



QUARTERLY STATEMENT
AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
LONGEVITY HEALTH PLAN OF MICHIGAN, INC.

NAIC Group Code.....4920..... 4920..... NAIC Company Code..... 16779.... Employer's ID Number..... 83-3062929.....
(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.....01/02/2019..... Commenced Business.....01/01/2021.....
Statutory Home Office.....2900 West Road, Suite 500 East..... East Lansing, MI, US 48823.....
Main Administrative Office.....11780 US Highway One, Suite: N107.....
Palm Beach Gardens, FL, US 33408.....561-444-0710.....
(Telephone Number)
Mail Address.....11780 US Highway One, Suite: N107..... Palm Beach Gardens, FL, US 33408.....
Primary Location of Books and
Records.....11780 US Highway One, Suite: N107.....
Palm Beach Gardens, FL, US 33408.....561-444-0710.....
(Telephone Number)
Internet Website Address.....N/A.....
Statutory Statement Contact.....Vicky Zhai.....561-632-8915.....
(Telephone Number)
vicky.zhai@longevityhealthplan.com.....
(E-Mail Address) (Fax Number)

OFFICERS

.....Rene Lerer, CEO & President..... Brendan Todd Rager, Secretary.....
.....Leslie Steven Granow, CFO & Treasurer.....

OTHER

.....Rosemary Lopez, Enrollee Director.....

DIRECTORS OR TRUSTEES

.....Rene Lerer..... Leslie Steven Granow.....
.....Brendan Todd Rager.....

State of Florida.....
County of Palm Beach..... SS

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

x x x
Brendan Todd Rager Leslie Steven Granow Rene Lerer
Secretary CFO & Treasurer CEO & President

Subscribed and sworn to before me

this 12th day of August, 2024

x
Jacqueline McDonald



a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

ASSETS

		Current Statement Date			4 December 31 Prior Year Net Admitted Assets
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	1,707,454		1,707,454	1,414,073
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances)				
	4.2 Properties held for the production of income (less \$..... encumbrances)				
	4.3 Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....514,107), cash equivalents (\$.....774,851) and short-term investments (\$.....1,679,814)	2,968,772		2,968,772	5,447,963
6.	Contract loans (including \$..... premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	4,676,226		4,676,226	6,862,036
13.	Title plants less \$..... charged off (for Title insurers only)				
14.	Investment income due and accrued	72,279		72,279	16,054
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	1,228		1,228	885
	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 (\$.....) and contracts subject to redetermination (\$.....2,883,662)	2,883,662		2,883,662	1,007,671
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	27,789		27,789	3,215
	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	698,959		698,959	442,676
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	162,300		162,300	162,300
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				231,543
24.	Health care (\$.....533,335) and other amounts receivable	1,165,530	632,195	533,335	323,995
25.	Aggregate write-ins for other-than-invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,687,973	632,195	9,055,778	9,050,375
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	9,687,973	632,195	9,055,778	9,050,375
Details of Write-Ins					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded)	2,869,063		2,869,063	3,615,887
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				70
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	149,981		149,981	149,193
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	21,144		21,144	983,547
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	1,746,709		1,746,709	902,231
23.	Aggregate write-ins for other liabilities (including \$..... current)				
24.	Total liabilities (Lines 1 to 23)	4,786,897		4,786,897	5,650,928
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	10,000	10,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	4,000,000	4,000,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	258,881	(610,553)
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	4,268,881	3,399,447
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	9,055,778	9,050,375
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 to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX	5,326	3,860	8,323
2. Net premium income (including \$..... non-health premium income).....	XXX	18,563,304	12,997,223	27,597,814
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	18,563,304	12,997,223	27,597,814
Hospital and Medical:				
9. Hospital/medical benefits.....		15,637,563	10,548,315	23,045,007
10. Other professional services.....		(184,926)	479,116	474,936
11. Outside referrals.....				
12. Emergency room and out-of-area.....		360	46,551	49,023
13. Prescription drugs.....		861,094	908,174	1,055,454
14. Aggregate write-ins for other hospital and medical.....			19,942	23,637
15. Incentive pool, withhold adjustments and bonus amounts.....			(93,247)	(93,539)
16. Subtotal (Lines 9 to 15).....		16,314,091	11,908,851	24,554,518
Less:				
17. Net reinsurance recoveries.....		28,184	52,828	111,295
18. Total hospital and medical (Lines 16 minus 17).....		16,285,907	11,856,023	24,443,223
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....306,651 cost containment expenses.....		433,854	329,995	838,785
21. General administrative expenses.....		845,851	588,179	1,807,001
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).....		17,565,612	12,774,197	27,089,009
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	997,692	223,026	508,805
25. Net investment income earned.....		101,991	72,796	174,551
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26).....		101,991	72,796	174,551
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	1,099,683	295,822	683,356
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	1,099,683	295,822	683,356
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.....			19,942	23,637
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).....			19,942	23,637
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year.....	3,399,447	2,719,870	2,719,870
34.	Net income or (loss) from Line 32.....	1,099,683	295,822	683,356
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....			162,300
39.	Change in nonadmitted assets.....	(230,249)	(184,030)	(366,079)
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.....	—	—	200,000
	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).....	869,434	111,792	679,577
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	4,268,881	2,831,662	3,399,447
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	16,687,758	15,482,290	27,212,544
2. Net investment income.....	43,616	63,985	165,482
3. Miscellaneous income.....	—	—	—
4. Total (Lines 1 to 3).....	16,731,374	15,546,275	27,378,026
5. Benefit and loss related payments.....	17,496,894	12,208,534	24,652,493
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	691,580	676,392	2,917,968
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	—		—
10. Total (Lines 5 through 9).....	18,188,474	12,884,926	27,570,461
11. Net cash from operations (Line 4 minus Line 10).....	(1,457,100)	2,661,349	(192,435)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	100,000	200,000	600,000
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).....	100,000	200,000	600,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	391,231		
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).....	391,231	—	—
14. Net increase (or decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(291,231)	200,000	600,000
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.....	—	—	200,000
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).....	(730,860)	(115,294)	220,510
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(730,860)	(115,294)	420,510
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).....	(2,479,191)	2,746,055	828,075
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,447,963	4,619,888	4,619,888
19.2 End of period (Line 18 plus Line 19.1).....	2,968,772	7,365,943	5,447,963
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental 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
Total Members at end of:														
1. Prior Year.....	811							811						
2. First Quarter.....	866							866						
3. Second Quarter.....	977							977						
4. Third Quarter.....														
5. Current Year.....														
6. Current Year Member Months.....	5,326							5,326						
Total Member Ambulatory Encounters for Period:														
7. Physician.....	10,430							10,430						
8. Non-Physician.....	18,795							18,795						
9. Total.....	29,225							29,225						
10. Hospital Patient Days Incurred.....	2,295							2,295						
11. Number of Inpatient Admissions.....	282							282						
12. Health Premiums Written (a).....	18,591,316							18,591,316						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	18,591,316							18,591,316						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	17,500,504							17,500,504						
18. Amount Incurred for Provision of Health Care Services.....	16,314,091							16,314,091						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,591,316

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999 – Aggregate accounts not individually listed-covered.....	81,344					81,344
0499999 – Subtotals.....	81,344					81,344
0699999 – Total amounts withheld.....						2,787,719
0799999 – Total claims unpaid.....						2,869,063
0899999 – Accrued medical incentive pool and bonus amounts.....						–

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....						
2. Comprehensive (hospital and medical) group.....						
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....	1,837,613	15,634,707	496,556	2,372,507	2,334,169	3,615,887
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).....	1,837,613	15,634,707	496,556	2,372,507	2,334,169	3,615,887
14. Health care receivables (a).....		1,165,530				725,941
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....						
17. Totals (Lines 13-14+15+16).....	1,837,613	14,469,177	496,556	2,372,507	2,334,169	2,889,946

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Department recognizes Statutory Accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of the operation of the insurance company 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 full-service I-SNP in a limited geographic region in Michigan. The Company’s service area includes participating LTC facilities located in those specific geographic regions. The Company’s target population are institutionalized Medicare beneficiaries who reside or are expected to reside in a contracted LTC facility for 90 days or longer. This plan is offered in Calhoun, Genesee, Grand Traverse, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Oakland, Ogemaw, Ottawa, Saginaw, St. Clair, Washtenaw, Wayne.

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

	SSAP #	F/S Page	F/S Line #	06/30/2024	12/31/2023
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 1,099,683	\$ 683,356
(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	\$ 1,099,683	\$ 683,356
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 4,268,881	\$ 3,399,447
(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	\$ 4,268,881	\$ 3,399,447

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

Health premiums received are recognized as income in the month of coverage. Premiums collected are recognized as revenue during the months of coverage. Medical Loss Ratio (MLR) rebates are mandated by the Public Health Service Act. Rebates are 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 consist of bonds that are stated at amortized cost using the scientific method.
- (2) Bonds are stated at amortized cost using the scientific method.
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Loan-backed securities - Not Applicable
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (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 estimates are based on a review of open authorizations priced at a reasonable cost per service. SNF, Therapy, Outpatient services and emergency room services IBNR estimates are established based on a run-rate historical cost per member for similar services at comparable plans. Management review is used to ensure the final incurred claims approximate a reasonable final incurred amount for each service. It is important to note that IBNR estimates are subject to favorable or unfavorable changes until sufficient claim experience is developed in the plan to minimize variations in estimation. Loss adjustment expense is typically estimated at 1% of total IBNR reserves and is generally reserved prior to year-end.

