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ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

ALIGN SENIOR CARE MI, LLC

NAIC Group Code 4950, 4950 (Current) (Prior) NAIC Company Code 16580 Employer's ID Number 83-4016126

Organized under the Laws of MI State of Domicile or Port of Entry MI
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? N/A
Incorporated/Organized 01/08/2019 Commenced Business 01/01/2020

Statutory Home Office 400 Renaissance Center Detroit, MI, US 48243
Main Administrative Office 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 804-396-6412 (Telephone)
Mail Address 10900 Nuckols Road STE 110 Glen Allen, VA, US 23060
Primary Location of Books and Records 10900 Nuckols Road STE 110
Glen Allen, VA, US 23060 804-220-6171 (Telephone)
Internet Website Address N/A
Statutory Statement Contact Robert Ragland 804-220-6171 (Telephone)
regulatoryaccounting@allyalign.com (E-Mail) 804-241-1577 (Fax)

OFFICERS

Jeremy Stephen Dressen#, Chief Operating Officer
Robert Grayson Ragland#, Treasurer and Chief Financial Officer
Amy Elizabeth Kaszak, President and Chief Executive Officer
Laura Manchester#, Secretary

DIRECTORS OR TRUSTEES

Jeremy Stephen Dressen#
Mark Francis Price#
Cheryl Corte#
Cora Louise Case#
Amy Elizabeth Kaszak#

State of Virginia
County of Henrico SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, 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.

x	x	x
Jeremy Stephen Dressen Chief Operating Officer	Amy Elizabeth Kaszak President and Chief Executive Officer	Robert Grayson Ragland Treasurer and Chief Financial Officer

Subscribed and sworn to before me
this 31st day of
January 2023

x

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

ANDREA R FULLER
NOTARY PUBLIC
REGISTRATION # 7998711
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES 09/30/2026

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	509,504		509,504	508,909
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	2,935,768		2,935,768	3,066,968
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 $ encumbrances)				
4.2 Properties held for the production of income (less $ encumbrances)				
4.3 Properties held for sale (less $ encumbrances)				
5. Cash ($ 3,749,364, Schedule E - Part 1), cash equivalents ($, Schedule E - Part 2) and short-term investments ($, Schedule DA)	3,749,364		3,749,364	1,813,943
6. Contract loans (including $ 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)	7,194,636		7,194,636	5,389,820
13. Title plants less $ 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	86		86	191
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)				
15.3 Accrued retrospective premiums ($ 232,899) and contracts subject to redetermination ($)	232,899		232,899	134,036
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	53,090		53,090	171,633
18.1 Current federal and foreign income tax recoverable and interest thereon	79,061		79,061	864
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets ($)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	8,154		8,154	63
24. Health care ($ 173,561) and other amounts receivable	223,875	50,314	173,561	53,783
25. Aggregate write-ins for other-than-invested assets	77,569	77,569	—	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,869,370	127,883	7,741,487	5,750,390
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	7,869,370	127,883	7,741,487	5,750,390
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	20,929	20,929	—	
2502. Prepaid expenses	56,640	56,640	—	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	77,569	77,569	—	

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ reinsurance ceded)	2,136,817		2,136,817	513,895
2.	Accrued medical incentive pool and bonus amounts	163,372		163,372	212,517
3.	Unpaid claims adjustment expenses	72,628		72,628	16,501
4.	Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act	436,062		436,062	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	19,018		19,018	50,704
9.	General expenses due or accrued	15,506		15,506	14,119
10.1	Current federal and foreign income tax payable and interest thereon (including $ 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 $ current) and interest thereon $ (including $ current)				
15.	Amounts due to parent, subsidiaries and affiliates				11,124
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with $ authorized reinsurers, $ unauthorized reinsurers and $ certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	275,037		275,037	63,918
23.	Aggregate write-ins for other liabilities (including $ current)				
24.	Total liabilities (Lines 1 to 23)	3,118,440		3,118,440	882,778
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	1,850,000	1,850,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	2,773,047	3,017,612
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 $)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	4,623,047	4,867,612
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,741,487	5,750,390
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.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
1. Member Months	XXX	3,522	1,490
2. Net premium income (including $ non-health premium income)	XXX	8,251,132	3,076,573
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $ medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Lines 2 to 7)	XXX	8,251,132	3,076,573
Hospital and Medical:			
9. Hospital/medical benefits		4,417,958	1,145,081
10. Other professional services		1,210,982	187,303
11. Outside referrals			
12. Emergency room and out-of-area		147,885	29,516
13. Prescription drugs		488,192	184,808
14. Aggregate write-ins for other hospital and medical		45,200	20,232
15. Incentive pool, withhold adjustments and bonus amounts		317,759	233,140
16. Subtotal (Lines 9 to 15)		6,627,976	1,800,080
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		6,627,976	1,800,080
19. Non-health claims (net)			
20. Claims adjustment expenses, including $ 220,982 cost containment expenses		615,817	216,667
21. General administrative expenses		1,100,648	864,296
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		8,344,441	2,881,043
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(93,309)	195,530
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		595	1,758
26. Net realized capital gains (losses) less capital gains tax of $			
27. Net investment gains (losses) (Lines 25 plus 26)		595	1,758
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			
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)	XXX	(92,714)	197,288
31. Federal and foreign income taxes incurred	XXX	(16,227)	16,637
32. Net income (loss) (Lines 30 minus 31)	XXX	(76,487)	180,651
Details of Write-Ins			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401. Durable Medical Equipment		45,200	20,232
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)		45,200	20,232
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)

