



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
ALIGN SENIOR CARE MI, LLC

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

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?.....
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..... 804-396-6412.....
(Telephone)
Internet Website Address..... N/A.....
Statutory Statement Contact..... Kate Weis..... 469-262-6873.....
(Telephone)
regulatoryaccounting@allyalign.com..... 469-262-6873.....
(E-Mail) (Fax)

OFFICERS

Jeremy Stephen Dressen, President and Chief Executive Officer..... Rachel Jacqueline Martin#, Treasurer and Chief Financial Officer.....
Mahmoud John Emami#, Chief Operating Officer..... Laura Michelle Manchester, Secretary.....

DIRECTORS OR TRUSTEES

Jeremy Stephen Dressen..... Mark Francis Price.....
Cheryl Corte..... Cora Louise Case.....
Mahmoud John Emami#.....

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
Jeremy Stephen Dressen
President and Chief Executive Officer

x
Mahmoud John Emami
Chief Operating Officer

x
Rachel Jacqueline Martin
Treasurer and Chief Financial Officer

Subscribed and sworn to before me
this 24th day of

January, 2024

x

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____

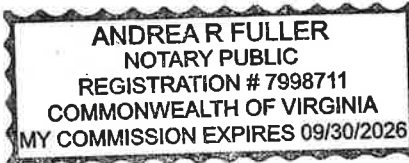


EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	87,547					87,547
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	87,547					87,547

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 – Aggregate of Amounts Not Individually Listed	170,417		233,612	63,167	63,167	404,029
0199999 – Pharmaceutical Rebate Receivables	170,417		233,612	63,167	63,167	404,029
0299998 – Aggregate of Amounts Not Individually Listed				125,594	125,594	
0299999 – Claim Overpayment Receivables				125,594	125,594	
0599998 – Aggregate of Amounts Not Individually Listed	185,444					185,444
0599999 – Risk Sharing Receivables	185,444					185,444
0799999 – Gross Health Care Receivables	355,861		233,612	188,761	188,761	589,473

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	505,190	283,436		467,196	505,190	206,598
2. Claim overpayment receivables	17,277	721,674		125,594	17,277	17,277
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables				185,444		
6. Other health care receivables						
7. Totals (Lines 1 through 6)	522,467	1,005,110		778,234	522,467	223,875

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	84,665					84,665
0499999 - Subtotals.....	84,665					84,665
0599999 - Unreported claims and other claim reserves.....						3,792,072
0799999 - Total claims unpaid.....						3,876,737
0899999 - Accrued medical incentive pool and bonus amounts.....						854,994

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AllyAlign Health, Inc.....		20,766	20,766	
0199999 – Individually listed payable.....		20,766	20,766	
0399999 – Total gross payables.....		20,766	20,766	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	1,661,900	12.372	616	100.000	1,053,200	608,700
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	1,661,900	12.372	616	100.000	1,053,200	608,700
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	11,053,831	82.291	XXX	XXX		11,053,831
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	716,947	5.337	XXX	XXX	47,986	668,961
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	11,770,778	87.628	XXX	XXX	47,986	11,722,792
13. Total (Line 4 plus Line 12).....	13,432,678	100.000 %	XXX	XXX	1,101,186	12,331,492

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Align Senior Care MI, LLC

2. Glen Allen, VA
(LOCATION)

NAIC Group Code: 4950

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023

NAIC Company Code: 16580

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	352							352						
2. First Quarter.....	472							472						
3. Second Quarter.....	549							549						
4. Third Quarter.....	544							544						
5. Current Year.....	616							616						
6. Current Year Member Months.....	6,444							6,444						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	9,084							9,084						
8. Non-Physician.....	41,128							41,128						
9. Total.....	50,212							50,212						
10. Hospital Patient Days Incurred.....	1,876							1,876						
11. Number of Inpatient Admissions.....	271							271						
12. Health Premiums Written (b).....	19,507,889							19,507,889						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	19,507,889							19,507,889						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	13,432,678							13,432,678						
18. Amount Incurred for Provision of Health Care Services.....	15,309,860							15,309,860						

30 MI

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 19,507,889



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Align Senior Care MI, LLC

2. Glen Allen, VA
(LOCATION)

NAIC Group Code: 4950

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 16580

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	352							352						
2. First Quarter.....	472							472						
3. Second Quarter.....	549							549						
4. Third Quarter.....	544							544						
5. Current Year.....	616							616						
6. Current Year Member Months.....	6,444							6,444						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	9,084							9,084						
8. Non-Physician.....	41,128							41,128						
9. Total.....	50,212							50,212						
10. Hospital Patient Days Incurred.....	1,876							1,876						
11. Number of Inpatient Admissions.....	271							271						
12. Health Premiums Written (b).....	19,507,889							19,507,889						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	19,507,889							19,507,889						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	13,432,678							13,432,678						
18. Amount Incurred for Provision of Health Care Services.....	15,309,860							15,309,860						

