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2019

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QUARTERLY STATEMENT
AS OF JUNE 30, 2019
OF THE CONDITION AND AFFAIRS OF THE
Align Senior Care MI, LLC

NAIC Group Code 4850, 4850; NAIC Company Code 16580; Employer's ID Number 83-4016126; Organized under the Laws of MI; State of Domicile or Port of Entry MI; Country of Domicile United States of America; Licensed as business type: Life, Accident & Health; Property/Casualty; Hospital, Medical & Dental Service or Indemnity; Dental Service Corporation; Vision Service Corporation; Health Maintenance Organization; Other; Is HMO Federally Qualified? Yes; No; N/A; Incorporated/Organized 01/08/2019; Commenced Business 01/01/2020; Statutory Home Office 400 Renaissance Center, Detroit, MI, US 48243; Main Administrative Office 10900 Nuckols Road STE 110, Glen Allen, VA, US 23060; Mail Address 10900 Nuckols Road STE 110, Glen Allen, VA, US 23060; Primary Location of Books and Records 10900 Nuckols Road STE 110, Glen Allen, VA, US 23060; Internet Web Site Address N/A; Statutory Statement Contact William Lineweaver, regulatoryaccounting@allyalign.com

OFFICERS

Table with 2 columns: Name, Title. Will Saunders, President; Julianne Hug, Secretary/Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Will Saunders, Julianne Hug, Richard Gilson

State of
County of 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.

Signature and Title lines for Will Saunders, Julianne Hug, and an empty line.

Subscribed and sworn to before me this
day of , 2019

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	104,694		104,694	
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 \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....1,400,000), cash equivalents (\$.....0) and short-term investments (\$.....0)	1,400,000		1,400,000	
6. Contract loans (including \$.....0 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)	1,504,694		1,504,694	
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	36		36	
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 \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
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)	1,504,730		1,504,730	
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	1,504,730		1,504,730	
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 \$.....0 reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued				
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 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 \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	4,694		4,694	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	4,694		4,694	
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	1,500,000	
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	36	
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	1,500,036	
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	1,504,730	
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.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X			
2. Net premium income (including \$.....0 non-health premium income)	X X X			
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X			
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)				
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)				
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses				
21. General administrative expenses				
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)				
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X			
25. Net investment income earned		36		
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		36		
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
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)	X X X	36		
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	36		
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
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)				
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			
34. Net income or (loss) from Line 32	36		
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
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	1,500,000		
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	1,500,036		
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,500,036		
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance			
2. Net investment income			
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)			
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)			
11. Net cash from operations (Line 4 minus Line 10)			
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds	104,694		
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)	104,694		
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(104,694)		
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	1,500,000		
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	4,694		
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,504,694		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,400,000		
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year			
19.2 End of period (Line 18 plus Line 19.1)	1,400,000		

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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7 Exhibit of Premiums, Enrollment and Utilization NONE

8 Claims Unpaid and Incentive Pool, Withhold and Bonus NONE

9 Underwriting Investment Exhibit NONE

Notes to Financial Statement

Note 1 – Summary of Significant Accounting Policies

A. Accounting Practices

The financial Statements of Align Senior Care MI, LLC of (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, 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 Michigan. 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 Kent, Livingston, Macomb, Muskegon, Oakland, Ottawa, Washtenaw, and Wayne Counties.

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

Net Income	SSAP #	F/S Page	F/S Line	June 30, 2019	December 31, 2018
(1) Align Senior Care MI, LLC state basis (Page 4, Line 32, Column 2 & 3)				36	-
(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)				36	-
Surplus					
(5) Align Senior Care MI, LLC state basis (Page 3, Line 33, Column 3 & 4)				1,500,036	-
(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)				1,500,036	-

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 Policies

The Company is a Medicare HMO that provides medical coverage to members who qualify under the Federal Medicare guidelines. Premiums collected are recognized as revenue during the months of coverage. Medical Loss Ratio (MLR) rebates are mandated by the Public Health Service Act. Rebates are issued to policyholders if the ratio of medical losses to premiums is below the specified minimum of 85% for large groups. Premiums are reported net of reinsurance and MLR rebates.

Net investment income earned consists primarily of interest less investment related expenses. Interest is recognized on an accrual basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include write-downs for impairments considered to be other than temporary. Expenses for management and administration of the organization, including acquisition costs such as marketing, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Short-Term Investments – not applicable.
2. Bonds are stated at amortized cost using the interest method.
3. Common Stocks – not applicable.

Notes to Financial Statement

4. Preferred Stocks – not applicable.
5. Mortgage Loans – not applicable.
6. Loan-Backed Securities – not applicable.
7. Investments in Subsidiaries, Controlled and Affiliated Entities – not applicable.
8. Joint Ventures, Partnerships and Limited Liability Companies – not applicable.
9. Derivatives – not applicable.
10. Premium Deficiency Reserve – not applicable.
11. Method of Establishing Claim and CAE Reserves – not applicable.
12. Capitalization Policy – no change.
13. The method used to estimate pharmaceutical rebate receivables – not applicable.
14. Going Concern – not applicable.

Note 2 – Accounting Changes and Corrections of Errors

The Company does not have any accounting changes or corrections of errors.

Note 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.

Note 4 – Discontinued Operations

- A. Identity of Segment Discontinued – not applicable.
- B. Expected Disposal Date – not applicable.
- C. Expected Manner of Disposal – not applicable.
- D. Description of Remaining Assets and Liabilities – not applicable.
- E. Amounts Related to Discontinued Operations – not applicable.

