



QUARTERLY STATEMENT
 AS OF SEPTEMBER 30, 2025
 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

Cheryl Gneiser#, Enrollee Director.....

DIRECTORS OR TRUSTEES

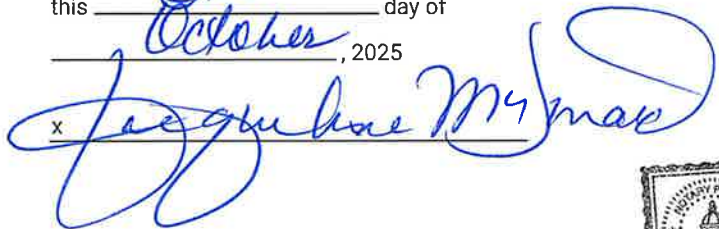
Rene Lerer..... Leslie Steven Granow.....
 Brendan Todd Rager.....

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  Secretary
 x  CFO & Treasurer
 x  CEO & President

Subscribed and sworn to before me
 this 31st day of October, 2025

x 

- 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.....	1,137,374		1,137,374	1,310,809
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 (\$.....1,378,988), cash equivalents (\$.....1,827,188) and short-term investments (\$.....4,827,861).....	8,034,037		8,034,037	4,333,439
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).....	9,171,411		9,171,411	5,644,248
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	32,285		32,285	32,934
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....1,662,687).....	1,662,687		1,662,687	2,301,309
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				37,557
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.....	918,387		918,387	298,995
18.1 Current federal and foreign income tax recoverable and interest thereon.....	129,223		129,223	129,223
18.2 Net deferred tax asset.....	333,779		333,779	333,779
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....2,122,040) and other amounts receivable.....	2,972,460	850,420	2,122,040	856,579
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).....	15,220,232	850,420	14,369,812	9,634,624
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	15,220,232	850,420	14,369,812	9,634,624
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 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....	2,840,965		2,840,965	3,140,806
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....	525,549		525,549	55,888
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	557,603		557,603	165,264
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.....	1,229,455		1,229,455	758,166
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.....	2,587,329		2,587,329	1,741,502
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....	7,740,901		7,740,901	5,861,626
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	2,618,911	(237,002)
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	6,628,911	3,772,998
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	14,369,812	9,634,624
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	11,016	8,437	11,856
2. Net premium income (including \$..... non-health premium income)	XXX	39,779,523	29,187,542	38,157,779
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	39,779,523	29,187,542	38,157,779
Hospital and Medical:				
9. Hospital/medical benefits		30,099,387	24,856,875	32,858,384
10. Other professional services		16,332	(244,437)	(2,851)
11. Outside referrals				
12. Emergency room and out-of-area		74	391	411
13. Prescription drugs		5,741,073	1,400,636	1,072,707
14. Aggregate write-ins for other hospital and medical				231
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		35,856,866	26,013,465	33,928,882
Less:				
17. Net reinsurance recoveries		60,001	28,542	39,384
18. Total hospital and medical (Lines 16 minus 17)		35,796,865	25,984,923	33,889,498
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....493,357 cost containment expenses		680,741	630,196	566,146
21. General administrative expenses		1,201,017	1,182,908	2,368,917
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)		37,678,623	27,798,027	36,824,561
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,100,900	1,389,515	1,333,218
25. Net investment income earned		182,461	195,367	249,165
26. Net realized capital gains (losses) less capital gains tax of \$.....		(12,508)		
27. Net investment gains (losses) (Lines 25 plus 26)		169,953	195,367	249,165
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	2,270,853	1,584,882	1,582,383
31. Federal and foreign income taxes incurred	XXX	76,000	150,000	270,777
32. Net income (loss) (Lines 30 minus 31)	XXX	2,194,853	1,434,882	1,311,606
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				231
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)				231
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.....	3,772,998	3,399,447	3,399,447
34. Net income or (loss) from Line 32.....	2,194,853	1,434,882	1,311,606
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.....			171,479
39. Change in nonadmitted assets.....	661,060	(674,229)	(1,109,534)
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.....	-	-	-
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).....	2,855,913	760,653	373,551
49. Capital and surplus end of reporting period (Line 33 plus 48).....	6,628,911	4,160,100	3,772,998
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	41,280,145	30,911,527	36,936,985
2. Net investment income	172,335	179,093	225,990
3. Miscellaneous income	-	-	-
4. Total (Lines 1 to 3)	41,452,480	31,090,620	37,162,975
5. Benefit and loss related payments	36,663,550	27,354,042	36,041,039
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,655,323	975,524	1,952,181
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	76,000	150,000	400,000
10. Total (Lines 5 through 9)	38,394,873	28,479,566	38,393,220
11. Net cash from operations (Line 4 minus Line 10)	3,057,607	2,611,054	(1,230,245)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,085,373	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	(18)		
12.7 Miscellaneous proceeds	-	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,085,355	200,000	600,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	913,653	490,442	490,441
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)	913,653	490,442	490,441
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	171,702	(290,442)	109,559
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	-	-	-
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)	471,289	(572,515)	6,162
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	471,289	(572,515)	6,162
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)	3,700,598	1,748,097	(1,114,524)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,333,439	5,447,963	5,447,963
19.2 End of period (Line 18 plus Line 19.1)	8,034,037	7,196,060	4,333,439
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
	Total	2 Individual	3 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.....	1,169							1,169						
2. First Quarter.....	1,179							1,179						
3. Second Quarter.....	1,290							1,290						
4. Third Quarter.....	1,269							1,269						
5. Current Year.....														
6. Current Year Member Months.....	11,016							11,016						
Total Member Ambulatory Encounters for Period:														
7. Physician.....	24,858							24,858						
8. Non-Physician.....	35,439							35,439						
9. Total.....	60,297							60,297						
10. Hospital Patient Days Incurred.....	3,990							3,990						
11. Number of Inpatient Admissions.....	521							521						
12. Health Premiums Written (a).....	39,837,192							39,837,192						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	39,837,192							39,837,192						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	36,761,108							36,761,108						
18. Amount Incurred for Provision of Health Care Services.....	35,856,866							35,856,866						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$39,837,192

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999 – Aggregate accounts not individually listed-covered	220,001					220,001
0499999 – Subtotals	220,001					220,001
0599999 – Unreported claims and other claim reserves						2,620,964
0799999 – Total claims unpaid						2,840,965
0899999 – Accrued medical incentive pool and bonus amounts						

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the 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.....	3,704,301	32,996,806	–	2,840,965	3,704,301	3,140,806
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).....	3,704,301	32,996,806	–	2,840,965	3,704,301	3,140,806
14. Health care receivables (a).....	1,615,339	1,357,121			1,615,339	2,368,059
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....						
17. Totals (Lines 13-14+15+16).....	2,088,962	31,639,685	–	2,840,965	2,088,962	772,747

(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, and 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 #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 2,194,853	\$ 1,311,606
(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	<u>\$ 2,194,853</u>	<u>\$ 1,311,606</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 6,628,911	\$ 3,772,998
(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	<u>\$ 6,628,911</u>	<u>\$ 3,772,998</u>

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) Asset-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.
- (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.

Notes to the Financial Statements

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

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. Asset-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. Investments in Tax Credit Structures (tax credit investments) - Not Applicable

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted 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	1,037,374	1,025,983	11,391		1,037,374	6.816	7.219
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)	\$ 1,037,374	\$ 1,025,983	\$ 11,391	\$	\$ 1,037,374	6.816 %	7.219 %

Notes to the Financial Statements

5. Investments (Continued)

- (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
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - 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	\$ 32,285
2. Nonadmitted	\$
3. Admitted	\$ 32,285

- 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
- 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, 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.

