Navitus Health Solutions collects rebates pursuant to contracts with pharmaceutical manufacturers and that are directly attributable to the Formulary and Covered product utilization. The Company's share of rebates on covered products is in proportion to its pharmacy utilization. On a quarterly basis, Navitus pays the Company's rebates on a pass-through basis and includes 100% of rebates collected by Navitus. All rebates are paid to the Company within 30 business days following the end of each quarter in which the rebates are received.

D. Going Concern:

The Plan is a start-up organization. As such, operational losses are expected in the short term due to incurring organizational and other start-up expenses that exceed its revenues. The Plan has necessary budgets and plans in place to increase its enrollment and related premium revenue sufficient to produce operating income in the future. Operating losses in the short term could cause surplus levels to decline to a point where additional surplus contributions would be required. The owner Partners are committed to, and capable of, providing the necessary funding to maintain adequate operating surplus levels and minimize any regulatory actions that could result from surplus declining below regulatory requirements.

Note 2 – Accounting Changes and Corrections of Errors

The Company does not have any accounting changes or corrections of errors.

Note 3 – Business Combinations and Goodwill

- A. Statutory Purchase Method – not applicable.
- B. Statutory Merger – not applicable.
- C. Assumption Reinsurance – not applicable.
- D. Impairment Loss – not applicable.

Note 4 – Discontinued Operations

- A. Identity of Segment Discontinued – not applicable.
- B. Expected Disposal Date – not applicable.
- C. Expected Manner of Disposal – not applicable.
- D. Description of Remaining Assets and Liabilities – not applicable.
- E. Amounts Related to Discontinued Operations – not applicable.

Note 5 – Investments

- A. Mortgage Loans, Including Mezzanine Real Estate Loans – not applicable.
- B. Debt Restructuring – not applicable.
- C. Reverse Mortgages – not applicable.
- D. Loan-Backed Securities – not applicable.

Notes to Financial Statements

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.
- H. Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- J. Real Estate – not applicable.
- K. Low-Income Housing Tax Credits (LIHTC) – not applicable.
- L. Restricted Assets (including pledges):

Restricted Asset Category	Gross Admitted & Nonadmitted Restricted							Current Year			
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown					-	-	-	-	-	0.000%	0.000%
b. Collateral held under security lending agreements					-	-	-	-	-	0.000%	0.000%
c. Subject to repurchase agreements					-	-	-	-	-	0.000%	0.000%
d. Subject to reverse repurchase agreements					-	-	-	-	-	0.000%	0.000%
e. Subject to dollar repurchase agreements					-	-	-	-	-	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements					-	-	-	-	-	0.000%	0.000%
g. Placed under option contracts					-	-	-	-	-	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					-	-	-	-	-	0.000%	0.000%
i. FHLB capital stock					-	-	-	-	-	0.000%	0.000%
j. On deposit with states	110,000				110,000	109,966	34	110,000	-	3.604%	3.604%
k. On deposit with other regulatory bodies					-	-	-	-	-	0.000%	0.000%
k. Pledged as collateral to FHLB (including assets backing funding agreements)					-	-	-	-	-	0.000%	0.000%
m. Pledged as collateral not captured in other categories					-	-	-	-	-	0.000%	0.000%
n. Other restricted assets					-	-	-	-	-	0.000%	0.000%
o. Total Restricted Assets	110,000	-	-	-	110,000	109,966	34	-	110,000	3.604%	3.604%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

- M. Working Capital Finance Investments – not applicable.
- N. Offsetting and Netting of Assets and Liabilities – not applicable.
- O. 5GI Securities – not applicable.
- P. Short Sales – not applicable.
- Q. Prepayment Penalty and Acceleration Fees – not applicable.
- R. Reporting Entity's Share of Cash Pool by Asset type - not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies – not applicable.
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

Note 7 – Investment Income

- A. Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.
- B. As of December 31, 2021 and December 31, 2020, the Company had no investment income due and accrued with any amounts that are over 90 days past due.

Note 8 – Derivative Instruments

- A. Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable.
- B. Objectives for the Use of Derivatives – not applicable.
- C. Description of Accounting Policies for Derivatives – not applicable.
- D. Net Gain or Loss from Derivatives – not applicable.
- E. Net Gain or Loss from Derivatives – not applicable.
- F. Cash Flow Hedges – not applicable.