Note 5 – Investments

- A. Mortgage Loans, Including Mezzanine Real Estate Loans – not applicable.
- B. Debt Restructuring – not applicable.
- C. Reverse Mortgages – not applicable.
- D. Loan-Backed Securities – not applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.
- H. Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as Sale – not applicable.
- J. Real Estate – not applicable.

Notes to Financial Statement

K. Low-Income Housing Tax Credits (LIHTC) – not applicable.

L. Restricted Assets (including pledges):

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Admitted & Nonadmitted Restricted										
	Current Year					6	7	Current Year			
	1	2	3	4	5			8	9	Percentage	
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown					-		-		-	0.000%	0.000%
b. Collateral held under security lending agreements					-		-		-	0.000%	0.000%
c. Subject to repurchase agreements					-		-		-	0.000%	0.000%
d. Subject to reverse repurchase agreements					-		-		-	0.000%	0.000%
e. Subject to dollar repurchase agreements					-		-		-	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements					-		-		-	0.000%	0.000%
g. Placed under option contracts					-		-		-	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					-		-		-	0.000%	0.000%
i. FHLB capital stock					-		-		-	0.000%	0.000%
j. On deposit with states	104,694				104,694	-	104,694		104,694	6.958%	6.958%
k. On deposit with other regulatory bodies					-		-		-	0.000%	0.000%
k. Pledged as collateral to FHLB (including assets backing funding agreements)					-		-		-	0.000%	0.000%
m. Pledged as collateral not captured in other categories					-		-		-	0.000%	0.000%
n. Other restricted assets					-		-		-	0.000%	0.000%
o. Total Restricted Assets	104,694	-	-	-	104,694	-	104,694	-	104,694	6.958%	6.958%

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

M. Working Capital Finance Investments – not applicable.

N. Offsetting and Netting of Assets and Liabilities – not applicable.

O. Structured Notes – not applicable.

P. 5GI* Securities – not applicable.

Q. Short Sales – not applicable.

R. Prepayment Penalty and Acceleration Fees – not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies – not applicable.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

Note 7 – Investment Income

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

B. As of June 30, 2019, the Company had no investment income due and accrued with any amounts that are over 90 days past due.

Note 8 – Derivative Instruments

A. Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable.

B. Objectives for the Use of Derivatives – not applicable.

C. Description of Accounting Policies for Derivatives – not applicable.

D. Net Gain or Loss from Derivatives – not applicable.

E. Net Gain or Loss from Derivatives – not applicable.

F. Cash Flow Hedges – not applicable.

Note 9 – Income Taxes

A. The Components of the net deferred tax asset/(liability) – no significant changes.

Notes to Financial Statement

- B. Deferred Tax Liabilities that are Not Recognized – not applicable.
- C. Current income taxes incurred consist of following major components - no significant changes.
- D. Operating Loss and Tax Credit Carryforwards – not applicable
- E. Consolidated Tax Return – not applicable.
- F. Federal or Foreign Tax Loss Contingencies – not applicable.

Note 10 – Information Concerning Parent, Subsidiaries and Affiliates

- A. Nature of relationships:

In 2019 AllyAlign Health, Inc. formed a subsidiary, Align Senior Care MI, Inc., to develop an Institutional Special Needs Plan (I-SNP) in the state of Michigan. AllyAlign Health, Inc. is the 100% owner of the Align Senior Care MI, Inc.

- B. Detail of transactions greater than 1/2% of admitted assets – not applicable.
- C. Amounts of transactions and effects of any change in terms of intercompany arrangements – not applicable.
- D. Amounts due to or from related parties:

The Company has amounts due to affiliates of \$4,694 as of June 30, 2019.

- E. Guarantees Resulting in a Material Contingent Exposure – not applicable.
- F. Management Services Agreement:
See Note 10(C) above.
- G. Ownership – not applicable.
- H. Upstream Intermediate Entity – not applicable.
- I. Investments in SCA Entity that Exceeds 10% of Admitted Assets – not applicable.
- J. Investments in Impaired SCA's – not applicable.
- K. Investments in Foreign Insurance Subsidiaries – not applicable.
- L. Investment in Downstream Non-Insurance Holding Company – not applicable.
- M. SCA Investments – not applicable.
- N. Investment in Insurance SCA – not applicable.
- O. SCA Loss Tracking – not applicable.

Note 11 – Debt

- A. Debt and Holding Company Obligations – not applicable.
- B. Federal Home Loan Bank Agreements – not applicable.

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

- A. Defined Benefit Plans – not applicable.
- B. Defined Benefit Plans Investment Policies and Strategies – not applicable.
- C. Fair Value of Plan Assets – not applicable.

Notes to Financial Statement

- D. Basis Used to Determine Long-Term Rate-of-Return – not applicable.
- E. Defined Contribution Plans – not applicable.
- F. Multiemployer Plan – 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 – not applicable.

Note 13 – Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The company received a surplus contribution from AllyAlign in the amount of \$1,500,000 in 2019.

- 1. Stock Shares Authorized, Issued and Outstanding Shares – not applicable.
- 2. Dividend Rate of Preferred Stock – not applicable.
- 3. Dividend Restrictions – not applicable.
- 4. Dividends Paid – not applicable.
- 5. Portion of Profits Paid as Ordinary Dividends – not applicable.
- 6. Restrictions on Unassigned Funds:

There were no restrictions placed on the Company's surplus, other than imposed by statute, including for whom the surplus is being held.