Effective 1/1/23, the Company entered into an IPA agreement with the Michigan IPA. The unpaid claim liability for claims arising after the effective date of this agreement is determined as the amount due to the IPA as of the end of the reporting period.

(12) Changes in capitalization policy - Not Applicable

(13) Express Scripts, Inc. collects rebates pursuant to contracts with pharmaceutical manufacturers and that are directly attributable to the Formulary and Covered product utilization. The Company's share of rebates on covered products is in proportion to its pharmacy utilization. On a quarterly basis, Express Scripts, Inc. pays the Company's rebates on a pass-through basis and includes 100% of rebates collected by Express Scripts, Inc.

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	1,019,899	1,035,810	(15,911)		1,019,899	10.527	11.262
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)	\$ 1,019,899	\$ 1,035,810	\$ (15,911)	\$	\$ 1,019,899	10.527 %	11.262 %

(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.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 72,279
2. Nonadmitted	\$
3. Admitted	\$ 72,279

D. The aggregate deferred interest - Not Applicable

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - Not Applicable

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

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability) - No Significant Changes

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

C. Major Components of Current Income Taxes Incurred - No Significant Changes

D. Among the More Significant Book to Tax Adjustments - No Significant Changes

Notes to the Financial Statements

9. Income Taxes (Continued)

- E. Operating Loss and Tax Credit Carryforwards - No Significant Changes
- 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. Per a contract with the Centers of Medicare and Medicaid Services (CMS), Longevity Health Plan of Michigan, Inc. began providing Medicare benefits to long-term care residents of Michigan nursing homes on July 1, 2021, via a type of Medicare Advantage plan, which is an Institutional Special Needs Plan (I-SNP). As shown on Schedule Y included with this filing, the Company is wholly owned by Longevity Health Holdings of Michigan, LLC, which is owned 70% by Longevity Health Founders (LHF) and 30% by two investors. LHF owns more than 90% of the voting right for Longevity Health Holdings of Michigan, LLC.

LHF also owns holding companies that own I-SNPs in New York, Florida, Illinois, North Carolina, Massachusetts, Colorado, and New Jersey. There are additional legal entities that are not regulated insurance companies. Please refer to Schedule Y part 1.

To ensure effective and efficient support, LHF wholly owns LHP MSO, LLC, which is a management services organization that provides centralized services and support to each I-SNP at cost. LHP wholly-owns Livewell Choice, LLC, which leases licensed clinical staff to an independent physician practice; which in turn, will provide professional clinical services to Longevity IPA of Michigan LLC.

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

In 2020, Longevity IPA of Michigan, LLC ("MI IPA") was established. The MI IPA has the same owners and ownership as the Longevity Health Holdings of Michigan, LLC. The MI IPA entered a separate IPA agreement with Longevity Health Plan of Michigan, Inc. Effective January 1, 2023, such IPA agreement was submitted to and non-disapproved by Michigan State’s Department of Insurance.

- B. The Company has entered into a management services agreement with LHP MSO LLC which is an affiliate company wholly-owned by Longevity Health Founders. The purpose of this arrangement is to achieve scale, performance, and efficiency enhancements. The amounts LHP MSO, LLC charged to the Company were \$1,142,460 and \$2,421,191 for the periods ended June 30, 2024, and December 31, 2023, respectively. All amounts allocated to the Longevity Health Plan Michigan; Inc. are cost basis only – with no mark ups.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. The Company has amounts due from the following affiliates:

Affiliate	6/30/2024	12/31/2023
Livewell Choice	-	231,543
Total	-	231,543

The Company has amounts due to the following affiliates:

Affiliate	6/30/2024	12/31/2023
LHP MSO	21,144	983,547
Michigan IPA for IPA service agreement	2,787,719	3,471,592
Total	2,808,863	4,455,139

- 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. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- 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 - Not Applicable
- N. Investment in Insurance SCAs - 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

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

Notes to the Financial Statements

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

- 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

The company received a surplus contribution of \$0 and \$200,000 from Longevity Health Holdings of Michigan, LLC in 2024 and 2023, respectively.

- A. The Company has 10,000 shares of stock at a price of \$1.00 issued and outstanding.
- 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. 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) - Not Applicable
- 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
- B. ASC Plans - Not Applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - No Significant Changes

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

Notes to the Financial Statements

20. Fair Value Measurements

A. Fair Value Measurement

(1) Fair value at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash equivalents	\$ 774,581			\$	\$ 774,581
Total assets at fair value/NAV	\$ 774,581			\$	\$ 774,581
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) Policy on transfers into and out of Level 3 - None

(4) Inputs and techniques used for Level 2 and Level 3 fair values - None

(5) Derivatives - None

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)
Long Term Bonds	\$ 1,655,519	\$ 1,707,454	\$ 303,792	\$ 1,351,727		\$	\$
Short Term Bonds	1,739,444	1,679,814	1,342,794	396,650			
Cash Equivalents	774,851	774,851	774,851				

D. Not Practicable to Estimate Fair Value - Not Applicable

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 August 15, 2024 for the statutory statement issued on August 15, 2024. There were no Type I events.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through August 15, 2024 for the statutory statement issued on August 15, 2024. There were no Type II events.

23. Reinsurance

A. Ceded Reinsurance Report

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.
- 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 periods ended June 30, 2024 and December 31, 2023 is summarized as follows (000’s omitted):

	6/30/2024	12/31/2023
Net unpaid claims and CAE at January 1	3,616	3,278
Incurred related to:		
Current year	17,276	28,266
Prior year	(556)	(2,890)
	16,720	25,376
Paid related to:		
Current year	14,903	24,312
Prior year	2,564	726
	17,467	25,038
Balance at period end	2,869	3,616

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

26. Intercompany Pooling Arrangements

- A. Identification of Lead Entity – Not Applicable
- B. Line and Types of Business Subject to the Pooling Agreement – Not Applicable

Notes to the Financial Statements

26. Intercompany Pooling Arrangements (Continued)

- C. Description of Cession to Non-Affiliated Reinsurers – Not Applicable
- D. Identification of all Pool Members – Not Applicable
- E. Explanation of any Discrepancies Between Entries Regarding Pooled Business – Not Applicable
- F. Description of Intercompany Sharing – Not Applicable
- G. Amounts Due to/from the Lead Entity – Not Applicable

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
06/30/2024	\$ 526,564	\$ 526,564	\$ –	\$ –	\$ –
03/31/2024	481,303	481,303	138,354	–	–
12/31/2023	554,529	554,529	352,285	202,244	–
09/30/2023	493,901	493,901	90,935	222,515	180,451
06/30/2023	419,336	419,336	118,525	88,822	211,990
03/31/2023	420,274	420,274	100,626	90,686	228,962
12/31/2022	253,159	253,159	225,294	–	27,865
09/30/2022	235,739	235,739	75,271	134,520	25,947
06/30/2022	198,139	198,139	52,395	46,871	98,874
03/31/2022	172,713	172,713	49,540	36,069	87,104

- 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 June 30, 2024.

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?.....NO.....
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?.....NO.....
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?.....NO.....
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO.....
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?.....NO.....
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....12/31/2022.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.....12/31/2022.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....04/17/2024.....
- 6.4 By what department or departments?
Michigan Department of Insurance and Financial Services.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....N/A.....
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?.....Yes.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?.....NO.....
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....NO.....
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?.....NO.....
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....YES.....
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?.....NO.....
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?.....NO.....
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO
- 15.2 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.

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

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? YES
- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
JPMorgan Chase Bank, National Association	
US Bank	Two Liberty Place, 50 South 16th Street Philadelphia, PA 19102

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Vicky Zhai - employee [investment decisions]	I
Parkway Advisors LP	U

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? YES
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? YES

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
112629	ParkwayAdvisors LP		The Securities and Exchange Commission (SEC)	NO

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?YES.....
- 18.2 If no, list exceptions:
.....
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?NO.....
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?NO.....
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?NO.....

GENERAL INTERROGATORIES

PART 2 – HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent.....

89.384 %
- 1.2 A&H cost containment percent.....

1.652 %
- 1.3 A&H expense percent excluding cost containment expenses.....

5.242 %
- 2.1 Do you act as a custodian for health savings accounts?.....

NO.....
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....

\$.....
- 2.3 Do you act as an administrator for health savings accounts?.....

NO.....
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date.....

\$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....

NO.....
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....

NO.....

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 23680	47-0698507.....	.....01/01/2024.....	ODYSSEY REINS CO.....	CT.....	SSL/I.....	MR.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - 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 Program 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		18,591,316						18,591,316	
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	N									
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal		XXX		18,591,316						18,591,316	
60.	Reporting entity contributions for employee benefits plans		XXX									
61.	Total (Direct Business)		XXX		18,591,316						18,591,316	
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.....–

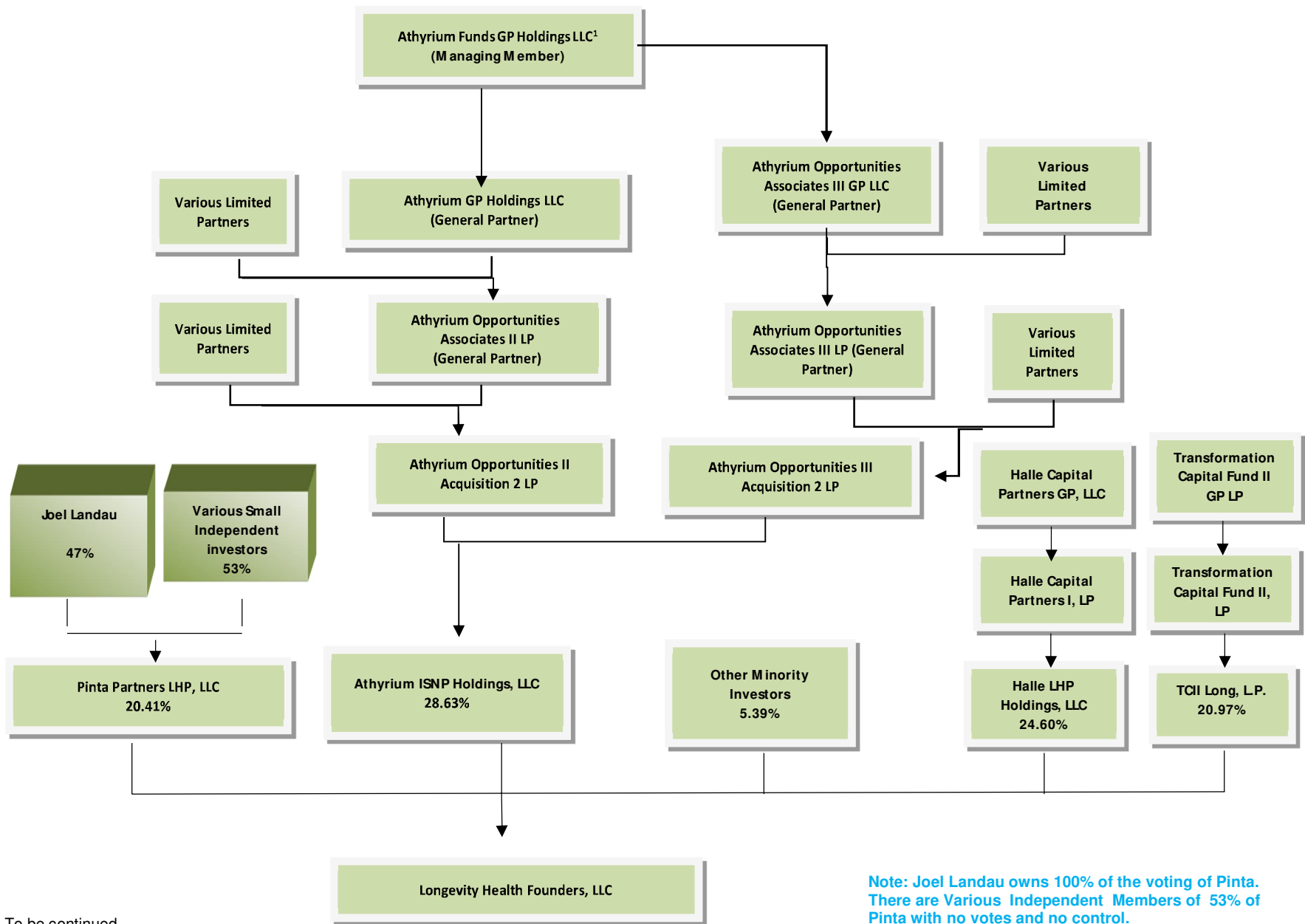
4. Q – Qualified - Qualified or accredited reinsurer.....–

5. N – None of the above - Not allowed to write business in the state.....56

Updated as of June 30, 2024

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

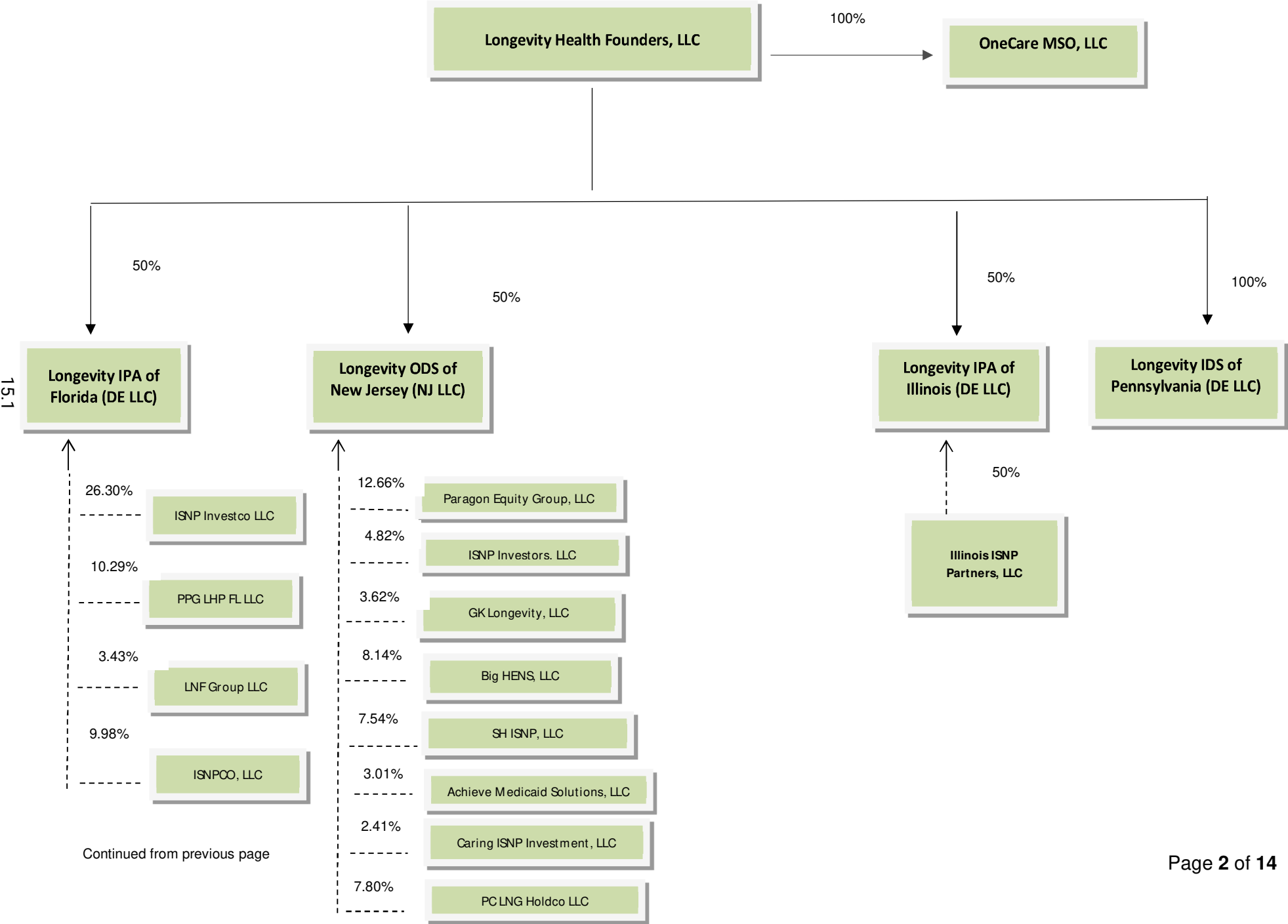
PART 1 - ORGANIZATIONAL CHART



To be continued

Updated as of June 30, 2024

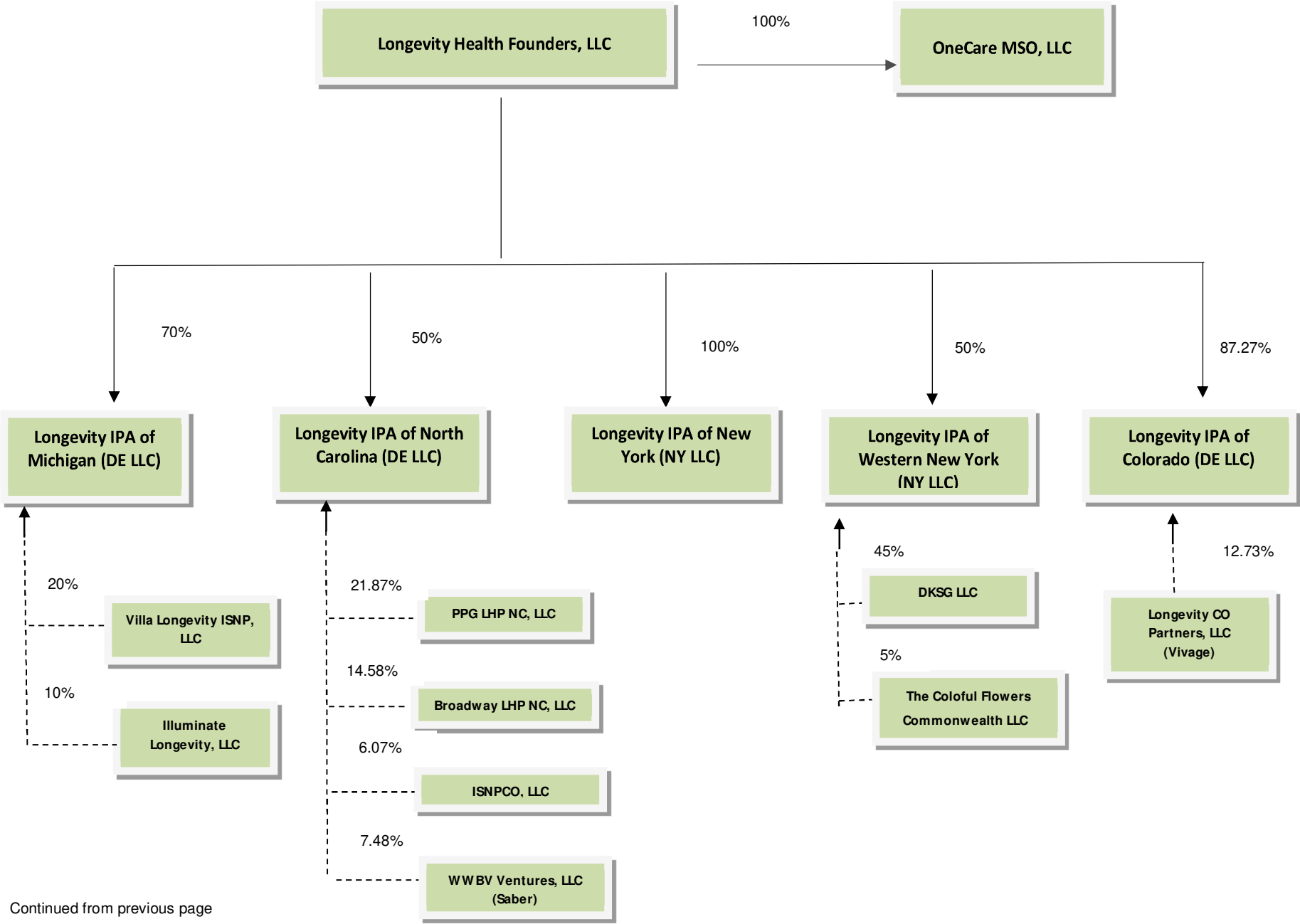
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Updated as of June 30, 2024

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

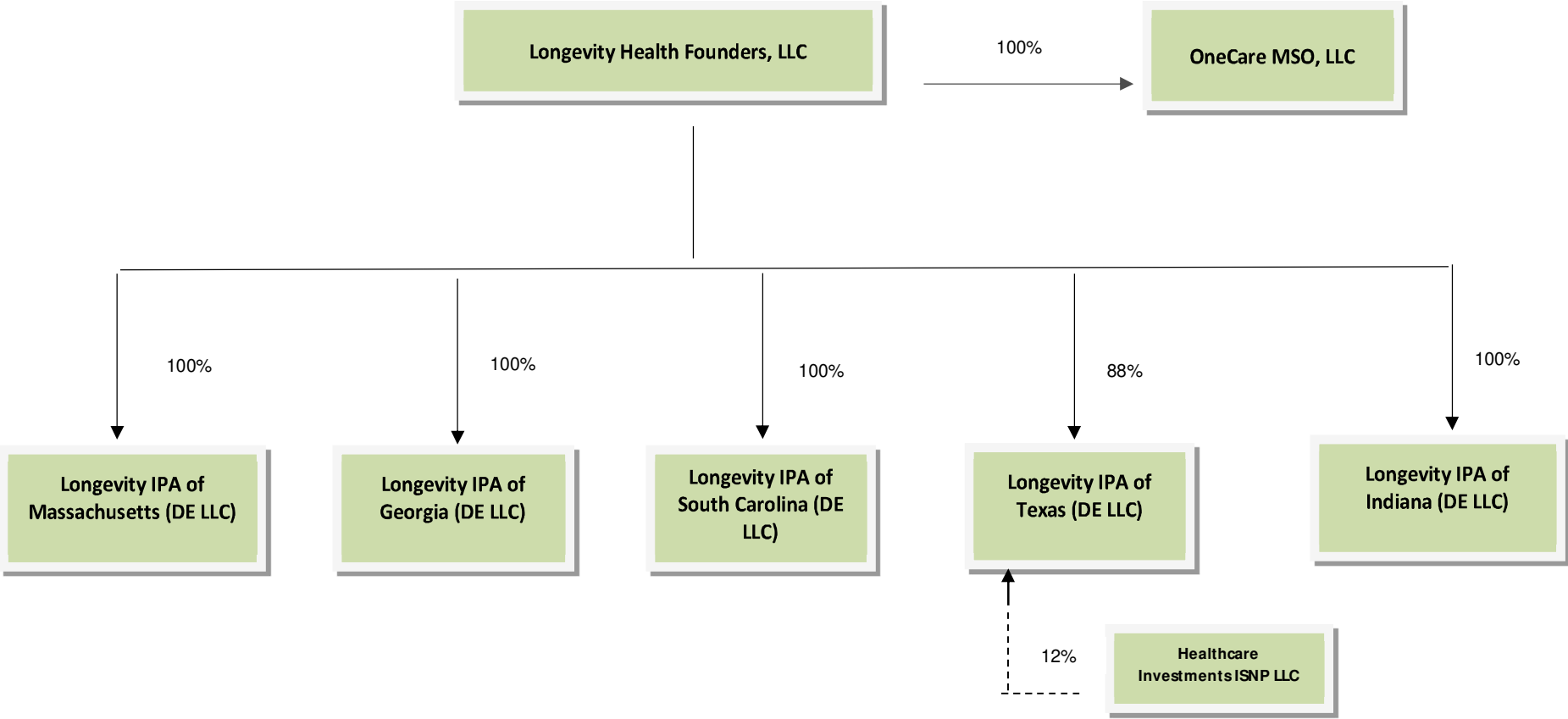
15.2



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Updated as of June 30, 2024

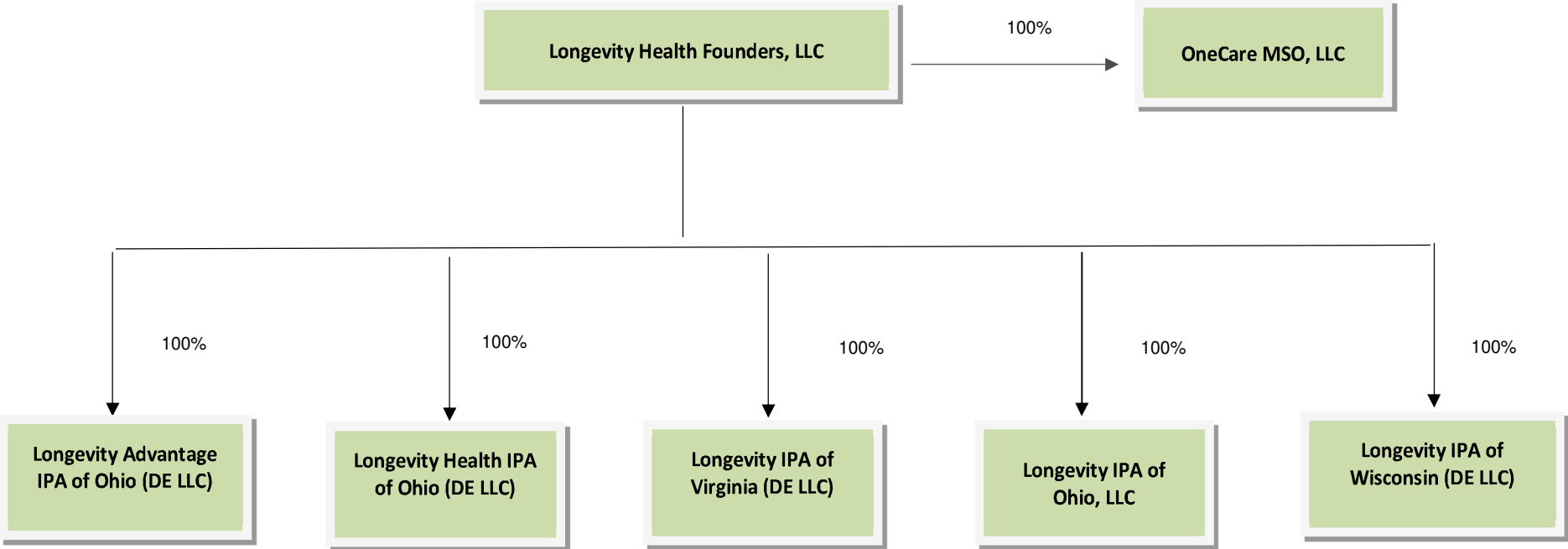
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



15.3

Updated as of June 30, 2024

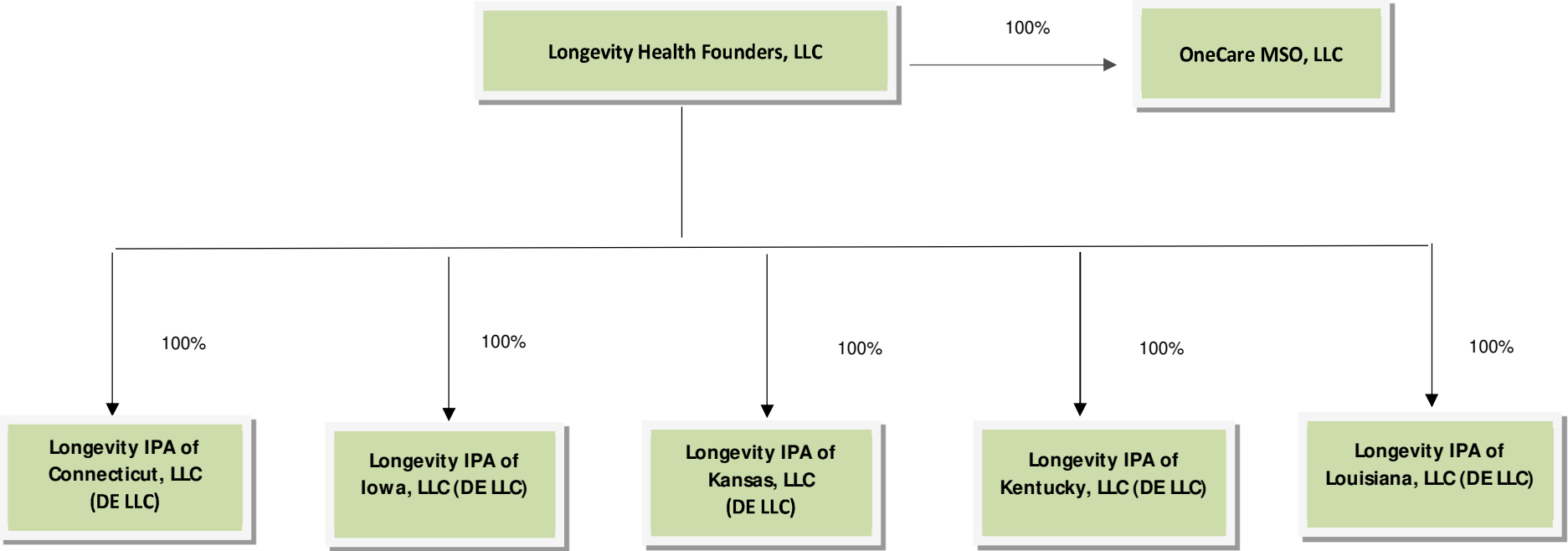
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



15.4

Updated as of June 30, 2024

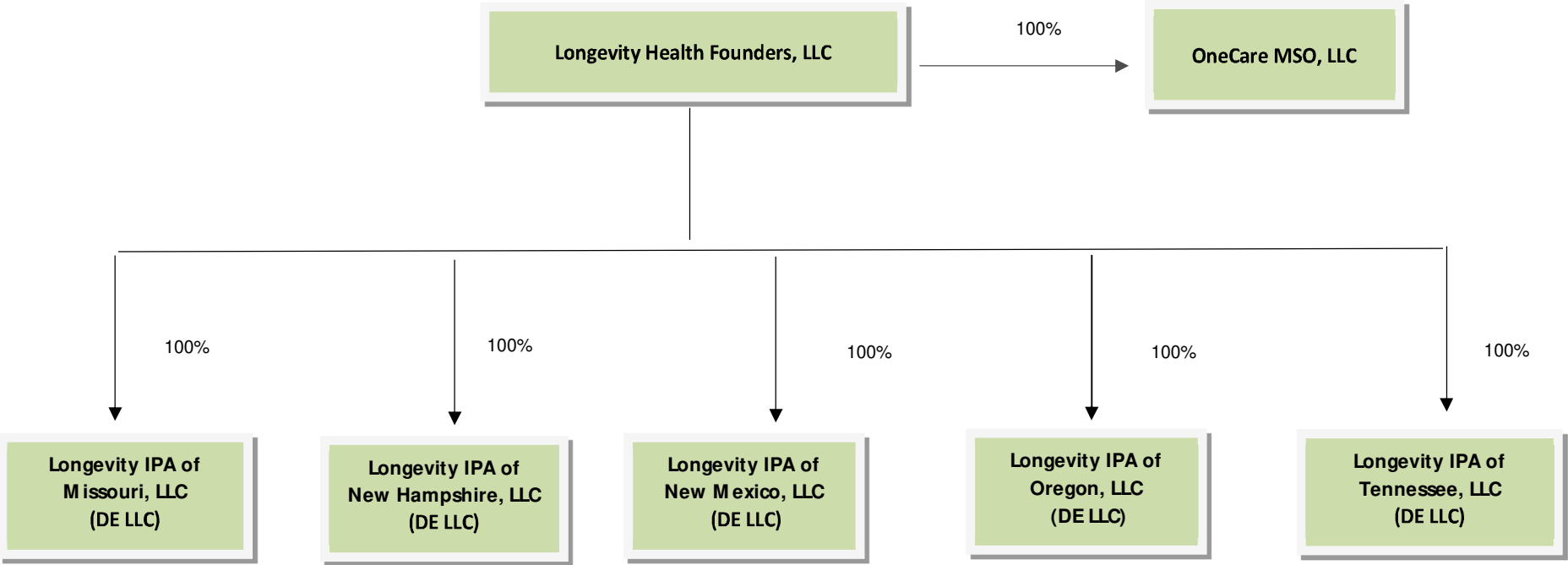
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



15.5

Updated as of June 30, 2024

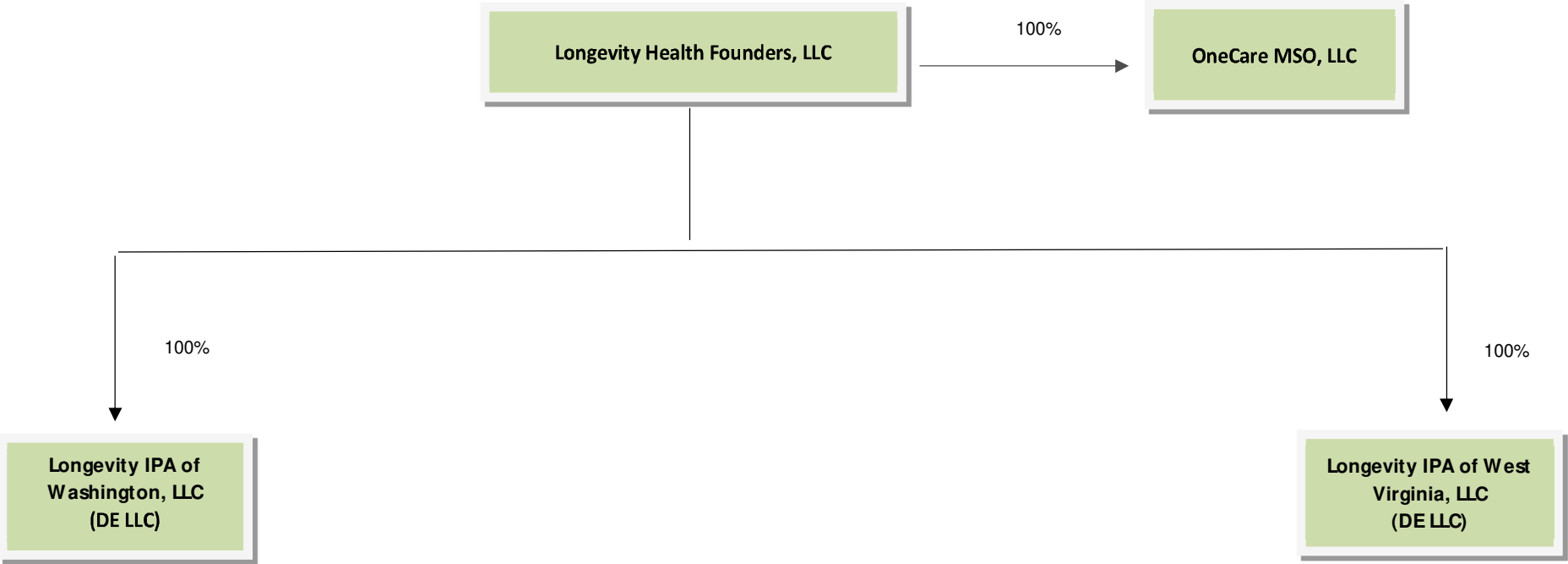
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



15.6

Updated as of June 30, 2024

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

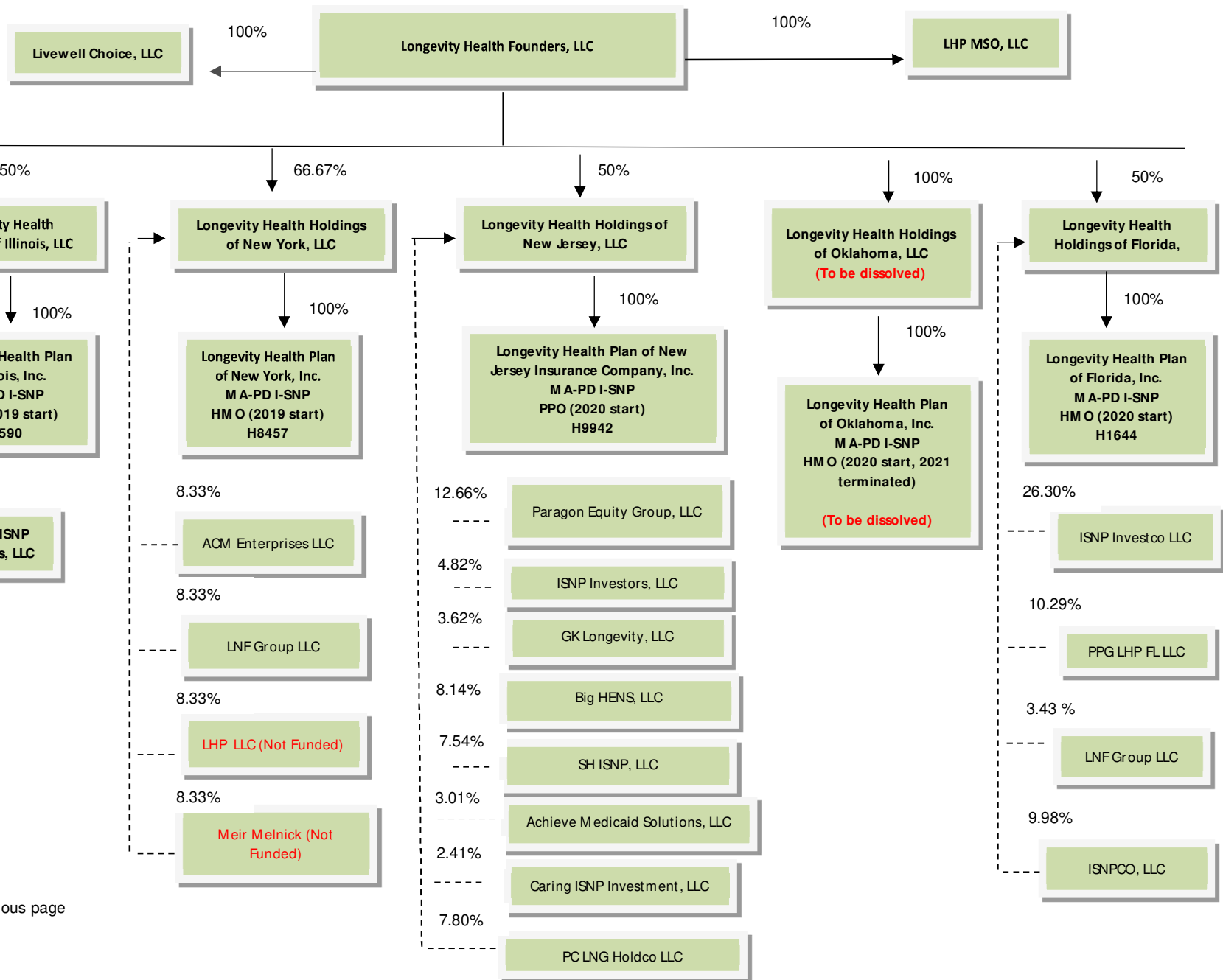


15.7

Updated as of June 30, 2024

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

PART 1 - ORGANIZATIONAL CHART

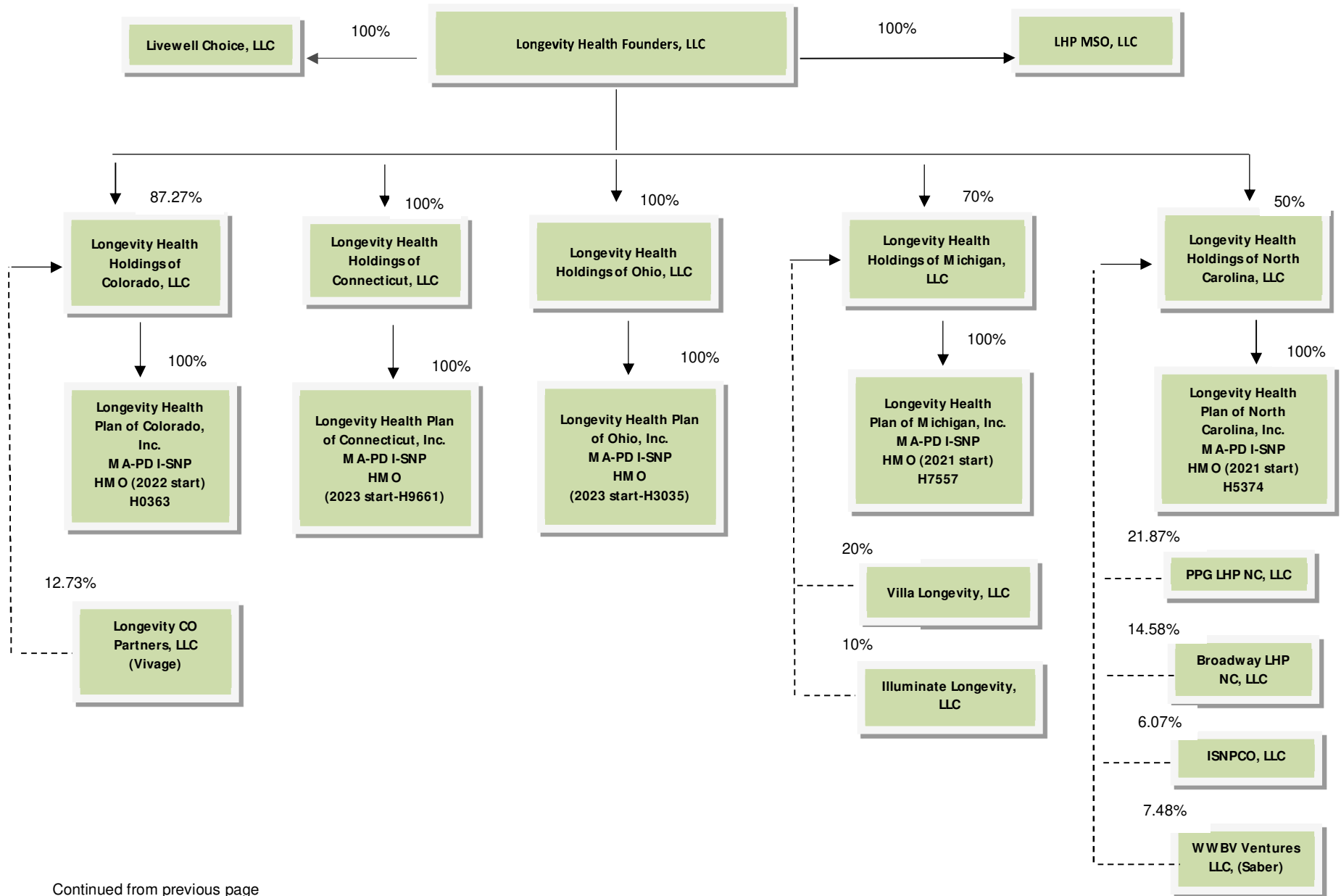


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Updated as of June 30, 2024

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

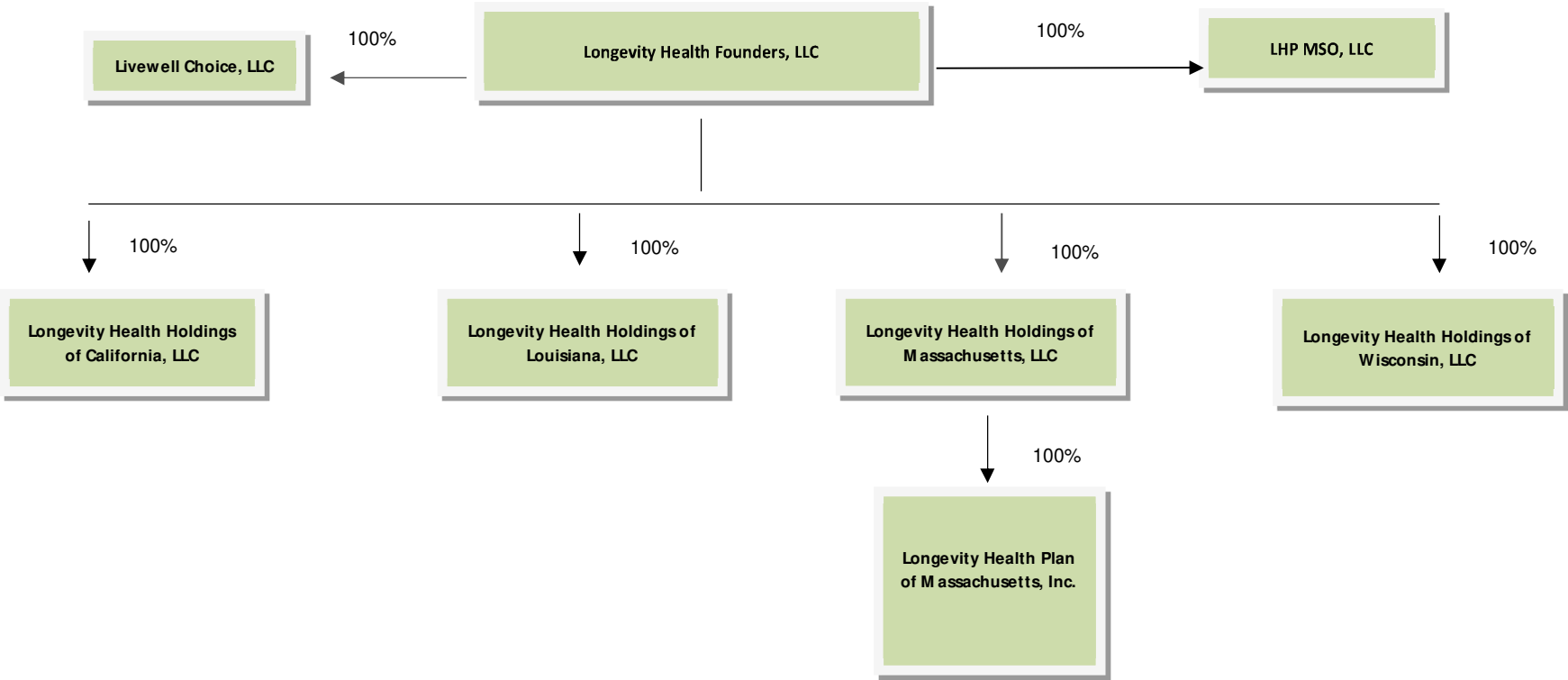
PART 1 - ORGANIZATIONAL CHART



Continued from previous page

Updated as of June 30, 2024

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

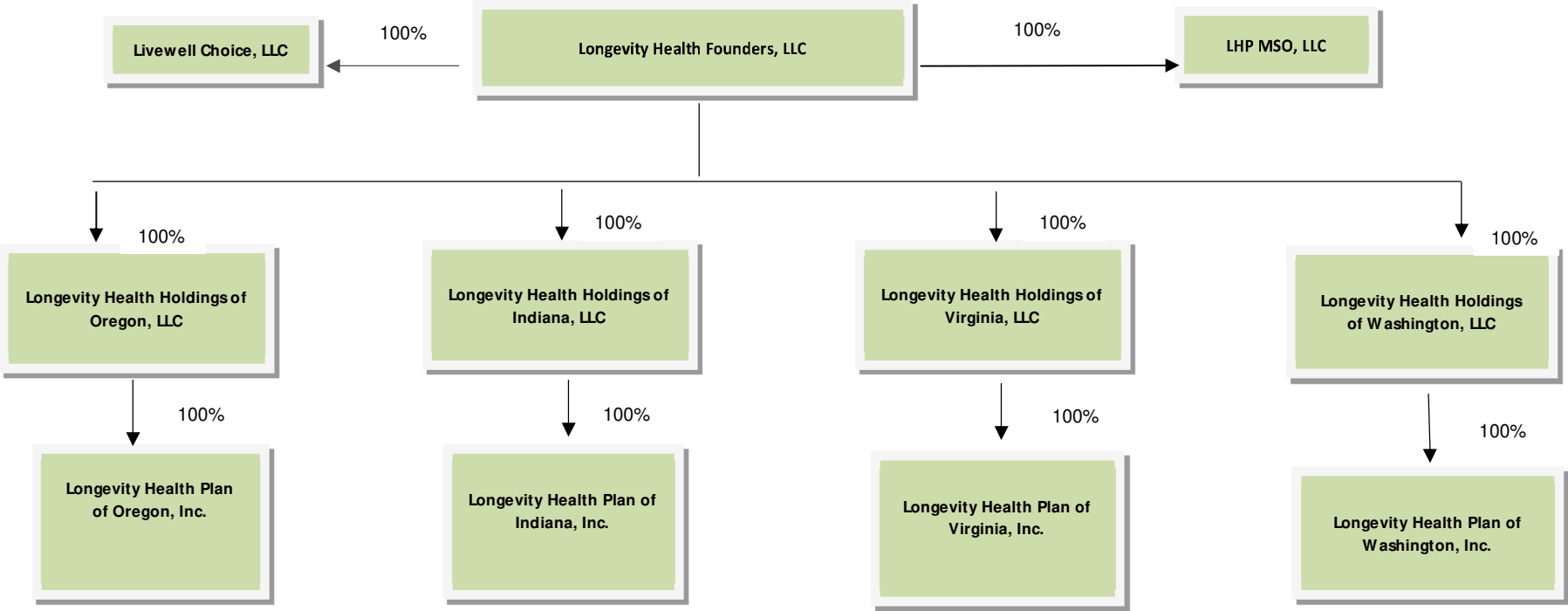


15.10

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Updated as of June 30, 2024

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

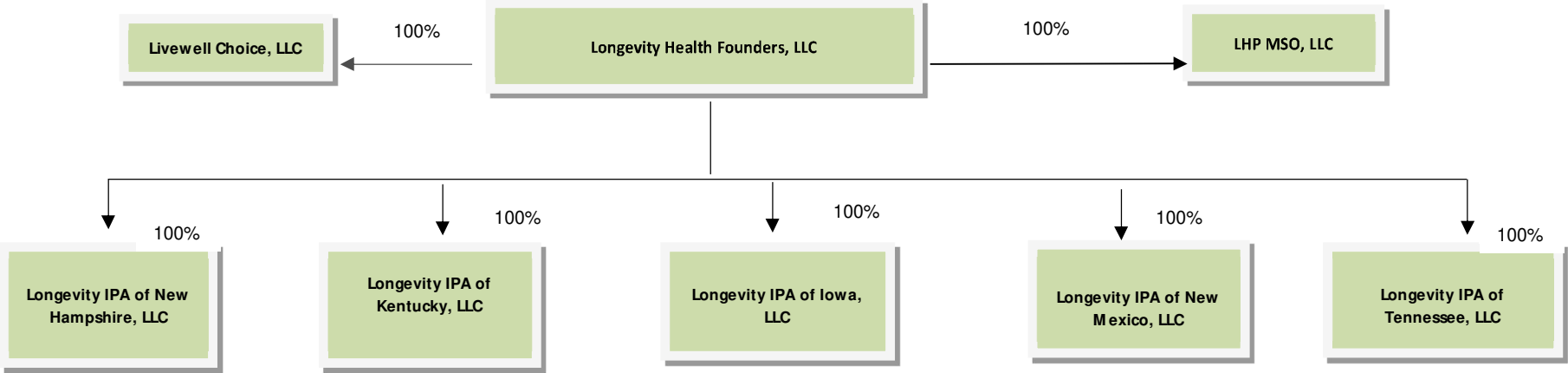


15.11

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Updated as of June 30, 2024

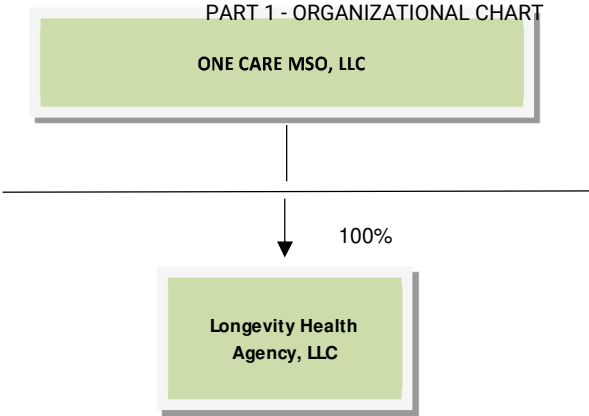
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



15.12

Updated as of June 30, 2024

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



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)	*
4920	Longevity Health Group	16779	83-3062929				Longevity Health Plan of Michigan, Inc.	MI	RE	Longevity Health Holdings of Michigan, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16350	82-4248118				Longevity Health Plan of Illinois, Inc.	IL	IA	Longevity Health Holdings of Illinois, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16567	83-2467751				Longevity Health Plan of Florida, Inc.	FL	IA	Longevity Health Holdings of Florida, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16769	83-4177343				Longevity Health Plan of Colorado, Inc.	CO	IA	Longevity Health Holdings of Colorado, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16355	82-5331490				Longevity Health Plan of New Jersey Insurance Company, Inc.	NJ	IA	Longevity Health Holdings of New Jersey, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16364	82-4411565				Longevity Health Plan of New York, Inc.	NY	IA	Longevity Health Holdings of New York, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16768	84-4363580				Longevity Health Plan of North Carolina, Inc.	NC	IA	Longevity Health Holdings of North Carolina, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	00000	83-3310594				Longevity Health Health Plan of Ohio, Inc.	OH	IA	Longevity Health Holdings of Ohio, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	17267	87-3827414				Longevity Health Health Plan of Massachusetts, Inc.	MA	IA	Longevity Health Holdings of Massachusetts, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	87-3180010				Longevity Health Health Plan of Oregon, Inc.	OR	IA	Longevity Health Holdings of Oregon, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	83-2715812				Longevity Health Health Plan of Connecticut, Inc.	