



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Longevity Health Plan of New Jersey Insurance Company, Inc.

NAIC Group Code	4920 (Current Period)	4920 (Prior Period)	NAIC Company Code	16355	Employer's ID Number	82-5331490
Organized under the Laws of	NJ		State of Domicile or Port of Entry	NJ		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	03/19/2018		Commenced Business	01/01/2020		
Statutory Home Office	701 Cross Street (Street and Number)		Lakewood, NJ, US 08701 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Glen Allen, VA, US 23060 (City or Town, State, Country and Zip Code)		10900 Nuckols Road STE 110 (Street and Number)		(804)396-6412 (Area Code) (Telephone Number)	
Mail Address	485 Madison Ave, Ste 202 (Street and Number or P.O. Box)		New York, NY, US 10022 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Glen Allen, VA, US 23060 (City or Town, State, Country and Zip Code)		10900 Nuckols Road STE 110 (Street and Number)		(804)480-1157 (Area Code) (Telephone Number)	
Internet Website Address	N/A					
Statutory Statement Contact	Vicky Zhai (Name) vicky.zhai@longevityhealthplan.com (E-Mail Address)		(646)293-1892 (Area Code)(Telephone Number)(Extension) (Fax Number)			

OFFICERS

Name	Title
Jake Komin	President
Brendan Rager	Secretary
Les Granow	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

State of Florida
County of Palm Beach ss

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

(Signature)
Jake Komin
(Printed Name)
1.
President
(Title)

(Signature)
Brendan Rager
(Printed Name)
2.
Secretary
(Title)

(Signature)
Les Granow
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
day of , 2021

(Notary Public Signature)

- 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[]

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	36,810					36,810
0299999 TOTAL Group	36,810					36,810
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) ..	36,810					36,810

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	112,728		106,799	53,026	53,026	219,527
0199999 Subtotal - Pharmaceutical Rebate Receivables	112,728		106,799	53,026	53,026	219,527
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	23,365					23,365
0699999 Subtotal - Other Receivables	23,365					23,365
0799999 Gross health care receivables	136,093		106,799	53,026	53,026	242,892

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	84,175	.....	272,553	.....	.....
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables
6. Other health care receivables	23,365	.....	.....
7. TOTALS (Lines 1 through 6)	84,175	.....	295,918	.....	.....

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	338,089					338,089
0499999 Subtotals	338,089					338,089
0599999 Unreported claims and other claim reserves						2,456,580
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						2,794,669
0899999 Accrued Medical Incentive Pool and Bonus Amounts						67,717

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
	NONE						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
LHP MSO, LLC	Administrative services	229,815	229,815	
0199999 Total - Individually Listed Payables	X X X	229,815	229,815	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	229,815	229,815	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	3,476,328	45.273	499	100.000	1,125,810	2,350,518
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	3,476,328	45.273	499	100.000	1,125,810	2,350,518
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	4,202,336	54.727	X X X	X X X		4,202,336
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	4,202,336	54.727	X X X	X X X		4,202,336
13.	TOTAL (Line 4 plus Line 12)	7,678,664	100.000	X X X	X X X	1,125,810	6,552,854

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
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: 2. LOCATION:
BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code 4920 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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	340							340		
3. Second Quarter	318							318		
4. Third Quarter	421							421		
5. Current Year	499							499		
6. Current Year Member Months	4,300							4,300		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	6,229							6,229		
8. Non-Physician	19,642							19,642		
9. TOTAL	25,871							25,871		
10. Hospital Patient Days Incurred	1,655							1,655		
11. Number of Inpatient Admissions	198							198		
12. Health Premiums Written (b)	10,170,842							10,170,842		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,170,842							10,170,842		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	7,678,664							7,678,664		
18. Amount Incurred for Provision of Health Care Services	10,245,132							10,245,132		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....10,170,842

REPORT FOR: 1. CORPORATION:		2. LOCATION:	
NAIC Group Code 4920	BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR		NAIC Company Code 16355

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10
		2	3							
		Total	Individual								Group
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	340							340		
3. Second Quarter	318							318		
4. Third Quarter	421							421		
5. Current Year	499							499		
6. Current Year Member Months	4,300							4,300		
TOTAL Member Ambulatory Encounters for Year:										
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,170,842							10,170,842		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	7,678,664							7,678,664		
18. Amount Incurred for Provision of Health Care Services	10,245,132							10,245,132		

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940 ...	01/01/2020	PARTNERRE AMER INS CO .....	..... DE .....	..... 267,591	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					..... 267,591	.....
2199999 Total - Accident and Health - Non-Affiliates .....					..... 267,591	.....
2299999 Total - Accident and Health .....					..... 267,591	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 267,591	.....
9999999 Total (Sum of 1199999 and 2299999) .....					..... 267,591	.....