30.GT

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 19,507,889

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
11835	04-1590940	01/01/2023	PartnerRe Amer Ins Co	DE	88,702	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					88,702	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					88,702	
2299999 - Total Accident and Health					88,702	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					88,702	
9999999 - Total (Sum of 1199999 and 2299999)					88,702	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2023	PartnerRe Amer Ins Co	DE	SSL/I	MR	79,785						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							79,785						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							79,785						
1199999 – Total General Account Authorized							79,785						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							79,785						
9199999 – Total U.S.							79,785						
9999999 – Total (Sum of 4599999 and 9099999)							79,785						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2023	2022	2021	2020	2019
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	80	41	20	22	
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....	89				
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	10,764,433		10,764,433
2 Accident and health premiums due and unpaid (Line 15)	550,984		550,984
3 Amounts recoverable from reinsurers (Line 16.1)	88,702	(88,702)	—
4 Net credit for ceded reinsurance	XXX	88,702	88,702
5 All other admitted assets (Balance)	661,737		661,737
6 Total assets (Line 28)	12,065,856	—	12,065,856
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	3,876,737		3,876,737
8 Accrued medical incentive pool and bonus payments (Line 2)	854,994		854,994
9 Premiums received in advance (Line 8)	36,648		36,648
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	1,666,012		1,666,012
15 Total liabilities (Line 24)	6,434,391		6,434,391
16 Total capital and surplus (Line 33)	5,631,465	XXX	5,631,465
17 Total liabilities, capital and surplus (Line 34)	12,065,856		12,065,856
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	88,702	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	88,702	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	88,702	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
.4950	Innovative Long Term Care Mgmt Grp	16580	83-4016126				Align Senior Care MI, LLC	MI	RE	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.000	NEA 17 GP, LLC	NO	
.4950	Innovative Long Term Care Mgmt Grp	16579	83-3977653				Align Senior Care, Inc.	VA	DS	Align Senior Care MI, LLC	Ownership	100.000	NEA 17 GP, LLC	NO	
.4950	Innovative Long Term Care Mgmt Grp	16778	84-3524877				Align Senior Care Florida, Inc.	FL	IA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.000	NEA 17 GP, LLC	NO	
.4950	Innovative Long Term Care Mgmt Grp	17111	84-3103446				Align Senior Care California, Inc.	CA	IA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.000	NEA 17 GP, LLC	NO	
			81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Senior Housing Buyer, Inc.	Ownership	100.000	NEA 17 GP, LLC	NO	
			85-3423867				Senior Housing Buyer, Inc.	DE	UIP	Senior Housing NewCo, LLC	Ownership	100.000	NEA 17 GP, LLC	NO	
			85-3388267				Senior Housing NewCo, LLC	DE	UIP	New Enterprise Associates 17, L.P.	Ownership	100.000	NEA 17 GP, LLC	NO	
			83-3748767				New Enterprise Associates 17, L.P.	DE	UIP	NEA Partners 17, L.P.	Ownership	100.000	NEA 17 GP, LLC	NO	
			83-3783104				NEA Partners 17, L.P.	DE	UIP	NEA 17 GP, LLC	Ownership	100.000	NEA 17 GP, LLC	NO	
			83-3748606				NEA 17 GP, LLC	DE	UIP					NO	
			46-2915506				AllyAlign Health, Inc.	DE	NIA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	100.000	NEA 17 GP, LLC	NO	
Asterisk	Explanation														

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16580.....	83-4016126.....	Align Senior Care MI, LLC.....				(2,139,719)					(2,139,719)	
	46-2915506.....	AllyAlign Health, Inc.....				2,139,719					2,139,719	
9999999 – Control Totals.....						–			XXX		–	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Align Senior Care MI, LLC.....	Innovative Long Term Care Management, Inc.....	100.000 %	NO.....	NEA 17 GP, LLC.....	Innovative Long Term Care Management Grp.....	100.000 %	NO.....
Align Senior Care, Inc.....	Align Senior Care MI, LLC.....	100.000 %	NO.....	NEA 17 GP, LLC.....	Innovative Long Term Care Management Grp.....	100.000 %	NO.....
Align Senior Care Florida, Inc.....	Innovative Long Term Care Management, Inc.....	100.000 %	NO.....	NEA 17 GP, LLC.....	Innovative Long Term Care Management Grp.....	100.000 %	NO.....
Align Senior Care California, Inc.....	Innovative Long Term Care Management, Inc.....	100.000 %	NO.....	NEA 17 GP, LLC.....	Innovative Long Term Care Management Grp.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**REQUIRED FILINGS**

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













	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes.....
2. Will an actuarial opinion be filed by March 1?.....	Yes.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	Yes.....
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?.....	Yes.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	Yes.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	Yes.....
June Filing	
8. Will an audited financial report be filed by June 1?.....	Yes.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Yes.....

SUPPLEMENTAL FILINGS

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

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No.....
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No.....
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES.....
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	No.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	 1 6 5 8 0 2 0 2 3 3 6 0 0 0 0 0 0
11.	 1 6 5 8 0 2 0 2 3 2 0 5 0 0 0 0 0
12.	 1 6 5 8 0 2 0 2 3 4 2 0 0 0 0 0 0
13.	 1 6 5 8 0 2 0 2 3 3 7 1 0 0 0 0 0
14.	 1 6 5 8 0 2 0 2 3 3 7 0 0 0 0 0 0
15.	 1 6 5 8 0 2 0 2 3 3 6 5 0 0 0 0 0
16.	 1 6 5 8 0 2 0 2 3 2 2 4 0 0 0 0 0
17.	 1 6 5 8 0 2 0 2 3 2 2 5 0 0 0 0 0
18.	 1 6 5 8 0 2 0 2 3 2 2 6 0 0 0 0 0
19.	
20.	 1 6 5 8 0 2 0 2 3 3 0 6 0 0 0 0 0
21.	 1 6 5 8 0 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	
24.	 1 6 5 8 0 2 0 2 3 2 2 3 0 0 0 0 0

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OVERFLOW PAGE FOR WRITE-INS



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
 (To Be Filed By March 1)
 FOR THE STATE OF Michigan

NAIC Group Code: 4950

NAIC Company Code: 16580

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	NO
2. Health	NO
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO