



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE
LONGEVITY HEALTH PLAN OF NEW JERSEY INSURANCE COMPANY, INC.

NAIC Group Code 4920, 4920 NAIC Company Code 16355 Employer's ID Number 82-5331490
 (Current) (Prior)

Organized under the Laws of NJ State of Domicile or Port of Entry NJ
 Country of Domicile US
 Licensed as business type: Preferred Provider Organization Is HMO Federally Qualified?
 Incorporated/Organized 03/19/2018 Commenced Business 01/01/2020
 Statutory Home Office 695 Cross Street Suite #185 Lakewood, NJ, US 08701
 Main Administrative Office 11780 US Highway One, Suite: N107
 Palm Beach Gardens, FL, US 33408 561-444-0710
 (Telephone)
 Mail Address 11780 US Highway One, Suite: N107 Palm Beach Gardens, FL, US 33408
 Primary Location of Books and
 Records 11780 US Highway One, Suite: N107
 Palm Beach Gardens, FL, US 33408 561-444-0710
 (Telephone)
 Internet Website Address N/A
 Statutory Statement Contact Vicky Zhai 561-632-8915
 (Telephone)
 vicky.zhai@longevityhealthplan.com
 (E-Mail) (Fax)

OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Florida
 County of Palm Beach SS

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

x _____ x _____ x _____
 Leslie Steven Granow Brendan Todd Rager
 CFO & Treasurer Secretary

Subscribed and sworn to before me
 this _____ day of

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

x _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,941					1,941
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	1,941					1,941

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 – Aggregate of Amounts Not Individually Listed	202,524					202,524
0199999 – Pharmaceutical Rebate Receivables	202,524					202,524
0699998 – Aggregate of Amounts Not Individually Listed	55,698			51,031	51,031	55,698
0699999 – Other Health Care Receivables	55,698			51,031	51,031	55,698
0799999 – Gross Health Care Receivables	258,222			51,031	51,031	258,222

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	405,707	566,923		202,524	405,707	429,768
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	356,478			106,729	356,478	356,478
7. Totals (Lines 1 through 6)	762,185	566,923		309,253	762,185	786,246

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0399999 - Aggregate accounts not individually listed-covered.....	269,119					269,119
0499999 - Subtotals.....	269,119					269,119
0599999 - Unreported claims and other claim reserves.....						3,383,514
0799999 - Total claims unpaid.....						3,652,633
0899999 - Accrued medical incentive pool and bonus amounts.....						1,695,325

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
LHP MSO, LLC	Management service fees	1,126,648	1,126,648	
0199999 – Individually listed payable		1,126,648	1,126,648	
0399999 – Total gross payables		1,126,648	1,126,648	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	7,354,929	35.771	863	100.000	7,139,058	215,871
2. Intermediaries						
3. All other providers						
4. Total capitation payments	7,354,929	35.771	863	100.000	7,139,058	215,871
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	12,391,304	60.265	XXX	XXX		12,391,304
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments	815,002	3.964	XXX	XXX	815,002	
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	13,206,306	64.229	XXX	XXX	815,002	12,391,304
13. Total (Line 4 plus Line 12)	20,561,235	100.000 %	XXX	XXX	7,954,060	12,607,175

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	NONE					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Longevity Health Plan of New Jersey Insurance Company, Inc.

2. Palm Beach Gardens, FL
(LOCATION)

NAIC Group Code: 4920

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2022

NAIC Company Code: 16355

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	752							752						
2. First Quarter.....	788							788						
3. Second Quarter.....	844							844						
4. Third Quarter.....	872							872						
5. Current Year.....	863							863						
6. Current Year Member Months.....	9,967							9,967						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	14,401							14,401						
8. Non-Physician.....	32,542							32,542						
9. Total.....	46,943							46,943						
10. Hospital Patient Days Incurred.....	1,997							1,997						
11. Number of Inpatient Admissions.....	294							294						
12. Health Premiums Written (b).....	27,847,003							27,847,003						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	27,847,003							27,847,003						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	20,561,235							20,561,235						
18. Amount Incurred for Provision of Health Care Services.....	21,932,527							21,932,527						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 27,847,003

30 NJ



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Longevity Health Plan of New Jersey Insurance Company, Inc.

