



**QUARTERLY STATEMENT
AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Zing Health of Michigan, Inc.**

NAIC Group Code	<u>4979</u>	<u>4979</u>	NAIC Company Code	<u>16812</u>	Employer's ID Number	<u>84-4598280</u>
	(Current Period)	(Prior Period)				
Organized under the Laws of	<u>Michigan</u>		State of Domicile or Port of Entry	<u>MI</u>		
Country of Domicile	<u>United States</u>					
Licensed as business type:	Life, Accident & Health [] Dental Service Corporation [] Other []		Property/Casualty [] Vision Service Corporation [] Is HMO Federally Qualified? Yes[X] No [] N/A []		Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization[X]	
Incorporated/Organized	<u>01/31/2020</u>		Commenced Business	<u>01/01/2021</u>		
Statutory Home Office	<u>40600 Ann Arbor Road East, Suite 201</u>		<u>Plymouth, MI, US 48170</u>			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	<u>303 W. Madison Street, Suite 800</u>					
	(Street and Number)					
	<u>Chicago, IL, US 60606</u>		<u>(312)205-7948</u>			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	<u>303 W. Madison Street, Suite 800</u>		<u>Chicago, IL, US 60606</u>			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	<u>303 W. Madison Street, Suite 800</u>					
	(Street and Number)					
	<u>Chicago, IL, US 60606</u>		<u>(312)205-7948</u>			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Web Site Address	<u>www.myzinghealth.com</u>					
Statutory Statement Contact	<u>Mete Sahin</u>		<u>(703)282-5955</u>			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	<u>mete.sahin@myzinghealth.com</u>					
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Eric E. Whitaker	President & CEO
Garfield Collins	Secretary & COO
Mete Sahin	Treasurer & CFO

OTHERS

DIRECTORS OR TRUSTEES

Eric E. Whitaker	Stephen A. Martin Jr.
Linda Mack #	Alex Fridlyand #
Asif Dhanani #	Srdjan Vukovic

State of Michigan
County of Wayne 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.

(Signature)	(Signature)	(Signature)
Eric E. Whitaker, MD, MPH	Garfield Collins	Mete Sahin
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President & CEO	Secretary & COO	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 07 day of April, 2022

(Notary Public Signature)

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 [] _____



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	314,463		314,463	909,013
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
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 (\$.....6,482,528), cash equivalents (\$.....0) and short-term investments (\$.....0)	6,482,528		6,482,528	5,708,821
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,796,991		6,796,991	6,617,834
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	5,900		5,900	11,424
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
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 (\$.....0) and contracts subject to redetermination (\$.....0)	62,262		62,262	23,623
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	70,790		70,790	137,549
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 adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....132,594) and other amounts receivable	217,293	84,699	132,594	73,823
25. Aggregate write-ins for other-than-invested assets	9,712		9,712	17,517
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,162,948	84,699	7,078,249	6,881,770
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	7,162,948	84,699	7,078,249	6,881,770
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. Other receivables	9,712		9,712	17,517
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)	9,712		9,712	17,517