- 7. Mutual Surplus Advances – not applicable.
- 8. Stock Held for Special Purposes – not applicable.
- 9. Changes in Special Surplus Funds – not applicable.
- 10. Changes in Unassigned Funds Reduced by Cumulative Unrealized Gains and Losses – not applicable.
- 11. Surplus Notes – not applicable.
- 12. Impact of Quasi-Reorganization – not applicable.
- 13. Effective Date of Quasi-Reorganization – not applicable.

Note 14 – Contingencies

- A. Contingent Commitments – not applicable.
- B. Assessments – not applicable.
- C. Gain Contingencies – not applicable.
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits – not applicable.
- E. Joint and Several Liabilities – not applicable.
- F. All Other Contingencies – not applicable.

Note 15 – Leases

- A. Lessee Operating Leases – not applicable.
- B. Lessor Leases – not applicable.

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk

Notes to Financial Statement

- A. Financial Instruments with Off- Balance Sheet Risk – not applicable.
- B. Nature and Terms of Financial Instruments with Off- Balance Sheet Risk – not applicable.
- C. Amount of Loss – not applicable.
- D. Policy for Requiring Collateral – not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales – not applicable.
- B. Transfer and Servicing of Financial Assets – not applicable.
- C. Wash Sales – not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured

- A. ASO Plans – not applicable.
- B. ASC Plans – not applicable.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract – not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party

The Company does not have any direct premium written or produced by managing general agents or third parties.

Note 20 – Fair Value Measurement

- A. Fair Value Measurements at Reporting Date – not applicable.
- B. Other Fair Value Disclosures – not applicable.
- C. Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
US Treasury Notes	\$ 104,703	\$ 104,694	\$ 104,703	\$ -	\$ -	\$ -	\$ -

- D. Reasons Not Practical to Estimate Fair Value – not applicable.
- E. Investments measured using the NAV practical expedient – not applicable.

Note 21 – Other Items

- A. Extraordinary Items – not applicable.
- B. Troubled Debt Restructuring: Debtors – not applicable.
- C. Other Disclosures and Unusual Items – not applicable.
- D. Business Interruption Insurance Recoveries – not applicable.
- E. State Transferable and Non-transferable Tax Credits – not applicable.
- F. Subprime-Mortgage-Related Risk Exposure:
 1. Direct Exposure Through Investments in Subprime Loans – not applicable.
 2. Direct Exposure Through Other Investments – not applicable.
 3. Underwriting Exposure to Subprime Mortgage Risk – not applicable.
- G. Retained Assets – not applicable.

Notes to Financial Statement**Note 22 – Events Subsequent**Type I – Recognized Subsequent Events:

Subsequent events have been considered through 8/15/2019 for the statutory statement issued on 8/15/2019.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 8/15/2019 for the statutory statement issued on 8/15/2019.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	NO	NO

B-H are not applicable.

Note 23 – Reinsurance

A. Ceded Reinsurance Report – not applicable.

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) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured 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 company 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 which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, for agreements, not 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. \$0

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 which 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 Downgraded or Status Subject to Revocation – not applicable.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

Notes to Financial Statement

- A. Retrospective Premium Adjustments Methodology – not applicable.
- B. Retrospective Premium Adjustments Calculation – not applicable.
- C. Retrospective Rating Features – not applicable.
- D. Medical Loss Ratio Rebates – not applicable.
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA):
1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? No
 2. Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities, and revenue for the current year:

	<u>6/30/2019</u>
<u>Permanent ACA Risk Adjustment Program</u>	
(1) b Premium adjustments receivable due to ACA Risk Adjustment.....	\$ -
(2) b Risk adjustment user fees payable for ACA Risk Adjustment.....	\$ -
(3) b Premium adjustments payable due to ACA Risk Adjustment.....	\$ -
(4) b Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
(5) b Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	\$ -
 <u>Transitional ACA Reinsurance Program</u>	
(1) b Amounts recoverable for claims paid due to ACA Reinsurance.....	\$ -
(2) b Amounts recoverable for claims unpaid due to ACA Reinsurance.....	\$ -
(3) b Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance.....	\$ -
(4) b Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium.....	\$ -
(5) b Ceded reinsurance premiums payable due to ACA Reinsurance.....	\$ -
(6) b Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance.....	\$ -
(7) b Ceded reinsurance premiums due to ACA Reinsurance.....	\$ -
(8) b Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments.....	\$ -
(9) b ACA Reinsurance contributions - not reported as ceded premium.....	\$ -
 <u>Temporary ACA Risk Corridors Program</u>	
(1) b Accrued retrospective premium due to ACA Risk Corridors.....	\$ -
(2) b Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors.....	\$ -
(3) b Effect of ACA Risk Corridors on net premium income (paid/received).....	\$ -
(4) b Effect of ACA Risk Corridors on change in reserves for rate credits.....	\$ -
 a Insufficient data to make an estimate.	
b Not applicable.	
c Non-admitted asset.	

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

- A. Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses – not applicable

Note 26 – Intercompany Pooling Arrangements

- B. Identification of Lead Entity – not applicable.
- C. Line and Types of Business Subject to the Pooling Agreement – not applicable.
- D. Description of Cession to Non-Affiliated Reinsurers – not applicable.
- E. Identification of all Pool Members – not applicable.
- F. Explanation of any Discrepancies Between Entries Regarding Pooled Business – not applicable.
- G. Description of Intercompany Sharing – not applicable.
- H. Amounts Due to/from the Lead Entity – not applicable.

Note 27 – Structured Settlements

Notes to Financial Statement

The Company does not have any structured settlements.

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables – not applicable.

B. Risk Sharing Receivables – not applicable.

Note 29 – Participating Policies

The Company does not have any participating policies.

