



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey
 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 []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M
(Street and Number) 609-662-2400
(Area Code) (Telephone Number)
Cranbury, NJ, US 08512-3706
(City or Town, State, Country and Zip Code)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M
(Street and Number) 609-662-2400
(Area Code) (Telephone Number) (Extension)
Cranbury, NJ, US 08512-3706
(City or Town, State, Country and Zip Code)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact James Fitzgerald , 609-662-2325
(Name) (Area Code) (Telephone Number) (Extension)
James.Fitzgerald@AmeriHealth.com 609-662-2360
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>
<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>	<u>Kathryn Ann Galarnreau</u>	<u>Senior Vice President</u>
<u>Regina Heffernan #</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>President, Commercial & Consumer Markets</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Richard Joseph Neeson</u>	<u>Micheal Walsh Sullivan #</u>
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State of Pennsylvania

County of Philadelphia

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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.

Michael Walsh Sullivan
President & C.E.O.

Gregory Eugene Deavens
E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
September 22, 2018

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	157,737,831		157,737,831	266,222,359
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0		0	0
2.2 Common stocks.....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances).....			0	0
4.3 Properties held for sale (less \$ encumbrances).....			0	0
5. Cash (\$1,968,324 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$1,084,991 , Schedule DA).....	3,053,316		3,053,316	11,102,088
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities.....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	160,791,147	0	160,791,147	277,324,447
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued.....	911,458		911,458	1,501,572
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	15,348,226	5,807,229	9,540,997	11,046,796
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$33,233,998).....	33,233,998		33,233,998	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	33,758,017		33,758,017	38,529,276
16.2 Funds held by or deposited with reinsured companies.....	48,075,448		48,075,448	67,872,684
16.3 Other amounts receivable under reinsurance contracts.....			0	0
17. Amounts receivable relating to uninsured plans.....	369,321	220,559	148,761	563,914
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	10,144,771
18.2 Net deferred tax asset.....	56,289,625	50,212,925	6,076,700	4,924,259
19. Guaranty funds receivable or on deposit.....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$).....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	0
23. Receivables from parent, subsidiaries and affiliates.....	110,710,315		110,710,315	13,970,022
24. Health care (\$9,017,664) and other amounts receivable.....	17,537,163	8,289,669	9,247,494	12,743,487
25. Aggregate write-ins for other-than-invested assets.....	100,712,451	91,932,165	8,780,286	53,998,570
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	577,737,169	156,462,546	421,274,623	492,619,798
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27).....	577,737,169	156,462,546	421,274,623	492,619,798
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. State and Local Taxes.....	8,767,993		8,767,993	15,173,110
2502. Other assets non-admitted.....	2,733,809	2,733,809	0	0
2503. Health Care Reform.....	89,210,649	89,198,356	12,293	38,825,460
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	100,712,451	91,932,165	8,780,286	53,998,570

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 4,045,478 reinsurance ceded)	126,636,455	42,423,476	169,059,931	161,980,914
2. Accrued medical incentive pool and bonus amounts	1,741,929		1,741,929	953,479
3. Unpaid claims adjustment expenses	2,691,098		2,691,098	2,711,584
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	2,882,415		2,882,415	20,990,498
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	71,529	28,471	100,000	100,000
8. Premiums received in advance	27,318,523		27,318,523	26,472,371
9. General expenses due or accrued	25,738,152		25,738,152	63,201,969
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	48,975		48,975	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	1,439,984		1,439,984	1,640,298
12. Amounts withheld or retained for the account of others	967,973		967,973	1,879,971
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	59,511,489		59,511,489	16,493,325
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 66,069 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	66,069		66,069	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,089,649		2,089,649	2,036,276
23. Aggregate write-ins for other liabilities (including \$ current)	988,810	0	988,810	20,368,946
24. Total liabilities (Lines 1 to 23)	252,193,049	42,451,947	294,644,996	318,829,631
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	15,608,180
26. Common capital stock	XXX	XXX	700,000	700,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	287,672,497	177,672,496
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(161,742,870)	(20,190,509)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	126,629,627	173,790,167
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	421,274,623	492,619,798
DETAILS OF WRITE-INS				
2301. Reinsurance Payable	988,810		988,810	20,368,946
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	988,810	0	988,810	20,368,946
2501. ACA Section 9010 Data Year Assessment	XXX	XXX		15,608,180
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	15,608,180
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,601,185	1,576,642
2. Net premium income (including \$0 non-health premium income).....	XXX	1,356,056,832	1,241,102,020
3. Change in unearned premium reserves and reserve for rate credits	XXX		173,896
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	1,356,056,832	1,241,275,916
Hospital and Medical:			
9. Hospital/medical benefits	197,898,303	685,394,315	714,229,502
10. Other professional services		3,743,505	4,594,904
11. Outside referrals			0
12. Emergency room and out-of-area		31,162,116	16,328,309
13. Prescription drugs		133,351,812	15,975,618
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,750,629	934,768
16. Subtotal (Lines 9 to 15).....	197,898,303	855,402,378	752,063,101
Less:			
17. Net reinsurance recoveries	(22,386,147)	(340,793,354)	(316,606,890)
18. Total hospital and medical (Lines 16 minus 17)	220,284,450	1,196,195,732	1,068,669,991
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$12,932,868 cost containment expenses.....		46,553,591	46,172,681
21. General administrative expenses.....		190,337,066	170,892,469
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(9,400,002)	9,400,000
23. Total underwriting deductions (Lines 18 through 22)	220,284,450	1,423,686,387	1,295,135,141
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(67,629,555)	(53,859,225)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,867,359	3,647,387
26. Net realized capital gains (losses) less capital gains tax of \$		2,267,995	473,242
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,135,353	4,120,629
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(63,494,201)	(49,738,596)
31. Federal and foreign income taxes incurred	XXX		(2,806,000)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(63,494,201)	(46,932,596)
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	173,790,167	143,574,013
34. Net income or (loss) from Line 32	(63,494,201)	(46,932,596)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (194,059)	(871,018)	(79,515)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	51,171,307	2,967,196
39. Change in nonadmitted assets	(143,146,806)	(8,738,931)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	110,000,001	83,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	(819,823)	0
48. Net change in capital and surplus (Lines 34 to 47)	(47,160,540)	30,216,154
49. Capital and surplus end of reporting year (Line 33 plus 48)	126,629,627	173,790,167
DETAILS OF WRITE-INS		
4701. Miscellaneous prior year adjustment	(819,823)	0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(819,823)	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	1,283,442,402	1,213,118,345
2. Net investment income.....	3,271,851	4,705,044
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	1,286,714,253	1,217,823,389
5. Benefit and loss related payments.....	1,178,719,299	1,056,686,736
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	270,076,991	215,947,147
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	(10,193,746)	1,625,562
10. Total (Lines 5 through 9).....	1,438,602,545	1,274,259,445
11. Net cash from operations (Line 4 minus Line 10).....	(151,888,291)	(56,436,056)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	157,155,855	55,476,204
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	(109)
12.7 Miscellaneous proceeds.....	0	74,294
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	157,155,855	55,550,389
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	48,318,488	79,192,347
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	1,244
13.7 Total investments acquired (Lines 13.1 to 13.6).....	48,318,488	79,193,591
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	108,837,367	(23,643,202)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	110,000,000	83,000,000
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(74,997,848)	(65,528,956)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	35,002,152	17,471,044
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(8,048,772)	(62,608,214)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	11,102,088	73,710,301
19.2 End of year (Line 18 plus Line 19.1).....	3,053,316	11,102,088