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	1,074,457		1,074,457	772,323
2. Accrued medical incentive pool and bonus amounts	19,732		19,732	149,845
3. Unpaid claims adjustment expenses	46,857		46,857	39,512
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,055,243		2,055,243	2,740,324
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	288,427		288,427	46,711
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized 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	93,577		93,577	23,659
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	425,331		425,331	144,355
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	4,003,624		4,003,624	3,916,729
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	100	100
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	7,726,144	7,076,144
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	(4,651,619)	(4,111,203)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 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	3,074,625	2,965,041
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	7,078,249	6,881,770
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	2,867	427	4,407
2. Net premium income (including \$.....0 non-health premium income)	X X X	3,562,701	402,782	5,303,146
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	3,562,701	402,782	5,303,146
Hospital and Medical:				
9. Hospital/medical benefits		2,655,761	252,962	2,686,167
10. Other professional services				
11. Outside referrals		191,938	26,358	237,181
12. Emergency room and out-of-area		261,720	14,270	184,758
13. Prescription drugs		554,564	35,912	358,398
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		179,731		1,117,147
16. Subtotal (Lines 9 to 15)		3,843,714	329,502	4,583,651
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		3,843,714	329,502	4,583,651
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses		92,513	70,021	483,255
21. General administrative expenses		848,920	457,058	1,529,018
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(685,081)	(55,326)	2,519,021
23. Total underwriting deductions (Lines 18 through 22)		4,100,066	801,255	9,114,945
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(537,365)	(398,473)	(3,811,799)
25. Net investment income earned		48	86	3,225
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		48	86	3,225
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	(537,317)	(398,387)	(3,808,574)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(537,317)	(398,387)	(3,808,574)
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 (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
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)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,965,041	2,005,215	2,005,215
34. Net income or (loss) from Line 32	(537,317)	(398,387)	(3,808,574)
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	(3,099)		(81,600)
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	650,000	500,000	4,850,000
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)	109,584	101,613	959,826
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,074,625	2,106,828	2,965,041
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 To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	2,838,981	347,071	7,798,544
2. Net investment income	6,109	6,242	8,964
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	2,845,090	353,313	7,807,508
5. Benefit and loss related payments	3,058,482	154,275	6,325,927
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	344,637	489,716	1,919,266
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			73
10. TOTAL (Lines 5 through 9)	3,403,119	643,991	8,245,266
11. Net cash from operations (Line 4 minus Line 10)	(558,029)	(290,678)	(437,758)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	908,000		
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)	908,000		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	313,987		
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)	313,987		
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	594,013		
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	650,000	500,000	4,850,000
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)	87,723	94,311	(3,535)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	737,723	594,311	4,846,465
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)	773,707	303,633	4,408,707
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,708,821	1,300,114	1,300,114
19.2 End of period (Line 18 plus Line 19.1)	6,482,528	1,603,747	5,708,821

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	649							649		
2. First Quarter	974							974		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	2,867							2,867		
Total Member Ambulatory Encounters for Period:										
7. Physician	3,334							3,334		
8. Non-Physician	360							360		
9. Total	3,694							3,694		
10. Hospital Patient Days Incurred	293							293		
11. Number of Inpatient Admissions	47							47		
12. Health Premiums Written (a)	3,566,671							3,566,671		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,566,671							3,566,671		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	3,743,563							3,743,563		
18. Amount Incurred for Provision of Health Care Services	3,843,714							3,843,714		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,566,671.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	23,968					23,968
0499999 Subtotals	23,968					23,968
0599999 Unreported claims and other claim reserves						1,050,489
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						1,074,457
0899999 Accrued Medical Incentive Pool And Bonus Amounts						19,732

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,192,293	2,241,426	153,051	921,406	1,345,344	772,323
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,192,293	2,241,426	153,051	921,406	1,345,344	772,323
10. Healthcare receivables (a)	84,699	132,594			84,699	145,423
11. Other non-health						
12. Medical incentive pools and bonus amounts	(292,450)	602,294	(109,349)	129,081	(401,799)	149,845
13. Totals (Lines 9 - 10 + 11 + 12)	815,144	2,711,126	43,702	1,050,487	858,846	776,745

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

Notes to Financial Statements

Note 1- Summary of Significant Accounting policies

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Zing Health of Michigan, Inc. (the "Company"), are presented on the basis of accounting practices prescribed or permitted by the 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 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:

	SSAP #	F/S Page	F/S Line	March 31, 2022	December 31, 2021
<u>Net Income</u>					
(1) Zing Health of Michigan, Inc. state basis (Page 4, Line 32, Column 2 & 3)	XXX	XXX	XXX	\$ (537,317)	\$ (3,808,574)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (537,317)	\$ (3,808,574)
<u>Surplus</u>					
(5) Zing Health of Michigan, Inc. state basis (Page 3, Line 33, Column 3 & 4)	XXX	XXX	XXX	\$ 3,074,625	\$ 2,965,041
(6) State Prescribed Practices that are an increase/(decrease) NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,074,625	\$ 2,965,041

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 are reported net of reinsurance. Claims are reported based on the service date of services rendered. The Company began writing business on 1/1/2021. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, will be charged to operations as incurred. Expenses for management and administration of the organization are charged to operations as incurred.