Notes to the Financial Statements

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

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 \$1,577,380 and \$2,015,668 for the periods ended September 30, 2025, and December 31, 2024, respectively. All amounts allocated to the Longevity Health Plan Michigan; Inc. are cost basis only – with no mark ups.

The amounts Longevity IPA of Michigan, LLC charged to the Company for the IPA services agreement were \$29,800,774 and \$33,000,725 for the periods ended September 30, 2025 and December 31, 2024, respectively.

- 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	9/30/2025	12/31/2024
Michigan IPA for IPA service agreement	1,390,747	-
Total	1,390,747	-

The Company has amounts due to the following affiliates:

Affiliate	9/30/2025	12/31/2024
LHP MSO	1,229,455	758,166
Michigan IPA for IPA service agreement	2,620,964	2,718,240
Total	3,850,419	3,476,406

- 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
- D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
- E. Defined Contribution Plans - Not Applicable
- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans - Not Applicable
- H. Postemployment Benefits and Compensated Absences - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

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

- A. 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.

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- 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

20. Fair Value Measurements

- A. Fair Value Measurement

(1) Fair value measurements at reporting date

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as re ected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels of the fair value hierarchy are defined as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Company has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Company has no Level 3 assets or liabilities.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Company believes its valuation methods are appropriate and consistent with the guidance in SSAP 100R - Fair value.

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	\$ 1,133,559	\$	\$	\$	\$ 1,133,559
Total assets at fair value/NAV	<u>\$ 1,133,559</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 1,133,559</u>
b. Liabilities at fair value					
Total liabilities at fair value	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- (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 - Issuer Credit Obligation	\$ 1,123,813	\$ 1,137,374	\$ 1,026,386	\$ 97,427			
Short Term Bonds - Issuer Credit Obligation	4,851,439	4,827,861	4,851,439				
Cash equivalents	1,832,193	1,827,188	1,832,193				

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 and Federal 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 November 15, 2025 for the statutory statement issued on November 15, 2025. There were no Type I events.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through November 15, 2025 for the statutory statement issued on November 15, 2025. 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)

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)

Notes to the Financial Statements

23. Reinsurance (Continued)

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 Ceded Reinsurance - 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 September 30, 2025 and December 31, 2024 is summarized as follows (000’s omitted):

	<u>9/30/2025</u>	<u>12/31/2024</u>
Net unpaid claims and CAE at beginning of year	\$ 1,872	\$ 2,081
Incurred related to:		
Current year	35,221	11,235
Prior year	1,316	43
Total claims and CAE incurred	<u>36,538</u>	<u>11,278</u>
Paid related to:		
Current year	31,112	9,573
Prior year	4,457	1,914
Total claims and CAE paid	<u>35,569</u>	<u>11,487</u>
Net unpaid claims and CAE at end of year	<u>\$ 2,841</u>	<u>\$ 1,872</u>

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
- 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

Notes to the Financial Statements

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
09/30/2025	\$ 724,447	\$ 724,447	\$ -	\$ -	\$ -
06/30/2025	689,824	689,824	272,477	-	-
03/31/2025	662,768	662,768	241,599	205,841	-
12/31/2024	694,654	694,654	554,296	140,612	(254)
09/30/2024	613,260	613,260	213,727	275,442	124,091
06/30/2024	538,991	538,991	130,774	125,942	282,275
03/31/2024	485,105	485,105	138,354	109,136	237,616
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

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 September 30, 2025.

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 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 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: \$

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	Two Liberty Place, 50 South 16th Street Philadelphia, PA 19102
US Bank	

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:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

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	Parkway Advisors		The Securities and Exchange Commission (SEC)	NO

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.....	91.228 %
1.2	A&H cost containment percent.....	1.240 %
1.3	A&H expense percent excluding cost containment expenses.....	3.490 %
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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 23680	47-0698507..... 01/01/2025	ODYSSEY REINS CO..... CT..... SSL/I..... MR.....	Authorized.....		

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

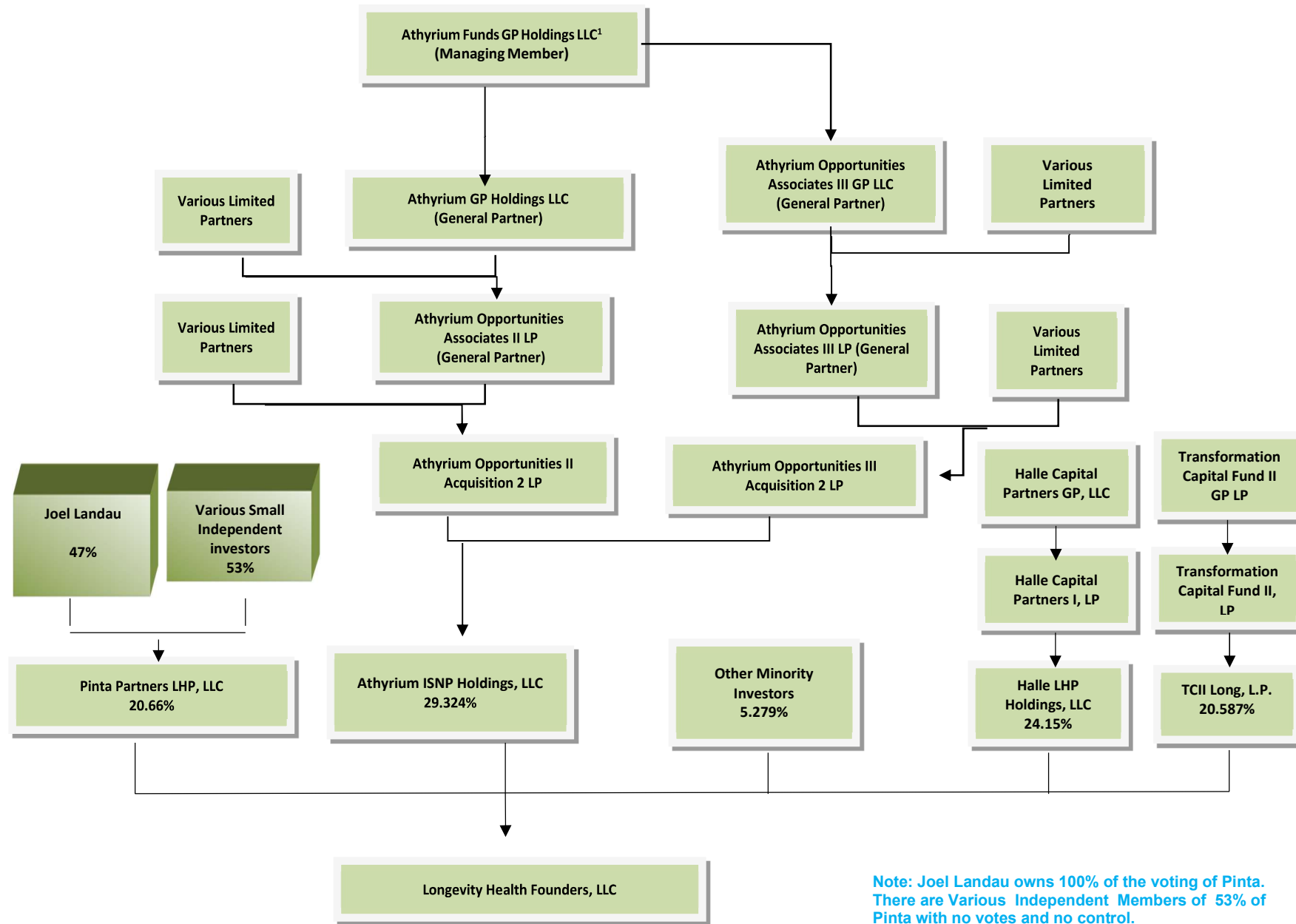
States, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	L	39,837,192						39,837,192	
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		39,837,192						39,837,192	
60. Reporting entity contributions for employee benefits plans	XXX									
61. Total (Direct Business)	XXX		39,837,192						39,837,192	
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 4. Q – Qualified - Qualified or accredited reinsurer –
 2. R – Registered – Non-domiciled RRGs – 5. N – None of the above - Not allowed to write business in the state 56
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state –