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Capital Contribution from AmeriHealth New Jersey, LLC - Fixed Income Securities.....		29,995,516
20.0002. Investment Income.....		387,209
20.0003. Capital Contribution receivable from AmeriHealth New Jersey, LLC.....	110,000,000	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,356,056,832	1,132,332,237	12,729,574	3,810,307	1,278,137	0	205,906,577	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,356,056,832	1,132,332,237	12,729,574	3,810,307	1,278,137	0	205,906,577	0	0	0
8. Hospital/medical benefits	685,394,315	674,810,127	9,703,947	880,241						XXX
9. Other professional services	3,743,506	2,829,559			913,947					XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	31,162,116	30,785,223	376,893							XXX
12. Prescription drugs	133,351,812	133,351,812								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,750,629	1,750,629								XXX
15. Subtotal (Lines 8 to 14)	855,402,378	843,527,350	10,080,840	880,241	913,947	0	0	0	0	XXX
16. Net reinsurance recoveries	(340,793,354)	(150,954,539)		(262,099)	(1,827)		(189,574,889)			XXX
17. Total hospital and medical (Lines 15 minus 16)	1,196,195,732	994,481,889	10,080,840	1,142,340	915,774	0	189,574,889	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	46,553,591	40,392,398	614,865				5,546,328			
20. General administrative expenses	190,337,066	161,224,590	2,319,526	1,664,134	50,135		24,167,949		910,732	
21. Increase in reserves for accident and health contracts	(9,400,002)						(9,400,002)			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,423,686,387	1,196,098,877	13,015,231	2,806,474	965,909	0	209,889,164	0	910,732	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(67,629,555)	(63,766,640)	(285,657)	1,003,833	312,228	0	(3,982,587)	0	(910,732)	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	910,144,451	223,627,770	1,439,984	1,132,332,237
2. Medicare Supplement	12,729,574			12,729,574
3. Dental only.....	2,836,358	973,949		3,810,307
4. Vision only.....	1,220,983	57,154		1,278,137
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare		205,906,577		205,906,577
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	926,931,366	430,565,450	1,439,984	1,356,056,832
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	926,931,366	430,565,450	1,439,984	1,356,056,832

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	848,770,353	835,795,885	11,180,280	880,241	913,947					
1.2 Reinsurance assumed	379,172,477	192,787,219		262,099	1,827		186,121,332			
1.3 Reinsurance ceded	39,448,119	39,448,119								
1.4 Net	1,188,494,711	989,134,985	11,180,280	1,142,340	915,774	0	186,121,332	0	0	0
2. Paid medical incentive pools and bonuses	2,774,816	2,402,845					371,971			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	126,213,271	123,995,373	2,217,898	0	0	0	0	0	0	0
3.2 Reinsurance assumed	46,892,137	22,335,685	0	0	0	0	24,556,452	0	0	0
3.3 Reinsurance ceded	4,045,478	4,045,478	0	0	0	0	0	0	0	0
3.4 Net	169,059,930	142,285,580	2,217,898	0	0	0	24,556,452	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	100,000	100,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	100,000	100,000	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,741,929	1,730,201					11,728			
6. Net healthcare receivables (a)	2,941,265	2,932,924	8,341							
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	118,390,609	115,081,613	3,308,996	0	0	0	0	0	0	0
8.2 Reinsurance assumed	57,770,646	36,323,958	0	0	0	0	21,446,688	0	0	0
8.3 Reinsurance ceded	14,180,343	14,180,343	0	0	0	0	0	0	0	0
8.4 Net	161,980,912	137,225,228	3,308,996	0	0	0	21,446,688	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	100,000	100,000	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	100,000	100,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	953,479	913,569	0	0	0	0	39,910	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	853,651,750	841,776,721	10,080,841	880,241	913,947	0	0	0	0	0
12.2 Reinsurance assumed	368,293,968	178,798,946	0	262,099	1,827	0	189,231,096	0	0	0
12.3 Reinsurance ceded	29,313,254	29,313,254	0	0	0	0	0	0	0	0
12.4 Net	1,192,632,464	991,262,413	10,080,841	1,142,340	915,774	0	189,231,096	0	0	0
13. Incurred medical incentive pools and bonuses	3,563,266	3,219,477	0	0	0	0	343,789	0	0	0

(a) Excludes \$ 3,242,141 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	6,820,245	6,820,245								
1.2. Reinsurance assumed	3,605,532	1,930,955					1,674,577			
1.3. Reinsurance ceded	0									
1.4. Net	10,425,777	8,751,200	0	0	0	0	1,674,577	0	0	0
2. Incurred but Unreported:										
2.1. Direct	119,393,026	117,175,128	2,217,898							
2.2. Reinsurance assumed	43,286,605	20,404,730					22,881,875			
2.3. Reinsurance ceded	4,045,478	4,045,478								
2.4. Net	158,634,153	133,534,380	2,217,898	0	0	0	22,881,875	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	126,213,271	123,995,373	2,217,898	0	0	0	0	0	0	0
4.2. Reinsurance assumed	46,892,137	22,335,685	0	0	0	0	24,556,452	0	0	0
4.3. Reinsurance ceded	4,045,478	4,045,478	0	0	0	0	0	0	0	0
4.4. Net	169,059,930	142,285,580	2,217,898	0	0	0	24,556,452	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	115,220,988	870,658,976	2,466,942	139,918,638	117,687,930	137,325,228
2. Medicare Supplement	2,646,345	8,287,929	4,822	2,213,077	2,651,167	3,308,997
3. Dental Only.....		1,142,340			0	0
4. Vision Only.....		915,774			0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	22,252,499	167,401,328	281,001	24,275,450	22,533,500	21,446,687
7. Title XIX - Medicaid.....					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	140,119,832	1,048,406,347	2,752,765	166,407,165	142,872,597	162,080,912
10. Healthcare receivables (a).....	12,930,499	(12,899,032)	765,857	13,299,335	13,696,356	11,123,927
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	809,263	1,965,554	147,231	1,594,698	956,494	953,479
13. Totals (Lines 9-10+11+12)	127,998,596	1,063,270,933	2,134,139	154,702,528	130,132,735	151,910,464

(a) Excludes \$ 3,242,141 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	3,018,882	3,019,489	3,019,700	3,019,700	3,019,700
2. 2012	257,440	287,701	288,014	288,582	288,582
3. 2013	XXX	314,494	356,818	359,605	360,337
4. 2014	XXX	XXX	681,289	786,157	790,496
5. 2015	XXX	XXX	XXX	768,659	879,507
6. 2016	XXX	XXX	XXX	XXX	872,364

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	3,021,686	3,020,227	3,019,700	3,019,700	3,019,700
2. 2012	293,501	288,703	288,014	288,896	288,582
3. 2013	XXX	363,133	359,591	359,856	360,358
4. 2014	XXX	XXX	844,825	787,156	790,745
5. 2015	XXX	XXX	XXX	902,717	881,842
6. 2016	XXX	XXX	XXX	XXX	1,013,875

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	332,566	288,582	0	0.0	288,582	86.8	0	0	288,582	86.8
2. 2013	414,786	360,337	0	0.0	360,337	86.9	21	0	360,358	86.9
3. 2014	943,177	790,496	0	0.0	790,496	83.8	249	0	790,745	83.8
4. 2015	1,034,286	879,507	24,993	2.8	904,500	87.5	2,335	0	906,835	87.7
5. 2016	1,132,332	872,364	29,643	3.4	902,007	79.7	141,511	2,283	1,045,801	92.4

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	2,680	5,326
6. 2016	XXX	XXX	XXX	XXX	8,288

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	5,989	5,331
6. 2016	XXX	XXX	XXX	XXX	10,501

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2013	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2014	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2015	7,465	5,326	305	5.7	5,631	75.4	.5	.0	5,636	75.5
5. 2016	12,730	8,288	467	5.6	8,755	68.8	2,213	40	11,008	86.5

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.5	.0	.0	.0	.0
2. 2012	122	.4	.2	.0	.0
3. 2013	XXX	97	101	.0	.0
4. 2014	XXX	XXX	40	.0	.0
5. 2015	XXX	XXX	XXX	.56	.56
6. 2016	XXX	XXX	XXX	XXX	1,142

Section B – Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.5	.0	.0	.0	.0
2. 2012	122	.4	.2	.0	.0
3. 2013	XXX	97	101	.0	.0
4. 2014	XXX	XXX	40	.0	.0
5. 2015	XXX	XXX	XXX	.56	.56
6. 2016	XXX	XXX	XXX	XXX	1,142