Notes to Financial Statements

Note 9 – Income Taxes

A. The Components of the net deferred tax asset/(liability)

The components of the net deferred tax asset/ (liability) at December 31, 2021 are as follows:

	12/31/2021			12/31/2020			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
(a) Gross Deferred Tax Assets	\$ 121,068	\$ -	\$ 121,068	\$ 7	\$ -	\$ 7	\$ 121,061	\$ -	\$ 121,061
(b) Statutory Valuation Allowance Adjustments	\$ 121,068	\$ -	\$ 121,068	\$ 7	\$ -	\$ 7	\$ 121,061	\$ -	\$ 121,061
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Assets (1c-1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g) Net Admitted Deferred Tax Assets/ (Net Deferred Tax Liability) (1e-1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	12/31/2021			12/31/2020			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
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	-	-	-	-	-	-	-	-	-

	2021	2020
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	0%	0%
(b) Amount of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$ -	\$ -

	12/31/2021			12/31/2020			Change		
	(1) Ordinary Percent	(2) Capital Percent	(3) (Col 1+2) Total Percent	(4) Ordinary Percent	(5) Capital Percent	(6) (Col 4+5) Total Percent	(7) (Col 1-4) Ordinary Percent	(8) (Col 2-5) Capital Percent	(9) (Col 7+8) Total Percent
Impact of Tax-Planning Strategies									
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c) Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No <u>X</u>									

* As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 10bii

B. Deferred Tax Liabilities that are Not Recognized – not applicable.

Notes to Financial Statements

C. Current income taxes incurred consisting of following major components

Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	12/31/2021	12/31/2020	(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 carry-forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and foreign income taxes incurred	\$ -	\$ -	\$ -
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 2,764	\$ -	\$ 2,764
(2) Unearned premium reserve	\$ 1,927	\$ -	\$ 1,927
(3) Policyholder reserve	\$ -	\$ -	\$ -
(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	\$ 116,377	\$ 7	\$ 116,370
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 121,068	\$ 7	\$ 121,061
(b) Statutory valuation allowance adjustment	\$ 121,068	\$ 7	\$ 121,061
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other (including items <5% of total capital tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:	\$ -	\$ -	\$ -
(a) Ordinary			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserve	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total capital tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$ -	\$ -
4. Net deferred tax assets/ liabilities (2i - 3c)	\$ -	\$ -	\$ -

D. Significant book to tax adjustments

Among the more significant book to tax adjustments were the following:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	12/31/2021	Effective Tax Rate
Statutory Income at Tax Rate	(121,061)	21.00%
Change in valuation allowance	121,061	-21.00%
Total	-	0.00%
Federal and foreign income taxes incurred	-	0.00%
Change in net deferred income tax	-	0.00%
Total statutory income taxes	-	0.00%

E. Operating Loss and Tax Credit Carryforwards

The Company has operating loss carryforwards of approximately \$554,000 and \$0 as of December 31, 2021, and December 31, 2020, respectively.

Notes to Financial Statements

- F. Consolidated Tax Return – not applicable.
- G. Federal or Foreign Tax Loss Contingencies – not applicable.
- H. Repatriation Transition Tax – not applicable.
- I. Alternative minimum tax (AMT) credit – not applicable.

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of relationships:

Per a contract with the Centers of Medicare and Medicaid Services (CMS), Longevity Health Plan of Michigan, Inc. began providing Medicare benefits to long-term care residents of Illinois nursing homes on July 1, 2021 via a type of Medicare Advantage plan, which is an Institutional Special Needs Plan (I-SNP). As shown on Schedule Y included with this filing, the Company is wholly owned by Longevity Health Holdings of Michigan, LLC, which is owned 70% by Longevity Health Founders (LHF) and 30% by two investors.

During 2021, the two investors infused \$1,380,000 and \$120,000 to the Longevity Health Holdings of Michigan and Longevity IPA of Michigan, LLC.

LHF also owns holding companies that own I-SNPs in New York, Florida, Illinois, Oklahoma, North Carolina, and New Jersey. The Longevity Health Plan of Oklahoma, Inc. was operated commencing January 2020, then terminated its operation by the end of 2021. Longevity Health Plan of Colorado begin enrolling members in 2021 with an effective date of January 1, 2022 or later.

There are additional legal entities that are established but not in operation yet. Please refer to Schedule Y part 1.