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

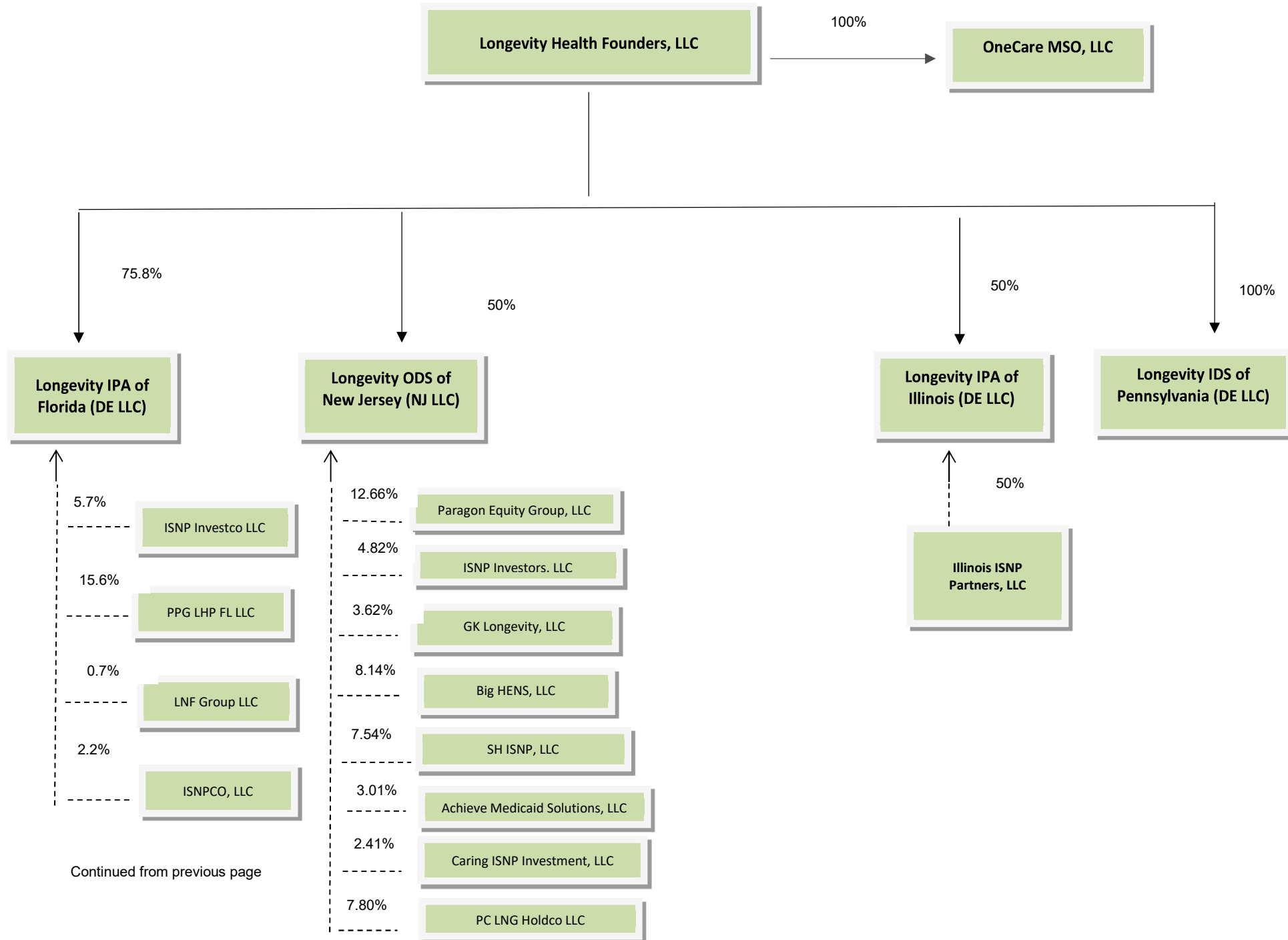
PART 1 - ORGANIZATIONAL CHART



Note: Joel Landau owns 100% of the voting of Pinta. There are Various Independent Members of 53% of Pinta with no votes and no control.

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

PART 1 - ORGANIZATIONAL CHART

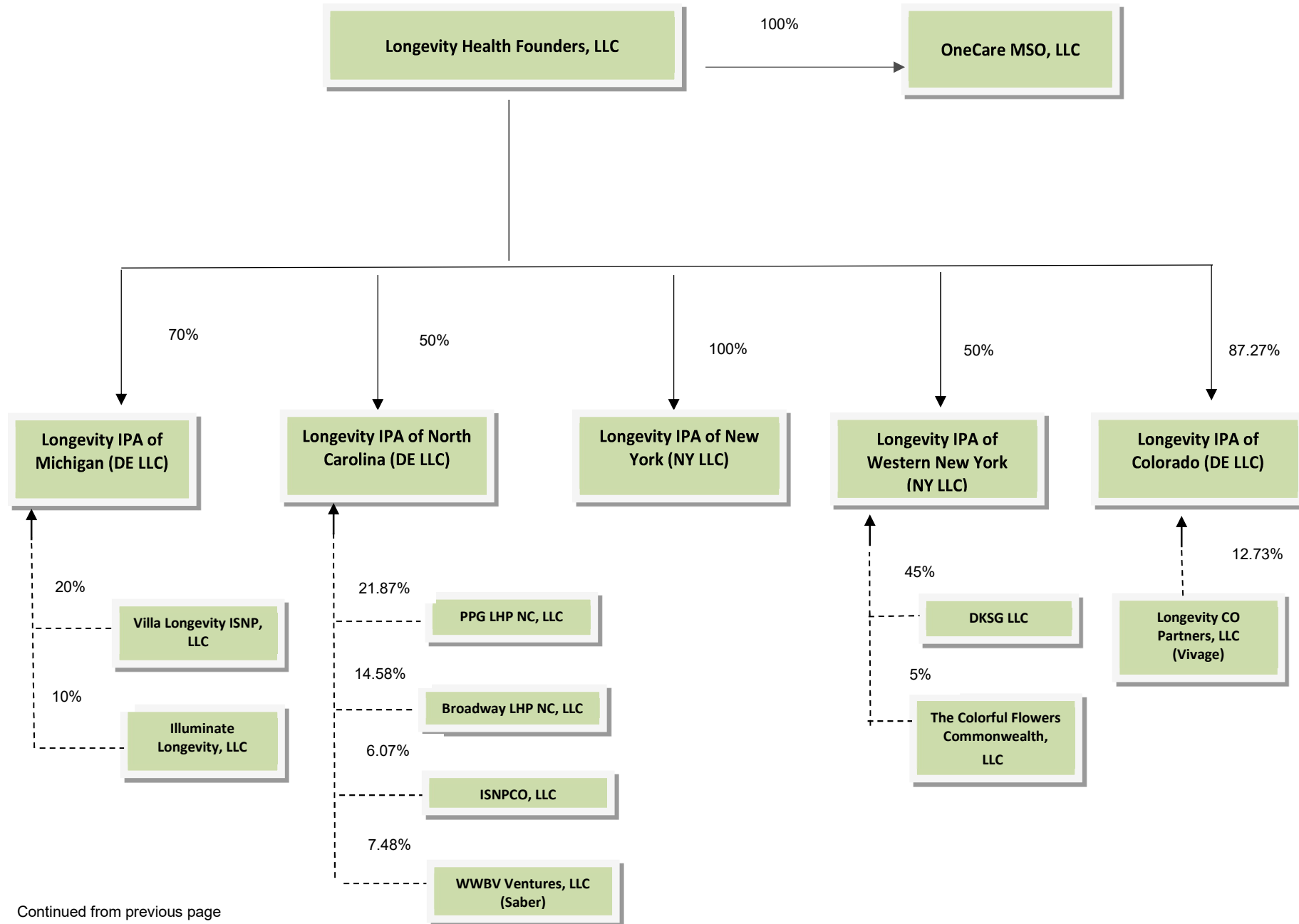


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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