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0	.0	.0 0	.0	.0 0	.0	.0	.0	.0 0
2. 2013	.126	.0	.0	.0 0	.0	.0 0	.0	.0	.0	.0 0
3. 2014	.98	.0	.0	.0 0	.0	.0 0	.0	.0	.0	.0 0
4. 2015	.71	.56	.0	.0 0	.56	78.9	.0	.0	.56	78.9
5. 2016	3,810	1,142	0	0.0	1,142	30.0	0	0	1,142	30.0

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	508	.0	.0	.0
4. 2014	XXX	XXX	482	482	482
5. 2015	XXX	XXX	XXX	694	694
6. 2016	XXX	XXX	XXX	XXX	916

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	508	.0	.0	.0
4. 2014	XXX	XXX	482	482	482
5. 2015	XXX	XXX	XXX	694	694
6. 2016	XXX	XXX	XXX	XXX	916

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0	.0	.0 0	.0	.0 0	.0	.0	.0	.0 0
2. 2013	.914	.0	.0	.0 0	.0	.0 0	.0	.0	.0	.0 0
3. 2014	.923	.482	.0	.0 0	.482	52.2	.0	.0	.482	52.2
4. 2015	.986	.694	.0	.0 0	.694	70.4	.0	.0	.694	70.4
5. 2016	1,278	.916	.0	0.0	.916	71.7	.0	.0	.916	71.7

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	12	.0
3. 2013	XXX	.0	.0	9	(37)
4. 2014	XXX	XXX	64,124	83,591	83,638
5. 2015	XXX	XXX	XXX	165,317	187,671
6. 2016	XXX	XXX	XXX	XXX	167,662

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	12	.0
3. 2013	XXX	.0	.0	9	(37)
4. 2014	XXX	XXX	85,790	83,708	83,642
5. 2015	XXX	XXX	XXX	189,303	187,957
6. 2016	XXX	XXX	XXX	XXX	191,940

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0	.0	0.0	.0	0.0	.0	.0	.0	0.0
2. 2013	.0	(37)	.0	0.0	(37)	0.0	.0	.0	(37)	0.0
3. 2014	106,718	83,638	.0	0.0	83,638	78.4	4	.0	83,642	78.4
4. 2015	198,322	187,671	5,181	2.8	192,852	97.2	286	.0	193,138	97.4
5. 2016	205,907	167,662	3,511	2.1	171,173	83.1	24,278	368	195,819	95.1

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	3,018,887	3,019,489	3,019,700	3,019,700	3,019,700
2. 2012	257,562	287,705	288,016	288,594	288,582
3. 2013	XXX	315,099	356,919	359,614	360,300
4. 2014	XXX	XXX	745,935	870,230	874,616
5. 2015	XXX	XXX	XXX	937,406	1,073,254
6. 2016	XXX	XXX	XXX	XXX	1,050,372

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	3,021,691	3,020,227	3,019,700	3,019,700	3,019,700
2. 2012	293,623	288,707	288,016	288,908	288,582
3. 2013	XXX	363,738	359,692	359,865	360,321
4. 2014	XXX	XXX	931,137	871,346	874,869
5. 2015	XXX	XXX	XXX	1,098,759	1,075,880
6. 2016	XXX	XXX	XXX	XXX	1,218,374

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Eamed and Claims were Incurred	1 Premiums Eamed	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	332,566	288,582	0	0.0	288,582	86.8	0	0	288,582	86.8
2. 2013	415,826	360,300	0	0.0	360,300	86.6	21	0	360,321	86.7
3. 2014	1,050,916	874,616	0	0.0	874,616	83.2	253	0	874,869	83.2
4. 2015	1,241,130	1,073,254	30,479	2.8	1,103,733	88.9	2,626	0	1,106,359	89.1
5. 2016	1,356,057	1,050,372	33,621	3.2	1,083,993	79.9	168,002	2,691	1,254,686	92.5

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves.....	2,882,417	2,882,417	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	2,882,417	2,882,417	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4)	2,882,417	2,882,417	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	100,000	100,000							
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	100,000	100,000	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (Net) (Page 3, Line 7)	100,000	100,000	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Permanent ACA Risk Adjustment Program.....	2,882,417	2,882,417							
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,882,417	2,882,417	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building).....	470,671	1,673,578	3,338,407		5,482,656
2. Salaries, wages and other benefits.....	9,216,040	8,269,721	45,314,704		62,800,465
3. Commissions (less \$ceded plus \$15,089,923 assumed).....			42,555,898		42,555,898
4. Legal fees and expenses.....	453		220,204		220,657
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....	127,721	230,212	6,279,578		6,637,511
7. Traveling expenses.....	77,559	34,606	763,601		875,766
8. Marketing and advertising.....	31,780	1,166	6,660,266		6,693,212
9. Postage, express and telephone.....	48,669	8,951	993,391		1,051,011
10. Printing and office supplies.....	15,420	19,127	609,791		644,338
11. Occupancy, depreciation and amortization.....	51,582	182,577	541,193		775,352
12. Equipment.....	265,018	72,610	4,741,155		5,078,783
13. Cost or depreciation of EDP equipment and software.....	117,544	63,668	2,916,152		3,097,364
14. Outsourced services including EDP, claims, and other services.....	629,145	8,859,216	23,044,728		32,533,089
15. Boards, bureaus and association fees.....	20,893	2,338	262,453		285,684
16. Insurance, except on real estate.....			1,075,621		1,075,621
17. Collection and bank service charges.....			570,901		570,901
18. Group service and administration fees.....	(48,143)		(468,588)		(516,731)
19. Reimbursements by uninsured plans.....	3,244	(2,447)	(223,494)		(222,697)
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	1,015	287	4,616,448		4,617,750
23.2 State premium taxes.....			8,151,592		8,151,592
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....	1,904,257	1,571,474	409,975		3,885,706
23.5 Other (excluding federal income and real estate taxes).....			35,339,563		35,339,563
24. Investment expenses not included elsewhere.....				319,874	319,874
25. Aggregate write-ins for expenses.....	0	12,633,639	2,623,527	0	15,257,166
26. Total expenses incurred (Lines 1 to 25).....	12,932,868	33,620,723	190,337,066	319,874	(a) 237,210,531
27. Less expenses unpaid December 31, current year.....		2,691,098	25,683,252	54,900	28,429,250
28. Add expenses unpaid December 31, prior year.....	0	2,711,584	63,111,369	90,600	65,913,553
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	563,914	0	563,914
30. Amounts receivable relating to uninsured plans, current year.....			369,321		369,321
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	12,932,868	33,641,209	227,570,590	355,574	274,500,241
DETAILS OF WRITE-INS					
2501. Miscellaneous Income.....			2,623,527		2,623,527
2502. Other Claims Adjustments.....		12,633,639			12,633,639
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	12,633,639	2,623,527	0	15,257,166

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 950,281	801,686
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 4,303,815	3,862,338
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 16,664	16,618
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	(31,345)
10. Total gross investment income	5,270,761	4,649,298
11. Investment expenses		(g) 319,874
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 2,462,065
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		2,781,939
17. Net investment income (Line 10 minus Line 16)		1,867,359
DETAILS OF WRITE-INS		
0901. Contra Investment Income		(31,345)
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	(31,345)
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 81,342 accrual of discount less \$ 931,421 amortization of premium and less \$ 95,178 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 605 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ 319,874 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	1,677,446		1,677,446	(1,117,101)	
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	590,970		590,970	52,506	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(422)		(422)	(484)	0
7. Derivative instruments	0		0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	2,267,995	0	2,267,995	(1,065,079)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	5,807,229	10,336,982	4,529,754
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	220,559	0	(220,559)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	50,212,925	0	(50,212,925)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	8,289,669	1,550	(8,288,119)
25. Aggregate write-ins for other-than-invested assets	91,932,165	2,977,208	(88,954,957)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	156,462,546	13,315,740	(143,146,806)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	156,462,546	13,315,740	(143,146,806)
DETAILS OF WRITE-INS			
1101.		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid advertising.....		342,994	342,994
2502. Healthcare Reform.....	89,198,356	2,634,214	(86,564,142)
2503. Other assets non-admitted.....	2,733,809		(2,733,809)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	91,932,165	2,977,208	(88,954,957)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.86,369	101,787	100,877	93,675	93,764	1,140,383
4. Point of Service.....	.38,634	35,778	33,799	31,565	29,206	393,722
5. Indemnity Only.....	.114	.111	.104	.85	.85	1,168
6. Aggregate write-ins for other lines of business.....	.0	5,251	5,493	5,732	5,875	65,912
7. Total	125,117	142,927	140,273	131,057	128,930	1,601,185
DETAILS OF WRITE-INS						
0601. Medicare Supplement.....		5,251	5,493	5,732	5,875	65,912
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	5,251	5,493	5,732	5,875	65,912

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of AmeriHealth Insurance Company of New Jersey (the Company) are presented on the basis of accounting practices prescribed or permitted by the New Jersey Department of Banking and Insurance.