To ensure effective and efficient support, LHF wholly owns LHP MSO, LLC, which is a management services organization that provides centralized services and support to each I-SNP at cost. LHP wholly-owns Livewell Choice, LLC which provides clinical services to each I-SNP at cost.

The above investors in Longevity Health Holdings of Michigan, also own and operate skilled nursing facilities, some of which are contracted with Longevity Health Plan of Michigan, Inc. as a provider of health care services. As a result, payments to and activities with these skilled nursing facility health care providers will be reported appropriate as related party activity going forward. All payments to the investors are consistent with market rates and amounts paid for similar services to non-related parties.

In 2020, Longevity IPA of Michigan, LLC ("MI IPA") was established. The MI IPA has the same owners and ownership as the Longevity Health Holdings of Michigan, LLC. The MI IPA intends to enter a separate provider contract with Longevity Health Plan of Michigan, Inc. Such provider agreement will be submitted to and subject to the review and approval from Michigan State's Department of Insurance.

B. Significant Transactions and Changes in Terms of Intercompany Arrangements.

The company has entered into a separate agreement with LHP MSO LLC which is an affiliate company wholly-owned by Longevity Health Founders. The purpose of this arrangement is to achieve scale, performance and efficiency enhancements. The amounts LHP MSO, LLC charged to the Company were \$673,420 and 0 for the periods ended December 31, 2021 and December 31, 2020, respectively. All amounts allocated to the Longevity Health Plan Michigan, Inc. are cost basis only – with no mark ups.

C. Transactions with related parties who are not reported on Schedule Y – not applicable.

D. Amounts due to or from related parties

The Company has amounts due to LHP MSO of \$36,051 and \$0 as of December 31, 2021 and December 31, 2020, respectively.

E. Management Services Agreement

See Note 10(B) above.

F. Guarantees Resulting in a Material Contingent Exposure – not applicable.

G. Ownership – not applicable.

H. Upstream Intermediate Entity – not applicable.

I. Investments in SCA Entity that Exceeds 10% of Admitted Assets – not applicable.

J. Investments in Impaired SCA's – not applicable.

K. Investments in Foreign Insurance Subsidiaries – not applicable.

L. Investment in Downstream Non-Insurance Holding Company – not applicable.

M. SCA Investments – not applicable.

N. Investment in Insurance SCA – not applicable.

Notes to Financial Statements

- O. SCA Loss Tracking – not applicable.

Note 11 – Debt

- A. Debt and Holding Company Obligations – not applicable.
- B. Federal Home Loan Bank Agreements – not applicable.

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

- A. Defined Benefit Plans – not applicable.
- B. Defined Benefit Plans Investment Policies and Strategies – not applicable.
- C. Fair Value of Plan Assets – not applicable.
- D. Basis Used to Determine Long-Term Rate-of-Return – not applicable.
- E. Defined Contribution Plans – not applicable.
- F. Multiemployer Plan – not applicable.
- G. Consolidated/Holding Company Plans – not applicable.
- H. Postemployment Benefits and Compensated Absences – not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits – not applicable.

Note 13 – Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The company received a surplus contribution of \$1,000,000 and \$1,510,000 from Longevity Health Holdings of Michigan, LLC in 2021 and 2020, respectively.

- A. Stock Shares Authorized, Issued and Outstanding Shares – not applicable.
- B. Dividend Rate of Preferred Stock – not applicable.
- C. Dividend Restrictions – not applicable.
- D. Dividends Paid – not applicable.
- E. Portion of Profits Paid as Ordinary Dividends – not applicable.
- F. Restrictions on Unassigned Funds:

There were no restrictions placed on the Company's surplus, other than imposed by statute, including for whom the surplus is being held.
- G. Mutual Surplus Advances – not applicable.
- H. Stock Held for Special Purposes – not applicable.
- I. Changes in Special Surplus Funds – not applicable.
- J. Changes in Unassigned Funds Reduced by Cumulative Unrealized Gains and Losses – not applicable.
- K. Surplus Notes – not applicable.
- L. Impact of Quasi-Reorganization – not applicable.
- M. Effective Date of Quasi-Reorganization – not applicable.

Note 14 – Contingencies

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

Note 15 – Leases

- A. Lessee Operating Leases – not applicable.

Notes to Financial Statements

- B. Lessor Leases – not applicable.