CT	IA	Longevity Health Holdings of Connecticut, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	88-3290421				Longevity Health Health Plan of Indiana, Inc.	IN	IA	Longevity Health Holdings of Indiana, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	88-3257149				Longevity Health Health Plan of Virginia, Inc.	VA	IA	Longevity Health Holdings of Virginia, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	80-0986617				Longevity Health Health Plan of Washington, Inc.	WA	IA	Longevity Health Holdings of Washington, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	83-3311446				Longevity Health Plan of Oklahoma, Inc.	OK	IA	Longevity Health Holdings of Oklahoma, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Longevity Health Founders, LLC	Ownership	70.000	None	NO	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Villa Longevity ISNP, LLC	Ownership	20.000	None	NO	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Illuminate Longevity, LLC	Ownership	10.000	None	NO	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.000	None	NO	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	26.300	None	NO	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	10.300	None	NO	

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)	*
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	3.400	None	NO	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	10.000	None	NO	
		00000	83-4176889				Longevity Health Holdings of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	87.300	None	NO	
		00000	83-4176889				Longevity Health Holdings of Colorado, LLC	DE	NIA	Longevity Colorado Partners, LLC	Ownership	12.700	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Paragon Equity Group, LLC	Ownership	12.700	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Big HENS, LLC	Ownership	8.100	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	SH ISNP, LLC	Ownership	7.500	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	ISNP Investors, LLC	Ownership	4.800	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	GK Longevity, LLC	Ownership	3.600	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.000	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Caring ISNP Investment, LLC	Ownership	2.400	None	NO	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	PC LNG Holdco LLC	Ownership	7.800	None	NO	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	66.700	None	NO	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	ACM Enterprises LLC	Ownership	8.300	None	NO	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	LNF Group LLC	Ownership	8.300	None	NO	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	LHP LLC	Ownership	8.300	None	NO	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Meir Melnick	Ownership	8.300	None	NO	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.870	None	NO	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.580	None	NO	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.070	None	NO	