The New Jersey Department of Banking and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under New Jersey Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of New Jersey, subject to any deviations prescribed by the State of New Jersey Insurance Commissioner.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey is shown below:

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (63,494,201)	\$ (46,932,596)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (63,494,201)	\$ (46,932,596)
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 126,629,627	\$ 173,790,167
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 126,629,627	\$ 173,790,167

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of 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 expense during the period. Actual results could differ from those estimates.

C. Accounting Policy

Asset values are generally stated as follows:

- (1) Short-term investments that are designated highest quality and high-quality (NAIC designations 1 and 2 respectively) are reported at amortized cost; while all other short-term investments (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value.
- (2) Bonds, excluding loan-backed and structured securities, that are designated highest quality and high-quality (NAIC designations 1 and 2 respectively) are reported at amortized cost; while all other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Scientific amortization method.
- (3) Common Stocks are stated at market value.
- (4) Preferred Stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) Mortgage loans on real estate - None
- (6) Loan-backed securities that are designated highest quality and high-quality (NAIC designations 1 and 2 respectively) are reported at amortized cost; while all other loan-backed securities (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Prospective adjustment method.
- (7) Non-insurance subsidiaries - None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies - None
- (9) Derivatives - None
- (10) The Company did not consider anticipated investment income when calculating its premium deficiency reserves.
- (11) Estimates of outstanding claim liabilities and claim adjustment expenses are based on analysis of prior experience. The methods are continually reviewed and adjustments to prior-period estimates are reflected in the current period. Such estimates are necessarily based on assumptions. While management believes the reported amount is adequate, the ultimate liability may be greater or less than the amount provided for.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) For the most recent completed quarter, pharmacy rebate receivables are estimated based on the prior quarter's invoice. For all other quarters, the rebate is based on actual invoiced rebates, less amounts received.

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors - None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance - None
- D. Impairment Loss recognized on Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities

(1) Description of sources used to determine prepayment assumptions

Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates

- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment - None
- (3) For each security, by CUSIP, with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities - None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ (541,534)
2. 12 Months or Longer	\$ (78,618)

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 31,181,153
2. 12 Months or Longer	\$ 2,335,703

E. Repurchase Agreements and/or Securities Lending Transactions

- (1) Repurchase agreements - None
- (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2016.

F. Real Estate - None

G. Investments in low-income housing tax credits (LIHTC) - None

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	0	0	0	0	0	0.0	0.0
j. On deposit with states	110,725	110,069	656	0	110,725	0.02%	0.03%
k. On deposit with other regulatory bodies	0	0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
o. Total Restricted Assets	\$ 110,725	\$ 110,069	\$ 656	\$ 0	\$ 110,725	0.02 %	0.03 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities – None
- K. Structured Notes – None
- L. 5* Securities – None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.

8. Derivative Instruments – None

9. Income Taxes

- A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

12/31/2016		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total

(a) Gross Deferred Tax Assets	\$ 58,551,057	\$ 0	\$ 58,551,057
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 58,551,057	\$ 0	\$ 58,551,057
(d) Deferred Tax Assets Nonadmitted	\$ 50,212,925	\$ 0	\$ 50,212,925
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 8,338,132	\$ 0	\$ 8,338,132
(f) Deferred Tax Liabilities	\$ 2,261,432	\$ 0	\$ 2,261,432
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 6,076,700	\$ 0	\$ 6,076,700

12/31/2015		
(4) Ordinary	(5) Capital	(6) (Col 4+5) Total

(a) Gross Deferred Tax Assets	\$ 14,338,899	\$ 0	\$ 14,338,899
(b) Statutory Valuation Allowance Adjustments	\$ 4,767,308	\$ 0	\$ 4,767,308
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 9,571,591	\$ 0	\$ 9,571,591
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 9,571,591	\$ 0	\$ 9,571,591
(f) Deferred Tax Liabilities	\$ 4,083,691	\$ 563,641	\$ 4,647,332
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 5,487,900	\$ (563,641)	\$ 4,924,259

Change		
(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total

(a) Gross Deferred Tax Assets	\$ 44,212,158	\$ 0	\$ 44,212,158
(b) Statutory Valuation Allowance Adjustments	\$ (4,767,308)	\$ 0	\$ (4,767,308)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 48,979,466	\$ 0	\$ 48,979,466
(d) Deferred Tax Assets Nonadmitted	\$ 50,212,925	\$ 0	\$ 50,212,925
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ (1,233,459)	\$ 0	\$ (1,233,459)
(f) Deferred Tax Liabilities	\$ (1,822,259)	\$ (563,641)	\$ (2,385,900)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 588,800	\$ 563,641	\$ 1,152,441

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101

12/31/2016		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	0	\$	0	\$	0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	6,076,700	\$	0	\$	6,076,700
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	6,076,700	\$	0	\$	6,076,700
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX		XXX			18,082,939
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$	2,261,432	\$	0	\$	2,261,432
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	8,338,132	\$	0	\$	8,338,132
Total (2(a) + 2(b) + 2(c))						

12/31/2015		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	0	\$	0	\$	0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	4,924,259	\$	0	\$	4,924,259
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	4,924,259	\$	0	\$	4,924,259
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX		XXX			25,329,886
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$	4,647,332	\$	0	\$	4,647,332
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	9,571,591	\$	0	\$	9,571,591
Total (2(a) + 2(b) + 2(c))						

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	0	\$	0	\$	0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	1,152,441	\$	0	\$	1,152,441
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$	1,152,441	\$	0	\$	1,152,441
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX		XXX			(7,246,949)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$	(2,385,900)	\$	0	\$	(2,385,900)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	(1,233,459)	\$	0	\$	(1,233,459)
Total (2(a) + 2(b) + 2(c))						

3.

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	.....	246%	.....	393%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$	120,552,927	\$	168,865,908

4.

Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.				
1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....	58,551,057	.....	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....	8,338,132	.....	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0

12/31/2016	
(1)	(2)
Ordinary	Capital

12/31/2015	
(3)	(4)
Ordinary	Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....	9,571,591	.....	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....	9,571,591	.....	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....	48,979,466	.....	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....	(1,233,459)	.....	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....	0.0	.....	0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes No X

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2016	12/31/2015	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$	0	\$	(2,806,000)	\$	2,806,000
(b) Foreign	\$	0	\$	0	\$	0
(c) Subtotal	\$	0	\$	(2,806,000)	\$	2,806,000
(d) Federal income tax on net capital gains	\$	0	\$	194,000	\$	(194,000)
(e) Utilization of capital loss carry-forwards	\$	0	\$	0	\$	0
(f) Other	\$	0	\$	0	\$	0
(g) Federal and foreign income taxes incurred	\$	0	\$	(2,612,000)	\$	2,612,000

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

2. Deferred Tax Assets:

(a) Ordinary

(1) Discounting of unpaid losses	\$ 335,000	\$ 299,677	\$ 35,323
(2) Unearned premium reserve	\$ 1,912,297	\$ 1,800,122	\$ 112,175
(3) Policyholder reserves	\$ 0	\$ 3,196,000	\$ (3,196,000)
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 422,220	\$ (422,220)
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 37,187,368	\$ 4,527,352	\$ 32,660,016
(11) Net operating loss carry-forward	\$ 18,267,508	\$ 1,678,665	\$ 16,588,843
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 848,884	\$ 2,414,863	\$ (1,565,979)
(99) Subtotal	\$ 58,551,057	\$ 14,338,899	\$ 44,212,158