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835 ...	04-1590940 ...	01/01/2020	PARTNERRE AMER INS CO	DE	SSL/I ...	MR	15,533						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							15,533						
1099999 Total - General Account - Authorized - Non-Affiliates							15,533						
1199999 Total - General Account - Authorized							15,533						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							15,533						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							15,533						
9999999 Total (Sum of 4599999 and 9099999)							15,533						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	16				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	5,929,262		5,929,262
2. Accident and health premiums due and unpaid (Line 15)	377,857		377,857
3. Amounts recoverable from reinsurers (Line 16.1)	267,591	(267,591)	
4. Net credit for ceded reinsurance	X X X	267,591	267,591
5. All other admitted assets (Balance)	534,305		534,305
6. TOTAL Assets (Line 28)	7,109,015		7,109,015
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,794,669		2,794,669
8. Accrued medical incentive pool and bonus payments (Line 2)	67,717		67,717
9. Premiums received in advance (Line 8)			
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)	267,227		267,227
15. TOTAL Liabilities (Line 24)	3,129,613		3,129,613
16. TOTAL Capital and Surplus (Line 33)	3,979,402	X X X	3,979,402
17. TOTAL Liabilities, Capital and Surplus (Line 34)	7,109,015		7,109,015
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	267,591		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	267,591		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	267,591		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	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	16355	82-5331490	.....	.....	.....	Longevity Health Plan of New Jersey Insurance Company, Inc.	NJ	RE	Longevity Health Holdings of New Jersey, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16556	83-3311446	.....	.....	.....	Longevity Health Plan of Oklahoma, Inc.	OK	IA	Longevity Health Holdings of Oklahoma, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16350	82-4248118	.....	.....	.....	Longevity Health Plan of Illinois, Inc.	IL	IA	Longevity Health Holdings of Illinois, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16567	83-2467751	.....	.....	.....	Longevity Health Plan of Florida, Inc.	FL	IA	Longevity Health Holdings of Florida, LLC ...	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16364	82-4411565	.....	.....	.....	Longevity Health Plan of New York, Inc. .	NY	IA	Longevity Health Holdings of New York, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16769	83-4177343	.....	.....	.....	Longevity Health Plan of Colorado, Inc. ...	CO	IA	Longevity Health Holdings of Colorado, LLC .	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16768	84-4363580	.....	.....	.....	Longevity Health Plan of North Carolina, Inc.	NC	IA	Longevity Health Holdings of North Carolina, LLC	Ownership	100.0	Longevity Health Founders, LLC	N	.....
4920	Longevity Health Group	16779	83-3062929	.....	.....	.....	Longevity Health Plan of Michigan, Inc. ...	MI	IA	Longevity Health Holdings of Michigan, LLC .	Ownership	100.0	Longevity Health Founders, LLC	N	.....
.....	.....	00000	83-2535218	.....	.....	.....	Longevity Health Holdings of Florida, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....
.....	.....	00000	83-3824224	.....	.....	.....	Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	.....
.....	.....	00000	83-3824224	.....	.....	.....	Longevity Health Holdings of Oklahoma, LLC	DE	NIA	Select Care LLC	Ownership	40.0	None	N	.....
.....	.....	00000	83-3824224	.....	.....	.....	Longevity Health Holdings of Oklahoma, LLC	DE	NIA	JBI ISNP LLC	Ownership	10.0	None	N	.....
.....	.....	00000	82-5330428	.....	.....	.....	Longevity Health Holdings of New York, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....
.....	.....	00000	82-4089629	.....	.....	.....	Longevity Health Holdings of Illinois, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	50.0	None	N	.....
.....	.....	00000	82-4089629	.....	.....	.....	Longevity Health Holdings of Illinois, LLC	DE	NIA	Oakton ISNP Holdings, LLC	Ownership	18.0	No one over 50%	N	.....
.....	.....	00000	82-4089629	.....	.....	.....	Longevity Health Holdings of Illinois, LLC	DE	NIA	ANC ISNP LLC	Ownership	18.0	No one over 50%	N	.....
.....	.....	00000	82-4089629	.....	.....	.....	Longevity Health Holdings of Illinois, LLC	DE	NIA	Villa Longevity ISNP, LLC	Ownership	9.0	No one over 50%	N	.....
.....	.....	00000	82-4089629	.....	.....	.....	Longevity Health Holdings of Illinois, LLC	DE	NIA	Cane IP ISNP, LLC	Ownership	5.0	Edventures, LLC owns more than 50%.	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	Longevity Health Founders, LLC	Ownership	50.0	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	ISNP Investors, LLC	Ownership	5.7	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	GK Longevity, LLC	Ownership	4.3	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	Big HENS, LLC	Ownership	9.6	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	SH ISNP, LLC	Ownership	8.9	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	Achieve Medicaid Solutions, LLC	Ownership	3.6	None	N	.....
.....	.....	00000	82-4149476	.....	.....	.....	Longevity Health Holdings of New Jersey, LLC	NJ	UDP	Caring ISNP Investment, LLC	Ownership	2.9	None	N	.....
.....	.....	00000	83-4177747	.....	.....	.....	Longevity Health Holdings of Michigan, LLC	MI	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....
.....	.....	00000	84-4404132	.....	.....	.....	Longevity Health Holdings of North Carolina, LLC	NC	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....
.....	.....	00000	83-4176889	.....	.....	.....	Longevity Health Holdings of Colorado, LLC	CO	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	00000	83-2536308	.....	.....	.....	LHP MSO, LLC	DE	NIA	Longevity Health Founders, LLC	Ownership	100.0	None	N	.....
.....	00000	82-5320454	.....	.....	.....	Longevity Health Founders, LLC	DE	UIP	Pinta Partners LHP, LLC	Ownership	47.4	Joel Landau	N	.....
.....	00000	82-5320454	.....	.....	.....	Longevity Health Founders, LLC	DE	UIP	ISNP Holdings, Inc. I	Ownership	47.4	Jeffrey Ferrell	N	.....
.....	00000	82-5320454	.....	.....	.....	Longevity Health Founders, LLC	DE	UIP	Various small independent shareholders	Ownership	5.2	Various	N	.....
.....	00000	82-3939212	.....	.....	.....	Pinta Partners LHP, LLC	NY	UIP	Joel Landau	Ownership	85.0	.....	N	.....
.....	00000	xxxxxxx	.....	.....	.....	Joel Landau	NY	UIP	n/a	Other	.....	.....	N	.....
.....	00000	82-3877393	.....	.....	.....	ISNP Holdings, Inc. I	NY	UIP	Athyrium Opportunities II Acquisition 2 LP	Ownership	50.0	Jeffrey Ferrell	N	.....
.....	00000	82-3877393	.....	.....	.....	ISNP Holdings, Inc. I	NY	UIP	Athyrium Opportunities III Acquisition 2 LP	Ownership	50.0	Jeffrey Ferrell	N	.....
.....	00000	81-1726206	.....	.....	.....	Athyrium Opportunities II Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates II LP	Management	.....	Jeffrey Ferrell	N	.....
.....	00000	36-4883510	.....	.....	.....	Athyrium Opportunities III Acquisition 2 LP	NY	UIP	Athyrium Opportunities Associates III LP	Management	.....	Jeffrey Ferrell	N	.....
.....	00000	30-0839879	.....	.....	.....	Athyrium Opportunities Associates II LP	NY	UIP	Athyrium GP Holdings LLC	Management	.....	Jeffrey Ferrell	N	.....
.....	00000	81-3009833	.....	.....	.....	Athyrium Opportunities Associates III LP	NY	UIP	Athyrium Opportunities Associates III GP LLC	Management	.....	Jeffrey Ferrell	N	.....
.....	00000	47-1740650	.....	.....	.....	Athyrium GP Holdings LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.0	Jeffrey Ferrell	N	.....
.....	00000	35-2572536	.....	.....	.....	Athyrium Opportunities Associates III GP LLC	NY	UIP	Athyrium Funds GP Holdings LLC	Ownership	100.0	Jeffrey Ferrell	N	.....
.....	00000	81-3853067	.....	.....	.....	Athyrium Funds GP Holdings LLC	NY	UIP	Jeffrey Ferrell	Ownership	100.0	Jeffrey Ferrell	N	.....
.....	00000	xxxxxxx	.....	.....	.....	Jeffrey Ferrell	NY	UIP	n/a	Other	.....	.....	N	.....