The Company uses the following accounting policies:

- Short-term investments – not applicable.
- Bonds are stated at amortized cost using the straight-line method.
- 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.
- Joint Ventures, Partnerships and Limited Liability Companies - not applicable.
- Derivatives - not applicable.
- Premium deficiency reserve:

The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

Notes to Financial Statements

11. Method of establishing claim and CAE reserves

Zing uses a historical completion factor approach in conjunction with Inpatient authorization data to develop claim reserve estimates for part C. An additional explicit 5% margin is added to the actuarial best estimate of IBNR as a provision for adverse deviation.

Medicare Part D (Rx) is based on actual Pharmacy Benefits Management (PBM) invoiced amounts. Based on timing of weekly invoices from the PBM, an additional accrual is added to cover the span from the last day covered by the Part D invoices to end of month. Since pharmacy scripts are filled immediately at the point of service, no additional IBNR accruals are added to the pharmacy invoice amounts received by the PBM month.

Claim Adjustment Expense Reserves:

Claims adjustment expense booked is equal to 3% of the IBNR estimate.

12. Capitalization Policy

Zing Health of Michigan, Inc. does not possess any fixed assets given the services requiring the acquisition of fixed assets are covered by the Management Services Agreement filed with the Department of Insurance (Form D). These services are provided by Zing Health Holdings, Inc.

Zing Health Holdings, Inc. does have a formal capitalization and depreciation policy that guides its accounting, which can be submitted upon request to the Department of Insurance.

13. The method used to estimate pharmaceutical rebate receivables:

Pharmacy rebates are estimated at \$110 per brand script based on actuarial guidance and the Company's contract with its Pharmacy Benefit Management Company, Navitus.

D. Going concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Company's ability to continue as a going concern.

Note 2-Accounting Changes and Corrections of Errors

There were no 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.
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill – not applicable.

Note 4-Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale - not applicable.
- B. Change in Plan of Sale of Discontinued Operation - not applicable.
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - not applicable.
- D. Equity Interest Retained in the Discontinued Operation After Disposal - 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.
- 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 a Sale - not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - not applicable.

Notes to Financial Statements

- 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	925,886	-	-	-	925,886	928,393	(2,507)	925,886	-	12.926%	13.081%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	-	0.000%	0.000%
l. 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	925,886	-	-	-	925,886	928,393	(2,507)	925,886	-	12.926%	13.081%

(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. Write-downs for Impairment of 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 non-admitted and excluded from surplus.
- B. As of March 31, 2022, the Company had no investment income due and accrued with any amounts that are over 90 days past due.

Note 8-Derivative Instruments

A-H. not applicable

Note 9-Income Taxes

- A. Deferred Tax Assets/Liabilities
No significant changes.
- B. Deferred Tax Assets/Liabilities that are not recognized – not applicable.
- C. Current and Deferred Income Taxes
No significant changes.
- D. Significant book to tax adjustments
No significant changes.
- E. Operating loss and tax credit carryforwards
As of March 31, 2022, the Company had a federal net operating loss carryforward of approximately \$2,300,000 for future years.
- F. Consolidated tax return

Notes to Financial Statements

1 The Company's federal income tax return is consolidated with the following entities:

Zing Health, Inc.
Zing Health Holdings, Inc.
Zing Health of Michigan Inc.
Zing Health Holdings of Michigan Inc.
Zing Health Consolidator Inc.
Lasso Healthcare Insurance Company
Port Holdings, Inc.