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk

- A. Financial Instruments with Off- Balance Sheet Risk – not applicable.
 B. Nature and Terms of Financial Instruments with Off- Balance Sheet Risk – not applicable.
 C. Amount of Loss – not applicable.
 D. Policy for Requiring Collateral – not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales – not applicable.
 B. Transfer and Servicing of Financial Assets – not applicable.
 C. Wash Sales – not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured

- A. ASO Plans – not applicable.
 B. ASC Plans – not applicable.
 C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program is a partially insured plan. The Company recorded a payable in liability for amounts held under uninsured plans of \$37,948 and \$0 as of December 31, 2021, and December 31, 2020, respectively, for the Medicare Part D coverage gap discount and for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance. The Company recorded a receivable of \$11,253 and \$0 as of December 31, 2021, and December 31, 2020, respectively, for the Medicare Part D low-income member cost sharing subsidies and coverage gap discount.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party

The Company does not have any direct premium written or produced by managing general agents or third parties.

Note 20 – Fair Value Measurement

- A. Fair Value Measurements at Reporting Date – not applicable.
 B. Other Fair Value Disclosures – not applicable.
 C. Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV)
Short term Bond	\$ 110,000	\$ 110,000	\$ 110,000	\$ -	\$ -	\$ -	\$ -

- D. Reasons Not Practical to Estimate Fair Value – not applicable.
 E. Investments measured using the NAV practical expedient – not applicable.

Note 21 – Other Items

- A. Extraordinary Items – not applicable.
 B. Troubled Debt Restructuring: Debtors – not applicable.
 C. Other Disclosures and Unusual Items – not applicable.
 D. Business Interruption Insurance Recoveries – not applicable.
 E. State Transferable and Non-transferable Tax Credits – not applicable.
 F. Subprime-Mortgage-Related Risk Exposure:
 1. Direct Exposure Through Investments in Subprime Loans – not applicable.
 2. Direct Exposure Through Other Investments – not applicable.
 3. Underwriting Exposure to Subprime Mortgage Risk – not applicable.

Notes to Financial Statements

- G. Retained Assets – not applicable.
- H. Insurance – Linked Securities Contracts – not applicable.
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – not applicable.

Note 22 – Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through 2/28/22 for the statutory statement issued on 2/28/22.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 2/28/22 for the statutory statement issued on 2/28/22.

Note 23 – Reinsurance

- A. Ceded Reinsurance Report – not applicable.

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes () No (X)
2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)
2. Does the company 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 which, 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, not 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 which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X)

- B. Uncollectible Reinsurance – not applicable.
- C. Commutation of Ceded Reinsurance – not applicable.
- D. Certified Reinsurer Downgraded or Status Subject to Revocation – not applicable.
- E. Reinsurance Credit – not applicable.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Retrospective Premium Adjustments Methodology

The Company estimates accrued retrospective premium adjustments for its Medicare health insurance business through a model using the CMS models for the Part D Risk Corridor and Risk Adjustment.

- B. Retrospective Premium Adjustments Calculation

The Company records accrued retrospective premium as an adjustment to earned premiums.

- C. Retrospective Rating Features

All direct premiums written are relating to Medicare Advantage plans and therefore subject to retrospective adjustment based in the CMS programs. Premiums for Medicare Advantage plans are adjusted based on the risk score of the

Notes to Financial Statements

enrolled members. The plan accrues revenue for known changes to members risks scores using the model published by CMS.

D. Medical Loss Ratio Rebates

The Company is subject to the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act (PPACA). PPACA will require payments to customers covered under the Company's comprehensive medical insurance if certain minimum medical loss ratios are met. Since the accrual reflects the amount of the rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of the rebate will fluctuate as actual claim experience develops each calendar quarter. YTD the Company has 902 member months through December 31, 2021. The Company has not accrued an MLR rebate as of December 31, 2021.

