



**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2021**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Longevity Health Plan of Michigan, Inc.**

NAIC Group Code 4920 , 4920 NAIC Company Code 16779 Employer's ID Number 83-3062929  
(Current Period) (Prior Period)

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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]

Incorporated/Organized 01/02/2019 Commenced Business 01/01/2021

Statutory Home Office 601 Abbot Road , East Lansing, MI, US 48823  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 11770 U.S. Highway One, Suite #E102  
(Street and Number)

Palm Beach Gardens, FL, US 33408 (804)396-6412  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 11770 U.S. Highway One, Suite #E102 , Palm Beach Gardens, FL, US 33408  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 11770 U.S. Highway One, Suite #E102  
(Street and Number)

Palm Beach Gardens, FL, US 33408 (804)220-6171  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact Vicky Zhai (561)632-8915  
(Name) (Area Code)(Telephone Number)(Extension)

vicky.zhai@longevityhealthplan.com  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	#
Rene Lerer	President	
Leslie Steven Granow	Chief Financial Officer	
Brendan Todd Rager	Secretary	

**OTHERS**

**DIRECTORS OR TRUSTEES**

Rene Lerer # \_\_\_\_\_      Brendan Todd Rager # \_\_\_\_\_  
 Leslie Steven Granow # \_\_\_\_\_

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.

_____ <small>(Signature)</small> <b>Brendan Todd Rager</b> _____ <small>(Printed Name)</small> 1. <b>Secretary</b> _____ <small>(Title)</small>	_____ <small>(Signature)</small> <b>Leslie Steven Granow</b> _____ <small>(Printed Name)</small> 2. <b>Chief Financial Officer</b> _____ <small>(Title)</small>	_____ <small>(Signature)</small> _____ <small>(Printed Name)</small> 3. _____ <small>(Title)</small>
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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)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
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 (\$.....1,861,522), cash equivalents (\$.....0) and short-term investments (\$.....110,000) .....	1,971,522		1,971,522	1,509,966
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) .....	1,971,522		1,971,522	1,509,966
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	152,162		152,162	
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 .....	75		75	
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 .....	36,794		36,794	
24. Health care (\$.....7,875) and other amounts receivable .....	7,875		7,875	
25. Aggregate write-ins for other-than-invested assets .....	397		397	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,168,825		2,168,825	1,509,966
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	2,168,825		2,168,825	1,509,966
<b>DETAILS OF WRITE-INS</b>				
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. Other receivables .....	397		397	
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) .....	397		397	

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	352,220		352,220	
2. Accrued medical incentive pool and bonus amounts .....	3,458		3,458	
3. Unpaid claims adjustment expenses .....	2,493		2,493	
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 .....	20,927		20,927	
9. General expenses due or accrued .....	2,526		2,526	
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 .....	201,670		201,670	
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 .....	40,434		40,434	
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. Total liabilities (Lines 1 to 23) .....	623,728		623,728	
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	2,210,000	1,510,000
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	(664,903)	(34)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 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	1,545,097	1,509,966
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	2,168,825	1,509,966
<b>DETAILS OF WRITE-INS</b>				
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	226		
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	601,720		
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	601,720		
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		702,782		
10. Other professional services .....		8,326		
11. Outside referrals .....				
12. Emergency room and out-of-area .....		5,650		
13. Prescription drugs .....		52,912		
14. Aggregate write-ins for other hospital and medical .....		1,437		
15. Incentive pool, withhold adjustments and bonus amounts .....		3,458		
16. Subtotal (Lines 9 to 15) .....		774,565		
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....		774,565		
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....44,817 cost containment expenses .....		116,067		
21. General administrative expenses .....		375,991		34
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) .....		1,266,623		34
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(664,903)		(34)
25. Net investment income earned .....		34		
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		34		
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	(664,869)		(34)
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(664,869)		(34)
<b>DETAILS OF WRITE-INS</b>				
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. Durable Medical Equipment .....		1,437		
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) .....		1,437		
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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	1,509,966		
34. Net income or (loss) from Line 32 .....	(664,869)		(34)
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 .....	700,000	1,510,000	1,510,000
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) .....	35,131	1,510,000	1,509,966
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	1,545,097	1,510,000	1,509,966
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	510,844		
2. Net investment income .....	34		
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	510,878		
5. Benefit and loss related payments .....	426,762		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	322,560		34
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) .....	749,322		34
11. Net cash from operations (Line 4 minus Line 10) .....	(238,444)		(34)
<b>Cash from Investments</b>			
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 .....			
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) .....			
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) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....	700,000	1,510,000	1,510,000
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) .....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	700,000	1,510,000	1,510,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	461,556	1,510,000	1,509,966
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,509,966		
19.2 End of period (Line 18 plus Line 19.1) .....	1,971,522	1,510,000	1,509,966

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

20.0001			
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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 .....	123							123		
5. Current Year .....										
6. Current Year Member Months .....	226							226		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	182							182		
8. Non-Physician .....	341							341		
9. Total .....	523							523		
10. Hospital Patient Days Incurred .....	7							7		
11. Number of Inpatient Admissions .....	9							9		
12. Health Premiums Written (a) .....	602,933							602,933		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	602,933							602,933		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	426,762							426,762		
18. Amount Incurred for Provision of Health Care Services .....	774,565							774,565		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....602,933.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	83,012					83,012
0499999 Subtotals .....	83,012					83,012
0599999 Unreported claims and other claim reserves .....						269,208
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						352,220
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						3,458



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....		426,762		352,220		
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....		426,762		352,220		
10. Healthcare receivables (a) .....		7,875				
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....				3,458		
13. Totals (Lines 9 - 10 + 11 + 12) .....		418,887		355,678		

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**Notes to Financial Statement****Note 1 – Summary of Significant Accounting Policies****A. Accounting Practices**

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

The Department recognizes Statutory Accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of the operation of the insurance company, for determining its solvency under the Michigan Law. The Department has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual as its statutory accounting principle (SAP) basis. Prescribed accounting practices are those practices which are incorporated directly or by reference to state laws, regulations and general administrative rules applicable to all insurance enterprises domiciled in a particular state. Permitted accounting practices include deviation from NAIC SAP and state prescribed accounting practices specifically requested by an insurer and granted by the Insurance Division.

The Company is a Michigan-based Medicare Advantage Organization operating a full-service I-SNP in a limited geographic region in Michigan. The Company's service area includes participating LTC facilities located in those specific geographic regions. The Company's target population are institutionalized Medicare beneficiaries who reside or are expected to reside in a contracted LTC facility for 90 days or longer. This plan is offered in Calhoun, Genesee, Grand Traverse, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Oakland, Ogemaw, Ottawa, Saginaw, St. Clair, Washtenaw, Wayne.

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

Net Income	SSAP #	F/S Page	F/S Line	September 30, 2021	December 31, 2020
(1) Longevity Health Plan of Michigan, Inc. state basis (Page 4, Line 32, Column 2 & 3)				(664,869)	(34)
(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)				(664,869)	(34)
Surplus					
(5) Longevity Health Plan of Michigan, Inc. state basis (Page 3, Line 33, Column 3 & 4)				1,545,097	1,509,966
(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)				1,545,097	1,509,966

**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**

Health premiums received are recognized as income in the month of coverage. Premiums collected are recognized as revenue during the months of coverage. Medical Loss Ratio (MLR) rebates are mandated by the Public Health Service Act. Rebates are 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 consist of bonds that are stated at amortized cost using the straight-line method.
2. Bonds – not applicable.
3. Common Stocks – not applicable.
4. Preferred Stocks – not applicable.
5. Mortgage Loans – not applicable.
6. Loan-Backed Securities – not applicable.
7. Investments in Subsidiaries, Controlled and Affiliated Entities – not applicable.

## Notes to Financial Statement

8. Joint Ventures, Partnerships and Limited Liability Companies – not applicable.
9. Derivatives – not applicable.
10. Premium Deficiency Reserve

Based upon guidance in SSAP No. 54, a premium deficiency reserve (PDR) is recorded when the expected claims payments, incurred claims costs, claims adjustment expense, and administrative expense will exceed premium.

11. Method of Establishing Claim and CAE Reserves

Claim reserves are estimated based on five key service categories (i.e., inpatient, SNF, outpatient, emergency room, and therapy). Inpatient estimates are based on a review of open authorizations priced at a reasonable cost per service. SNF, Therapy, Outpatient services and emergency room services IBNR estimates are established based on a run-rate historical cost per member for similar services at comparable plans. Management review is used to ensure the final incurred claims approximate a reasonable final incurred amount for each service. It is important to note that IBNR estimates are subject to favorable or unfavorable changes until sufficient claim experience is developed in the plan to minimize variations in estimation. Loss adjustment expense is typically estimated at 1% of total IBNR reserves and is generally reserved prior to year-end.

12. Capitalization Policy – no change.

13. The method used to estimate pharmaceutical rebate receivables

Navitus Health Solutions collects rebates pursuant to contracts with pharmaceutical manufacturers and that are directly attributable to the Formulary and Covered product utilization. The Company's share of rebates on covered products is in proportion to its pharmacy utilization. On a quarterly basis, Navitus pays the Company's rebates on a pass-through basis and includes 100% of rebates collected by Navitus. All rebates are paid to the Company within 30 business days following the end of each quarter in which the rebates are received.

D. Going Concern:

The Plan is a start-up organization. As such, operational losses are expected in the short term due to incurring organizational and other start-up expenses that exceed its revenues. The Plan has necessary budgets and plans in place to increase its enrollment and related premium revenue sufficient to produce operating income in the future. Operating losses in the short term could cause surplus levels to decline to a point where additional surplus contributions would be required. The owner Partners are committed to, and capable of, providing the necessary funding to maintain adequate operating surplus levels and minimize any regulatory actions that could result from surplus declining below regulatory requirements.

### 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.

**Notes to Financial Statement**

- 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.
- K. Low-Income Housing Tax Credits (LIHTC) – not applicable.
- L. Restricted Assets (including pledges):

Restricted Asset Category	Gross Admitted & Nonadmitted Restricted							Current Year			
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
	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)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total 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	110,000				110,000	109,966	34		110,000	5.072%	5.072%
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	110,000	-	-	-	110,000	109,966	34	-	110,000	5.072%	5.072%

(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. 5GI Securities – not applicable.
- P. Short Sales – not applicable.
- Q. Prepayment Penalty and Acceleration Fees – not applicable.
- R. Reporting Entity's Share of Cash Pool by Asset type - not applicable.

**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 September 30, 2021 and December 31, 2020, 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.

**Notes to Financial Statement****Note 9 – Income Taxes**

- A. The Components of the net deferred tax asset/(liability) – no significant change.
- B. Deferred Tax Liabilities that are Not Recognized – not applicable.
- C. Current income taxes incurred consisting of following major components – no significant change.
- D. Significant book to tax adjustments – no significant change.
- E. Operating Loss and Tax Credit Carryforwards – no significant change.
- F. Consolidated Tax Return – not applicable.
- G. Federal or Foreign Tax Loss Contingencies – not applicable.
- H. Repatriation Transition Tax – not applicable.
- I. Alternative minimum tax (AMT) credit – not applicable.

**Note 10 – Information Concerning Parent, Subsidiaries and Affiliates**

- A. Nature of relationships:

Per a contract with the Centers of Medicare and Medicaid Services (CMS), Longevity Health Plan of Michigan, Inc. is approved to provide Medicare benefits to long-term care residents of Michigan nursing homes on January 1, 2021 via an Institutional Special Needs Plan (I-SNP). As shown on Schedule Y included with this filing, the Company is wholly-owned by Longevity Health Holdings of Michigan, LLC, which is wholly owned by Longevity Health Founders (LHF).