2 The method of allocation among the companies is subject to written agreement, approved by the Board of Directors. Allocation is based on separate return calculation with current credit for net losses. Intercompany tax balances are settled annually after the Consolidated Federal Income Tax Return is filed.

G. Federal or foreign tax loss contingencies – none.

H. Repatriation Transition Tax (RTT) – none.

I. Alternative Minimum Tax (AMT) Credit – none.

Note 10-Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

Zing Health of Michigan, Inc. is a Michigan corporation, and a wholly owned subsidiary of Zing Health Holdings of Michigan, Inc., a Delaware corporation, which holds one hundred percent (100%) of the issued and outstanding shares of stock of Zing Health of Michigan, Inc. Additionally, Zing Health of Michigan, Inc is a member of the Zing Health Enterprises, LP insurance holding system which includes insurance affiliate Zing Health, Inc, an Illinois based and licensed corporation servicing Cook County in Illinois.

B. Significant Transactions and Changes in Terms of Intercompany Arrangements - not applicable.

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

D. Amounts Due to or from Related Parties

The Company had no amounts due from parent as of March 31, 2022, or December 31, 2021.

The Company had \$93,577 and \$23,659 due to parent as of March 31, 2022, and December 31, 2021, respectively.

E. Guarantees or Undertakings for Related Parties - not applicable.

F. Management Services Agreement

The Company has a management services agreement with Zing Health Holdings, Inc. Amounts charged to the Company under this agreement were \$358,166 and \$744,649 during 2022 (through March 31) and during 2021, respectively.

G. Nature of Relationships that Could Affect Operations

See Notes 10(A) and 10(F) above.

H. Amount Deducted for Investment in Upstream Company - 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. All SCA investments - not applicable.

N. Investment in Insurance SCA - not applicable.

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.

Notes to Financial Statements

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

- A. Defined Benefit Plans - not applicable.
- B. Investment Policies and Strategies of Plan Assets - not applicable.
- C. Fair Value of Each Class 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 \$650,000 and \$4,850,000 of paid in surplus contributions during 2022 and 2021, respectively.

- A. Stock Shares Authorized, Issued and Outstanding Shares

The Company has 1,000,000 shares authorized, 1,000,000 shares issued and outstanding. The shares were issued at \$.0001 per share. All shares are common stock.
- 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 special deposit 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

The portion of unassigned funds (surplus) represented by cumulative unrealized gains is \$0.
- K. Surplus Notes - not applicable.
- L. Impact of quasi-reorganization - not applicable.
- M. Effective date of quasi-reorganization - not applicable.

Note 14-Liabilities, Contingencies and Assessments

- 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 And Financial Instruments With Concentrations of Credit Risk

- A. Face Amount of the Company's 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 Portion of Partially Insured Plans

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

No significant changes.

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

No significant changes.

Note 20-Fair Value Measurement

A. Fair Value Measurements at Reporting Date

As of March 31, 2022, the Company did not have any investments carried at fair value in the financial statements.

1. Fair Value Hierarchy with Fair Value Measurement Categorized in their entirety (Level 1, 2, or 3)

The Company does not have any fair value measurements in level 1, 2, or 3 of the Fair Value Hierarchy

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy

The Company does not have any fair value measurements in level 3 of the Fair Value Hierarchy.

3. Reasons for any transfers between levels

The Company does not have any transfers between levels.

4. Valuation Techniques for Fair Value Measurements Categorized within Level 2 and Level 3

The Company does not have any fair value measurements categorized within level 2 and level 3.

5. Derivative Assets and Liabilities

The Company does not have any derivative assets and liabilities.

B. Other Fair Value Disclosures

The Company does not have any other fair value disclosures.

