



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

Longevity Health Plan of Michigan, Inc.

NAIC Group Code	4920 <small>(Current Period)</small>	4920 <small>(Prior Period)</small>	NAIC Company Code	16779	Employer's ID Number	83-3062929
Organized under the Laws of	MI		State of Domicile or Port of Entry	MI		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	01/02/2019		Commenced Business	01/01/2021		
Statutory Home Office	485 Madison Ave, Suite 202 <small>(Street and Number)</small>			New York, NY, US 10022 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	Glen Allen, VA, US 23060 <small>(City or Town, State, Country and Zip Code)</small>		10900 Nuckols Road, STE 110 <small>(Street and Number)</small>		(804)396-6412 <small>(Area Code) (Telephone Number)</small>	
Mail Address	11770 U.S. Highway One, Suite #E102 <small>(Street and Number or P.O. Box)</small>			Palm Beach Gardens, FL, US 33408 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	Glen Allen, VA, US 23060 <small>(City or Town, State, Country and Zip Code)</small>		10900 Nuckols Road STE 110 <small>(Street and Number)</small>		(804)480-1157 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	N/A					
Statutory Statement Contact	Vicky Zhai <small>(Name)</small>		vicky.zhai@longevityhealthplan.com <small>(E-Mail Address)</small>		(646)293-1892 <small>(Area Code)(Telephone Number)(Extension)</small>	
					<small>(Fax Number)</small>	

OFFICERS

Name	Title
Judy Kohn	President
Les Granow	Chief Financial Officer
Brendan Rager	Secretary

OTHERS

DIRECTORS OR TRUSTEES

State of Florida
County of Palm Beach ss

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

(Signature)
Judy Kohn

(Printed Name)
1.

President

(Title)

(Signature)
Les Granow

(Printed Name)
2.

Chief Financial Officer

(Title)

(Signature)

(Printed Name)
3.

(Title)

Subscribed and sworn to before me this _____ day of _____, 2021

- 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)

15 Exhibit of Net Investment Income	NONE
15 Exhibit of Capital Gains (Losses)	NONE
16 Exhibit of Nonadmitted Assets	NONE
17 Exhibit 1 - Enrollment By Product Type	NONE
18 Exhibit 2 - Accident and Health Premiums	NONE
19 Exhibit 3 - Health Care Receivables	NONE
20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	NONE
21 Exhibit 4 - Claims Unpaid	NONE
22 Exhibit 5 - Amounts Due From Parent	NONE
23 Exhibit 6 - Amounts Due to Parent	NONE
24 Exhibit 7 - Pt 1 - Summary Trans. With Prov	NONE
24 Exhibit 7 - Pt 2 - Summary Trans. With Interm	NONE
25 Exhibit 8 - Furniture and Equipment Owned	NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4920