LHF also owns holding companies in Colorado, Illinois, New Jersey, New York, Florida, North Carolina, and Oklahoma that currently operate I-SNPs

During the second quarter in 2021, two investors agreed to contribute \$1.38 million to the parent entity of Longevity Health Plan of Michigan, Inc., which is Longevity Health Holdings of Michigan, LLC in exchange of 31.5% of equity interest. The remaining 68.5% ownership interest is owned by Longevity Health Founders, LLC.

Below table identifies the investors as well as their amount of capital contribution and percentage of ownership to Longevity Health Holdings of Michigan, LLC.

Investor	% of ownership	Dollar
Villa Longevity, LLC	21.00%	\$ 920,000
Illuminate Longevity, LLC	10.50%	\$ 460,000
Total	31.50%	\$ 1,380,000

The above investors in Longevity Health Holdings of Michigan, also own and operate skilled nursing facilities, some of which are contracted with Longevity Health Plan of Michigan, Inc. as a provider of health care services. As a result, payments to and activities with these skilled nursing facility health care providers will be reported appropriate as related party activity going forward.

In 2020, Longevity IPA of Michigan, LLC ("MI IPA"). MI IPA is owned 68.5% by the ultimate parent of Longevity Health Plan of Michigan Inc., which is Longevity Health Founders, LLC. The remaining 31.5% has been purchased by the same two investors that invested Longevity Health Holdings of Michigan, LLC. The MI IPA intends to enter a separate provider contract with Longevity Health Plan of Michigan, Inc. Such provider agreement will be submitted to and subject to approval from Michigan State's Department of Insurance.

- B. Significant Transactions and Changes in Terms of Intercompany Arrangements.

The company has entered into separate agreements with LHP MSO LLC and Livewell Choice, LLC which are affiliate companies wholly-owned by Longevity Health Founders. The amounts LHP MSO, LLC charged to the Company were \$369,006 and \$0 for the periods ended September 30, 2021 and December 31, 2020, respectively. The amounts Livewell Choice, LLC charged to the Company were \$50,323 and \$0 for the periods ended September 30, 2021 and December 31, 2020, respectively. Both LHP MSO, LLC and Livewell Choice, LLC are management services organizations that provide centralized services and support to each Longevity health plan at cost.

- C. Transactions with related parties who are not reported on Schedule Y – not applicable.
- D. Amounts due to or from related parties

The Company had \$36,794 and \$0 due from affiliates as of September 30, 2021 and December 31, 2020, respectively.

The Company had \$201,670 and \$0 due to affiliates as of September 30, 2021 and December 31, 2020, respectively.

## Notes to Financial Statement

- E. Guarantees Resulting in a Material Contingent Exposure – not applicable.
- F. Management Services Agreement  
See Note 10(B) 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.
- 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 of \$700,000 and \$1,510,000 from Longevity Health Holdings of Michigan, LLC in 2021 and 2020, respectively.

- A. Stock Shares Authorized, Issued and Outstanding Shares – not applicable.
- B. Dividend Rate of Preferred Stock – not applicable.
- C. Dividend Restrictions – not applicable.
- D. Dividends Paid – not applicable.
- E. Portion of Profits Paid as Ordinary Dividends – not applicable.
- F. 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.
- G. Mutual Surplus Advances – not applicable.
- H. Stock Held for Special Purposes – not applicable.
- I. Changes in Special Surplus Funds – not applicable.
- J. Changes in Unassigned Funds Reduced by Cumulative Unrealized Gains and Losses – not applicable.
- K. Surplus Notes – not applicable.
- L. Impact of Quasi-Reorganization – not applicable.

**Notes to Financial Statement**

M. 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**

- 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 significant changes.

**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)
Short term Bond	\$ 110,000	\$ 110,000	\$ 110,000	\$ -	\$ -	\$ -	\$ -

- 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.

**Notes to Financial Statement**

- 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.
- H. Insurance – Linked Securities Contracts – not applicable.
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – not applicable.

**Note 22 – Events Subsequent**Type I – Recognized Subsequent Events:

Subsequent events have been considered through 11/10/21 for the statutory statement issued on 11/10/21.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 11/10/21 for the statutory statement issued on 11/10/21.