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)	*
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	WVBV Ventures, LLC	Ownership	7.480	None	NO	
		00000	83-4178288				Longevity Health Holdings of Ohio, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	87-1833976				Longevity Health Holdings of Massachusetts, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	87-3096223				Longevity Health Holdings of Oregon, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	83-2714564				Longevity Health Holdings of Connecticut, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	88-3314008				Longevity Health Holdings of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	88-3286810				Longevity Health Holdings of Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	87-3097058				Longevity Health Holdings of Washington, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	86-1338170				Longevity Health Holdings of California, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	86-1289945				Longevity Health Holdings of Louisiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	86-1336952				Longevity Health Holdings of Wisconsin, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	70.000	None	NO	
		00000	85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	20.000	None	NO	
		00000	85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Illuminate Longevity, LLC	Ownership	10.000	None	NO	
		00000	85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.000	None	NO	
		00000	85-0894642				Longevity IPA of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	26.300	None	NO	
		00000	85-0894642				Longevity IPA of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	10.300	None	NO	
		00000	85-0894642				Longevity IPA of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	3.400	None	NO	
		00000	85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	10.000	None	NO	
		00000	87-3692038				Longevity IPA of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	87.300	None	NO	
		00000	87-3692038				Longevity IPA of Colorado, LLC	DE	NIA	Longevity Colorado Partners, LLC	Ownership	12.700	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Paragon Equity Group, LLC	Ownership	12.700	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Big HENS, LLC	Ownership	8.100	None	NO	

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)	*
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	SH ISNP, LLC	Ownership	7.500	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	ISNP Investors, LLC	Ownership	4.800	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	GK Longevity, LLC	Ownership	3.600	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.000	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Caring ISNP Investment, LLC	Ownership	2.400	None	NO	
		00000	85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	PC LNG Holdco LLC	Ownership	7.800	None	NO	
		00000	87-1744103				Longevity IPA of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	DKSG LLC	Ownership	45.000	None	NO	
		00000	87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	The Coloful Flowers Commonwealth LLC	Ownership	5.000	None	NO	
		00000	86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
		00000	86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.870	None	NO	
		00000	86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.580	None	NO	
		00000	86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.070	None	NO	
		00000	86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Saber, LLC	Ownership	7.480	None	NO	
		00000	92-0877981				Longevity IPA of Massachusetts, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-1050348				Longevity IPA of Georgia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-1054400				Longevity IPA of South Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-0857131				Longevity IPA of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-2234881				Longevity IPA of Texas, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	88.000	None	NO	
		00000	92-2234881				Longevity IPA of Texas, LLC	DE	NIA	Healthcare Investments ISNP LLC	Ownership	12.000	None	NO	
		00000	92-2524738				Longevity IPA of Wisconsin, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-3247153				Longevity Health IPA of Ohio, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	

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)	*
		00000	92-3275238				Longevity Advantage IPA of Ohio, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	92-3861273				Longevity IPA of Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	88-2161983				Longevity IDS of Pennsylvania	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1371780				Longevity IPA of Connecticut, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-0930815				Longevity IP of Iowa, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1388833				Longevity IPA of Kansas, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1488754				Longevity IPA of Louisiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1307181				Longevity IPA of Missouri, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-0968268				Longevity IPA of New Hampshire, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-0883883				Longevity IPA of New Mexico, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1462309				Longevity IPA of Oregon, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-0939962				Longevity IPA of Tennessee, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1432208				Longevity IPA of Washington, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	99-1307181				Longevity IPA of West Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	83-2536308				LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	83-2537238				Livewell Choice LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	87-2686984				Onecare MSO LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
		00000	88-3108948				Longevity Health Agency, LLC	DE	NIA	Onecare MSO LLC	Ownership	100.000	None		
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	20.400	Joel Landau	NO	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Athyrium ISNP Holdings, LLC	Ownership	28.600	Athyrium Funds GP Holdings LLC	NO	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	TCII Long, L.P	Ownership	21.000	Transformation Capital Fund II GP LP	NO	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Halle LHP Holdings, LLC	Ownership	24.600	Halle Capital Partners GP, LLC	NO	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Other Minority Investors	Ownership	5.400	None	NO	

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
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		00000	82-3939212				Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	47.400		NO	
		00000	xxxxxxx				Joel Landau	NY	UIP	n/a	Other	-		NO	
		00000	86-3825117				TCII Long, L.P	DE	UIP	Transformation Capital Fund II, LP	Management	-		NO	
		00000	84-3962329				Transformation Capital Fund II, LP	DE	UIP	Transformation Capital Fund II GP LP	Management	-		NO	
		00000	86-2740178				Halle LHP Holdings, LLC	DE	UIP	Halle Capital Partners I, LP	Management	-		NO	
		00000	xxxxxxx				Halle Capital Partners I, LP	DE	UIP	Halle Capital Partners GP, LLC	Management	-		NO	
		00000	82-3877393				Athyrium ISNP Holdings, LLC	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.000	Athyrium Funds GP Holdings LLC	NO	
		00000	82-3877393				Athyrium ISNP Holdings, LLC	NY	UIP	Athyrium Opportunities III Acquisition 2 LP	Ownership	50.000	Athyrium Funds GP Holdings LLC	NO	
		00000	81-1726206				Athyrium Opportunities II Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates II LP	Management	-		NO	
		00000	36-4883510				Athyrium Opportunities III Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates III LP	Management	-		NO	
		00000	30-0839879				Athyrium Opportunities Associates II LP	NY	UIP	Athyrium GP Holdings LLC	Management	-		NO	
		00000	81-3009833				Athyrium Opportunities Associates III LP	NY	UIP	Athyrium Opportunities Associates III GP LLC	Management	-		NO	
		00000	47-1740650				Athyrium GP Holdings LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Management	-		NO	
		00000	35-2572536				Athyrium Opportunities Associates III GP LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Management	-		NO	
Asterisk	Explanation														

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?.....	NO

August Filing

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.....	YES
---	-----------

EXPLANATION:

1.
2.

BARCODES:

1. 

1679202436500002

2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	1,414,073	2,013,287
2.	Cost of bonds and stocks acquired.....	391,231	
3.	Accrual of discount.....	2,932	2,874
4.	Unrealized valuation increase / (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration for bonds and stocks disposed of.....	100,000	600,000
7.	Deduct amortization of premium.....	782	2,088
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	1,707,454	1,414,073
12.	Deduct total nonadmitted amounts.....		
13.	Statement value at end of current period (Line 11 minus Line 12).....	1,707,454	1,414,073

SCHEDULE D – PART 1B

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

NAIC Designation		1	2	3	4	5	6	7	8
		Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
Bonds									
1.	NAIC 1 (a).....	4,165,534		782,476	4,210	4,165,534	3,387,268		4,594,320
2.	NAIC 2 (a).....								
3.	NAIC 3 (a).....								
4.	NAIC 4 (a).....								
5.	NAIC 5 (a).....								
6.	NAIC 6 (a).....								
7.	Total Bonds.....	4,165,534		782,476	4,210	4,165,534	3,387,268		4,594,320
Preferred Stock									
8.	NAIC 1.....								
9.	NAIC 2.....								
10.	NAIC 3.....								
11.	NAIC 4.....								
12.	NAIC 5.....								
13.	NAIC 6.....								
14.	Total Preferred Stock.....								
15.	Total Bonds & Preferred Stock.....	4,165,534		782,476	4,210	4,165,534	3,387,268		4,594,320

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$ 1,679,814; NAIC 2 \$...; NAIC 3 \$...; NAIC 4 \$...; NAIC 5 \$...; NAIC 6 \$...

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book / Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Total.....	1,679,814	XXX.....	1,675,598	1,750	

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,881,836	683,180
2. Cost of short-term investments acquired.....	96,828	3,925,879
3. Accrual of discount.....	(30,417)	52,042
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	1,268,433	1,779,265
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,679,814	2,881,836
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,679,814	2,881,836

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	1,427,992	1,455,236
2.	Cost of cash equivalents acquired.....	1,347,222	3,201,490
3.	Accrual of discount.....	(1,170)	5,681
4.	Unrealized valuation increase / (decrease).....		
5.	Total gain (loss) on disposals.....		
6.	Deduct consideration received on disposals.....	1,999,193	3,234,415
7.	Deduct amortization of premium.....		
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	774,851	1,427,992
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	774,851	1,427,992

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

(E-03) Schedule BA - Part 2

NONE

(E-03) Schedule BA - Part 3

NONE

(E-04) Schedule D - Part 3

NONE

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book / Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B. / A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book / Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3130AR-RJ-2	FED HOME LN BANK 2.75 4/29/2024		04/29/2024	MATURITY	XXX	100,000	100,000	100,000	100,000						100,000				1,375	04/29/2024	1.A
0909999999 – Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						100,000	100,000	100,000	100,000						100,000				1,375	XXX	XXX
2509999997 – Subtotals - Bonds - Part 4						100,000	100,000	100,000	100,000						100,000				1,375	XXX	XXX
2509999998 – Summary Item from Part 5 for Bonds (N/A to Quarterly)																					
2509999999 – Subtotals - Bonds						100,000	100,000	100,000	100,000						100,000				1,375	XXX	XXX
6009999999 – Totals						100,000	XXX	100,000	100,000						100,000				1,375	XXX	XXX

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of America – 150 N College Street Charlotte, NC 28202					168,272	3,811,935	514,107	XXX
0199998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories					168,272	3,811,935	514,107	XXX
0299998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit					168,272	3,811,935	514,107	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					168,272	3,811,935	514,107	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
31846V-56-7	FIRST AMERICAN GOVT OBLIG FUND		06/30/2024	5.190	XXX	774,851	3,049	26,700
8309999999 – All Other Money Market Mutual Funds						774,851	3,049	26,700
8609999999 – Total Cash Equivalents						774,851	3,049	26,700