CAPITAL & SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year	4,867,612	2,582,040
34. Net income or (loss) from Line 32	(76,487)	180,651
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of $	(131,200)	1,921,003
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(36,878)	(66,082)
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	–	250,000
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)	(244,565)	2,285,572
49. Capital and surplus end of reporting year (Line 33 plus 48)	4,623,047	4,867,612
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	8,556,750	2,978,907
2.	Net investment income		1,673
3.	Miscellaneous income		
4.	Total (Lines 1 to 3)	8,556,750	2,980,580
5.	Benefit and loss related payments	5,154,934	2,092,877
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,329,289	1,087,367
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	61,970	17,500
10.	Total (Lines 5 through 9)	6,546,193	3,197,744
11.	Net cash from operations (Line 4 minus Line 10)	2,010,557	(217,164)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		106,000
	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)		106,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		109,089
	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)		109,089
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)		(3,089)
	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		250,000
	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)	(75,136)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(75,136)	250,000
	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)	1,935,421	29,747
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	1,813,943	1,784,196
	19.2 End of year (Line 18 plus Line 19.1)	3,749,364	1,813,943

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001.		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	8,251,132						8,251,132			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of $ medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	8,251,132						8,251,132			
8. Hospital/medical benefits	4,417,958						4,417,958			XXX
9. Other professional services	1,210,982						1,210,982			XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area	147,885						147,885			XXX
12. Prescription drugs	488,192						488,192			XXX
13. Aggregate write-ins for other hospital and medical	45,200						45,200			XXX
14. Incentive pool, withhold adjustments and bonus amounts	317,759						317,759			XXX
15. Subtotal (Lines 8 to 14)	6,627,976						6,627,976			XXX
16. Net reinsurance recoveries										XXX
17. Total hospital and medical (Lines 15 minus 16)	6,627,976						6,627,976			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 220,982 cost containment expenses	615,817						615,817			
20. General administrative expenses	1,100,648						1,100,648			
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	8,344,441						8,344,441			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(93,309)						(93,309)			
Details of Write-Ins										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. Durable Medical Equipment	45,200						45,200			XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	45,200						45,200			XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual				
2. Comprehensive (hospital and medical) group				
3. Medicare Supplement				
4. Dental only				
5. Vision only				
6. Federal Employees Health Benefits Plan				
7. Title XVIII – Medicare	8,292,598		41,466	8,251,132
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health				
13. Health subtotal (Lines 1 through 12)	8,292,598		41,466	8,251,132
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	8,292,598		41,466	8,251,132

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1 Payments during the year:														
1.1 Direct	4,788,030							4,788,030						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	4,788,030							4,788,030						
2. Paid medical incentive pools and bonuses	366,904							366,904						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	2,136,817							2,136,817						
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	2,136,817							2,136,817						
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	163,372							163,372						
6. Net health care receivables (a)	100,735							100,735						
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	513,895							513,895						
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	513,895							513,895						
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	212,517							212,517						
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	6,310,217							6,310,217						
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net	6,310,217							6,310,217						
13. Incurred medical incentive pools and bonuses	317,759							317,759						

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	30,608							30,608						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	30,608							30,608						
2. Incurred but Unreported:														
2.1 Direct	2,106,209							2,106,209						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	2,106,209							2,106,209						
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	2,136,817							2,136,817						
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	2,136,817							2,136,817						

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	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) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Dental Only						
5. Vision Only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare	42,915	4,745,115	65,903	2,070,914	108,818	513,895
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	42,915	4,745,115	65,903	2,070,914	108,818	513,895
14. Health care receivables (a)		223,875				123,140
15. Other non-health						
16. Medical incentive pools and bonus amounts	176,281	190,623		163,372	176,281	212,517
17. Totals (Lines 13 - 14 + 15 + 16)	219,196	4,711,863	65,903	2,234,286	285,099	603,272

(a) Excludes $ 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX	2,436	2,960	2,960
5. 2021	XXX	XXX	XXX	1,534	1,876
6. 2022	XXX	XXX	XXX	XXX	4,713

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX	3,422	3,215	2,960
5. 2021	XXX	XXX	XXX	2,007	1,942
6. 2022	XXX	XXX	XXX	XXX	6,948