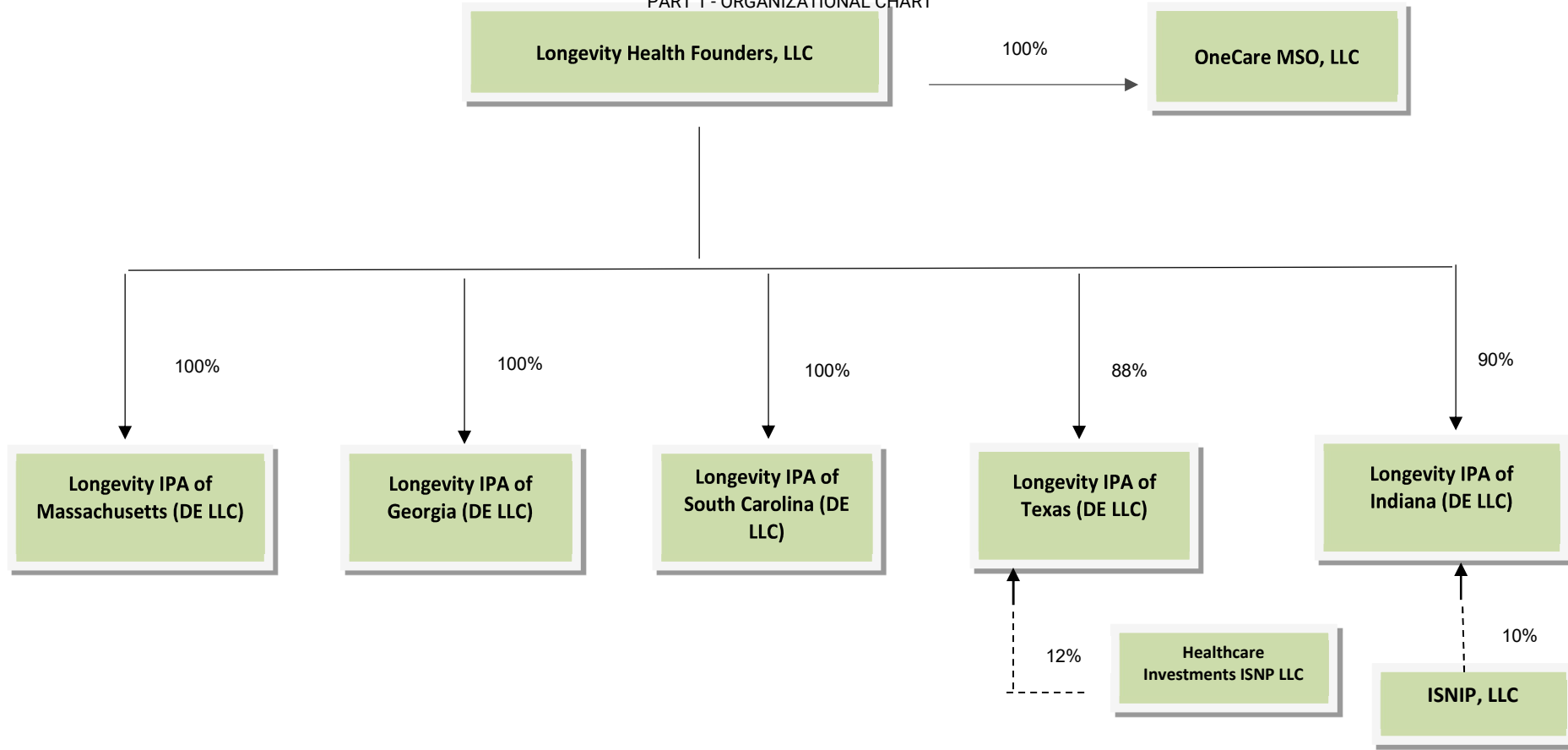


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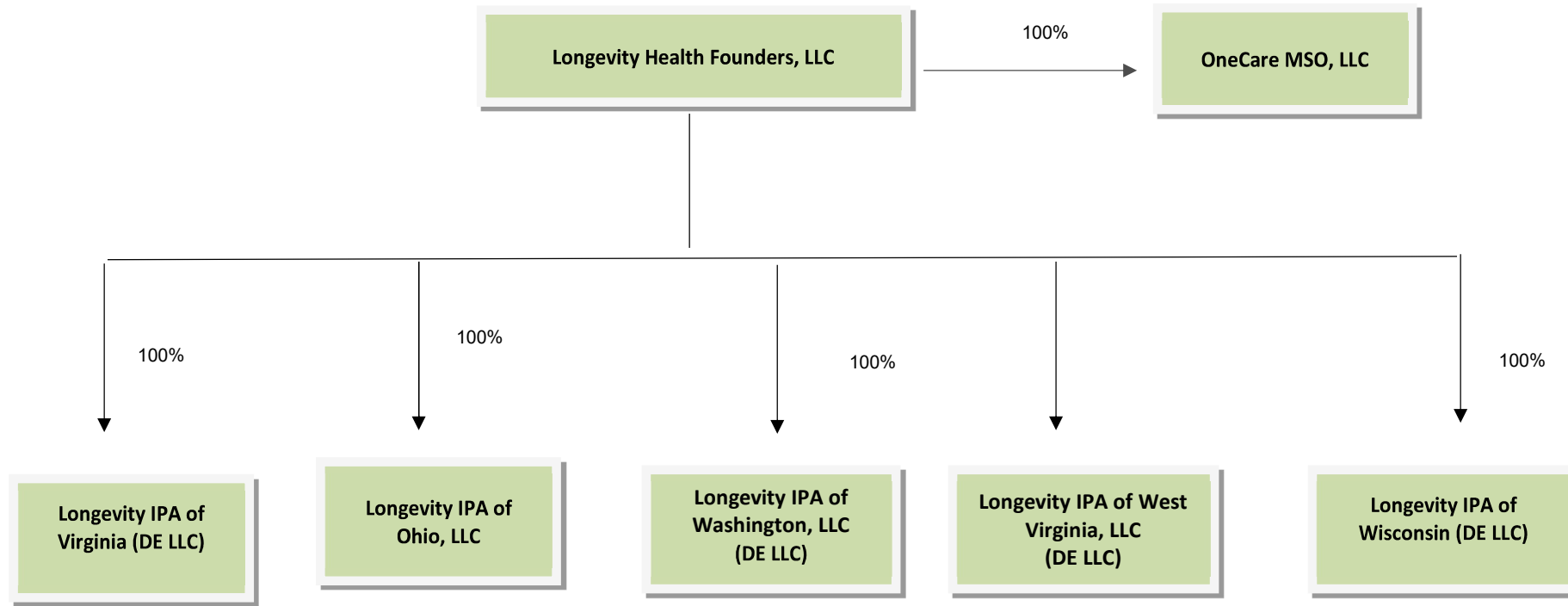
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