Note 30 – Premium Deficiency Reserves

The Company has determined that no premium deficiency reserve is required. Premium deficiency reserve has been evaluated through June 30, 2019.

Note 31 – Anticipated Salvage and Subrogation

The Company does not anticipate any salvage and subrogation.

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? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 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? Yes[] No[X]
- 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[X] No[]
 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? Yes[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Formation of the company
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 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? Yes[] No[X]
 If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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? Yes[] No[] N/A[X]
 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.
- 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.
- 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).
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 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? Yes[] No[X]
- 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? Yes[] No[X]
- 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? Yes[] No[X]
- 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 affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No No No No

- 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[X] No[]
 - (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? Yes[] No[X]
- 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? Yes[] No[X]
- 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? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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.) Yes[] No[X]
- 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: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages 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? Yes[] No[X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 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 \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

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[] No[X]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
.....

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 Name(s)	2 Location(s)	3 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? Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
.....

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 assets? Yes[] No[X]

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 assets? Yes[] No[X]

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

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? Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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.

GENERAL INTERROGATORIES (Continued)

- 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?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|--------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 0.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 0.000% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 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? | Yes[] No[X] |

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 Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	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								
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)	X X X								
59. Subtotal	X X X								
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X								
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above - Not allowed to write business in the state

1

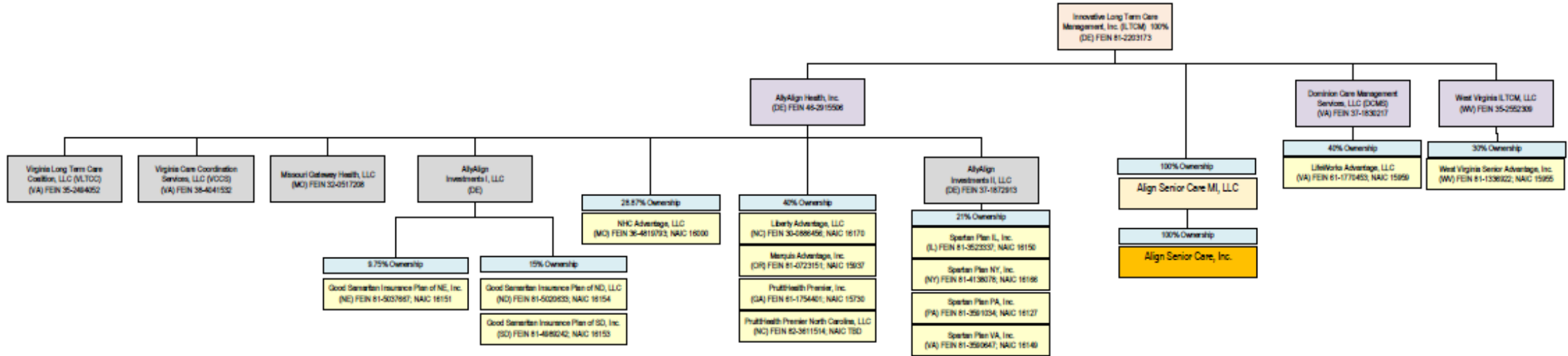
- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