2. Palm Beach Gardens, FL
(LOCATION)

NAIC Group Code: 4920

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

NAIC Company Code: 16355

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	752							752						
2. First Quarter.....	788							788						
3. Second Quarter.....	844							844						
4. Third Quarter.....	872							872						
5. Current Year.....	863							863						
6. Current Year Member Months.....	9,967							9,967						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	14,401							14,401						
8. Non-Physician.....	32,542							32,542						
9. Total.....	46,943							46,943						
10. Hospital Patient Days Incurred.....	1,997							1,997						
11. Number of Inpatient Admissions.....	294							294						
12. Health Premiums Written (b).....	27,847,003							27,847,003						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	27,847,003							27,847,003						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	20,561,235							20,561,235						
18. Amount Incurred for Provision of Health Care Services.....	21,932,527							21,932,527						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 27,847,003

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(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
..... 23680	47-0698507.....	01/01/2022	ODYSSEY REINS CO.....	CT.....	SSL/I.....	MR.....	..... 52,481	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 52,481	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 52,481	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 52,481	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 52,481	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 52,481	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 52,481	.....	.....	.....	.....	.....	.....

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2022	2021	2020	2019	2018
A. OPERATIONS ITEMS					
1 Premiums.....					
2 Title XVIII-Medicare.....	52	41	16		
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....		10	268		
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....			268		
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	9,961,556		9,961,556
2 Accident and health premiums due and unpaid (Line 15)	1,609,881		1,609,881
3 Amounts recoverable from reinsurers (Line 16.1)			
4 Net credit for ceded reinsurance	XXX		
5 All other admitted assets (Balance)	2,200,996		2,200,996
6 Total assets (Line 28)	13,772,433		13,772,433
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	3,652,633		3,652,633
8 Accrued medical incentive pool and bonus payments (Line 2)	1,695,325		1,695,325
9 Premiums received in advance (Line 8)	365,738		365,738
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	2,102,016		2,102,016
15 Total liabilities (Line 24)	7,815,712		7,815,712
16 Total capital and surplus (Line 33)	5,956,721	XXX	5,956,721
17 Total liabilities, capital and surplus (Line 34)	13,772,433		13,772,433
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses		XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables		XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		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	
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.	US 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? (Yes/No)	*
4920	Longevity Health Group	16355	82-5331490				Longevity Health Plan of New Jersey Insurance Company, Inc.	NJ	RE	Longevity Health Holdings of New Jersey, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16768	84-4363580				Longevity Health Plan of North Carolina, Inc.	NC	IA	Longevity Health Holdings of North Carolina, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16779	83-3062929				Longevity Health Plan of Michigan, Inc.	MI	IA	Longevity Health Holdings of Michigan, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16350	82-4248118				Longevity Health Plan of Illinois, Inc.	IL	IA	Longevity Health Holdings of Illinois, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16567	83-2467751				Longevity Health Plan of Florida, Inc.	FL	IA	Longevity Health Holdings of Florida, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16769	83-4177343				Longevity Health Plan of Colorado, Inc.	CO	IA	Longevity Health Holdings of Colorado, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16556	83-3311446				Longevity Health Plan of Oklahoma, Inc.	OK	IA	Longevity Health Holdings of Oklahoma, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	16364	82-4411565				Longevity Health Plan of New York, Inc.	NY	IA	Longevity Health Holdings of New York, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		83-3310594				Longevity Health Health Plan of Ohio, Inc.	OH	IA	Longevity Health Holdings of Ohio, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group	17267	87-3827414				Longevity Health Health Plan of Massachusetts, Inc.	MA	IA	Longevity Health Holdings of Massachusetts, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		87-3180010				Longevity Health Health Plan of Oregon, Inc.	OR	IA	Longevity Health Holdings of Oregon, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		83-2715812				Longevity Health Health Plan of Connecticut, Inc.	CT	IA	Longevity Health Holdings of Connecticut, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		88-3290421				Longevity Health Health Plan of Indiana, Inc.	IN	IA	Longevity Health Holdings of Indiana, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		88-3257149				Longevity Health Health Plan of Virginia, Inc.	VA	IA	Longevity Health Holdings of Virginia, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
4920	Longevity Health Group		xxxxxxx				Longevity Health Health Plan of Washington, Inc.	WA	IA	Longevity Health Holdings of Washington, LLC	Ownership	100.000	Longevity Health Founders, LLC	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	Paragon Equity Group, LLC	Ownership	15.000	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	Big HENS, LLC	Ownership	9.600	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	SH ISNP, LLC	Ownership	8.900	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	ISNP Investors, LLC	Ownership	5.700	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	GK Longevity, LLC	Ownership	4.300	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	Achieve Medicaid Solutions, LLC	Ownership	3.600	None	NO	
			82-4149476				Longevity Health Holdings of New Jersey, LLC	DE	UDP	Caring ISNP Investment, LLC	Ownership	2.900	None	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.870	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.580	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.070	None	NO	
			84-4404132				Longevity Health Holdings of North Carolina, LLC	DE	NIA	WWBV Ventures, LLC	Ownership	7.480	None	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	70.000	None	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	20.000	None	NO	
			83-4177747				Longevity Health Holdings of Michigan, LLC	DE	NIA	Illuminate Longevity, LLC	Ownership	10.000	None	NO	
			82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			82-4089629				Longevity Health Holdings of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.000	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	26.300	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	10.300	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	3.400	None	NO	
			83-2535218				Longevity Health Holdings of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	10.000	None	NO	
			83-4176889				Longevity Health Holdings of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			83-3824224				Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	66.700	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	ACM Enterprises LLC	Ownership	8.300	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	LNF Group LLC	Ownership	8.300	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	LHP LLC	Ownership	8.300	None	NO	
			82-5330428				Longevity Health Holdings of New York, LLC	DE	NIA	Meir Melnick	Ownership	8.300	None	NO	
			83-4178288				Longevity Health Holdings of Ohio, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	