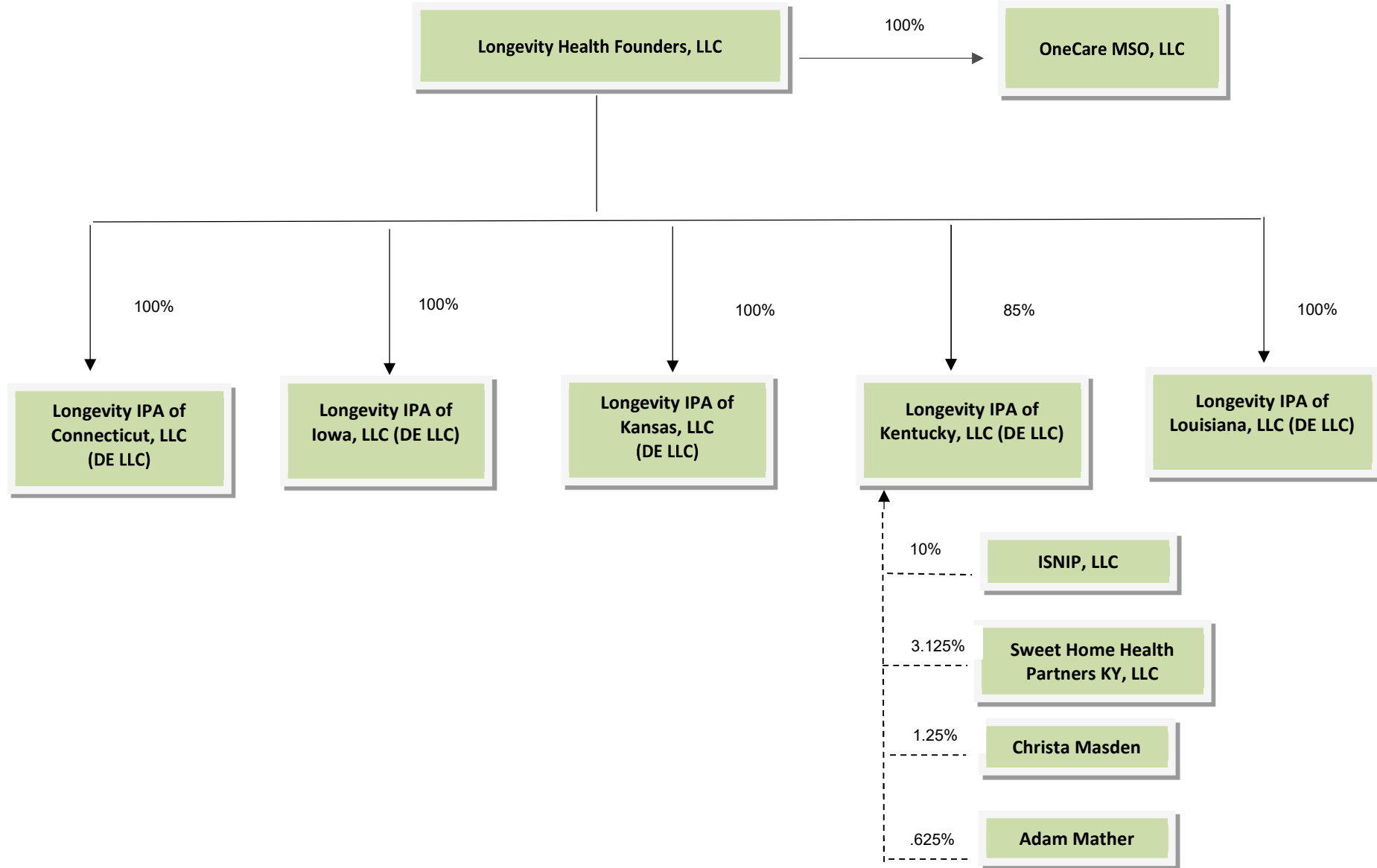
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



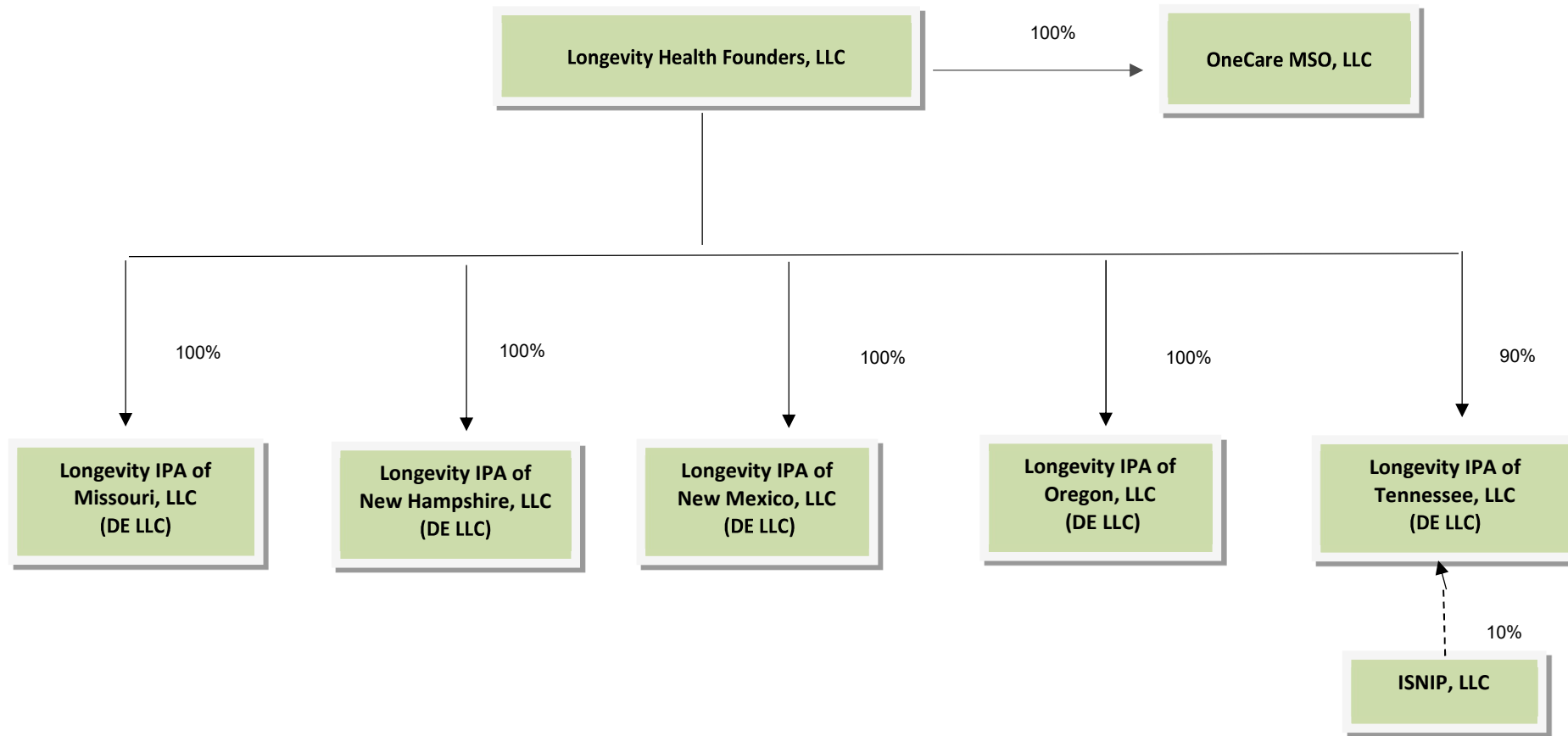
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