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

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? No

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

	<u>12/31/2021</u>
<u>Permanent ACA Risk Adjustment Program</u>	
(1) b Premium adjustments receivable due to ACA Risk Adjustment.....	\$ -
(2) b Risk adjustment user fees payable for ACA Risk Adjustment.....	\$ -
(3) b Premium adjustments payable due to ACA Risk Adjustment.....	\$ -
(4) b Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
(5) b Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	\$ -
<u>Transitional ACA Reinsurance Program</u>	
(1) b Amounts recoverable for claims paid due to ACA Reinsurance.....	\$ -
(2) b Amounts recoverable for claims unpaid due to ACA Reinsurance.....	\$ -
(3) b Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance.....	\$ -
(4) b Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium.....	\$ -
(5) b Ceded reinsurance premiums payable due to ACA Reinsurance.....	\$ -
(6) b Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance.....	\$ -
(7) b Ceded reinsurance premiums due to ACA Reinsurance.....	\$ -
(8) b Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments.....	\$ -
(9) b ACA Reinsurance contributions - not reported as ceded premium.....	\$ -
<u>Temporary ACA Risk Corridors Program</u>	
(1) b Accrued retrospective premium due to ACA Risk Corridors.....	\$ -
(2) b Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors.....	\$ -
(3) b Effect of ACA Risk Corridors on net premium income (paid/received).....	\$ -
(4) b Effect of ACA Risk Corridors on change in reserves for rate credits.....	\$ -
a Insufficient data to make an estimate.	
b Not applicable.	
c Non-admitted asset	

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses for the period ended December 31, 2021 is summarized as follows (000's omitted):

	<u>12/31/2021</u>
Net unpaid claims and CAE at January 1	-
Incurred related to:	
Current year	2,449
Prior year	-
	<u>2,449</u>
Paid related to:	
Current year	1,509
Prior year	-
	<u>1,509</u>
Balance at period end	<u>940</u>

Notes to Financial Statements

Note 26 – Intercompany Pooling Arrangements

- A. Identification of Lead Entity – not applicable.
- B. Line and Types of Business Subject to the Pooling Agreement – not applicable.
- C. Description of Cession to Non-Affiliated Reinsurers – not applicable.
- D. Identification of all Pool Members – not applicable.
- E. Explanation of any Discrepancies Between Entries Regarding Pooled Business – not applicable.
- F. Description of Intercompany Sharing – not applicable.
- G. Amounts Due to/from the Lead Entity – not applicable.

Note 27 – Structured Settlements

The Company does not have any structured settlements.

Note 28 – Health Care Receivables

- A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 50,700	\$ 50,700	\$ -	\$ -	\$ -
9/30/2021	\$ 14,336	\$ 14,336	\$ -	\$ -	\$ -
6/30/2021	\$ -	\$ -	\$ -	\$ -	\$ -
3/31/2021	\$ -	\$ -	\$ -	\$ -	\$ -

- B. Risk Sharing Receivables – not applicable.

Note 29 – Participating Policies

The Company does not have any participating policies.

Note 30 – Premium Deficiency Reserves

The Company has determined that no premium deficiency reserve is required. Premium deficiency reserve has been evaluated through December 31, 2021.

Note 31 – Anticipated Salvage and Subrogation

The Company does not anticipate any salvage and subrogation.

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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3. Yes[X] No[]
- 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[X] No[] N/A[]
- 1.3 State Regulating? Michigan
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 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[X]
- 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.
- 3.2 State 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.
- 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).
- 3.4 By what department or departments?
N/A
- 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[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]
- 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[X]
- 4.12 renewals? Yes[] No[X]
- 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[X]
- 4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC. Yes[] No[X]
- 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. Yes[] No[X]

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[X]
- 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[X]
- 7.2 If yes, 0.000%
- 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[X]
- 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[X]
- 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 reporting entity such company? Yes[] No[X]
- 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[X]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
LBMC, PC 201 Franklin Road Brentwood, TN 37027
- 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[X]
- 10.2 If 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[X]
- 10.4 If 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[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:

GENERAL INTERROGATORIES (Continued)

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?
 Glenn A. Giese, Oliver Wyman, 411 E Wisconsin Ave, Suite 1300, Milwaukee, WI 53202
- 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
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
- 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 [] N/A [X]
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 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 \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 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 \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
- 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 \$ 0
 22.22 Amount paid as expenses \$ 0
 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 36,725
- 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.