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)
Bonds	\$ 307,488	\$ 314,463	\$ 307,488	\$ -	\$ -	\$ -	\$ -

D. Reasons Not Practical to Estimate Fair Value - not applicable.

E. Investments measured using the NAV practical expedient – not applicable.

Note 21-Other Items

Notes to Financial Statements

- A. Unusual or Infrequent Items - not applicable.
- B. Troubled Debt Restructuring: Debtors - not applicable.
- C. Other Disclosures - 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 – not applicable.
- G. Retained Assets - not applicable.
- H. Insurance-Linked Securities (ILS) 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

Subsequent events have been considered through 5/9/22 for the statutory statement issued on 5/9/22.

Note 23-Reinsurance

The Company has entered into an HMO Excess Risk Reinsurance agreement effective on 1/1/22 – 12/31/22.

- 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.

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.

Notes to Financial Statements

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

D. Medical Loss Ratio Rebates - not applicable.

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 – not applicable.
3. Roll-Forward of Prior Year ACA Risk Sharing Provisions – not applicable.
4. Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year – not applicable.

Note 25-Change in Incurred Claims and Claim Adjustment Expenses

- A. Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses for the periods ended March 31, 2022, and December 31, 2021, respectively, are summarized as follows (000's omitted):

	<u>3/31/2022</u>	<u>12/31/2021</u>
Balance, beginning of period	<u>812</u>	<u>-</u>
Incurred related to:		
Current year	2,495	3,950
Prior year	1,261	-
Total incurred	<u>3,756</u>	<u>3,950</u>
Paid related to:		
Current year	2,339	3,138
Prior year	1,108	-
Total paid	<u>3,447</u>	<u>3,138</u>
Balance, end of period	<u>1,121</u>	<u>812</u>

- B. Significant changes in methodologies and assumptions used in calculating the liability

No changes in the methodologies or assumptions used in calculating the liability.

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

Not applicable.

Note 28-Health Care Receivables

- A. Pharmaceutical Rebate Receivables:

Notes to Financial Statements

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
3/31/2022	\$ 132,594	\$ 132,594	\$ -	\$ -	\$ -
12/31/2021	\$ 73,823	\$ 73,823	\$ -	\$ -	\$ -
9/30/2021	\$ 56,173	\$ 52,671	\$ -	\$ 41,795	\$ -
6/30/2021	\$ 37,950	\$ 36,300	\$ -	\$ 36,300	\$ -
3/31/2021	\$ 12,320	\$ 10,688	\$ -	\$ 10,688	\$ -

B. Risk Sharing Receivables:

None recorded as of March 31, 2022.

Note 29-Participating Policies

Not applicable.

Note 30-Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 2,055,243
2. Date of most recent evaluation of this liability	<u>3/31/2022</u>
3. Was anticipated investment income utilized in the calculation	Yes___ No <u>X</u>

Note 31-Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[X] N/A[]
 If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 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).
- 6.4 By what department or departments?
- 6.5 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]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this 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]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
.....

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes No

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

1 Name of Custodian(s)	2 Custodian Address
.....

17.2 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)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

17.4 If yes, give full and complete information relating thereto:

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

17.5 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
.....

17.5097 For those firms/individuals listed in the table for Question 17.5, 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

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 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
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

18.2 If no, list exceptions:

19. By self-designating 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

20. 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.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a 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

GENERAL INTERROGATORIES (Continued)

21. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent 89.319%
1.2 A&H cost containment percent 0.661%
1.3 A&H expense percent excluding cost containment expenses 25.764%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] No[]
3.1 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]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2022	ODYSSEY REINS CO	CT	SSL/I	MR	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only								
State, Etc.	1 Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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)	L		2,152,012						2,152,012	
15. Indiana (IN)	L		627,368						627,368	
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		787,291						787,291	
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		3,566,671						3,566,671	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X		3,566,671						3,566,671	
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