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. 2018										
2. 2019										
3. 2020	4,014	2,960	134	4.527	3,094	77.080	–		3,094	77.080
4. 2021	3,077	1,876	295	15.725	2,171	70.556	66		2,237	72.701
5. 2022	8,251	4,713	489	10.376	5,202	63.047	2,235	73	7,510	91.019

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

MEDICARE SUPPLEMENT

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

DENTAL ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

VISION ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX	2,436	2,960	2,960
5. 2021	XXX	XXX	XXX	1,534	1,876
6. 2022	XXX	XXX	XXX	XXX	4,713

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX	3,422	3,215	2,960
5. 2021	XXX	XXX	XXX	2,007	1,942
6. 2022	XXX	XXX	XXX	XXX	6,948

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. 2018										
2. 2019										
3. 2020	4,014	2,960	134	4.527	3,094	77.080	–		3,094	77.080
4. 2021	3,077	1,876	295	15.725	2,171	70.556	66		2,237	72.701
5. 2022	8,251	4,713	489	10.376	5,202	63.047	2,235	73	7,510	91.019

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

OTHER HEALTH

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

NONE

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. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including $ for investment income)													
5. Aggregate write-ins for other policy reserves	436,062							436,062					
6. Totals (gross)	436,062							436,062					
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)	436,062							436,062					
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													
Details of Write-Ins													
0501. CMS Accrued liability risk adjustment	436,062							436,062					
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	436,062							436,062					
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)													

(a) Includes $ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less $ ceded plus $ assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			212,563		212,563
7. Traveling expenses					
8. Marketing and advertising			95,921		95,921
9. Postage, express and telephone					
10. Printing and office supplies			34,515		34,515
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		50,947	508,530		559,477
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			7,903		7,903
17. Collection and bank service charges			51		51
18. Group service and administration fees	220,982	343,888	241,165		806,035
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					
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)	220,982	394,835	1,100,648		(a) 1,716,465
27. Less expenses unpaid December 31, current year		72,628	15,506		88,134
28. Add expenses unpaid December 31, prior year		16,501	14,118		30,619
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)	220,982	338,708	1,099,260		1,658,950
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 $ 1,022,584 to affiliates and $ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 595	595
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e)	
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	595	595
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		595
Details of Write-Ins			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes $ 595 accrual of discount less $ amortization of premium and less $ 27 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued dividends on purchases.
(c) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates				(131,200)	
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)				(131,200)	
Details of Write-Ins						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
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			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
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)			
13. Title plants (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			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
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			
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			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	50,314	69,357	19,043
25. Aggregate write-ins for other-than-invested assets	77,569	21,648	(55,921)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	127,883	91,005	(36,878)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	127,883	91,005	(36,878)
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	20,929	21,648	719
2502. Prepaid expenses	56,640		(56,640)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	77,569	21,648	(55,921)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	108	274	305	315	352	3,522
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	108	274	305	315	352	3,522
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 the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Align Senior Care MI, LLC (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, and 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 I-SNP and C-SNP in a limited geographic region in Michigan. The Company's service area includes participating LTC facilities located in Michigan. The Company's target population are institutionalized Medicare beneficiaries who reside or are expected to reside in a contracted LTC facility. This plan is offered in Kent, Livingston, Macomb, Muskegon, Oakland, Ottawa, Washtenaw, and Wayne Counties.

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 #	2022	2021
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ (76,487)	$ 180,651
(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)	XXX	XXX	XXX	$ (76,487)	$ 180,651
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 4,623,047	$ 4,867,612
(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)	XXX	XXX	XXX	$ 4,623,047	$ 4,867,612

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 Policy

The Company is a Medicare HMO that provides medical coverage to members who qualify under the Federal Medicare guidelines. 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 accrued if the ratio of medical losses to premiums is below the specified minimum of 85% for Medicare Advantage plans. 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:

(1) Short-term investments - Not Applicable

(2) Bonds are stated at amortized cost using the straight-line method.

(3) See investment in subsidiaries below.

(4) Preferred stocks - Not Applicable

(5) Mortgage loans - Not Applicable

(6) Loan-backed securities - Not Applicable

(7) Investments in Subsidiaries, Controlled and Affiliated Entities are recorded at statutory net equity value.

(8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable

(9) Derivatives - Not Applicable

(10) 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.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

(11) Claim reserves are estimated based on five key service categories (i.e., inpatient, SNF, outpatient, emergency room, and therapy). Inpatient, SNF and therapy IBNR estimates are based on a review of open authorizations priced at a reasonable cost per service. 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 4% of total IBNR reserves and is generally reserved prior to year-end.