41.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			87-1833976				Longevity Health Holdings of Massachusetts, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			87-3096223				Longevity Health Holdings of Oregon, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			83-2714564				Longevity Health Holdings of Connecticut, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			88-3314008				Longevity Health Holdings of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			88-3286810				Longevity Health Holdings of Virginia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			87-3097058				Longevity Health Holdings of Washington, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			86-1338170				Longevity Health Holdings of California, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			86-1289945				Longevity Health Holdings of Louisiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			86-1336952				Longevity Health Holdings of Wisconsin, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Paragon Equity Group, LLC	Ownership	15.000	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Big HENS, LLC	Ownership	9.600	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	SH ISNP, LLC	Ownership	8.900	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	ISNP Investors, LLC	Ownership	5.700	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	GK Longevity, LLC	Ownership	4.300	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Achieve Medicaid Solutions, LLC	Ownership	3.600	None	NO	
			85-0926154				Longevity ODS of New Jersey, LLC	DE	NIA	Caring ISNP Investment, LLC	Ownership	2.900	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	PPG LHP NC, LLC	Ownership	21.870	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Broadway LHP NC, LLC	Ownership	14.580	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	ISNPCO, LLC	Ownership	6.070	None	NO	
			86-1280143				Longevity IPA of North Carolina, LLC	DE	NIA	Saber, LLC	Ownership	7.480	None	NO	
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	70.000	None	NO	
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	20.000	None	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			85-3897600				Longevity IPA of Michigan, LLC	DE	NIA	Illuminate Longevity, LLC	Ownership	10.000	None	NO	
			85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			85-0894906				Longevity IPA of Illinois, LLC	DE	NIA	Illinois ISNP Partners, LLC	Ownership	50.000	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.000	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNP Investco LLC	Ownership	26.300	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	PPG LHP FL LLC	Ownership	10.300	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	LNF Group LLC	Ownership	3.400	None	NO	
			85-0894642				Longevity IPA of Florida, LLC	DE	NIA	ISNPCO, LLC	Ownership	10.000	None	NO	
			87-3692038				Longevity IPA of Colorado, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			85-0896219				Longevity IPA of Oklahoma, LLC (INACTIVE)	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			87-1744103				Longevity IPA of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			87-1712265				Longevity IPA of Western New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			92-0877981				Longevity IPA of Massachusetts, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			92-1050348				Longevity IPA of Georgia, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			92-1054400				Longevity IPA of South Carolina, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			92-0857131				Longevity IPA of Indiana, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			88-2161983				Longevity IDS of Pennsylvania	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			83-2536308				LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			83-2537238				Livewell Choice LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			87-2686984				Onecare MSO LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.000	None	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	47.400	Joel Landau	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	ISNP Holdings, Inc.	Ownership	47.400	Jeffrey Ferrell	NO	
			82-5320454				Longevity Health Founders, LLC	DE	UIP	Various small independent shareholders	Ownership	5.100	None	NO	
			82-3939212				Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	47.400		NO	
			xxxxxxx				Joel Landau	NY	UIP	n/a	Other	-		NO	
			82-3877393				ISNP Holdings, Inc.	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.000	Jeffrey Ferrell	NO	
			82-3877393				ISNP Holdings, Inc.	NY	UIP	Athyrium Opportunities III Acquisition 2 LP	Ownership	50.000	Jeffrey Ferrell	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
			81-1726206				Athyrium Opportunities II Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates II LP	Management	-	Jeffrey Ferrell	NO	
			36-4883510				Athyrium Opportunities III Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates III LP	Management	-	Jeffrey Ferrell	NO	
			30-0839879				Athyrium Opportunities Associates II LP	NY	UIP	Athyrium GP Holdings LLC	Management	-	Jeffrey Ferrell	NO	
			81-3009833				Athyrium Opportunities Associates III LP	NY	UIP	Athyrium Opportunities Associates III GP LLC	Management	-	Jeffrey Ferrell	NO	
			47-1740650				Athyrium GP Holdings LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.000	Jeffrey Ferrell	NO	
			35-2572536				Athyrium Opportunities Associates III GP LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.000	Jeffrey Ferrell	NO	
			81-3853067				Athyrium Funds GP Holdings LLC	NY	UIP	Jeffrey Ferrell	Ownership	100.000	Jeffrey Ferrell	NO	
			xxxxxxx				Jeffrey Ferrell	NY	UIP	n/a	Other	-		NO	
Asterisk		Explanation													