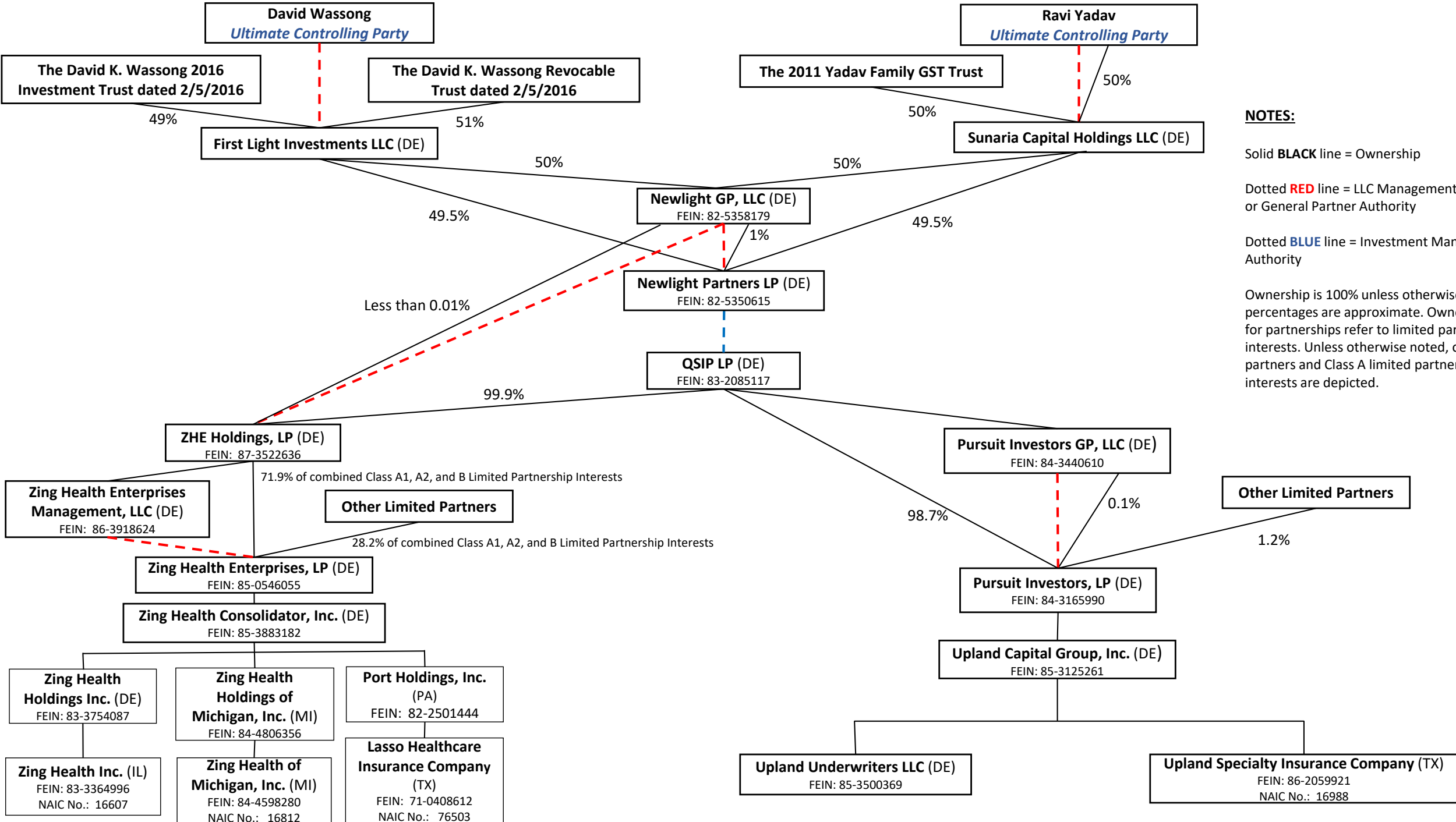
N – None of the above – Not allowed to write business in the state

3

R – Registered - Non-domiciled RRGs

Q – Qualified - Qualified or accredited reinsurer

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NOTES:

Solid **BLACK** line = Ownership

Dotted **RED** line = LLC Management Authority or General Partner Authority

Dotted **BLUE** line = Investment Management Authority

Ownership is 100% unless otherwise noted. All percentages are approximate. Ownership lines for partnerships refer to limited partnership interests. Unless otherwise noted, only general partners and Class A limited partnership interests are depicted.

