



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
ZING HEALTH OF MICHIGAN, INC.

NAIC Group Code 4979,..... 4979..... NAIC Company Code..... 16812... Employer's ID Number.... 84-4598280.....
(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? NO
Incorporated/Organized..... 01/31/2020..... Commenced Business..... 01/01/2021
Statutory Home Office..... 40600 Ann Arbor Road East, Suite 201..... Plymouth, MI, US 48170
Main Administrative Office..... 225 W. WASHINGTON STREET, SUITE 450.....
Chicago, IL, US 60606 312-205-7948
(Telephone)
Mail Address..... 225 W. WASHINGTON STREET, SUITE 450..... Chicago, IL, US 60606.....
Primary Location of Books and
Records..... 225 W. WASHINGTON STREET, SUITE 450.....
Chicago, IL, US 60606 312-205-7948
(Telephone)
Internet Website Address www.myzinghealth.com
Statutory Statement Contact..... Mete Sahin..... 703-282-5955
(Telephone)
mete.sahin@myzinghealth.com
(E-Mail) (Fax)

OFFICERS

..... Andrew Clifton, President & CEO Mete Sahin, Treasurer & CFO
..... Garfield Collins, Secretary & COO Eric E. Whitaker, Executive Chair.....

DIRECTORS OR TRUSTEES

..... Eric E. Whitaker Stephen A. Martin Jr.
..... Linda Mack Srdjan Vukovic
..... Alex Fridlyand David Danko
..... Andrew Clifton Anna Fagin

State of Michigan
County of Wayne..... SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

x x x
Andrew Clifton Garfield Collins Mete Sahin
President & CEO Secretary & COO Treasurer & CFO

Subscribed and sworn to before me
this 22 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: _____

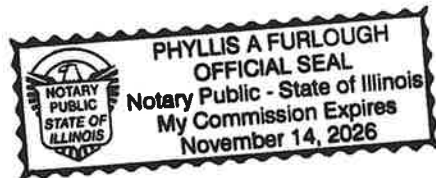


EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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.....	29,614	5,570	5,020	62,180	62,180	40,204
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).....	29,614	5,570	5,020	62,180	62,180	40,204

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
Elixir	1,400,107		500,528	873,330	873,330	1,900,635
0199999 – Pharmaceutical Rebate Receivables	1,400,107		500,528	873,330	873,330	1,900,635
0299998 – Aggregate of Amounts Not Individually Listed				130,073	130,073	
0299999 – Claim Overpayment Receivables				130,073	130,073	
0499998 – Aggregate of Amounts Not Individually Listed	9,033					9,033
0499999 – Capitation Arrangement Receivables	9,033					9,033
0799999 – Gross Health Care Receivables	1,409,140		500,528	1,003,403	1,003,403	1,909,668

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	860,856	1,525,931	–	2,773,965	860,856	603,026
2. Claim overpayment receivables	408,117	4,755	41,108	88,965	449,225	101,957
3. Loans and advances to providers						
4. Capitation arrangement receivables				9,033		
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	1,268,973	1,530,686	41,108	2,871,963	1,310,081	704,983

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
0599999 – Unreported claims and other claim reserves						3,764,993
0799999 – Total claims unpaid						3,764,993
0899999 – Accrued medical incentive pool and bonus amounts						284,465

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
Zing Health Enterprises, LP.....	15,014,372					15,014,372	
Zing Health Holdings, Inc.....	150					150	
Zing Health, Inc.....	11,235					11,235	
0199999 – Individually listed receivables.....	15,025,757					15,025,757	
0399999 – Total gross amounts receivable.....	15,025,757					15,025,757	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Zing Health Holdings, Inc.....	Intercompany expenses.....	8,988	8,988	
Zing Health, Inc.....	Intercompany expenses.....	34,515	34,515	
Lasso Healthcare Insurance Company.....	Intercompany expenses.....	28,490	28,490	
0199999 – Individually listed payable.....		71,993	71,993	
0399999 – Total gross payables.....		71,993	71,993	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	7,712,097	21.067				7,712,097
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	7,712,097	21.067				7,712,097
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	27,196,149	74.290	XXX	XXX		27,196,149
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	1,699,607	4.643	XXX	XXX		1,699,607
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	28,895,756	78.933	XXX	XXX		28,895,756
13. Total (Line 4 plus Line 12).....	36,607,853	100.000 %	XXX	XXX		36,607,853

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
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 Zing Health of Michigan, Inc.