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)
16364	82-4411565	Longevity Health Plan of New York, Inc.		2,000,000			(4,721,592)				(2,721,592)	
	82-5330428	Longevity Health Holdings of New York, LLC		(2,000,000)							(2,000,000)	
16769	83-4177343	Longevity Health Plan of Colorado, Inc.		200,000			(3,529,647)				(3,329,647)	
	83-4176889	Longevity Health Holdings of Colorado, LLC		(200,000)							(200,000)	
16567	83-2467751	Longevity Health Plan of Florida, Inc.		4,500,000			(7,117,097)				(2,617,097)	
	83-2535218	Longevity Health Holdings of Florida, LLC		(4,500,000)							(4,500,000)	
16350	82-4248118	Longevity Health Plan of Illinois, Inc.		1,300,000			(3,111,735)				(1,811,735)	
	82-4089629	Longevity Health Holdings of Illinois, LLC		(1,300,000)							(1,300,000)	
16779	83-3062929	Longevity Health Plan of Michigan, Inc.		1,300,000			(3,949,986)				(2,649,986)	
	83-4177747	Longevity Health Holdings of Michigan, LLC		(1,300,000)							(1,300,000)	
16768	84-4363580	Longevity Health Plan of North Carolina, Inc.		-			(20,254,719)				(20,254,719)	
	84-4404132	Longevity Health Holdings of North Carolina, LLC		-							-	
16355	82-5331490	Longevity Health Plan of New Jersey, Inc.		-			(7,391,810)				(7,391,810)	
	82-4149476	Longevity Health Holdings of New Jersey, LLC		-							-	
17267	87-3827414	Longevity Health Plan of Massachusetts, Inc.		1,532,664							1,532,664	
	87-1833976	Longevity Health Holdings of Massachusetts, LLC		(1,532,664)							(1,532,664)	
	83-2536308	LHP MSO, LLC					35,339,956				35,339,956	
	86-1280143	Longevity IPA of North Carolina LLC					14,736,630				14,736,630	
9999999	- Control Totals			-			-		XXX		-	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Longevity Health Plan of Florida, Inc.	Longevity Health Holdings of Florida, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	11.100 %	NO
Longevity Health Plan of Florida, Inc.	Longevity Health Holdings of Florida, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	23.700 %	NO
Longevity Health Health Plan of New Jersey Insurance Company, Inc.	Longevity Health Holdings of New Jersey, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	11.100 %	NO
Longevity Health Health Plan of New Jersey Insurance Company, Inc.	Longevity Health Holdings of New Jersey, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	23.700 %	NO
Longevity Health Health Plan of Illinois, Inc.	Longevity Health Holdings of Illinois, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	11.100 %	NO
Longevity Health Health Plan of Illinois, Inc.	Longevity Health Holdings of Illinois, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	23.700 %	NO
Longevity Health Health Plan of New York, Inc.	Longevity Health Holdings of New York, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	14.900 %	NO
Longevity Health Health Plan of New York, Inc.	Longevity Health Holdings of New York, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	31.600 %	NO
Longevity Health Health Plan of Michigan, Inc.	Longevity Health Holdings of Michigan, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	15.600 %	NO
Longevity Health Health Plan of Michigan, Inc.	Longevity Health Holdings of Michigan, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	33.200 %	NO
Longevity Health Health Plan of North Carolina, Inc.	Longevity Health Holdings of North Carolina, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	11.100 %	NO
Longevity Health Health Plan of North Carolina, Inc.	Longevity Health Holdings of North Carolina, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	23.700 %	NO
Longevity Health Plan of Colorado, Inc.	Longevity Health Holdings of Colorado, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	22.300 %	NO
Longevity Health Plan of Colorado, Inc.	Longevity Health Holdings of Colorado, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	47.400 %	NO
Longevity Health Plan of Massachusetts, Inc.	Longevity Health Holdings of Massachusetts, LLC	100.000 %	NO	Joel Landau	Longevity Health Founders, LLC (group Code 4920)	22.300 %	NO
Longevity Health Plan of Massachusetts, Inc.	Longevity Health Holdings of Massachusetts, LLC	100.000 %	NO	Jeffrey Ferrell	Longevity Health Founders, LLC (group Code 4920)	47.400 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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.

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

SUPPLEMENTAL FILINGS

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 is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.


March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No.....
13. 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.....
14. 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.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No.....
16. 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.....
17. 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.....
18. 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	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No.....
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No.....
21. 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.....
22. 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.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	No.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES


Explanation

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