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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 - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	83-4016126				Align Senior Care MI, LLC	MI	RE	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	83-3977653				Align Senior Care, Inc.	VA	IA	Align Senior Care MI, LLC	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	46-2915506				AllyAlign Health, Inc	DE	NIA	Innovative Long Term Care Management, Inc. (ILTCM)	Ownership	1.0	Heritage Healthcare Inv Fund, Health Enterprise Partners, Will Saunders and Multiple Members Owning Less Than 10% Each	N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Heritage Healthcare Innovation Fund II, LP	Ownership	0.3		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Health Enterprise Partners II, LP	Ownership	0.3		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Will Saunders	Ownership	0.1		N	
		00000	81-2203173				Innovative Long Term Care Management, Inc. (ILTCM)	DE	UDP	Multiple entities owning less than 10% each	Ownership	0.3		N	
		00000	27-4355527				Heritage Healthcare Innovation Fund, LP	DE	UIP	Multiple entities owning less than 10% each				N	
		00000	36-4738091				Health Enterprise Partners II, LP	DE	UIP	Multiple entities owning less than 10% each				N	
		00000	xxxxxxxx				Will Saunders	VA	UIP	N/A				N	
		00000	xxxxxxxx				Multiple Members Owning Less than 10% Each		UIP	N/A				N	
		00000	32-0517208				Gateway Missouri Health, LLC	MO	NIA	AllyAlign Health, Inc.	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	35-2494052				Virginia Long Term Care Coalition, LLC	VA	NIA	AllyAlign Health, Inc.	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	38-4041532				Virginia Care Coordination Services, LLC	VA	NIA	AllyAlign Health, Inc.	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	applied for				AllyAlign Investments I, LLC	DE	NIA	AllyAlign Health, Inc.	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
		00000	applied for				AllyAlign Investments II, LLC	DE	NIA	AllyAlign Health, Inc.	Ownership	1.0	Innovative Long Term Care Management, Inc.	N	
4896	SPARTAN PLAN HOLDINGS GRP	16149	81-3590647				Spartan Plan VA, Inc.	VA	IA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
4896	SPARTAN PLAN HOLDINGS GRP	16127	81-3591034				Spartan Plan PA, Inc.	PA	IA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
4896	SPARTAN PLAN HOLDINGS GRP	16166	81-4138078				Spartan Plan NY, Inc.	NY	IA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
4896	SPARTAN PLAN HOLDINGS GRP	16150	81-3523337				Spartan Plan IL, Inc.	IL	IA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	81-3575322				Spartan Plan NJ, Inc.	NJ	NIA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	81-2604155				Spartan Plan CA, Inc.	CA	NIA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	81-3534994				Spartan Plan MI, Inc.	MI	NIA	Spartan Plan Holdings, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	81-3605026				Spartan Plan Holdings, LLC	DE	UDP	Spartan Plan Ventures, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	81-3605026				Spartan Plan Ventures, LLC	DE	UIP	AllyAlign Investments II, LLC	Ownership	0.2	Innovative Long Term Care Management, Inc.	N	
		00000	81-2829652				Spartan Plan Ventures, LLC	DE	UIP	Sunrise Spartan, LLC	Ownership	0.8	Welltower, Inc.	N	
		00000	81-2211049				Sunrise Spartan, LLC	DE	UIP	Sunrise Ancillary Investments, Inc.	Ownership	1.0	Welltower, Inc.	N	
		00000	81-0747538				Sunrise Ancillary Investments, Inc.	VA	UIP	Sunrise Senior Living, LLC	Ownership	1.0	Red Fox Holding Corporation	N	
		00000	54-1746596				Sunrise Senior Living, LLC	DE	UIP	Red Fox Holding Corporation	Ownership	1.0	Public Sector Pension Investment Board	N	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing 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? (Y/N)	*
		00000	36-4743352				Red Fox Holding Corporation	DE	UIP	HCRI Red Fox ManCo. LLC	Ownership	0.2	Welltower, Inc.	N	
		00000	36-4743352				Red Fox Holding Corporation	DE	UIP	Red Fox Acquisition Company	Ownership	0.8	Public Sector Pension Investment Board	N	
		00000	46-1024407				HCRI Red Fox ManCo. LLC	DE	UIP	Welltower TRS Holdco LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	47-5663358				Welltower TRS Holdco LLC	DE	UIP	Welltower, Inc.	Ownership	1.0	Welltower, Inc.	N	
		00000	34-1096634		0000766704	NYSE:HCN	Welltower, Inc.	DE	UIP					N	
		00000	46-4640020				Red Fox Acquisition Company	DE	UIP	Revera Health Services Inc.	Ownership	0.8	Public Sector Pension Investment Board	N	
		00000	46-4640020				Red Fox Acquisition Company	DE	UIP	HCRI Red Fox ManCo. LLC	Ownership	0.2	Public Sector Pension Investment Board	N	
		00000	98-1152578				Revera Health Services Inc.	CAN	UIP	Revera Inc.	Ownership	1.0	Public Sector Pension Investment Board	N	
		00000	98-0553601				Revera Inc.	CAN	UIP	Public Sector Pension Investment Board	Ownership	1.0	Public Sector Pension Investment Board	N	
		00000	98-0553601				Public Sector Pension Investment Board	CAN	UIP					N	
		00000	46-0508305				Sunrise Senior Living Insurance, Inc.	VT	IA	Sunrise Senior Living, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	54-1172771				Sunrise Senior Living Management, Inc.	VA	NIA	Sunrise Senior Living, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	52-1468493				Sunrise Senior Living Services, Inc.	DE	NIA	Sunrise Senior Living, LLC	Ownership	1.0	Welltower, Inc.	N	
		00000	62-1247513				Sunrise Development, Inc.	VA	NIA	Sunrise Senior Living, LLC	Ownership	1.0	Welltower, Inc.	N	
4838	AllyAlign Health Grp	15757	30-0853436				Missouri Medicare Select, LLC	MO	IA	MO Select, LLC	Ownership	0.6	Murray Forman	N	
4838	AllyAlign Health Grp	15757	30-0853436				Missouri Medicare Select, LLC	MO	IA	AllyAlign Health, Inc.	Ownership	0.4	Innovative Long Term Care Management, Inc.	N	
		00000	not applied				MO Select, LLC	DE	NIA	Murray Forman	Ownership	0.7	Murray Forman	N	