	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.



**Notes to Financial Statement****Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination****A. Retrospective Premium Adjustments Methodology**

The Company estimates accrued retrospective premium adjustments for its Medicare health insurance business through a model using the CMS models for the Part D Risk Corridor and Risk Adjustment.

**B. Retrospective Premium Adjustments Calculation**

The Company records accrued retrospective premium as an adjustment to earned premiums.

**C. Retrospective Rating Features**

All direct premiums written are relating to Medicare Advantage plans and therefore subject to retrospective adjustment based in the CMS programs. Premiums for Medicare Advantage plans are adjusted based on the risk score of the enrolled members. The plan accrues revenue for known changes to members risks scores using the model published by CMS.

**D. Medical Loss Ratio Rebates**

The Company is subject to the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act (PPACA). PPACA will require payments to customers covered under the Company's comprehensive medical insurance if certain minimum medical loss ratios are met. Since the accrual reflects the amount of the rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of the rebate will fluctuate as actual claim experience develops each calendar quarter. YTD the Company has 226 member months through September 30, 2021. The Company has not accrued an MLR rebate as of September 30, 2021.

**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>9/30/2021</u>
<b><u>Permanent ACA Risk Adjustment Program</u></b>	
(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).....	\$ -
<b><u>Transitional ACA Reinsurance Program</u></b>	
(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.....	\$ -
<b><u>Temporary ACA Risk Corridors Program</u></b>	
(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.....	\$ -
<ol style="list-style-type: none"> <li>a Insufficient data to make an estimate.</li> <li>b Not applicable.</li> <li>c Non-admitted asset.</li> </ol>	

**Notes to Financial Statement****Note 25 – Change in Incurred Claims and Claim Adjustment Expenses**

Activity in the liabilities for claims unpaid and unpaid claim adjustment expenses for the period ended September 30, 2021 is summarized as follows (000's omitted):

	<u>9/30/2021</u>
Net unpaid claims and CAE at January 1	-
Incurred related to:	
Current year	887
Prior year	-
	<u>887</u>
Paid related to:	
Current year	532
Prior year	-
	<u>532</u>
Balance at period end	<u>355</u>

**Note 26 – Intercompany Pooling Arrangements**

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

**Note 27 – Structured Settlements**

The Company does not have any structured settlements.

**Note 28 – Health Care Receivables**

- A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2021	\$ 7,875	\$ 7,875	\$ -	\$ -	\$ -
6/30/2021	\$ -	\$ -	\$ -	\$ -	\$ -
3/31/2021	\$ -	\$ -	\$ -	\$ -	\$ -

- 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 September 30, 2021.

**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[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? 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.
- 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[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 36,794

### 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]
- 14.2 If yes, please complete the following:

## GENERAL INTERROGATORIES (Continued)

	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   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No  N/A   
 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

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
JPMorgan Chase Bank, National Association .....	.....

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

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
Vicky Zhai - employee, investment decisions .....	..... I .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes  No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes  No

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  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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? Yes  No

## **GENERAL INTERROGATORIES (Continued)**

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- |   |                |
|---|----------------|
| 1. Operating Percentages:   |                |
| 1.1 A&H loss percent  | ..... 136.173% |
| 1.2 A&H cost containment percent  | ..... 7.448%   |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 74.327%  |
| 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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>									
23680 .....	47-0698507 .....	01/01/2021 .....	ODYSSEY REINS CO .....	CT .....	SSL/I .....	MR .....	Authorized .....		