Additional information for the organizational chart:

Ravi Yadav and David Wassong are the current UCPs of Upland Specialty Insurance Company, a Texas domestic stock surplus lines insurance company (“Upland”); Zing Health, Inc., an Illinois domestic stock health maintenance organization (“Zing IL”); Zing Health of Michigan, Inc., a Michigan domestic stock health maintenance organization (“Zing MI”); and Lasso Healthcare Insurance Company, a Texas domestic stock health insurance company (“Lasso”). However, these four companies have had recent discussions with the Texas Department of Insurance, the Illinois Department of Insurance, and the Michigan Department of Insurance and Financial Services about a forthcoming restructuring and related regulatory filings that will ensure that Upland is considered to be in a separate holding company system than Lasso, Zing IL, and Zing MI.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4979	Zing Hlth Enterprises Grp	16607	83-3364996	000000000	0000000000		Zing Health, Inc.	IL	IA	Zing Health Holdings, Inc.	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
4979	Zing Hlth Enterprises Grp	16812	84-4598280	000000000	0000000000		Zing Health of Michigan, Inc.	MI	RE	Zing Health Holdings of Michigan, Inc.	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
4979	Zing Hlth Enterprises Grp	75603	71-0408612	000000000	0000000000		Lasso Health Insurance Company	TX	IA	Port Holdings, Inc.	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	83-3754087	000000000	0000000000		Zing Health Holdings, Inc.	DE	UDP	Zing Health Enterprise LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	84-4806356	000000000	0000000000		Zing Health Holdings of Michigan, Inc.	DE	NIA	Zing Health Enterprise LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	82-2501444	000000000	0000000000		Port Holdings, Inc.	DE	NIA	Zing Health Enterprise LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	85-3883182	000000000	0000000000		Zing Health Consolidator, Inc.	DE	UIP	Zing Health Enterprise LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	85-0546055	000000000	0000000000		Zing Health Enterprises, LP	DE	UIP	Zing Health Enterprises Management, LLC	Management		David Wassong & Ravi Yadav	No	0000000
-	-	00000	86-3918624	000000000	0000000000		Zing Health Enterprises Management, LLC	DE	UIP	ZHE Holdings, LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	87-3522636	000000000	0000000000		ZHE Holdings, LP	DE	UIP	Newlight GP, LLC	Management		David Wassong & Ravi Yadav	No	0000000
-	-	00000	83-2085117	000000000	0000000000		QSIP LP	DE	UIP	Newlight Partners LP	Management		David Wassong & Ravi Yadav	No	0000000
-	-	00000	82-5350615	000000000	0000000000		Newlight Partners LP	DE	UIP	Newlight GP, LLC	Management		David Wassong & Ravi Yadav	No	0000000
-	-	00000	82-5358179	000000000	0000000000		Newlight GP, LLC	DE	UIP	First Light Investmnets	Ownership	50.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	82-5358179	000000000	0000000000		Newlight GP, LLC	DE	UIP	Sunaria Capital Holdings LLC	Ownership	50.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	-	000000000	0000000000		First Light Investments LLC	DE	UIP	David Wassong	Management		David Wassong	No	0000000
-	-	00000	-	000000000	0000000000		The David K. Wassong 2016 Investment Trust dated 2/5/2016		UIP	-			David Wassong & Ravi Yadav	No	0000000
-	-	00000	-	000000000	0000000000		The David K. Wassong Revocable Trust dated 2/5/2016		UIP	-			David Wassong & Ravi Yadav	No	0000000
-	-	00000	-	000000000	0000000000		David Wassong		UIP	Self			-	No	0000000
-	-	00000	85-3500369	000000000	0000000000		Upland Underwriters LLC	DE	NIA	Upland Capital Group, Inc.	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	16988	86-2059921	000000000	0000000000		Upland Specialty Insurance Company	TX	IA	Upland Capital Group, Inc.	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	85-3125261	000000000	0000000000		Upland Capital Group, Inc.	DE	NIA	Pursuit Investors, LP	Ownership	100.0	David Wassong & Ravi Yadav	No	0000000
-	-	00000	84-3165990	000000000	0000000000		Pursuit Investors, LP	DE	NIA	Pursuit Investors GP, LLC	Management		David Wassong & Ravi Yadav	No	0000000
-	-	00000	84-3440610	000000000	0000000000		Pursuit Investors GP, LLC	DE	NIA	QSIP LP	Ownership	98.7	David Wassong & Ravi Yadav	No	0000000
-	-	00000	-	000000000	0000000000		Sunaria Capital Holdings LLC	DE	NIA	Ravi Yadav	Management		Ravi Yadav	No	0000000
-	-	00000	-	000000000	0000000000		Ravi Yadav		UIP	Self			-	No	0000000