(b) Statutory valuation allowance adjustment	\$ 0	\$ 4,767,308	\$ (4,767,308)
(c) Nonadmitted	\$ 50,212,925	\$ 0	\$ 50,212,925

(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 8,338,132	\$ 9,571,591	\$ (1,233,459)
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(e) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0

(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 0	\$ 0

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
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(i) Admitted deferred tax assets (2d + 2h)	\$ 8,338,132	\$ 9,571,591	\$ (1,233,459)
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3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 1,979,476	\$ 3,007,833	\$ (1,028,357)
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 281,956	\$ 1,075,858	\$ (793,902)
(99) Subtotal	\$ 2,261,432	\$ 4,083,691	\$ (1,822,259)

(b) Capital:

(1) Investments	\$ 0	\$ 563,641	\$ (563,641)
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 563,641	\$ (563,641)

(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,261,432	\$ 4,647,332	\$ (2,385,900)
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4. Net deferred tax assets/liabilities (2i - 3c)	\$ 6,076,700	\$ 4,924,259	\$ 1,152,441
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D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate of 35% to income before income taxes as follows:

	12/31/2016	12/31/2015
Current income tax (benefit) expense incurred	\$ 0	\$ (2,612,000)
Change in deferred income tax (without tax on unrealized gains and losses)	(51,171,307)	(2,967,196)
Total income tax (benefit) expense reported	(51,171,307)	(5,579,196)
Income before taxes	(63,494,201)	(49,544,597)
Statutory Tax Rate	35%	34%
Expected income tax benefit at statutory tax rate	(22,222,970)	(16,845,163)
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	0	0
c. Nondeductible expenses for Meals and Entertainment	242,503	272,548
d. DRD, Net of 15%	(130,069)	0
e. Change in deferred taxes on nonadmitted assets	(32,660,016)	(2,925,468)
f. Change in valuation allowance adjustment	(4,767,308)	(4,767,308)
g. Health Insurer Fee	7,701,796	8,738,763
h. Nondeductible Compensation	801,126	0
i. Other - rounding	(136,369)	412,816
Total income tax (benefit) expense reported	(51,171,307)	(5,579,196)

E. Operating loss carry-forward

- (1) As of December 31, 2016 there is a \$52,192,881 operating loss carry-forwards available for tax purposes
(2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2016	\$ 0	\$ 0
2015	\$ 0	\$ 0

- (3) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code - Not Applicable

F. (1) As of July 1, 2014 this company is a standalone taxpayer.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Company is a wholly owned subsidiary of AmeriHealth New Jersey, LLC (AHNJ LLC). The Company is an indirect, subsidiary of Independence Health Group, Inc. (IHG), a nonprofit corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
B, C. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement the Company and Cooper Health System ("Cooper"), formed a new entity, AmeriHealth New Jersey, LLC ("AmeriHealth NJ LLC") for the purpose of engaging in the business of health care services, insurance and administration for New Jersey domiciled subscribers. In exchange for an 80% interest in the future earnings of AmeriHealth NJ LLC, the Company contributed all of the issued and outstanding stock of its wholly-owned subsidiary, AmeriHealth Insurance Company of New Jersey, as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of AmeriHealth HMO, Inc. and AmeriHealth Administrators, Inc. to AmeriHealth NJ LLC. Cooper acquired a 20% interest in the future earnings of AmeriHealth NJ LLC in exchange for a cash contribution.

On July 1, 2014, AmeriHealth HMO, Inc. (ceding entity) entered into a Reinsurance Agreement with AHIC NJ (reinsurer) in which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the HMO reinsurance agreement, AmeriHealth HMO, Inc. will cede to AmeriHealth Insurance Co. NJ gross premiums, claims incurred and all other expenses related with New Jersey domiciled groups and members.

Organizational structure and transactions between parent company and subsidiaries are reflected in Schedule Y, Parts 1 and 2.

- D. Amounts due from/to related parties are reflected on Exhibit 5 and 6, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an inter-company loan agreement where amounts may be borrowed and repaid within up to 365 days.
E. Parental Guarantees - None
F. The Company has a service agreement with IBC LLC and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.
G. All outstanding shares of the Company are owned by the Parent Company, AHNJ LLC a holding company domiciled in the state of Delaware.
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
I. Investments in an Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets - None
J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities - None
K. Investment in foreign insurance subsidiary - N/A

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

- L. Investment in a downstream noninsurance holding company - None
- M. All SCA Investments
 - (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) - None
 - (2) NAIC Filing Response Information - N/A
- N. Investment in Insurance SCAs - None

- 11. Debt
 - A. Capital Notes - None
 - B. FHLB (Federal Home Loan Bank) Agreements - None
 - C. All Other Debt - None

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

IHG maintains all Pension and Postretirement Benefit Plans on behalf of the Company. IHG sponsors a noncontributory defined benefit pension plan through IBC LLC, which was designed for the benefit of substantially all IHG and certain of its subsidiaries' employees hired prior to January 1, 2000. For those employees hired on or after January 1, 2000 but before January 1, 2010, benefits are calculated on a cash balance formula. Contributions are intended to provide for benefits attributed to service to date and for those expected to be earned in the future. Employees hired on or after January 1, 2010 are not eligible to participate in these defined benefit plans.

In addition to the pension benefits, IBC LLC provides retirees with certain health care and life insurance benefits through a postretirement plan maintained by IHG. Under the current program, substantially all of IHG's employees may become eligible for these benefits if they are working for IHG when they reach age 55 and they have completed at least 10 years of service. IHG begins accruing an obligation for active participants at the later of age 45 or date of hire.

The Company is allocated its pro rata share of the annual pension and postretirement expense by IBC LLC based on the value of services rendered on behalf of the employees of its parent. Benefits are based on the employee's years of service and compensation during the years preceding retirement.

The amount of pension expense charged by IBC LLC to the Company was \$2,716,690 in 2016 and \$2,468,878 in 2015. The postretirement benefit expense charged by IBC was \$235,116 in 2016 and \$194,037 in 2015.

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

- (1) The Company has 140,000 shares authorized, 140,000 shares issued and 140,000 shares outstanding.
- (2) Preferred stock outstanding - None
- (3) Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under statutory accounting practices which also require the direct approval of regulatory authorities for any proposed extraordinary dividend. An extraordinary dividend is any dividend which, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. The amount available to pay dividends in 2017 without the approval of the PID is \$12,662,963.
- (4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) The total amount of advances to surplus not repaid is \$0.
- (8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
 - A For conversion of preferred stock: 0 shares
 - B For employee stock options: 0 shares
 - C For stock purchase warrants: 0 shares
- (9) There are no special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ (59,344)
- (11) The Company issued the following surplus debentures or similar obligations: - None
- (12 & 13) Effective date and financial impact of a quasi-reorganization - None

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments
The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits - None

- E. Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period - None
- F. Joint and Several Liabilities - None
- G. All Other Contingencies
Guaranty Associations - Under state insurance guaranty association laws, certain insurance companies can be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of insurance companies that write the same line or lines of business, and which are placed into receivership proceedings. Assessments are generally based on a formula relating to premiums in the state compared to the premiums of other assessable insurers. Assessments for a specific receivership can be done all at once or can be spread out over a period of years. Some states permit member insurers to recover assessments paid through full or partial premium tax offsets.

The Company can be assessed by the New Jersey Life and Health Insurance Guaranty Association when the applicable New Jersey law is triggered by a receivership.

In early 2009, Pennsylvania's Insurance Commissioner obtained an order of rehabilitation against Penn Treaty Network America Insurance Company and its wholly-owned subsidiary, American Network Insurance Company (together, "Penn Treaty") in a receivership proceeding before the Commonwealth Court of Pennsylvania (the "Court"). The Insurance Commissioner subsequently petitioned the Court for an order to liquidate Penn Treaty, but in May 2012, the Court rejected the petition and ordered that a new rehabilitation plan be developed. The Court held a hearing in July 2015 to consider the proposed plan; however, it was subsequently withdrawn. In July 2016, the Insurance Commissioner filed a petition seeking to convert the rehabilitation proceedings into liquidation proceedings. The Court held a hearing on the petition in November 2016 and the judge's decision is anticipated in early 2017.