2. Chicago, IL
(LOCATION)

NAIC Group Code: 4979

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2023

NAIC Company Code: 16812

	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.....	777							777						
2. First Quarter.....	936							936						
3. Second Quarter.....	1,130							1,130						
4. Third Quarter.....	1,353							1,353						
5. Current Year.....	1,620							1,620						
6. Current Year Member Months.....	14,289							14,289						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	41,555							41,555						
8. Non-Physician.....	7,604							7,604						
9. Total.....	49,159							49,159						
10. Hospital Patient Days Incurred.....	4,307							4,307						
11. Number of Inpatient Admissions.....	472							472						
12. Health Premiums Written (b).....	22,952,872							22,952,872						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	22,952,872							22,952,872						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	23,112,729							23,112,729						
18. Amount Incurred for Provision of Health Care Services.....	22,769,296							22,769,296						

(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 \$ 22,952,872



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Zing Health of Michigan, Inc.

2. Chicago, IL
(LOCATION)

NAIC Group Code: 4979

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023

NAIC Company Code: 16812

	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	287							287						
2. First Quarter	294							294						
3. Second Quarter	335							335						
4. Third Quarter	402							402						
5. Current Year	439							439						
6. Current Year Member Months	4,266							4,266						
Total Member Ambulatory Encounters for Year:														
7. Physician	9,654							9,654						
8. Non-Physician	1,766							1,766						
9. Total	11,420							11,420						
10. Hospital Patient Days Incurred	1,001							1,001						
11. Number of Inpatient Admissions	110							110						
12. Health Premiums Written (b)	5,328,262							5,328,262						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	5,328,262							5,328,262						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	5,369,345							5,369,345						
18. Amount Incurred for Provision of Health Care Services	5,301,717							5,301,717						

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(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 \$ 5,328,262



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Zing Health of Michigan, Inc.

2. Chicago, IL
(LOCATION)

NAIC Group Code: 4979

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023

NAIC Company Code: 16812

	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.....	280							280						
2. First Quarter.....	368							368						
3. Second Quarter.....	414							414						
4. Third Quarter.....	491							491						
5. Current Year.....	541							541						
6. Current Year Member Months.....	5,223							5,223						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	14,608							14,608						
8. Non-Physician.....	2,673							2,673						
9. Total.....	17,281							17,281						
10. Hospital Patient Days Incurred.....	1,514							1,514						
11. Number of Inpatient Admissions.....	166							166						
12. Health Premiums Written (b).....	6,841,485							6,841,485						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	6,841,485							6,841,485						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	8,125,779							8,125,779						
18. Amount Incurred for Provision of Health Care Services.....	7,995,405							7,995,405						

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(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 \$ 6,841,485

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Zing Health of Michigan, Inc.

2. Chicago, IL
(LOCATION)

NAIC Group Code: 4979

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 16812

	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	1,344							1,344						
2. First Quarter	1,598							1,598						
3. Second Quarter	1,879							1,879						
4. Third Quarter	2,246							2,246						
5. Current Year	2,600							2,600						
6. Current Year Member Months	23,778							23,778						
Total Member Ambulatory Encounters for Year:														
7. Physician	65,817							65,817						
8. Non-Physician	12,043							12,043						
9. Total	77,860							77,860						
10. Hospital Patient Days Incurred	6,822							6,822						
11. Number of Inpatient Admissions	748							748						
12. Health Premiums Written (b)	35,122,619							35,122,619						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	35,122,619							35,122,619						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	36,607,853							36,607,853						
18. Amount Incurred for Provision of Health Care Services	36,066,418							36,066,418						

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(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 \$ 35,122,619

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	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
23680	47-0698507	01/01/2023	Odyssey Reinsurance Company	CT	121,311	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					121,311	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					121,311	
2299999 - Total Accident and Health					121,311	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					121,311	
9999999 - Total (Sum of 1199999 and 2299999)					121,311	

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													
..... 23680	47-0698507.....	01/01/2022	Odyssey reinsurance Company.....	CT.....	SSL/I.....	MR.....	..... 37,760	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 37,760	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 37,760	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 37,760	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 37,760	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 37,760	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 37,760	.....	.....	.....	.....	.....	.....