(12) Changes in capitalization policy - Not Applicable

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

D. Going Concern

After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

2. Accounting Changes and Corrections of Errors - Not Applicable

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

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

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

J. Real Estate - Not Applicable

K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

L. Restricted Assets

(1) Restricted assets (including pledged)

	Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	$	$	$	$	$	%	%
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	509,504	508,909	595		509,504	6.475	6.581
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total restricted assets (Sum of a through n)	$ 509,504	$ 508,909	$ 595	$	$ 509,504	6.475 %	6.581 %

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

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

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets - Not Applicable

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.

B. Total Amount Excluded

The Company had no investment income due and accrued with any amounts that are over 90 days past due.

8. Derivative Instruments

A. Derivatives under SSAP No. 86 - Derivatives - Not Applicable

B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - Not Applicable

Notes to the Financial Statements

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

	2022			2021			Change		
	(1) Ordinary	(2) Capital	(3) Total (Col 1+2)	(4) Ordinary	(5) Capital	(6) Total (Col 4+5)	(7) Ordinary (Col 1-4)	(8) Capital (Col 2-5)	(9) Total (Col 7+8)
(a) Gross deferred tax assets	$ 34,774	$	$ 34,774	$ 23,892	$	$ 23,892	$ 10,882	$	$ 10,882
(b) Statutory valuation allowance adjustments	34,774		34,774	23,892		23,892	10,882		10,882
(c) Adjusted gross deferred tax assets (1a - 1b)	–		–	–		–	–		–
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	$ –	$	$ –	$ –	$	$ –	$ –	$	$ –
(f) Deferred tax liabilities									
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	$ –	$	$ –	$ –	$	$ –	$ –	$	$ –

(2) Admission calculation components SSAP No. 101 - Not Applicable

(3) Ratio used as basis of admissibility - Not Applicable

(4) Impact of tax-planning strategies - Not Applicable

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

C. Major Components of Current Income Taxes Incurred

Current income taxes incurred consist of the following major components:	(1) 2022	(2) 2021	(3) Change (1-2)
1. Current Income Tax			
(a) Federal	$ (16,227)	$ 16,637	$ (32,864)
(b) Foreign			
(c) Subtotal (1a+1b)	$ (16,227)	$ 16,637	$ (32,864)
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	$ (16,227)	$ 16,637	$ (32,864)

	(1) 2022	(2) 2021	(3) Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	$ 6,112	$ 1,559	$ 4,553
(2) Unearned premium reserve	799	2,130	(1,331)
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted	26,855	19,111	7,744
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other	1,008	1,092	(84)
(99) Subtotal (sum of 2a1 through 2a13)	$ 34,774	$ 23,892	$ 10,882
(b) Statutory valuation allowance adjustment	34,774	23,892	10,882
(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			
(99) Subtotal (2e1+2e2+2e3+2e4)	$	$	$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	$ –	$ –	$ –

Notes to the Financial Statements

9. Income Taxes (Continued)

D. Among the More Significant Book to Tax Adjustments

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:

	2022	Effective Tax Rate
Statutory Income at Tax Rate	$ (19,470)	21.000 %
Change in valuation allowance	10,882	-11.737
Change in non-admitted assets	(7,744)	8.352
Return to Provision adjustment	105	-0.113
Total	$ (16,227)	17.502 %

	2022	Effective Tax Rate
Federal and foreign income taxes incurred	$ (16,227)	17.502 %
Total statutory income taxes	$ (16,227)	17.502 %

E. Operating Loss and Tax Credit Carryforwards - Not Applicable

F. Consolidated Federal Income Tax Return - Not Applicable

G. Federal or Foreign Income Tax Loss Contingencies - Not Applicable

H. Repatriation Transition Tax (RTT) - Not Applicable

I. Alternative Minimum Tax (AMT) Credit - Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. In 2019, Innovative Long Term Care Management, Inc. (ILTCM) formed a subsidiary, Align Senior Care MI, LLC (ASC-MI) to develop a Medicare Advantage plan in the state of Michigan. ILTCM is the 100% owner of ASC-MI, and AllyAlign Health (AAH). AAH is a management service organization that provides centralized services and support to the Company and serves as the manager of the plan.

B. The Company has entered into a management services agreement with AAH to provide management and administrative services. The amount charged to the Company for services from AllyAlign is $959,206 and $356,162 for the years ended December 31, 2022, and December 31, 2021, respectively.

C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable

D. The Company had amounts due to Innovative Long Term Care Management, Inc of $0 and $11,124 as of December 31, 2022 and December 31, 2021. The Company had amounts due from Innovative Long Term Care Management, Inc of $8,154 and $63 as of December 31, 2022 and December 31, 2021.

E. See Note 10(B) above.

F. Guarantees or Contingencies - Not Applicable

G. Nature of Relationships that Could Affect Operations - Not Applicable

H. Amount Deducted for Investment in Upstream Company - Not Applicable

I. Align Senior Care MI, LLC holds a 100% investment in Align Senior Care, Inc., at a value of $2,935,768 as of December 31, 2022. This is approximately 38% of Align Senior Care MI, LLC's total admitted assets as of December 31, 2022.