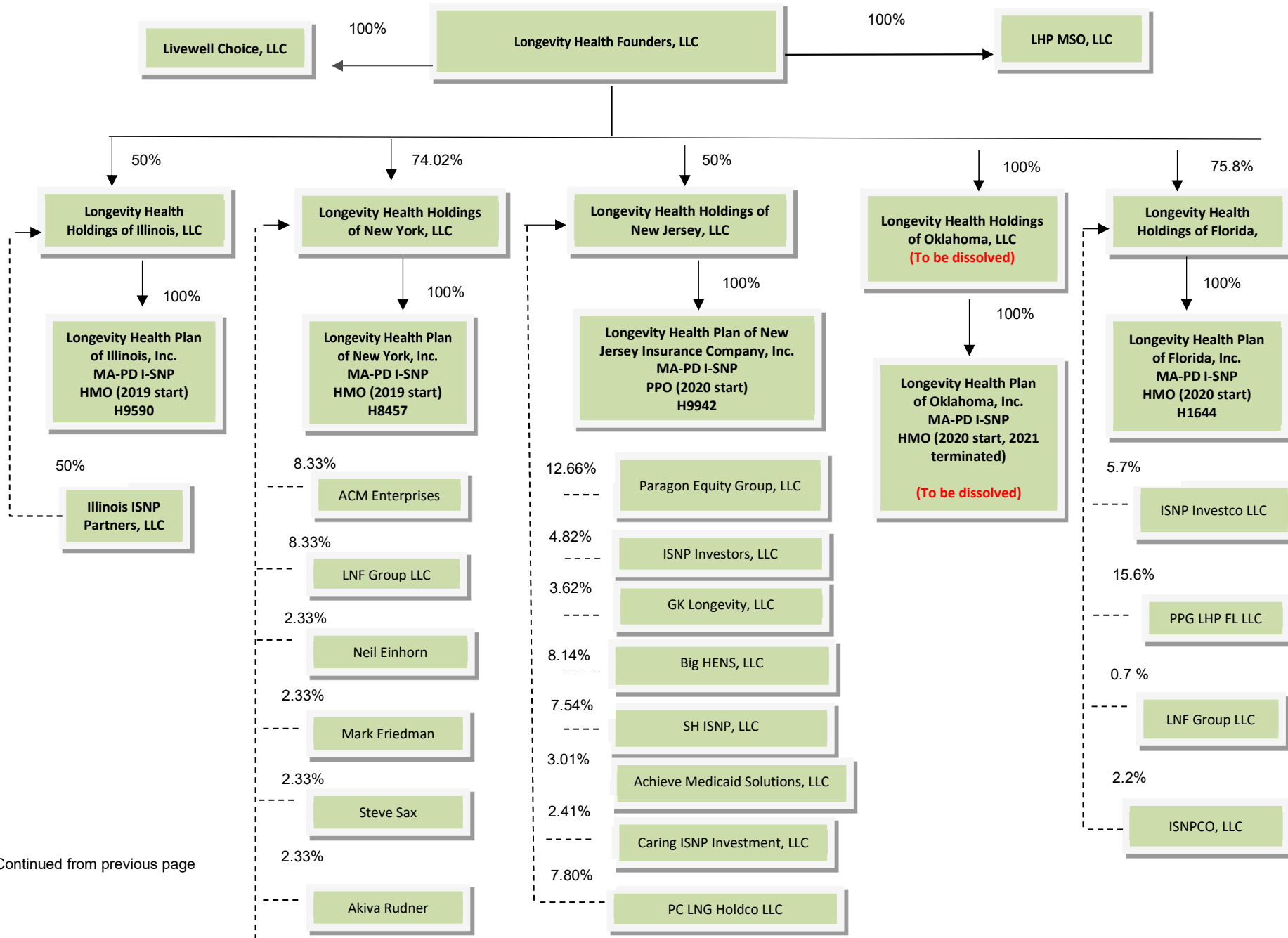
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