		00000	not applied				MO Select, LLC	DE	NIA	MO Healthcare, LLC	Ownership	0.1	Mark Fulchino	N	
		00000	not applied				MO Select, LLC	DE	NIA	Multiple entities owning less than 10% each	Ownership	0.2	n/a	N	
		00000	47-3351027				MO Healthcare LLC	DE	NIA	Mark Fulchino	Ownership	1.0	Mark Fulchino	N	
		00000	xxxxxxxx				Murray Forman	NY	NIA	N/A	Ownership		n/a	N	
		00000	xxxxxxxx				Mark Fulchino	MD	NIA	N/A	Ownership		n/a	N	
4838	AllyAlign Health Grp	15730	61-1754401				PruittHealth Premier, Inc.	GA	IA	UNICO Premier, LLC	Ownership	0.6	UNICO Services, Inc.	N	
4838	AllyAlign Health Grp	15730	61-1754401				PruittHealth Premier, Inc.	GA	IA	AllyAlign Health, Inc.	Ownership	0.4	Innovative Long Term Care Management, Inc.	N	
		00000	47-2305459				UNICO Premier, LLC	GA	NIA	UNICO Services, Inc	Ownership	1.0	Lisa P. Hamby Trust, J Paige Pruitt Trust, Neil L. Pruitt, Jr. Trust	N	
		00000	32-0017221				UNICO Services, Inc.	GA	NIA	Neil L. Pruitt, Jr. Trust	Ownership	0.3	R. Lawrence Williams and Neil L. Pruitt, Jr.	N	
		00000	32-0017221				UNICO Services, Inc.	GA	NIA	J. Paige Pruitt Trust	Ownership	0.3	R. Lawrence Williams and Neil L. Pruitt, Jr.	N	
		00000	32-0017221				UNICO Services, Inc.	GA	NIA	Lisa P. Hamby Trust	Ownership	0.3	R. Lawrence Williams and Neil L. Pruitt, Jr.	N	
		00000	58-6466885				Lisa P. Hamby Trust	GA	NIA	R. Lawrence Williams	Other			N	
		00000	58-6466885				Lisa P. Hamby Trust	GA	NIA	Neil L. Pruitt, Jr.	Other			N	
		00000	58-6466884				J. Paige Pruitt Trust	GA	NIA	R. Lawrence Williams	Other			N	
		00000	58-6466884				J. Paige Pruitt Trust	GA	NIA	Neil L. Pruitt, Jr.	Other			N	
		00000	58-6466883				Neil L. Pruitt Jr Trust	GA	NIA	R. Lawrence Williams	Other			N	
		00000	58-6466883				Neil L. Pruitt Jr Trust	GA	NIA	Neil L. Pruitt, Jr.	Other			N	
		00000	xxxxxxxx				Neil L. Pruitt, Jr.	GA	NIA					N	
		00000	xxxxxxxx				R. Lawrence Williams	GA	NIA					N	
		15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	Stonerise Senior Advantage Holdings LLC	Ownership	0.7	Lawrence A Pack and Steven F White	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	West Virginia ILTCM, LLC	Ownership	0.3	Lawrence A Pack and Steven F White	N	
		00000	81-4355739				Stonerise Senior Advantage Holdings LLC	WV	NIA	Lawrence A Pack	Ownership	0.5		N	
		00000	81-4355739				Stonerise Senior Advantage Holdings LLC	WV	NIA	Steven F White	Ownership	0.5		N	
		00000	xxxxxxxx				Lawrence A Pack	WV	NIA	N/A	Other			N	
		00000	xxxxxxxx				Steven F White	WV	NIA	N/A	Other			N	
		00000	35-2552309				West Virginia ILTCM, LLC	WV	NIA	Innovative Long Term Care Management, Inc.	Ownership	1.0	Heritage Healthcare Inv Fund, Health Enterprise Partners, Will Saunders and Multiple Members Owning Less Than 10% Each	N	
		16000	36-4819793				NHC Advantage, LLC	MO	IA	Missouri Healthcare Advisors, LLC	Ownership	0.6	National HealthCare Corporation (NYSE-MKT:NHC)	N	
		16000	36-4819793				NHC Advantage, LLC	MO	IA	AllyAlign Health, Inc. (40%)	Ownership	0.4	Innovative Long Term Care Management, Inc.	N	
		00000	74-3027217				Missouri Healthcare Advisors, LLC	MO	NIA	NHC/OP L.P. 100%	Other	1.0	National HealthCare Corporation (NYSE-MKT:NHC)	N	
		00000	52-2069103				NHC/OP, L.P.	DE	NIA	NHC/Delaware 1%	Ownership		National HealthCare Corporation (NYSE-MKT:NHC)	N	
		00000	52-2069103				NHC/OP, L.P.	DE	NIA	National HealthCare Corporation (NYSE-MKT:NHC)	Ownership	1.0	Board Of Directors	N	
		00000	52-2069101				NHC/Delaware, Inc.	DE	NIA	National HealthCare Corporation (NYSE-MKT:NHC)	Ownership	1.0	Board Of Directors	N	
		00000	52-2057472		0001047335	NYSE:NHC	National HealthCare Corporation	DE	NIA		Ownership	1.0	National HealthCare Corporation	N	
		00000	52-2069103				NHC/OP, LP	DE	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1325134				City Corporation	TN	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1313819				City Center, LP	TN	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	AA-3770416				Premier Plus Insurance Company, Ltd.	CYM	IA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	59-3773375				NHC Delaware Investments, Inc.	DE	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	59-3574616				NHC HealthCare/Lake City, Inc.	FL	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	59-3574637				NHC HealthCare/Pensacola, Inc.	FL	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1188179				Nutritional Support Services, LP	TN	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	52-2069101				NHC/Delaware, Inc.	DE	NIA	National HealthCare Corporation	Ownership	1.0	National HealthCare Corporation	N	
		00000	56-2623930				National Health Realty, LLC	DE	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	27-0130069				Medical Personnel Services, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		10800	62-1399844				Premier Group Insurance Company	TN	IA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-0182294				NHC Homecare Missouri, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-2281907				NHC Homecare South Carolina, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	47-2128035				HealthCare Transition Center, LLC		NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	46-0829815				Georgia HealthCare Advisors, LLC	GA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	59-3641356				Hudson HealthCare Advisors, LLC	FL	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	48-1248636				Kansas HealthCare Advisors, LLC	KS	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	04-3493797				Massachusetts HealthCare Advisors, LLC	MA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	74-3027217				Missouri HealthCare Advisors, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	02-0513404				New Hampshire HealthCare Facilities Advisors, LLC	NH	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1118516				South Carolina HealthCare Advisors, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1849015				