Asterisk	Explanation
0000001	.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) 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)
.. 16355 ..	.. 82-5331490 ..	LONGEVITY HLTH PLAN OF NJ INS CO INC .....	.....	..... 2,300,000	.....	.....	... (1,518,191)	.....	.....	.....	..... 781,809	.....
.....	.. 82-4149476 ..	Longevity Health Holdings of New Jersey, LLC .....	.....	..... (2,300,000)	.....	.....	.....	.....	.....	.....	..... (2,300,000)	.....
.....	.. 83-2536308 ..	LHP MSO, LLC .....	.....	.....	.....	.....	..... 1,518,191	.....	.....	.....	..... 1,518,191	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	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
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



163552020360000002020Document Code: 360

Health Life Supplement - March



163552020205000002020Document Code: 205

Schedule SIS



163552020420000002020Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



163552020371000002020Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5




163552020370000002020Document Code: 370

Medicare Part D Coverage Supplement



163552020365000002020Document Code: 365

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



163552020224000002020Document Code: 224

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



163552020225000002020Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



16355202022600000

2020

Document Code: 226

LTC Supplemental Interrogatories

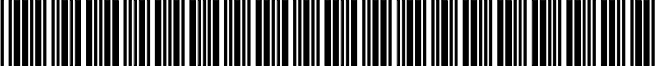


16355202030600000

2020

Document Code: 306

Health Life Supplement - April



16355202021100000

2020

Document Code: 211

Management's Report of Internal Control over Financial Reporting



16355202022300000

2020

Document Code: 223

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