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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		602,933						602,933	
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		602,933						602,933	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X									
61. Total (Direct Business) .....	X X X		602,933						602,933	
<b>DETAILS OF WRITE-INS</b>										
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

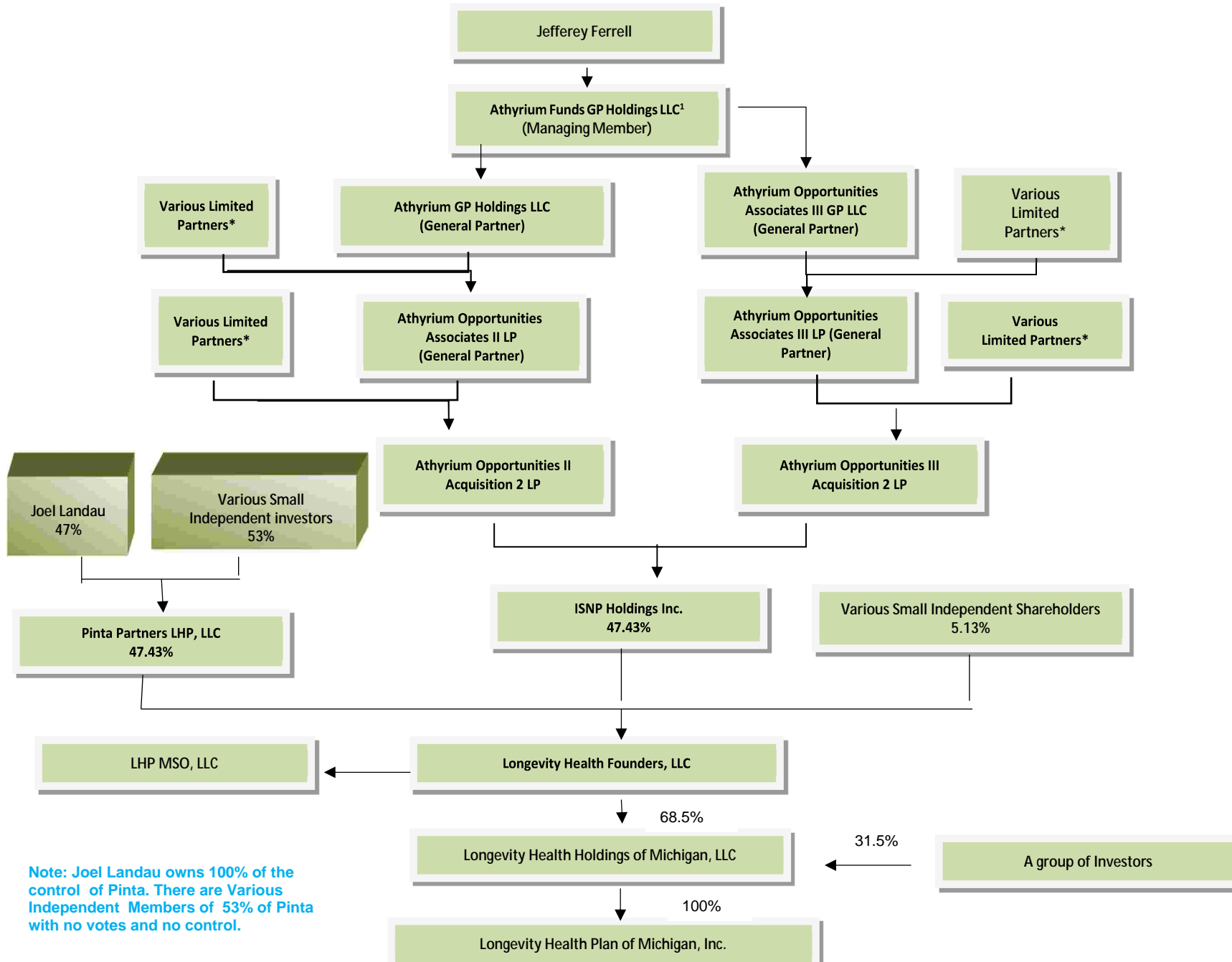
56



# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



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

# 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	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	
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	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	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	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	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	MI	UDP	Longevity Health Founders, LLC	Ownership	68.5	None	N	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	MI	UDP	Villa Longevity	Ownership	21.0	None	N	
		00000	83-4177747				Longevity Health Holdings of Michigan, LLC	MI	UDP	Illuminate Longevity	Ownership	10.5	None	N	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	NC	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	NC	NIA	PPG LHP FL LLC	Ownership	21.4	None	N	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	NC	NIA	Broadway LHP NC, LLC	Ownership	14.3	None	N	
		00000	84-4404132				Longevity Health Holdings of North Carolina, LLC	NC	NIA	ISNPCO, LLC	Ownership	6.0	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Saber, LLC	Ownership	8.3	None	N	
		00000	82-4149476				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Longevity Health Founders, LLC	Ownership	65.0	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	82-4089629				Longevity Health Holdings of New Jersey, LLC	NJ	NIA	Caring ISNP Investment, LLC	Ownership	2.9	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	