(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.....	38	18	37		
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....	121				
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....	121				
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)	7,855,741		7,855,741
2 Accident and health premiums due and unpaid (Line 15)	330,729		330,729
3 Amounts recoverable from reinsurers (Line 16.1)	121,311	(121,311)	-
4 Net credit for ceded reinsurance	XXX	121,311	121,311
5 All other admitted assets (Balance)	17,701,254		17,701,254
6 Total assets (Line 28)	26,009,035	-	26,009,035
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	3,764,993		3,764,993
8 Accrued medical incentive pool and bonus payments (Line 2)	284,465		284,465
9 Premiums received in advance (Line 8)			
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)	15,836,444		15,836,444
15 Total liabilities (Line 24)	19,885,902		19,885,902
16 Total capital and surplus (Line 33)	6,123,133	XXX	6,123,133
17 Total liabilities, capital and surplus (Line 34)	26,009,035		26,009,035
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	121,311	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	121,311	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	121,311	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)	*
							NL Zing Holdings, LP	DE	UIP	First Light Investmnets	Management		David Wassong	NO	
4979	Zing Hlth Enterprises Grp	17419	92-1398355				Zing Health Insurance Company	IL	IA	Zing Health Holdings, Inc.	Ownership	100.000	David Wassong	NO	
4979	Zing Hlth Enterprises Grp	16607	83-3364996				Zing Health, Inc.	IL	IA	Zing Health Holdings, Inc.	Ownership	100.000	David Wassong	NO	
4979	Zing Hlth Enterprises Grp	16812	84-4598280				Zing Health of Michigan, Inc.	MI	RE	Zing Health Holdings of Michigan, Inc.	Ownership	100.000	David Wassong	NO	
4979	Zing Hlth Enterprises Grp	75603	71-0408612				Lasso Health Insurance Company	TX	IA	Port Holdings, Inc.	Ownership	100.000	David Wassong	NO	
			83-3754087				Zing Health Holdings, Inc.	DE	NIA	Zing Health Consolidator, Inc	Ownership	100.000	David Wassong	NO	
			84-4806356				Zing Health Holdings of Michigan, Inc.	DE	UDP	Zing Health Consolidator, Inc	Ownership	100.000	David Wassong	NO	
			82-2501444				Port Holdings, Inc.	DE	NIA	Zing Health Consolidator, Inc	Ownership	100.000	David Wassong	NO	
			85-3883182				Zing Health Consolidator, Inc.	DE	UIP	Zing Health Enterprise LP	Ownership	100.000	David Wassong	NO	
			85-0546055				Zing Health Enterprises, LP	DE	UIP	Zing Health Enterprises Management, LLC	Management		David Wassong	NO	
			86-3918624				Zing Health Enterprises Management, LLC	DE	UIP	ZHE Holdings, LP	Ownership	100.000	David Wassong	NO	
			87-3522636				ZHE Holdings, LP	DE	UIP	NL Zing Holdings, LP	Management		David Wassong	NO	
			83-2085117				QSIP LP	DE	UIP				David Wassong	NO	
			82-5350615				Newlight Partners LP	DE	UIP	Newlight GP, LLC	Management		David Wassong	NO	
			82-5358179				Newlight GP, LLC	DE	UIP	First Light Investments, LLC	Ownership	50.000	David Wassong	NO	
							First Light Investments, LLC	DE	UIP	David Wassong	Management		David Wassong	NO	
							The David K. Wassong 2016 Investment Trust dated 2/5/2016		UIP				David Wassong	NO	
							The David K. Wassong Revocable Trust dated 2/5/2016		UIP				David Wassong	NO	
							David Wassong		UIP	Self				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)
16812	84-4598280	Zing Health of Michigan, Inc.		17,774,372			(3,491,772)				14,282,600	
	84-4806356	Zing Health Enterprises, LP		(17,774,372)							(17,774,372)	
	83-3754087	Zing Health Holdings, Inc.					3,491,772				3,491,772	
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)
Zing Health, Inc.....	Zing Health Holdings, Inc.....	100.000 %	NO	David Wassong	Zing Health Enterprises Group (4979).....	100.000 %	NO
Zing Health of Michigan, Inc.....	Zing Health Holdings of Michigan, Inc.....	100.000 %	NO	David Wassong	Zing Health Enterprises Group (4979).....	100.000 %	NO
Lasso Healthcare Insurance Company.....	Port Holdings, Inc.....	100.000 %	NO	David Wassong	Zing Health Enterprises Group (4979).....	100.000 %	NO
Zing Health Insurance Company.....	Zing Health Holdings, Inc.....	100.000 %	NO	David Wassong	Zing Health Enterprises Group (4979).....	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 8 1 2 2 0 2 3 3 6 0 0 0 0 0 0
11.	 1 6 8 1 2 2 0 2 3 2 0 5 0 0 0 0 0
12.	 1 6 8 1 2 2 0 2 3 4 2 0 0 0 0 0 0
13.	 1 6 8 1 2 2 0 2 3 3 7 1 0 0 0 0 0
14.	 1 6 8 1 2 2 0 2 3 3 7 0 0 0 0 0 0
15.	 1 6 8 1 2 2 0 2 3 3 6 5 0 0 0 0 0
16.	 1 6 8 1 2 2 0 2 3 2 2 4 0 0 0 0 0
17.	 1 6 8 1 2 2 0 2 3 2 2 5 0 0 0 0 0
18.	 1 6 8 1 2 2 0 2 3 2 2 6 0 0 0 0 0
19.	
20.	 1 6 8 1 2 2 0 2 3 3 0 6 0 0 0 0 0
21.	 1 6 8 1 2 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	
24.	 1 6 8 1 2 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: 4979

NAIC Company Code: 16812

	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