Tennessee HealthCare Advisors, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	58-1856168				National HealthCare Center of Ft. Oglethorpe, LP	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	63-1238843				NHC HealthCare/Anniston, LLC	AL	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1867405				NHC Place/Anniston, LLC	AL	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	63-1238844				NHC HealthCare/Moulton, LLC	AL	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	58-2454719				NHC HealthCare/Rossville, LLC	GA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	61-1358836				NHC HealthCare/Glasgow, LLC	KY	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	61-1358833				NHC HealthCare/Madisonville, LLC	KY	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	51-0651224				Buckley HealthCare Center, LLC	MA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	11-3824777				Holyoke HealthCare Center, LLC	MA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	45-2378839				John Adams HealthCare Center, LLC	MA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	11-3824735				Taunton HealthCare Center, LLC	MA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870528				NHC HealthCare/Desloge, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	43-1870527				NHC HealthCare/Joplin, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870526				NHC HealthCare/Kennett, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870513				NHC Place/Lake St. Charles, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-3621632				NHC HealthCare/Macon, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870525				NHC HealthCare/Maryland Heights, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-3701156				NHC HealthCare/Osage Beach, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-3701355				NHC HealthCare/Springfield, Missouri, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870521				NHC HealthCare/St. Charles, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	43-1870518				NHC HealthCare/West Plains, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	30-0349074				NHC HealthCare/Town & Country, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	00-0000000				South County Senior Care, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	30-0444229				Villages of St. Peters, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	61-1541490				Villages of Jackson Creek, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	46-2753336				Villages of Jackson Creek Memory Care, LLC	MO	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	45-2388183				Heartland HealthCare Center, LLC	NH	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	45-2388448				Pearl Street HealthCare Center, LLC	NH	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	37-1552429				Villa Crest HealthCare Center, LLC	NH	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	00-0000000				Anderson HealthCare Center, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	75-3193863				NHC HealthCare/Aiken, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100436				NHC HealthCare/Anderson, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	56-2589006				NHC HealthCare/Bluffton, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	26-2712608				NHC HealthCare/Charleston, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100435				NHC HealthCare/Clinton, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100434				NHC HealthCare/Garden City, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100433				NHC HealthCare/Greenville, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	57-1100432				NHC HealthCare/Greenwood, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	58-2548702				NHC HealthCare/Laurens, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100431				NHC HealthCare/Lexington, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100430				NHC HealthCare/Mauldin, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100429				NHC HealthCare/North Augusta, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	57-1100428				NHC HealthCare/Parklane, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	26-2712668				NHC Place/Charleston, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	47-1246935				Palmettos of Bluffton, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	47-1260332				Palmettos of Garden City, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	26-4236392				The Palmettos of Parklane, LLC	SC	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824986				Adams Place, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824985				NHC HealthCare/Athens, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824980				NHC HealthCare/Chattanooga, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824972				NHC HealthCare/Columbia, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1813572				NHC HealthCare/Cool Springs, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824973				NHC HealthCare/Dickson, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824981				NHC HealthCare/Farragut, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824974				NHC HealthCare/Franklin, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824987				NHC HealthCare/Hendersonville, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1825641				NHC HealthCare/Hillview, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	26-1460459				NHC HealthCare/Holson Hills, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824982				NHC HealthCare/Johnson City, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	46-2204848				NHC HealthCare/Kingsport, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824983				NHC HealthCare/Knoxville, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1825638				NHC HealthCare/Lewisburg, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	