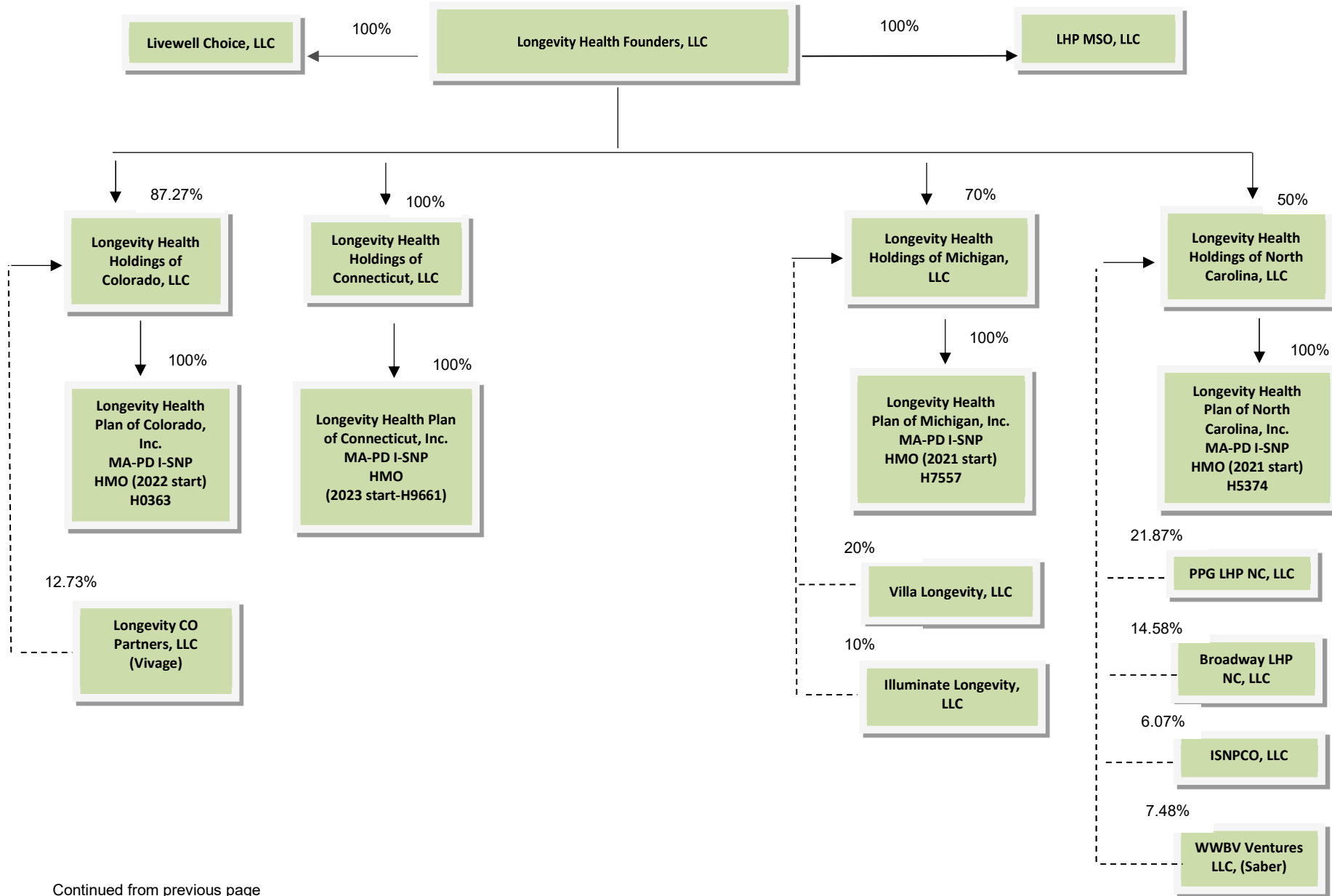
PART 1 - ORGANIZATIONAL CHART



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

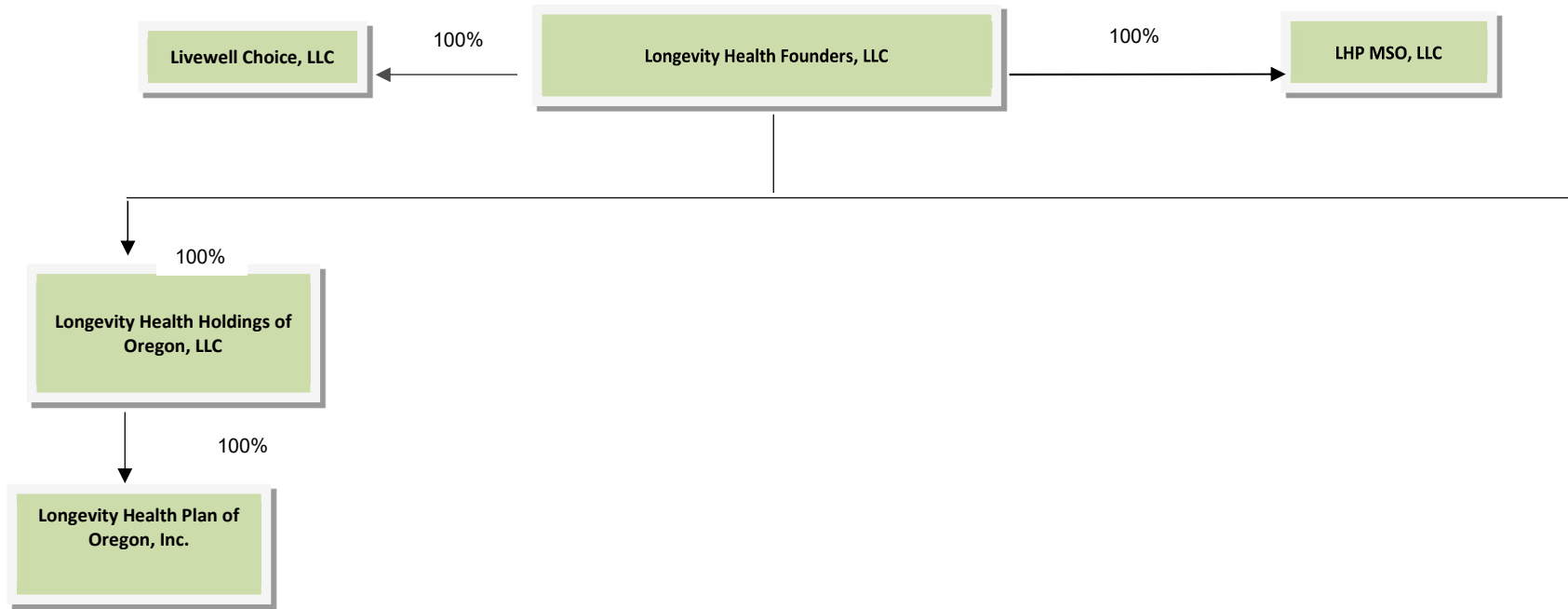
PART 1 - ORGANIZATIONAL CHART



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

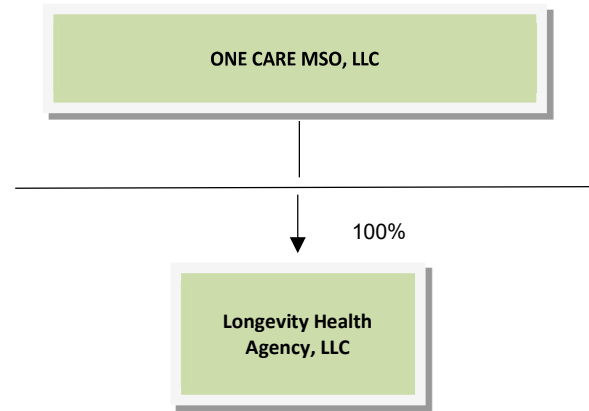
PART 1 - ORGANIZATIONAL CHART



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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAILS 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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	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	100.0	Longevity Health Founders, LLC	NO	
			87-3180010				Longevity Health Health Plan of Oregon, Inc.	OR	IA	Longevity Health Holdings of Oregon, LLC	Ownership	100.0	Longevity Health Founders, LLC	NO	
			83-2715812				Longevity Health Health Plan of Connecticut, Inc.	CT	IA	Longevity Health Holdings of Connecticut, LLC	Ownership	100.0	Longevity Health Founders, LLC	NO	
			83-3311446				Longevity Health Plan of Oklahoma, Inc.	OK	IA	Longevity Health Holdings of Oklahoma, LLC	Ownership	100.0	Longevity Health Founders, LLC	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Longevity Health Founders, LLC	Ownership	70.0	None	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Villa Longevity ISNP, LLC	Ownership	20.0	None	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	UDP	Illuminate Longevity, LLC	Ownership	10.0	None	NO	
			82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.0	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	75.8	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	5.7	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	15.6	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	0.7	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	2.2	None	NO	
			83-4176889				Longevity Health Holdings of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	87.3	None	NO	
			83-4176889				Longevity Health Holdings of Colorado, LLC	DE	NIA	Longevity Colorado Partners, LLC	Ownership	12.7	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	

SCHEDULE Y

PART 1A - DETAILS 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)	*
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Paragon Equity Group, LLC	Ownership	12.7	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Big HENS, LLC	Ownership	8.1	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	SH ISNP, LLC	Ownership	7.5	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	ISNP Investors, LLC	Ownership	4.8	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	GK Longevity, LLC	Ownership	3.6	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.0	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	Caring ISNP Investment, LLC	Ownership	2.4	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	NIA	PC LNG Holdco LLC	Ownership	7.8	None	NO	
			83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	74.0	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	ACM Enterprises LLC	Ownership	8.3	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Neil Einhorn	Ownership	2.3	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Mark Friedman	Ownership	2.3	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Steve Sax	Ownership	2.3	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Akiva Rudner	Ownership	2.3	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	LNF Group LLC	Ownership	8.3	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.9	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.6	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.1	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	WWBV Ventures, LLC	Ownership	7.5	None	NO	
			87-3096223				Longevity Health Holdings of Oregon, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			83-2714564				Longevity Health Holdings of Connecticut, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	

SCHEDULE Y

PART 1A - DETAILS 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)	*
			88-3314008				Longevity Health Holdings of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	70.0	None	NO	
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	20.0	None	NO	
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Illuminate Longevity, LLC	Ownership	10.0	None	NO	
			85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.0	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	75.8	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	5.7	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	15.6	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	0.7	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	2.2	None	NO	
			87-3692038				Longevity IPA of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	87.3	None	NO	
			87-3692038				Longevity IPA of Colorado, LLC	DE	NIA	Longevity Colorado Partners, LLC	Ownership	12.7	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Paragon Equity Group, LLC	Ownership	12.7	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Big HENS, LLC	Ownership	8.1	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	SH ISNP, LLC	Ownership	7.5	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	ISNP Investors, LLC	Ownership	4.8	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	GK Longevity, LLC	Ownership	3.6	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.0	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Caring ISNP Investment, LLC	Ownership	2.4	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	PC LNG Holdco LLC	Ownership	7.8	None	NO	
			87-1744103				Longevity IPA of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	DKSG LLC	Ownership	45.0	None	NO	
			87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	The Colorful Flowers Commonwealth LLC	Ownership	5.0	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.9	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.6	None	NO	