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable

K. Foreign Subsidiary Value Using CARVM - Not Applicable

L. Downstream Holding Company Value Using Look-Through Method - Not Applicable

M. All SCA Investments

The Company's only SCA investment relates to an insurance company valued using the 8bi approach.

(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities) - Not Applicable

(2) NAIC filing response information - Not Applicable

N. Investment in Insurance SCAs

The Insurance SCA has no departure from NAIC statutory accounting practices and procedures reflected in its audited statutory surplus.

(1) Not Applicable

(2) The monetary effect on net income and surplus - Not Applicable

(3) Not Applicable

O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt

A. Debt, Including Capital Notes - Not Applicable

B. FHLB (Federal Home Loan Bank) Agreements - Not Applicable

Notes to the Financial Statements

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

A. Defined Benefit Plan - Not Applicable

B. Investment Policies and Strategies of Plan Assets - Not Applicable

C. Fair Value of Each Class of Plan Assets - Not Applicable

D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable

E. Defined Contribution Plans - Not Applicable

F. Multiemployer Plans - 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 (INT 04-17) - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares - Not Applicable

B. Dividend Rate of Preferred Stock - Not Applicable

C. Dividend Restrictions - Not Applicable

D. Ordinary Dividends - Not Applicable

E. Company 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. Surplus Advances - Not Applicable

H. Stock Held for Special Purposes - Not Applicable

I. Changes in Special Surplus Funds - Not Applicable

J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains/ (losses) was $2,935,768 and $3,066,968 as of December 31, 2022 and December 31, 2021, respectively.

K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - Not Applicable

B. Assessments - Not Applicable

C. Gain Contingencies - Not Applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable

E. Joint and Several Liabilities - Not Applicable

F. All Other Contingencies - Not Applicable

15. Leases

A. Lessee Operating Lease - Not Applicable

B. Lessor Leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

1. Face Amount of the Company's Financial Instruments with Off-Balance-Sheet Risk - Not Applicable

2. Nature of Terms - Not Applicable

3. Exposure to Credit Related Losses - Not Applicable

4. Collateral Policy - Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales - Not Applicable

B. Transfer and Servicing of Financial Assets - Not Applicable

C. Wash Sales - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans - Not Applicable

Notes to the Financial Statements

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (Continued)

B. ASC Plans - Not Applicable

C. Medicare or Other 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 $275,037 and $63,918 as of December 31, 2022, and December 31, 2021, 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 $53,090 and $171,633 as of December 31, 2022, and December 31, 2021, respectively, for the Medicare Part D low income cost sharing subsidy and coverage gap discount.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

A. Fair Value Measurement - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	$ 492,155	$ 509,504	$ 492,155	$	$	$	$

D. Not Practicable to Estimate Fair Value

Investment in subsidiary is recorded at net statutory equity value.

E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items

A. Unusual or Infrequent Items - Not Applicable

B. Troubled Debt Restructuring - 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

22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 28, 2023 for the statutory statement issued on February 28, 2023. There were no Type I events.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 28, 2023 for the statutory statement issued on February 28, 2023. There were no Type II events.

23. Reinsurance

A. Ceded Reinsurance Report

The plan has a reinsurance contract with PartnerRe, on an incurred claim basis. The objective of this reinsurance agreement is to mitigate the financial losses that could be incurred due to a medical expense from a catastrophic event. Reinsurance does not legally discharge us from our primary liability to the insured for the full amount of the policies, but it does make the reinsurer liable to us to the extent of the reinsured portion of any loss ultimately suffered.

The premiums are based on a per-member-per-month rate and are paid monthly. The policy provides stop-loss coverage for individual members exceeding the reinsurance attachment point. The coverage period runs from January 2022 to December 2022. The policy covers 100% of covered expenses which exceed $225,000 during each covered calendar year. During 2022, no individuals exceeded the aggregate claims level which would require reimbursement under the reinsurance agreement.

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) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

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 reporting entity 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 that, 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 other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are 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. $

(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 that 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 Reinsurance Reflected in Income and Expenses - Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable

E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

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

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

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 Required Pursuant to the Public Health Service Act

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. The Company did not accrue any MLR rebate for the current reporting period.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses for the years ended December 31, 2022 and December 31, 2021, is summarized as follows (000s omitted):

	12/31/2022	12/31/2021
Net unpaid claims and CAE at January 1	530	832
Incurred related to:		
Current year	7,208	2,078
Prior year	(282)	(294)
	6,926	1,784
Paid related to:		
Current year	5,081	1,773
Prior year	166	313
	5,247	2,086
Balance at period end	2,209	530