Q16.5

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	62-1824988				NHC HealthCare/McMinville, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824975				NHC HealthCare/Milan, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824976				NHC HealthCare/Oakwood, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824977				NHC HealthCare/Pulaski, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824978				NHC HealthCare/Scott, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824984				NHC HealthCare/Sequatchie, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824990				NHC HealthCare/Smithville, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824979				NHC HealthCare/Somerville, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824991				NHC HealthCare/Sparta, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	62-1824992				NHC HealthCare/Springfield, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	26-1102824				Standifer Place Properties, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	20-8210344				NHC HealthCare/Sumner, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	65-1319138				NHC HealthCare/Tulahoma, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	33-1083093				NHC Place at the Trace, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	27-3041869				The Health Center of Hermitage, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	46-5385167				NHC/Maury Regional HealthCare, LLC	TN	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		00000	54-1937845				NHC HealthCare/Bristol, LLC	VA	NIA	NHC/OP, LP	Ownership	1.0	National HealthCare Corporation	N	
		15937	81-0723151				Marquis Advantage, Inc. d/b/a AgeRight Advantage Health Plan	OR	IA	Marquis Companies I, Inc. (60%)/AllyAlign Health, Inc. (40%)	Ownership	0.6	Philip G. Fogg, Jr.	N	
		15937	81-0723151				Marquis Advantage, Inc. d/b/a AgeRight Advantage Health Plan	OR	IA	AllyAlign Health, Inc.	Ownership	0.4	Innovative Long Term Care Management, Inc.	N	
		00000	93-1054024				Marquis Companies I, Inc.	OR	NIA	Philip G. Fogg, Jr.	Ownership	1.0	Philip G. Fogg, Jr.	N	
		00000	xxxxxxx				Phillip G. Fogg, Jr.	OR	NIA		Other			N	
		15959	61-1770453				LifeWorks Advantage, LLC	VA	IA	MFA Lifeworks, LLC	Ownership	0.6	MFA LifeWorks, LLC	N	
		15959	61-1770453				LifeWorks Advantage, LLC	VA	IA	Dominion Care Management Services, LLC	Ownership	0.4	MFA LifeWorks, LLC	N	
		00000	54-1505489				MFA Lifeworks, LLC	VA	NIA	Medical Facilities of America, Inc.	Ownership		Board of Managers	N	
		00000	54-1505489				MFA Lifeworks, LLC	VA	NIA	William Heywood Lee Fralin Revocable Trust	Ownership	0.5	Board of Managers	N	
		00000	54-1505489				MFA Lifeworks, LLC	VA	NIA	Karen Holly Waldren Trust	Ownership	0.5	Board of Managers	N	
		00000	xxxxxxx				William Heywood Lee Fralin Revocable Trust	VA	NIA	William Heywood Lee Fralin	Ownership	1.0		N	
		00000	xxxxxxx				Karen Holly Waldren Trust dated October 25, 2000	VA	NIA	Karen Holly Waldren	Ownership	1.0		N	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	54-1278483				Medical Facilities of America, Inc.	VA	NIA	W. Heywood Lee Irrev Children's Trust u/a/d, Karen Holly Waldren Trust dated October 25, 2000 & Kay Leigh Ferguson Trust U/W Ann Huff Fralin	Ownership	0.9	Board of Directors	N	
		00000	37-1830217				Dominion Care Management Services, LLC	VA	NIA	Innovative Long Term Care Management (ILTCM)	Ownership	1.0	Heritage Healthcare Inv Fund, Health Enterprise Partners, Will Saunders and Multiple Members Owning Less Than 10% Each	N	
4895	Good Samaritan Ins Plan Grp	16151	81-5037667				Good Samaritan Insurance Plan of Nebraska, Inc.	NE	IA	Good Samaritan Insurance Plan, LLC	Ownership	0.7	The Evangelical Lutheran Good Samaritan Society	N	
4895	Good Samaritan Ins Plan Grp	16151	81-5037667				Good Samaritan Insurance Plan of Nebraska, Inc.	NE	IA	Vetter Holdings	Ownership	0.3	The Evangelical Lutheran Good Samaritan Society	N	
4895	Good Samaritan Ins Plan Grp	16154	81-5020633				Good Samaritan Insurance Plan of North Dakota, LLC	ND	IA	Good Samaritan Insurance Plan, LLC	Ownership	1.0	The Evangelical Lutheran Good Samaritan Society	N	
4895	Good Samaritan Ins Plan Grp	16153	81-4989242				Good Samaritan Insurance Plan of South Dakota, Inc.	SD	IA	Good Samaritan Insurance Plan, LLC	Ownership	1.0	The Evangelical Lutheran Good Samaritan Society	N	
		00000	81-5051671				Good Samaritan Insurance Plan, LLC	DE	UDP	The Evangelical Lutheran Good Samaritan Society	Ownership	0.9		N	
		00000	81-5051671				Good Samaritan Insurance Plan, LLC	DE	UDP	AllyAlign Investments I, LLC (15%)	Ownership	0.2		N	
		00000	45-0228055				The Evangelical Lutheran Good Samaritan Society	ND	NIA					N	
		00000	30-0886456				Vetter Holdings	NE	NIA	Parent of Good Sam of NE ONLY				N	
		16170	30-0886456				Liberty Advantage, LLC	NC	IA	Liberty Healthcare Insurance, LLC	Ownership	0.6		N	
		16170	30-0886456				Liberty Advantage, LLC	NC	IA	AllyAlign Health, Inc.	Ownership	0.4		N	
		00000	47-4920363				Liberty Healthcare Insurance, LLC	NC	NIA	John McNeill, Jr.	Ownership	0.2		N	
		00000	47-4920363				Liberty Healthcare Insurance, LLC	NC	NIA	John A. McNeill, JR. 2012 Irrevocable Trust	Ownership	0.3		N	
		00000	47-4920363				Liberty Healthcare Insurance, LLC	NC	NIA	Ronald McNeill	Ownership	0.2		N	
		00000	47-4920363				Liberty Healthcare Insurance, LLC	NC	NIA	Ronald and Cynthia McNeill 2013 Irrevocable Trust	Ownership	0.3		N	
		00000	47-4920363				Liberty Healthcare Insurance, LLC	NC	NIA	Liberty Insurance Investors	Ownership	0.2		N	
		00000	xxxxxxxx				John McNeill, Jr.	NC	NIA					N	
		00000	xxxxxxxx				John McNeill, Jr. 2012 Irrevocable Trust	NC	NIA					N	
		00000	xxxxxxxx				Ronald McNeill	NC	NIA					N	
		00000	xxxxxxxx				Ronald and Cynthia McNeill 2013 Irrevocable Trust	NC	NIA					N	
		00000	xxxxxxxx				Liberty Insurance Investors, LLC	NC	NIA					N	

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Asterisk	Explanation
0000001	

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16580201936500002

2019

Document Code: 365

NONE

SCHEDULE A - VERIFICATION**Real Estate**

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

SCHEDULE B - VERIFICATION**Mortgage Loans**

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

SCHEDULE BA - VERIFICATION**Other Long-Term Invested Assets**

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

SCHEDULE D - VERIFICATION**Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired	104,694	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
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. 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)	104,694	
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	104,694	

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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)		104,694				104,694		
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds		104,694				104,694		
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock		104,694				104,694		

(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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 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 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - U.S. Governments									
912828S27	US Treasury Notes		06/18/2019	J.P. Morgan	X X X	104,694	106,000		1
0599999 Subtotal - Bonds - U.S. Governments					X X X	104,694	106,000		X X X
8399997 Subtotal - Bonds - Part 3					X X X	104,694	106,000		X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	104,694	106,000		X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X		X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X		X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	104,694	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
open depositories								
Checking account (xxx1216)					1,400,000	1,400,000	1,400,000	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	X X X	X X X						X X X
0199999 Totals - Open Depositories	X X X	X X X			1,400,000	1,400,000	1,400,000	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	X X X	X X X						X X X
0299999 Totals - Suspended Depositories	X X X	X X X						X X X
0399999 Total Cash On Deposit	X X X	X X X			1,400,000	1,400,000	1,400,000	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X				X X X
0599999 Total Cash	X X X	X X X			1,400,000	1,400,000	1,400,000	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE								
8899999 Total - Cash Equivalents								

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