GENERAL INTERROGATORIES (Continued)

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

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[X] 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. \$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 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[] N/A[X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
- 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[] N/A[X]
- 25.09 For the reporting entity's security 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[X] No[]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 110,000
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 26.32 Other \$ 0
- 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[X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
If no, attach a description with this statement.
- 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[X]
- 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[X]
- 27.42 Permitted Accounting Practice Yes[] No[X]
- 27.43 Other Accounting Guidance Yes[] No[X]
- 27.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following: Yes[] No[X]
- 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 with in 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[X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[] No[X]
- 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
JPMorgan Chase Bank, National Association	

- 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[X]
- 29.04 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES (Continued)

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 authority to make investment decisions on behalf of the reporting entity. 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
Vicky Zhai - employee, investment decisions	I

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

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

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 Legal Entity Identifier (LEI)	4 Registered With	5 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

30.2 If yes, complete the following schedule:

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

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 Bonds	110,000	110,000	
31.2 Preferred stocks			
31.3 Totals	110,000	110,000	

31.4 Describe the sources or methods utilized in determining the fair values:
Custodial statement.

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

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 N/A

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 No

33.2 If no, list exceptions:

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities? Yes No

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

GENERAL INTERROGATORIES (Continued)

- c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

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 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?

Yes[] No[X]

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 nonaffiliate 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 complete robust reunderwriting 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[] N/A[X]

OTHER

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

38.2 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

39.1 Amount of payments for legal expenses, if any?

\$ 0

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

1 Name	2 Amount Paid

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$ 0

40.2 List the name of 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 (Continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No
- 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? \$ 0
 - 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. \$ 0
- 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 Current Year	2 Prior Year
2.1 Premium Numerator	2,530,725	.....
2.2 Premium Denominator	2,530,725	.....
2.3 Premium Ratio (2.1 / 2.2)	100.000	.....
2.4 Reserve Numerator	943,772	.....
2.5 Reserve Denominator	943,772	.....
2.6 Reserve Ratio (2.4 / 2.5)	100.000	.....

- 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
- 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
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No N/A
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive Medical \$ 300,000
 - 5.32 Medical Only \$ 0
 - 5.33 Medicare Supplement \$ 0
 - 5.34 Dental & Vision \$ 0
 - 5.35 Other Limited Benefit Plan \$ 0
 - 5.36 Other \$ 0
- 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 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 1,087
 - 8.2 Number of providers at end of reporting year 3,794
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 0
 - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$ 12,144
 - 10.22 Amount actually paid for year bonuses \$ 0
 - 10.23 Maximum amount payable withholds \$ 0
 - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
 - 11.12 A Medical Group/Staff Model, Yes No
 - 11.13 An Individual Practice Association (IPA), or, Yes No
 - 11.14 A Mixed Model (combination of above)? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Michigan
- 11.4 If yes, show the amount required. \$ 1,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation.
minimum net worth is the greatest of the following: (i) \$1,500,000.00. (ii) Four percent of the health maintenance organization's subscription revenue. (iii) Three months' uncovered expenditures.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Calhoun, Genesee, Grand Traverse, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Oakland, Ogemaw, Ottawa, Saginaw, St. Clair, Washtenaw, Wayne

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

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	\$	0
15.2 Total incurred claims	\$	0
15.2 Number of covered lives	.....	0

*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[] No[X]
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[X]

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	3,052,492	1,509,966			
2. TOTAL Liabilities (Page 3, Line 24)	1,119,008				
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000			
4. TOTAL Capital and Surplus (Page 3, Line 33)	1,933,484	1,509,966			
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	2,530,725				
6. TOTAL Medical and Hospital Expenses (Line 18)	2,234,411				
7. Claims adjustment expenses (Line 20)	227,048				
8. TOTAL Administrative Expenses (Line 21)	645,748	34			
9. Net underwriting gain (loss) (Line 24)	(576,482)	(34)			
10. Net investment gain (loss) (Line 27)					
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(576,482)	(34)			
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	212,138	(34)			
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	1,933,484	1,509,966			
15. Authorized control level risk-based capital	311,501	2,730			
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	283				
17. TOTAL Members Months (Column 6, Line 7)	902				
OPERATING PERCENTAGE (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)	88.3				
20. Cost containment expenses	3.1				
21. Other claims adjustment expenses	5.9				
22. TOTAL Underwriting Deductions (Line 23)	122.8				
23. TOTAL Underwriting Gain (Loss) (Line 24)	(22.8)				
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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 Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

1	2	Direct Business Only								
		3	4	5	6	7	8	9	10	
State, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit - Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	L		2,535,560						2,535,560	
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	N									
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	X X X									
59. Subtotal	X X X		2,535,560						2,535,560	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. TOTAL (Direct Business)	X X X		2,535,560						2,535,560	