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

Notes to the Financial Statements

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

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
12/31/2022	$ 70,135	$ –	$ –	$ –	$ –
09/30/2022	103,426	103,426	–	–	–
06/30/2022	87,430	87,430	55,217	–	–
03/31/2022	61,303	61,303	31,882	28,597	–
12/31/2021	27,057	27,057	13,190	13,867	–
09/30/2021	29,356	29,356	18,457	10,899	–
06/30/2021	26,462	26,462	13,135	13,327	–
03/31/2021	26,050	26,050	18,778	7,272	–
12/31/2020	33,943	33,943	20,092	13,852	(1)
09/30/2020	37,557	37,557	21,937	15,621	–
06/30/2020	33,756	33,756	10,794	22,963	–
03/31/2020	24,854	24,854	9,413	15,440	–

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

The Company has determined that no premium deficiency reserve is required. Premium deficiency reserve has been evaluated through December 31, 2022.

31. Anticipated Salvage and Subrogation - Not Applicable

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? YES
If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.

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

1.3. State Regulating? Michigan

1.4. Is the reporting entity publicly traded or a member of a publicly traded group? NO

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? NO

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 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.

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?

3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? N/A

3.6. Have all of the recommendations within the latest financial examination report been complied with? N/A

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? NO
4.12. renewals? NO

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? NO
4.22. renewals? NO

5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? NO
If yes, complete and file the merger history data file with the NAIC.

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.

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? NO

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? NO

7.2. If yes,
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? NO

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? NO

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 depository institution holding company? NO

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? N/A

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 Rd, 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? NO

10.2. If the 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? NO

10.4. If the 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

10.6. If the response to 10.5 is no or n/a, please explain.

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?

Drew McStanley, FSA, MAAA 650 W Courtney Campbell Causeway #1250, Tampa, FL 33607

12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? NO

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book / adjusted carrying value $

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?

13.3. Have there been any changes made to any of the trust indentures during the year? NO

13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

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

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? NO

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? NO

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? NO

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

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? YES

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? NO
20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers $
20.12 To stockholders not officers $
20.13 Trustees, supreme or grand (Fraternal only) $
20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers $
20.22 To stockholders not officers $
20.23 Trustees, supreme or grand (Fraternal only) $
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? NO
21.2. If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others $
21.22 Borrowed from others $
21.23 Leased from others $
21.24 Other $
22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? NO
22.2. If answer is yes:
22.21 Amount paid as losses or risk adjustment $
22.22 Amount paid as expenses $
22.23 Other amounts paid $
23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? YES
23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 8,154
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? NO
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.

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
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. $
25.05. For the reporting entity's securities lending program, report amount of collateral for other programs. $
25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? N/A
25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? N/A
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? N/A
25.09. For the reporting entity's securities 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 $
25.092. Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $
25.093. Total payable for securities lending reported on the liability page $
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 21.1 and 25.03). YES
26.2. If yes, state the amount thereof at December 31 of the current year:
26.21. Subject to repurchase agreements $
26.22. Subject to reverse repurchase agreements $
26.23. Subject to dollar repurchase agreements $
26.24. Subject to reverse dollar repurchase agreements $
26.25. Placed under option agreements $
26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $
26.27. FHLB Capital Stock $
26.28. On deposit with states $ 509,504
26.29. On deposit with other regulatory bodies $
26.30. Pledged as collateral - excluding collateral pledged to an FHLB $
26.31. Pledged as collateral to FHLB - including assets backing funding agreements $
26.32. Other $
26.3. For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? NO

27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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? NO

27.4. If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 NO

27.42 Permitted accounting practice NO

27.43 Other accounting guidance NO

27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: NO

- 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 within 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? NO

28.2. If yes, state the amount thereof at December 31 of the current year. $

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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the *NAIC Financial Condition Examiners Handbook*? NO

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

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? NO

29.04. If yes, give full and complete information relating thereto:

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
Robert Ragland	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? 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? 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)])? 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
		$	

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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	$ 509,504	$ 492,155	$ (17,349)
31.2. Preferred Stocks			
31.3. Totals	$ 509,504	$ 492,155	$ (17,349)

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

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

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

33.2. If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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? 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.
    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? NO

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? NO

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 completed robust re-underwriting 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? NO

38.1 Does the reporting entity directly hold cryptocurrencies? NO

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? NO

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

39.22 Immediately converted to U.S. dollars

39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1. Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $

40.2. 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
	$

41.1. Amount of payments for legal expenses, if any? $

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

1 Name	2 Amount Paid
	$

42.1. Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? $

42.2. List the name of the 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

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? NO
1.2 If yes, indicate premium earned on U.S. business only. $
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $
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 $
1.5 Indicate total incurred claims on all Medicare Supplement insurance. $
1.6 Individual policies:
Most current three years:
1.61 Total premium earned $
1.62 Total incurred claims $
1.63 Number of covered lives
All years prior to most current three years:
1.64 Total premium earned $
1.65 Total incurred claims $
1.66 Number of covered lives
1.7 Group policies:
Most current three years:
1.71 Total premium earned $
1.72 Total incurred claims $
1.73 Number of covered lives
All years prior to most current three years:
1.74 Total premium earned $
1.75 Total incurred claims $
1.76 Number of covered lives

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 8,251,132	$ 3,076,573
2.2	Premium Denominator	$ 8,251,132	$ 3,076,573
2.3	Premium Ratio (2.1/2.2)	100.000	100.000
2.4	Reserve Numerator	$ 2,736,251	$ 726,412
2.5	Reserve Denominator	$ 2,736,251	$ 726,412
2.6	Reserve Ratio (2.4/2.5)	100.000 %	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? 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
4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? NO
5.1 Does the reporting entity have stop-loss reinsurance? YES
5.2 If no, explain:

5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical $ 225,000
5.32 Medical Only $
5.33 Medicare Supplement $
5.34 Dental and Vision $
5.35 Other Limited Benefit Plan $
5.36 Other $
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:
Health Plan protects enrolled members and their dependents via written agreements with providers: (a) mandating continuity of treatment in the event of contract termination, including but not limited to bankruptcy or insolvency; (b) prohibiting providers from seeking payment directly from enrolled members and their dependents in the event of nonpayment by Health Plan, insolvency, or breach of the agreement, except for copayments, coinsurance, and deductibles; and, (c) requiring that such contract terms survive the termination, expiration, or dissolution of the contract.
7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? YES
7.2 If no, give details

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:
   8.1 Number of providers at start of reporting year 6,116
   8.2 Number of providers at end of reporting year 10,175
9.1 Does the reporting entity have business subject to premium rate guarantees? ..... NO
9.2 If yes, direct premium earned:
   9.21 Business with rate guarantees between 15-36 months ..... $
   9.22 Business with rate guarantees over 36 months ..... $
10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... YES
10.2 If yes:
   10.21 Maximum amount payable bonuses ..... $ 163,372
   10.22 Amount actually paid for year bonuses ..... $ 366,904
   10.23 Maximum amount payable withholds ..... $
   10.24 Amount actually paid for year withholds ..... $
11.1 Is the reporting entity organized as:
   11.12 A Medical Group/Staff Model, ... NO
   11.13 An Individual Practice Association (IPA), or, ... YES
   11.14 A Mixed Model (combination of above)? ..... NO
11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... YES
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? ..... NO
11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
Kent, Livingston, Macomb, Muskegon, Oakland, Ottawa, Washtenaw, Wayne

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

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	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 ..... $
   15.2 Total Incurred Claims ..... $
   15.3 Number of Covered Lives .....

***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? ..... NO
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? ..... NO

FIVE-YEAR HISTORICAL DATA

	1 2022	2 2021	3 2020	4 2019	5 2018
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	7,741,487	5,750,390	3,662,480	2,836,500	
2. Total liabilities (Page 3, Line 24)	3,118,440	882,778	1,080,440		
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,500,000	1,500,000	
4. Total capital and surplus (Page 3, Line 33)	4,623,047	4,867,612	2,582,040	2,836,500	
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,251,132	3,076,573	4,013,693		
6. Total medical and hospital expenses (Line 18)	6,627,976	1,800,080	3,422,133		
7. Claims adjustment expenses (Line 20)	615,817	216,667	158,019		
8. Total administrative expenses (Line 21)	1,100,648	864,296	568,269	6,000	
9. Net underwriting gain (loss) (Line 24)	(93,309)	195,530	(134,728)	(6,000)	
10. Net investment gain (loss) (Line 27)	595	1,758	434	1,292	
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(76,487)	180,651	(134,294)	(4,708)	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,010,557	(217,164)	694,206	(5,668)	
Risk-Based Capital Analysis					
14. Total adjusted capital	4,623,047	4,867,612	2,582,040	2,836,500	
15. Authorized control level risk-based capital	620,338	428,457	461,534	7,092	
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	352	108	145		
17. Total members months (Column 6, Line 7)	3,522	1,490	1,978		
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)	80.3	58.5	85.3		
20. Cost containment expenses	2.7	2.5	1.2		
21. Other claims adjustment expenses	4.8	4.5	2.8		
22. Total underwriting deductions (Line 23)	101.1	93.6	103.4		
23. Total underwriting gain (loss) (Line 24)	(1.1)	6.4	(3.4)		
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	285,099	689,696			
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	603,272	896,069			
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	2,935,768	3,066,968	1,145,965	1,241,208	
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	2,935,768	3,066,968	1,145,965	1,241,208	
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*?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
	States, 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		8,292,598						8,292,598	
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.	US Virgin Islands VI	N									
56.	Northern Mariana Islands MP	N									
57.	Canada CAN	N									
58.	Aggregate Other Alien OT	XXX									
59.	Subtotal	XXX		8,292,598						8,292,598	
60.	Reporting entity contributions for Employee Benefit Plans	XXX									
61.	Total (Direct Business)	XXX		8,292,598						8,292,598	
Details of Write-Ins											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