As a result of premiums written by Penn Treaty in the State of New Jersey, the Company may be subject to assessments from the New Jersey Life and Health Insurance Guaranty Association. Based on information provided by the Guaranty Associations, the Company estimates its potential liability to be between \$7,000,000 to \$10,000,000. There are a number of issues that continue to be debated that could have an impact on the Company's ultimate liability that will be recorded if/when the judge orders the liquidation.

In 2016, the State of New Jersey's Department of Banking and Insurance ("DOBI") obtained an order of rehabilitation against Freelancers Consumer Operated and Oriented Program of New Jersey d/b/a Health Republic Insurance of New Jersey ("Health Republic"). DOBI subsequently petitioned a state Court to convert the rehabilitation into liquidation. On December 30, 2016, the New Jersey Life and Health Insurance Guaranty Association exercised its right to assess its member companies in advance of a formal order of liquidation. As a result, the Company was assessed \$1,580,000 for its share of the guaranty fund assessments which has been recorded in other expenses in 2016.

15. Leases

A. Lessee Operating Lease

- (1) The Company leases facilities and certain equipment from an unrelated third party under a long-term lease. The facilities leases require the Company to pay a proportionate share of operating expenses for the leased property in addition to base rents. These leases expire on various dates through July 2021. Rental expense in 2016 and 2015 was \$618,775 and \$373,166, respectively.

- (2) a. At January 1, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2017	\$ 784,226
2.	2018	\$ 768,422
3.	2019	\$ 782,182
4.	2020	\$ 801,611
5.	2021	\$ 474,288
6.	Total	\$ 3,610,729

- (3) The Company is not involved in any material sales - leaseback transactions

B. Lessor Leases

- (1) Operating Leases - None
- (2) Leveraged Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

- A. Transfers of Receivables reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans - None

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NOTES TO FINANCIAL STATEMENTS

B. ASC Plans

The loss from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2016:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 7,759,827	\$ 0	\$ 7,759,827
b. Gross administrative fees accrued	\$ 216,246	\$ 0	\$ 216,246
c. Other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0	\$ 0
d. Gross expenses incurred (claims and administrative)	\$ 8,886,805	\$ 0	\$ 8,886,805
e. Total net loss from operations	\$ (910,732)	\$ 0	\$ (910,732)

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Cash, Cash Equivalents and Other Short Term Investments - Industrial and Misc	\$ 0	\$ 596,472	\$ 0	\$ 596,472
Total Cash, Cash Equivalents and Other Short Term Investments	\$ 0	\$ 596,472	\$ 0	\$ 596,472
Bonds - Industrial and Misc	\$ 0	\$ 1,741,140	\$ 0	\$ 1,741,140
Total Bonds	\$ 0	\$ 1,741,140	\$ 0	\$ 1,741,140
Total assets at fair value	\$ 0	\$ 2,337,612	\$ 0	\$ 2,337,612
b. Liabilities at Fair Value - None	\$ 0	\$ 0	\$ 0	\$ 0
Total Liabilities at Fair Value	\$ 0	\$ 0	\$ 0	\$ 0

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None

(3) Transfers in and/or out of Level 3 are recognized at the beginning of the period.

(4) The Company classifies bonds, NAIC rated 3 through 6, such as certain U.S. Treasury and agency obligations, mortgage backed securities, municipal and corporate bonds, asset-backed securities and preferred stocks as Level 2. Because many fixed maturities and preferred stocks do not trade daily, fair values are determined using quoted values and other data provided by a nationally recognized independent pricing service (pricing service) as inputs into its process for determining fair values of its investments. For securities that generally do not trade on a daily basis, the pricing service prepares estimates of fair value measurements using its proprietary pricing. Typical inputs and assumptions include but are not limited to benchmark yields, reported trades, broker/dealer quotes, issuer spreads, liquidity, benchmark securities, bids, offers, reference data, and industry and economic events. For mortgage and asset-backed securities, inputs and assumptions may also include characteristics of the issuer, collateral attributes, prepayment speeds, default assumptions, and credit rating.

The Company classifies certain newly issued, privately placed, complex or otherwise illiquid securities in Level 3. Fair values of securities classified as level 3 are determined using pricing models that incorporate the specific characteristics of each investment and related assumptions including the investment type and structure, credit quality, industry and maturity date in comparison to current market indices and spreads, liquidity and economic events. Recent trades in the subject security or similar securities are assessed when available, and the Company may also review published research as well as the issuer's financial statements in its evaluation.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 157,733,676	\$ 157,737,831	\$ 1,828,085	\$ 155,905,591	\$ 0	\$ 0
Cash, Cash Equivalents and Other Short Term Investments	3,053,316	3,053,316	2,456,844	596,472	0	0

D. Not Practicable to Estimate Fair Value - Not Applicable

21. Other Items

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring: Debtors - None

C. Other Disclosures

(1) The Company elected to use rounding in reporting amounts in this statement. Certain pages of this Annual Statement were prepared by a process which cannot print (+) symbols and (-) symbols, therefore, it is indicated by a bracket around the number, e.g. (45,678) and (+) symbol is intended when there is no bracket.

- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure

(1) The Company does not engage in subprime residential mortgage lending. Subprime residential mortgage lending is the origination of residential mortgage loans to customers with weak credit profiles including using relaxed mortgage underwriting standards which provided for affordable mortgage products. The Companies exposure to subprime residential mortgage lending is through investments in Debt and Equity securities that contain securities collateralized by mortgages that have characteristics of subprime lending. These investments are in the form of primarily asset-backed securities (ABS) supported by subprime mortgage loans or collateralized debt securities (CDO) that contain a subprime loan component. The company manages its subprime risk exposure by maintaining high credit quality investments, limiting the Company holdings in these types of instruments and through performing ongoing analysis of cash flows, prepayment speeds, default rates and other stress variables.

The company considers the risks associated with the subprime and other residential mortgages when analyzing and directing investment strategies. The company considers risks, utilizing outside investment experts to ensure there is adequate documentation of the subprime mortgage exposure on its overall investment portfolio. The company gathers information to segregate the risk between the direct exposure and indirect exposure. The company considers unrealized losses due to changes in the market values of investment assets and anticipated cash flow from the future sale of investment assets. The significant impacts of investment deterioration reflect in the accounting records through impairment of investments or realizing investment losses.

- (2) Direct exposure through investments in subprime mortgage loans - None**
- (3) Direct exposure through other investments - None**
- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage - None**

G. Retained Assets - None

H. Proceeds received as the issuer, ceding insurer or counterparty of insurance-linked securities - None

22. Events Subsequent

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2016, and through the date of this filing, which is the date the financial statements were available to be issued. With the exception of the notes below, there have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2016.

Effective January 1, 2017, the Company eliminated certain plans containing out-of network benefits in the individual marketplace in addition to exiting the Medicare Advantage market. Higher than anticipated medical cost trends from these segments generated significant losses and had a substantial impact on the Company's financial results in 2016 and 2015.

On February 3, 2017, the Court issued an order approving the petition to place Health Republic into liquidation. The initial assessment made by the New Jersey Life and Health Insurance Guaranty Association represents the Company's share of the total estimated liability and was recognized in 2016.

In response to the capital call made on December 30, 2016, the Company received an initial cash contribution of \$88,000,000 from IHG on February 14, 2017 and subsequently repaid all outstanding loans from affiliates. Cooper elected not to fund their share of the capital call. To satisfy the remaining portion of the capital call, IHG made a cash contribution of \$22,000,000 in February 27, 2017. As a result, Cooper's interest in the future earnings of the Company was diluted from 20.0% to 7.6%, effective March 1, 2017.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

	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)?	.....YES.....	
B. ACA fee assessment payable for the upcoming year	\$0	\$ 15,608,180
C. ACA fee assessment paid	\$ 14,517,184	\$ 14,596,514
D. Premium written subject to ACA 9010 assessment	\$0	\$ 821,483,181
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 126,629,627	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 126,629,627	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 48,949,061	
H. Would reporting the ACA assessment as of Dec. 31, 2016 have triggered an RBC action level (YES/NO)?	..... NO.....	