Q16

Asterisk	Explanation
0000001

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<u>RESPONSE</u>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16812202236500001

2022

Document Code: 365

NONE

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION****Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	909,013	920,943
2. Cost of bonds and stocks acquired	313,987	
3. Accrual of discount	476	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	908,000	
7. Deduct amortization of premium	1,013	11,930
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	314,463	909,013
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	314,463	909,013

SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	909,013	313,987	908,000	(537)	314,463			909,013
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	909,013	313,987	908,000	(537)	314,463			909,013
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	909,013	313,987	908,000	(537)	314,463			909,013

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
91282CBM2	US Treasury		01/31/2022	US Government	X X X	313,987	320,000	185	1.A
0109999999	Subtotal - Bonds - U.S. Governments				X X X	313,987	320,000	185	X X X
2509999997	Subtotal - Bonds - Part 3				X X X	313,987	320,000	185	X X X
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X	313,987	320,000	185	X X X
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
4509999999	Subtotal - Preferred Stocks				X X X	X X X	X X X	X X X	X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
5989999999	Subtotal - Common Stocks				X X X	X X X	X X X	X X X	X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	X X X	X X X	X X X	X X X
6009999999	Total - Bonds, Preferred and Common Stocks				X X X	313,987	X X X	185	X X X

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol	
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Governments																					
912828Z60	US Treasury	01/31/2022	US Government	XXX	320,000	320,000	325,907	320,362		(362)		(362)		320,000				2,200	01/31/2022	1.A	
912828Z60	US Treasury	01/31/2022	US Government	XXX	588,000	588,000	598,255	588,651		(651)		(651)		588,000				4,043	01/31/2022	1.A	
010999999	Subtotal - Bonds - U.S. Governments			XXX	908,000	908,000	924,162	909,013		(1,013)		(1,013)		908,000				6,243	XXX	XXX	
250999997	Subtotal - Bonds - Part 4			XXX	908,000	908,000	924,162	909,013		(1,013)		(1,013)		908,000				6,243	XXX	XXX	
250999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
250999999	Subtotal - Bonds			XXX	908,000	908,000	924,162	909,013		(1,013)		(1,013)		908,000				6,243	XXX	XXX	
450999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
450999999	Subtotal - Preferred Stocks			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
598999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
598999999	Subtotal - Common Stocks			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
599999999	Subtotal - Preferred and Common Stocks			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
600999999	Total - Bonds, Preferred and Common Stocks			XXX	908,000	908,000	924,162	909,013		(1,013)		(1,013)		908,000				6,243	XXX	XXX	

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Fifth Third Bank	Chicago, IL 60607					5,802,597	6,882,251	5,871,105	X X X
Illinois National Bank	Springfield, IL 62701	SD				611,423	611,423	611,423	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			6,414,020	7,493,674	6,482,528	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			6,414,020	7,493,674	6,482,528	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			6,414,020	7,493,674	6,482,528	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9	
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year	
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>									
8609999999 Total Cash Equivalents									