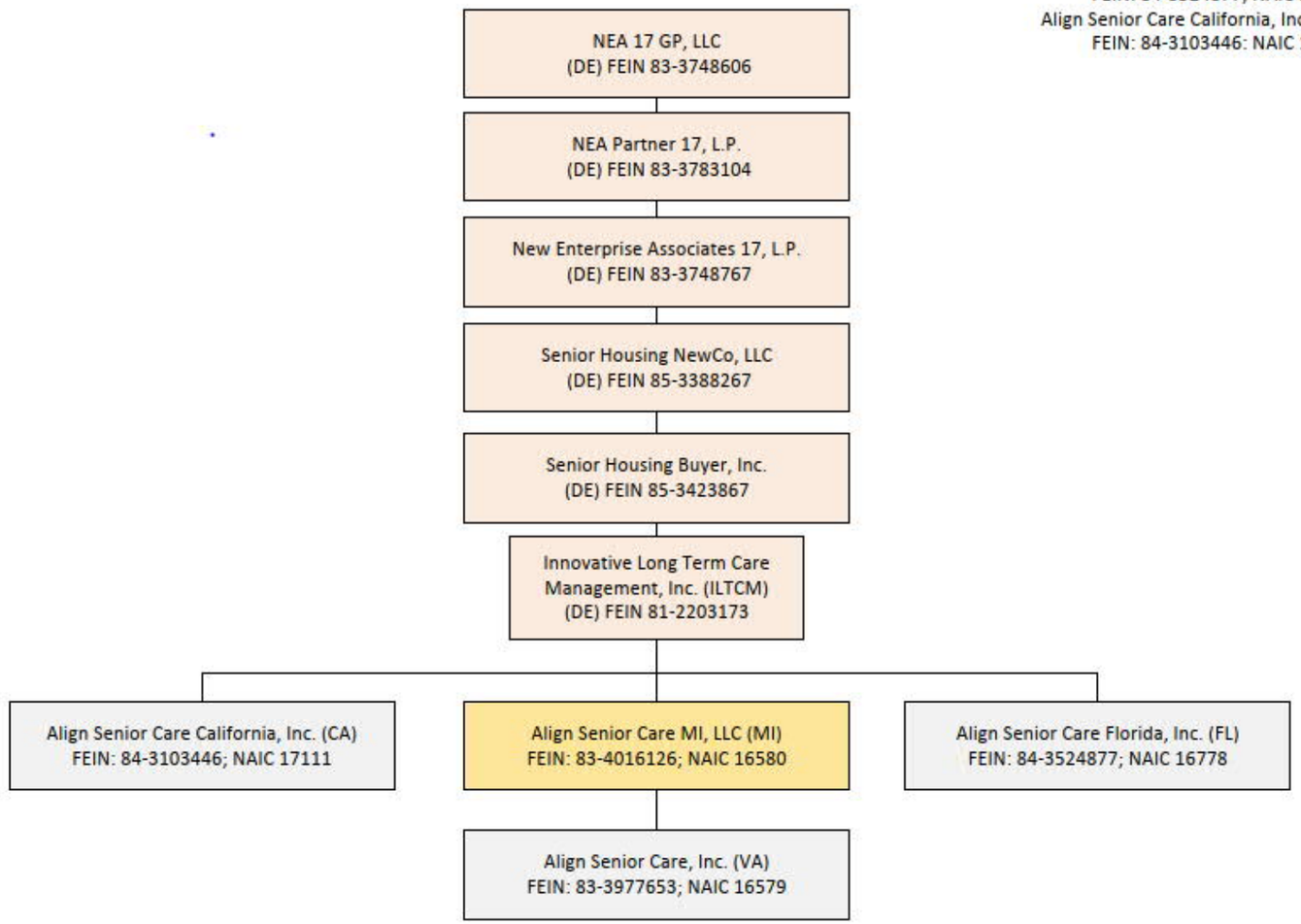
(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
2. R – Registered – Non-domiciled RRGs –
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state –
4. Q – Qualified - Qualified or accredited reinsurer –
5. N – None of the above - Not allowed to write business in the state 56

(b) Explanation of basis of allocation by states, premiums by state, etc

The Company was only licensed in the State of Michigan at 12/31/2022.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Align Senior Care MI, LLC (MI)
FEIN: 83-4016126; NAIC 16580
Align Senior Care, Inc. (VA)
FEIN: 83-3977653; NAIC 16579
Align Senior Care Florida, Inc. (FL)
FEIN: 84-3524877; NAIC 16778
Align Senior Care California, Inc. (CA)
FEIN: 84-3103446: NAIC 17111