DETAILS OF WRITE-INS

58001	X X X									
58002	X X X									
58003	X X X									
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N - None of the above - Not allowed to write business in the state

1
56

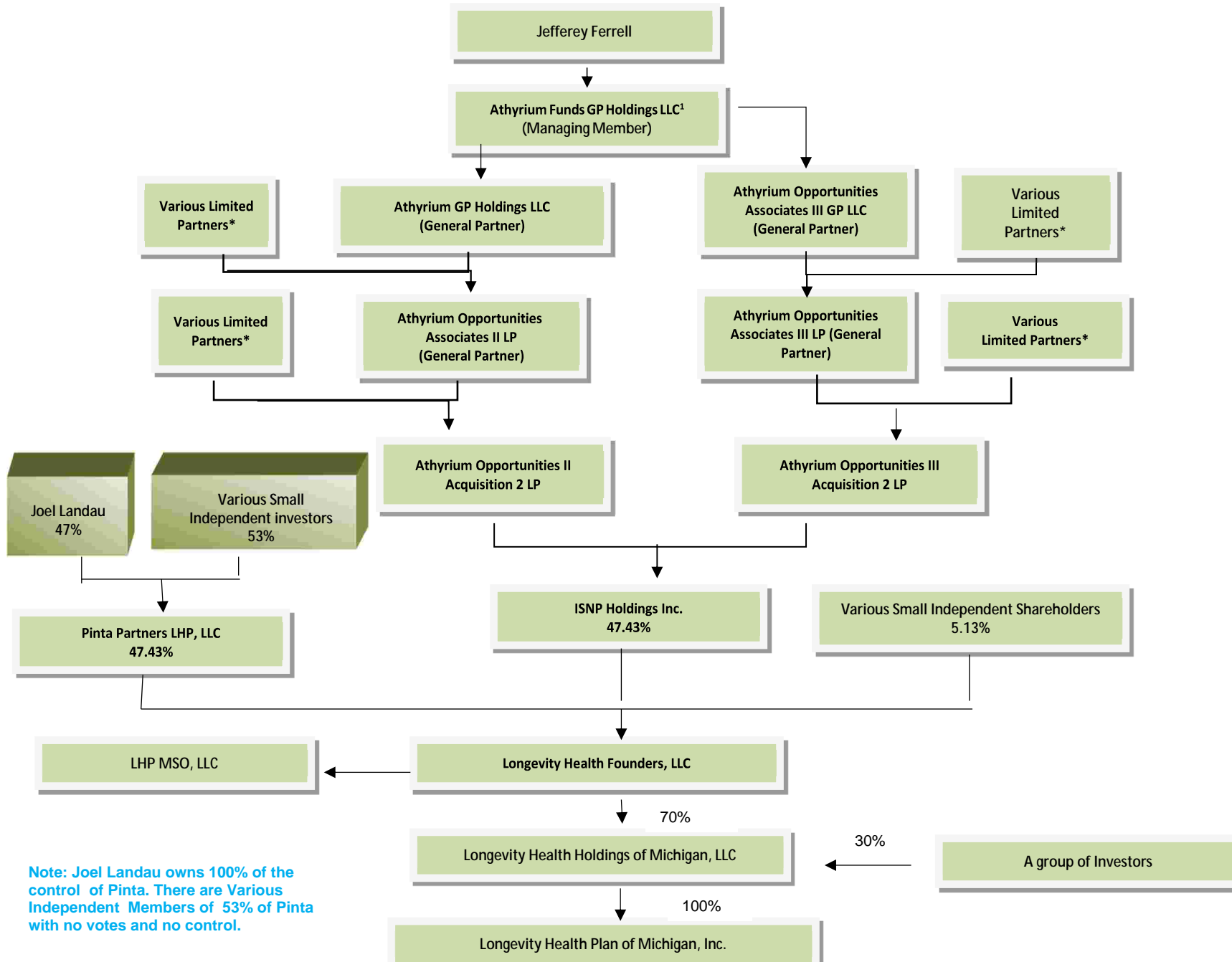
- R - Registered - Non-domiciled RRGs
- Q - Qualified - Qualified or accredited reinsurer

(b) Explanation of basis of allocation by state, premiums by state, etc.: The Company was only licensed in the State of Michigan at 12/31/21

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Note: Joel Landau owns 100% of the control of Pinta. There are Various Independent Members of 53% of Pinta with no votes and no control.