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 16779

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4920

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 16779

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

36 Schedule S - Part 6 NONE

37 Schedule S - Part 7 NONE

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4920	Longevity Health Group	16779	83-3062929				Longevity Health Plan of Michigan, Inc.	MI	RE	Longevity Health Holdings of Michigan, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16355	82-5331490				Longevity Health Plan of New Jersey Insurance Company, Inc.	NJ	IA	Longevity Health Holdings of New Jersey, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16556	83-3311446				Longevity Health Plan of Oklahoma, Inc.	OK	IA	Longevity Health Holdings of Oklahoma, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16350	82-4248118				Longevity Health Plan of Illinois, Inc.	IL	IA	Longevity Health Holdings of Illinois, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16567	83-2467751				Longevity Health Plan of Florida, Inc.	FL	IA	Longevity Health Holdings of Florida, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16364	82-4411565				Longevity Health Plan of New York, Inc.	NY	IA	Longevity Health Holdings of New York, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16769	83-4177343				Longevity Health Plan of Colorado, Inc.	CO	IA	Longevity Health Holdings of Colorado, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
4920	Longevity Health Group	16768	84-4363580				Longevity Health Plan of North Carolina, Inc.	NC	IA	Longevity Health Holdings of North Carolina, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	MI	UDP	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Select Care LLC	Ownership	40.0	None	N	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	JBI ISNP LLC	Ownership	10.0	None	N	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Oakton ISNP Holdings, LLC	Ownership	18.0	No one over 50%	N	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	ANC ISNP LLC	Ownership	18.0	No one over 50%	N	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	9.0	No one over 50%	N	
		00000	82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Cane IP ISNP, LLC	Ownership	5.0	Edventures, LLC owns more than 50%.	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	ISNP Investors, LLC	Ownership	5.7	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	GK Longevity, LLC	Ownership	4.3	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Big HENS, LLC	Ownership	9.6	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	SH ISNP, LLC	Ownership	8.9	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.6	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Caring ISNP Investment, LLC	Ownership	2.9	None	N	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	NC	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	83-4176889				Longevity Health Holdings of Colorado, LLC	CO	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	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 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	83-2536308				LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	43.5	Joel Landau	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	ISNP Holdings, Inc. I	Ownership	51.9	Jeffrey Ferrell	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Various small independent shareholders	Ownership	4.6	Various	N	
		00000	82-3939212				Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	85.0		N	
		00000	xxxxxxx				Joel Landau	NY	UIP	n/a	Other			N	
		00000	82-3877393				ISNP Holdings, Inc. I	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.0	Jeffrey Ferrell	N	
		00000	82-3877393				ISNP Holdings, Inc. I	NY	UIP	Athyrium Opportunities III Acquisition 2 LP	Ownership	50.0	Jeffrey Ferrell	N	
		00000	81-1726206				Athyrium Opportunities II Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates II LP	Management		Jeffrey Ferrell	N	
		00000	36-4883510				Athyrium Opportunities III Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates III LP	Management		Jeffrey Ferrell	N	
		00000	30-0839879				Athyrium Opportunities Associates II LP	NY	UIP	Athyrium GP Holdings LLC	Management		Jeffrey Ferrell	N	
		00000	81-3009833				Athyrium Opportunities Associates III LP	NY	UIP	Athyrium Opportunities Associates III GP LLC	Management		Jeffrey Ferrell	N	
		00000	47-1740650				Athyrium GP Holdings LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.0	Jeffrey Ferrell	N	
		00000	35-2572536				Athyrium Opportunities Associates III GP LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.0	Jeffrey Ferrell	N	
		00000	81-3853067				Athyrium Funds GP Holdings LLC	NY	UIP	Jeffrey Ferrell	Ownership	100.0	Jeffrey Ferrell	N	
		00000	xxxxxxx				Jeffrey Ferrell	NY	UIP	n/a	Other			N	

41.1

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 16779 ..	.. 83-3062929 ..	LONGEVITY HLTH PLAN OF M INC .....	.....	..... 1,510,000	.....	.....	.....	.....	.....	.....	..... 1,510,000	.....
.....	.. 83-4177747 ..	Longevity Health Holdings of Michigan, LLC .....	.....	..... (1,510,000)	.....	.....	.....	.....	.....	.....	..... (1,510,000)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | See Explanation |

JUNE FILING

- | | |
|--|--------|
| 8. Will an audited financial report be filed by June 1? | Waived |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Waived |

AUGUST FILING

- | | |
|---|--------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Waived |
|---|--------|

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

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

7. The Company has no premiums or claims as of 12/31/2020. The Company will commence operations in 2021.

Bar Code:

Audited Financial Report



Accountants Letter of Qualifications



Communication of Internal Control Related Matters Noted in an Audit



Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



16779202036500000 2020 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



16779202022400000 2020 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



16779202022500000 2020 Document Code: 225

Approval for Relief related to Require. for Audit Committees



16779202022600000 2020 Document Code: 226

LTC Supplemental Interrogatories



16779202030600000 2020 Document Code: 306

Health Life Supplement - April



16779202021100000 2020 Document Code: 211

Management's Report of Internal Control over Financial Reporting



16779202022300000 2020 Document Code: 223

NONE