23. Reinsurance

- A. Ceded Reinsurance Report
 Section 1 – General Interrogatories: Not Applicable
 Section 2 – Ceded Reinsurance Report – Part A: Not Applicable
 Section 3 – Ceded Reinsurance Report – Part B: Not Applicable
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None
 (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The accrued retrospective premium adjustments for Medicare are calculated in accordance with guidance provided by Centers for Medicare and Medicaid Services (CMS).
- B. The accrued Medicare Part D retrospective premium is recorded as an adjustment to earned premium.
- C. The Company has no retrospectively rate contracts or contracts subject to redetermination.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	(6,395,514)	0	0	0	(6,395,514)
(2) Medical loss ratio rebates paid	1,839,443	0	0	0	1,839,443
(3) Medical loss ratio rebates unpaid	11,580,898	0	0	0	11,580,898
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	11,580,898
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid	11,580,898	0	0	0	11,580,898
(9) Medical loss ratio rebates unpaid	0	0	0	0	0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No []
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
 AMOUNT
 - a. Permanent ACA Risk Adjustment Program
 - Assets
 - 1. Premium adjustments receivable due to ACA Risk Adjustment \$ 33,233,998
 - Liabilities
 - 2. Risk adjustment user fees payable for ACA Risk Adjustment \$ (83,999)
 - 3. Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expense) \$ (2,882,417)
 - 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (13,498,569)
 - 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 80,053
 - b. Transitional ACA Reinsurance Program
 - Assets
 - 1. Amounts recoverable for claims paid due to ACA Reinsurance \$ 33,697,159
 - 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$ 4,045,478
 - 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$ 0
 - Liabilities
 - 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$ (2,082,772)
 - 5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ (1,439,984)
 - 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance Operations (Revenue & Expense) \$ 0
 - 7. Ceded reinsurance premiums due to ACA Reinsurance \$ 1,439,984
 - 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ (29,313,253)
 - 9. ACA Reinsurance contributions – not reported as ceded premium \$ 2,082,772
 - c. Temporary ACA Risk Corridors Program
 - Assets
 - 1. Accrued retrospective premium due to ACA Risk Corridors \$ 12,293
 - Liabilities
 - 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$ 0
 - Operations (Revenue & Expense)
 - 3. Effect of ACA Risk Corridors on net premium income (paid/received) \$ (86,602,445)
 - 4. Effect of ACA Risk Corridors on change in reserves for rate credits \$ 0

24.E.2

On September 9, 2016, HHS published guidance on *Risk Corridors Payments for 2015*, stating that they anticipated that all 2015 benefit year collections would be used toward remaining 2014 benefit year risk corridors payments. On November 18, 2016, HHS issued *Risk Corridors Payment and Charge Amounts for the 2015 Benefit Year* and confirmed that all 2015 benefit year risk corridors collections will be used to pay a portion of balances on 2014 benefit year risk corridors payments. HHS also announced issuer-level risk corridor payments and charges for the 2015 benefit year and the additional amount based on anticipated 2015 risk corridors collections that HHS expects to pay towards the calculated 2014 benefit year payments. The accrued retrospective premium due to ACA Risk Corridors Assets reflects the admitted total based on the filed HHS payments and charges. As of December 31, 2016 the Company has received 14.88%, but expects to receive 15.94% after payments related to 2015 collections are fully received.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before Decr 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premiums adjustments receivable	38,804,624	0	29,302,385	0	9,502,239	0	(7,312,193)	0	A	2,190,046	0
	2. Premium adjustments (payable)	0	0	0	(7,350,774)	0	7,350,774	0	(7,350,774)	B	0	0
	3. Subtotal ACA Permanent Risk Adjustment Program	38,804,624	0	29,302,385	(7,350,774)	9,502,239	7,350,774	(7,312,193)	(7,350,774)		2,190,046	0
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	38,458,420	0	44,209,380	0	(5,750,960)	0	11,167,095	0	C	5,146,135	0
	2. Amounts recoverable for claims unpaid (contra liability)	14,180,345	0	0	0	14,180,345	0	(14,180,345)	0	D	0	0
	3. Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0	E	0	0
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	0	(4,167,505)	0	(4,167,505)	0	0	0	0	F	0	0
	5. Ceded reinsurance premiums payable	0	(1,568,398)	0	(1,568,398)	0	0	0	0	G	0	0
	6. Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	0	H	0	0
	7. Subtotal ACA Transitional Reinsurance Program	52,638,765	(5,735,903)	44,209,380	(5,735,903)	8,429,385	0	(3,013,250)	0		5,416,135	0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	2,780,438	0	172,233	0	2,608,205	0	13,285,134	0	I	15,893,339	0
	2. Reserve for rate credits or policy experience rating refunds	0	(2,318,124)	0	(2,318,124)	0	0	0	0	J	0	0
	3. Subtotal ACA Risk Corridors Program	2,780,438	(2,318,124)	172,233	(2,318,124)	2,608,205	0	13,285,134	0		15,893,339	0
d.	Total for ACA Risk Sharing Provisions	94,223,827	(8,054,027)	73,683,998	(15,404,801)	20,539,829	7,350,774	2,959,691	(7,350,774)		23,449,520	0

Explanations of Adjustments

- A Updated for current claim information
- B Updated for current claim information.....
- C Updated for current claims paid and unpaid information
- D Updated for current claims paid and unpaid information
- I Updated for current claim information.....

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	2014											
	1. Accrued retrospective premium	\$ 1,157,649	\$ 0	\$ 172,233	\$ 0	\$ 985,416	\$ 0	\$ 0	\$ 0	A	\$ 985,416	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ (2,318,124)	\$ 0	\$ (2,318,124)	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b.	2015											
	1. Accrued retrospective premium	\$ 1,622,789	\$ 0	\$ 0	\$ 0	\$ 1,622,789	\$ 0	\$ 13,285,134	\$ 0	C	\$ 14,907,923	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c.	2016											
	1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d.	Total for Risk Corridors	\$ 2,078,438	\$ (2,318,124)	\$ 172,233	\$ (2,318,124)	\$ 2,608,205	\$ 0	\$ 13,285,134	\$ 0		\$ 15,893,339	\$ 0

Explanations of Adjustments

- C Updated for current claim information.....

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 1,157,649	\$ 0	\$ 172,233	\$ 985,416	\$ 973,123	\$ 12,293
b. 2015	\$ 14,907,923	\$ 0	\$ 0	\$ 14,907,923	\$ 14,907,923	\$ 0
c. 2016	\$ 73,317,310	\$ 0	\$ 0	\$ 73,317,310	\$ 73,317,310	\$ 0
d. Total (a+b+c)	\$ 89,382,882	\$ 0	\$ 172,233	\$ 89,210,649	\$ 89,198,356	\$ 12,293

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
 24E(5)d (Column 6) should equal 24E(2)c1

25. **Change in Incurred Claims and Claim Adjustment Expenses**
 Reserves as of December 31, 2015 were \$164,792,497. As of December 31, 2016 \$ 142,172,053 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2,752,765 as a result of re-estimation of unpaid claims. Therefore, there has been \$19,867,678 in favorable year development. The increase is generally the result of ongoing analysis of recent loss development trends.