## 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	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	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	Oklahoma ISNP Partners LLC	Ownership	5.0	None	N	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Nowo Ventures LLC	Ownership	5.0	None	N	
		00000	83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Speedwell Partners, LLC	Ownership	9.0	None	N	
		00000	83-2535218				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Amity Care, LLC	Ownership	31.0	None	N	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	12.9	None	N	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	32.9	None	N	
		00000	83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	4.3	None	N	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	91.7	None	N	
		00000	82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	ACM Enterprises LLC	Ownership	8.3	None	N	
		00000	83-4176889				Longevity Health Holdings of Colorado, LLC	CO	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	83-2536308				LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	83-2537238				Livewell Choice LLC	NY	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	47.4	Joel Landau	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	ISNP Holdings, Inc.	Ownership	47.4	Jeffrey Ferrell	N	
		00000	82-5320454				Longevity Health Founders, LLC	DE	UIP	Various small independent shareholders	Ownership	5.1	None	N	
		00000	82-3939212				Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	47.4		N	
		00000	xxxxxxxx				Joel Landau	NY	UIP	n/a	Other			N	
		00000	82-3877393				ISNP Holdings, Inc.	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.0	Jeffrey Ferrell	N	
		00000	82-3877393				ISNP Holdings, Inc.	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	xxxxxxxx				Jeffrey Ferrell	NY	UIP	n/a	Other			N	

Q16.1

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



16779202136500003

2021

Document Code: 365

**18 Overflow Page for Write-Ins ..... NONE**

**SI01 Schedule A Verification ..... NONE**

**SI01 Schedule B Verification ..... NONE**

**SI01 Schedule BA Verification ..... NONE**

**SI01 Schedule D Verification ..... NONE**

## 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
<b>BONDS</b>								
1. NAIC 1 (a) .....	110,000				109,966	110,000	110,000	109,966
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	110,000				109,966	110,000	110,000	109,966
<b>PREFERRED STOCK</b>								
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 .....	110,000				109,966	110,000	110,000	109,966

(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 \$.....110,000; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	110,000	X X X	110,000		

**SCHEDULE DA - Verification****Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	109,966	
2. Cost of short-term investments acquired .....		109,891
3. Accrual of discount .....	34	75
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	110,000	109,966
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	110,000	109,966

**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**



<b>E01 Schedule A Part 2</b>	<b>NONE</b>
<b>E01 Schedule A Part 3</b>	<b>NONE</b>
<b>E02 Schedule B Part 2</b>	<b>NONE</b>
<b>E02 Schedule B Part 3</b>	<b>NONE</b>
<b>E03 Schedule BA Part 2</b>	<b>NONE</b>
<b>E03 Schedule BA Part 3</b>	<b>NONE</b>
<b>E04 Schedule D Part 3</b>	<b>NONE</b>
<b>E05 Schedule D Part 4</b>	<b>NONE</b>
<b>E06 Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07 Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08 Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10 Schedule DB Part E</b>	<b>NONE</b>
<b>E11 Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E12 Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

**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	
<b>open depositories</b>								
Operating account (x5307) .....					119,966	119,966	119,966	X X X
Bank of America .....					1,642,182	1,023,234	1,741,808	X X X
Bill.com - LPMI .....					(252)	(252)	(252)	X X X
0199998 Deposits in .....0 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			1,761,896	1,142,948	1,861,522	X X X
0299998 Deposits in .....0 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			1,761,896	1,142,948	1,861,522	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			1,761,896	1,142,948	1,861,522	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	
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>									
9999999 Total Cash Equivalents .....									