SCHEDULE Y

PART 1A - DETAILS 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)	*
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.1	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	WWBV Ventures, LLC	Ownership	7.5	None	NO	
			92-0877981				Longevity IPA of Massachusetts, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			92-1050348				Longevity IPA of Georgia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			92-1054400				Longevity IPA of South Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			92-0857131				Longevity IPA of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	90.0	None	NO	
			92-0857131				Longevity IPA of Indiana, LLC	DE	NIA	ISNIP, LLC	Ownership	10.0	None	NO	
			92-2234881				Longevity IPA of Texas, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	88.0	None	NO	
			92-2234881				Longevity IPA of Texas, LLC	DE	NIA	Healthcare Investments ISNP LLC	Ownership	12.0	None	NO	
			92-2524738				Longevity IPA of Wisconsin, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			92-3861273				Longevity IPA of Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			88-2161983				Longevity IDS of Pennsylvania	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-1371780				Longevity IPA of Connecticut, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-0930815				Longevity IP of Iowa, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-1388833				Longevity IPA of Kansas, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	85.0	None	NO	
			99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	ISNIP, LLC	Ownership	10.0	None	NO	
			99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	Sweet Home Health Partners KY, LLC	Ownership	3.1	None	NO	
			99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	Christa Masden	Ownership	1.3	None	NO	
			99-0876478				Longevity IPA of Kentucky, LLC	DE	NIA	Adam Mather	Ownership	0.6	None	NO	
			99-1488754				Longevity IPA of Louisiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-1307181				Longevity IPA of Missouri, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-0968268				Longevity IPA of New Hampshire, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-0883883				Longevity IPA of New Mexico, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			93-2465210				Longevity IPA of Ohio, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-1462309				Longevity IPA of Oregon, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-0939962				Longevity IPA of Tennessee, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	90.0	None	NO	
			99-0939962				Longevity IPA of Tennessee, LLC	DE	NIA	ISNIP, LLC	Ownership	10.0	None	NO	
			99-1432208				Longevity IPA of Washington, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			99-1307181				Longevity IPA of West Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			83-2536308				LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			83-2537238				Livewell Choice LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	

SCHEDULE Y

PART 1A - DETAILS 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)	*
			87-2686984				Onecare MSO LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	NO	
			88-3108948				Longevity Health Agency, LLC	DE	NIA	Onecare MSO LLC	Ownership	100.0	None	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	20.7	Joel Landau	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Athyrium ISNP Holdings, LLC	Ownership	29.3	Athyrium Funds GP Holdings LLC	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	TCII Long, L.P.	Ownership	20.6	Transformation Capital Fund II GP LP	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Halle LHP Holdings, LLC	Ownership	24.2	Halle Capital Partners GP, LLC	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Other Minority Investors	Ownership	5.3	None	NO	
			82-3939212				Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	47.0	None	NO	
							Joel Landau	NY	UIP	n/a	Other	-	None	NO	
			86-3825117				TCII Long, L.P.	DE	UIP	Transformation Capital Fund II, LP	Management	-	None	NO	
			84-3962329				Transformation Capital Fund II, LP	DE	UIP	Transformation Capital Fund II GP LP	Management	-	None	NO	
			86-2740178				Halle LHP Holdings, LLC	DE	UIP	Halle Capital Partners I, LP	Management	-	None	NO	
							Halle Capital Partners I, LP	DE	UIP	Halle Capital Partners GP, LLC	Management	-	None	NO	
			82-3877393				Athyrium ISNP Holdings, LLC	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.0	Athyrium Funds GP Holdings LLC	NO	
			82-3877393				Athyrium ISNP Holdings, LLC	NY	UIP	Athyrium Opportunities III Acquisition 2 LP	Ownership	50.0	Athyrium Funds GP Holdings LLC	NO	
			81-1726206				Athyrium Opportunities II Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates II LP	Management	-	None	NO	
			36-4883510				Athyrium Opportunities III Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates III LP	Management	-	None	NO	
			30-0839879				Athyrium Opportunities Associates II LP	NY	UIP	Athyrium GP Holdings LLC	Management	-	None	NO	
			81-3009833				Athyrium Opportunities Associates III LP	NY	UIP	Athyrium Opportunities Associates III GP LLC	Management	-	None	NO	
			47-1740650				Athyrium GP Holdings LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Management	-	None	NO	
			35-2572536				Athyrium Opportunities Associates III GP LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Management	-	None	NO	

16.4

Asterisk	Explanation
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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.....	N/A.....

EXPLANATION:

- 1.
- 2.

BARCODES:

1. 
1 6 7 7 9 2 0 2 5 3 6 5 0 0 0 3

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)		

NONE

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 commitment 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)		

NONE

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, depreciation and proportional amortization		
9.	Total foreign exchange change in book / adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION
Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,310,809	1,414,073
2.	Cost of bonds and stocks acquired	913,653	490,441
3.	Accrual of discount	10,775	7,786
4.	Unrealized valuation increase / (decrease)		
5.	Total gain (loss) on disposals	(12,490)	
6.	Deduct consideration for bonds and stocks disposed of	1,085,373	600,000
7.	Deduct amortization of premium		1,491
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)	1,137,374	1,310,809
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	1,137,374	1,310,809

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 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
Issuer Credit Obligations (ICO)								
1. NAIC 1 (a)	4,191,155	6,833,706	4,374,188	8,191	3,209,634	4,191,155	6,658,864	3,618,804
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	4,191,155	6,833,706	4,374,188	8,191	3,209,634	4,191,155	6,658,864	3,618,804
Asset-Backed Securities (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
Preferred Stock								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	4,191,155	6,833,706	4,374,188	8,191	3,209,634	4,191,155	6,658,864	3,618,804

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(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 \$ 5,521,490; 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.....	4,827,861	XXX	4,827,861		

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.....	1,110,409	2,881,836
2. Cost of short-term investments acquired.....	7,491,148	1,207,083
3. Accrual of discount.....	192	(29,907)
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....	(18)	
6. Deduct consideration received on disposals.....	3,773,822	2,948,523
7. Deduct amortization of premium.....	48	80
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).....	4,827,861	1,110,409
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	4,827,861	1,110,409

(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.....	2,300,564	1,427,992
2. Cost of cash equivalents acquired.....	19,239,601	33,268,252
3. Accrual of discount.....	2,414	707
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	19,715,391	32,396,387
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).....	1,827,188	2,300,564
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,827,188	2,300,564

(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

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)								
912797-RF-6	UNITED STATES TREAS BILLS	07/09/2025	BOK FINANCIAL CAPITAL MARKET	XXX	913,653	950,000		1.A
0019999999 – Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)					913,653	950,000		XXX
0489999999 – Subtotal - Issuer Obligations (Unaffiliated)					913,653	950,000		XXX
0509999997 – Subtotals - Issuer Credit Obligations - Part 3					913,653	950,000		XXX
0509999998 – Summary Item from Part 5 for Issuer Credit Obligations (N/A to Quarterly)					XXX	XXX	XXX	XXX
0509999999 – Subtotals - Issuer Credit Obligations					913,653	950,000		XXX
2009999999 – Subtotals - Issuer Credit Obligations and Asset-Backed Securities					913,653	950,000		XXX
6009999999 – Totals					913,653	XXX		XXX

(E-05) Schedule D - Part 4

NONE

(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 Restricted Asset 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					2,979,156	5,425,241	1,378,988	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					2,979,156	5,425,241	1,378,988	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					2,979,156	5,425,241	1,378,988	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total					2,979,156	5,425,241	1,378,988	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	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)								
XXX	UNITED STATES TREAS BILLS		08/06/2025		10/23/2025	495,562	3,121	
XXX	UNITED STATES TREAS BILLS DT 06102		07/15/2025		10/07/2025	198,067	1,770	
0019999999 – Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)						693,629	4,891	
0489999999 – Total - Issuer Credit Obligations (Unaffiliated)						693,629	4,891	
0509999999 – Total Issuer Credit Obligations						693,629	4,891	
Sweep Accounts								
XXX	FIRST AMERICAN GOVT OBLIG FUND		09/30/2025			1,133,559	4,656	45,123
8109999999 – Sweep Accounts						1,133,559	4,656	45,123
8589999999 – Total Cash Equivalents (Unaffiliated)						1,827,188	9,547	45,123
8609999999 – Total Cash Equivalents						1,827,188	9,547	45,123