26. **Intercompany Pooling Arrangements** – None

27. **Structured Settlements** – None

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
12/30/2016	\$ 2,821,981	\$ 0	\$ 0	\$ 0	\$ 0
09/29/2016	\$ 2,450,823	\$ 2,954,580	\$ 0	\$ 0	\$ 0
06/29/2016	\$ 2,639,459	\$ 2,547,142	\$ 8,240	\$ 2,531,701	\$ 0
03/30/2016	\$ 2,514,590	\$ 2,523,300	\$ 163,677	\$ 2,453,386	\$ 8,013
12/31/2015	\$ 2,200,249	\$ 2,380,609	\$ 138,175	\$ 2,180,144	\$ 0
09/30/2015	\$ 2,551,494	\$ 2,734,260	\$ 133,121	\$ 2,744,753	\$ 0
06/30/2015	\$ 2,536,842	\$ 2,522,800	\$ 0	\$ 2,602,831	\$ 5,965
03/31/2015	\$ 1,789,888	\$ 1,646,303	\$ 0	\$ 1,633,020	\$ 8,963
12/31/2014	\$ 1,548,259	\$ 2,092,339	\$ 0	\$ 2,110,784	\$ 0
09/30/2014	\$ 1,724,365	\$ 1,855,511	\$ 0	\$ 1,981,644	\$ 183
06/30/2014	\$ 2,120,733	\$ 1,710,180	\$ 0	\$ 1,698,675	\$ 12,641
03/31/2014	\$ 1,653,637	\$ 1,350,046	\$ 70,983	\$ 1,258,079	\$ 0

B. **Risk Sharing Receivables** – None

29. **Participating Policies** – None

30. **Premium Deficiency Reserves**

- Liability carried for premium deficiency reserves \$ 0
- Date of the most recent evaluation of this liability 12/31/16
- Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. **Anticipated Salvage and Subrogation** – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? New Jersey.....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2016
- 3.2 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.12/31/2011
- 3.3 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).06/26/2013
- 3.4 By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5 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]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the 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

- 6.1 Has the 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]
- 6.2 If yes, give full information _____
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,0.0
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Deloitte & Touche LLP, 1700 Market Street, Philadelphia, PA 19103-3984.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Kathryn A. Galameau, FSA, MAAA, Senior Vice President, Financial Operations & Chief Actuary & Underwriting Officer, Independence Health Group, 40th Floor, 1901 Market Street, Philadelphia, PA, 19103-1480.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value \$.
- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
 See footnote on page 27.5.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|--|----------|
| 20.11 To directors or other officers | | \$.....0 |
| 20.12 To stockholders not officers | | \$.....0 |
| 20.13 Trustees, supreme or grand (Fraternal only) | | \$.....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|--|----------|
| 20.21 To directors or other officers | | \$.....0 |
| 20.22 To stockholders not officers | | \$.....0 |
| 20.23 Trustees, supreme or grand (Fraternal only) | | \$.....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|----------------------------|--|---------|
| 21.21 Rented from others | | \$..... |
| 21.22 Borrowed from others | | \$..... |
| 21.23 Leased from others | | \$..... |
| 21.24 Other | | \$..... |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|--|--|---------|
| 22.21 Amount paid as losses or risk adjustment | | \$..... |
| 22.22 Amount paid as expenses | | \$..... |
| 22.23 Other amounts paid | | \$..... |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....109,993,218

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$.....0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$.....0 |
| 24.103 Total payable for securities lending reported on the liability page | | \$.....0 |

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....110,725
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 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.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. 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

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

1 Name of Custodian(s)	2 Custodian’s Address
TD Wealth.....	1006 Astoria Boulevard, Cherry Hill, NJ, 08034.....
US Bank.....	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

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

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

GENERAL INTERROGATORIES

28.05 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
Weaver C. Barksdale & Associates.....	U.....
Blackrock, Inc.....	U.....
Wells Capital Management.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes No

28.06 For those firms or individuals listed in the table for 28.05 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
105098.....	Weaver C. Barksdale & Associates.....	N/A.....	SEC.....	NO.....
107105.....	Blackrock, Inc.....	549300LVXY1VJKE13M84.....	SEC.....	NO.....
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes No

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	158,822,122	158,817,968	(4,154)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	158,822,122	158,817,968	(4,154)

30.4 Describe the sources or methods utilized in determining the fair values:

Interactive Data Pricing and Reference Data LLC via US Bank.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$92,303
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
New Jersey Association of Health Plans.....	\$66,858

- 34.1 Amount of payments for legal expenses, if any? \$83,247
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Morgan Lewis and Bockius.....	\$78,570

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

Interrogatory #14.21

As a result of our ongoing compliance improvement initiatives, the Code of Conduct document has been updated for 2016.

Throughout - Where appropriate, all references to "the Company", IBC, Independence Blue Cross Family of Companies have been changed to Independence.

Personal Conduct - Relating to the bullets that address conduct that is prohibited at all times:

- The sentence regarding an associate being charged with a felony has been modified so that the associate is required to report being charged with a felony in addition to being found guilty or pleading no contest.

- This section was updated to include conduct that is prohibited at all times to include conduct that violates the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health ("HITECH").

Prohibited Harassment - The paragraph has been modified to state that associates who violate the Prohibited Harassment Policy are subject to disciplinary action, while contractors are subject to removal from a project or a prohibition from performing services for Independence.

Confidential and Proprietary Information - The paragraph has been modified to state that nothing in the Code or in the "Protecting IBC Confidential and Proprietary Information" policy is intended to interfere or restrict an associates's rights to discuss the terms and conditions of his / her employment.

Confidential and Proprietary Information - The paragraph has been modified to state that workforce members must agree that Independence is the exclusive owner of all work product (including inventions) and that work product constitutes "work made for hire" as defined under applicable laws. Also, workforce members must assign to Independence all rights, title and interest (including all intellectual property and other proprietary rights) in and to such work product. In addition, workforce members agree to assist Independence as necessary to obtain and maintain Independence's ownership of such intellectual property and other proprietary rights in the work product.

Confidential and Proprietary Information - The paragraph has been modified to include the definition of a trade secret. A trade secret is information: that is not generally known; whose owner has taken reasonable steps to protect as a secret; and which could only have been disclosed by wrongful means.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No
- 1.2 If yes, indicate premium earned on U.S. business only. \$ 12,729,574
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 10,080,840
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ 12,729,574
- 1.62 Total incurred claims \$ 10,080,840
- 1.63 Number of covered lives 5,875
- All years prior to most current three years:
- 1.64 Total premium earned \$ 0
- 1.65 Total incurred claims \$ 0
- 1.66 Number of covered lives 0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ 0
- 1.72 Total incurred claims \$ 0
- 1.73 Number of covered lives 0
- All years prior to most current three years:
- 1.74 Total premium earned \$ 0
- 1.75 Total incurred claims \$ 0
- 1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 1,356,056,832	\$ 1,241,102,020
2.2	Premium Denominator	\$ 1,356,056,832	\$ 1,241,102,020
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	\$ 173,784,276	\$ 184,024,891
2.5	Reserve Denominator	\$ 173,784,276	\$ 184,024,891
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
Stop-loss reinsurance is not required and the company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ 0
- 5.32 Medical Only \$ 0
- 5.33 Medicare Supplement \$ 0
- 5.34 Dental and Vision \$ 0
- 5.35 Other Limited Benefit Plan \$ 0
- 5.36 Other \$ 0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
To protect members against insolvency, provider contracts contain hold harmless provisions. In addition, the Carrier maintains the required statutory reserves on deposit in the state.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 50,390
- 8.2 Number of providers at end of reporting year 49,217
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....0
- 10.22 Amount actually paid for year bonuses \$.....0
- 10.23 Maximum amount payable withholds \$.....4,339,908
- 10.24 Amount actually paid for year withholds \$.....725,511
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes No
- 11.13 An Individual Practice Association (IPA), or, Yes No
- 11.14 A Mixed Model (combination of above)? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....3,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
New Jersey.....
.....
.....
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
- 15.2 Total incurred claims \$.....
- 15.3 Number of covered lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	421,274,623	492,619,798	431,857,413	169,149,309	143,016,010
2. Total liabilities (Page 3, Line 24).....	294,644,996	318,829,631	288,283,400	85,417,695	63,124,030
3. Statutory minimum capital and surplus requirement.....	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
4. Total capital and surplus (Page 3, Line 33).....	126,629,627	173,790,167	143,574,013	83,731,614	79,891,980
Income Statement (Page 4)					
5. Total revenues (Line 8).....	1,356,056,832	1,241,275,916	1,057,607,593	415,825,654	332,566,257
6. Total medical and hospital expenses (Line 18).....	1,196,195,732	1,068,669,991	877,000,465	352,574,967	288,392,825
7. Claims adjustment expenses (Line 20).....	46,553,591	46,172,681	33,047,388	12,818,344	6,602,979
8. Total administrative expenses (Line 21).....	190,337,066	170,892,469	124,430,949	45,592,319	41,815,994
9. Net underwriting gain (loss) (Line 24).....	(67,629,555)	(53,859,225)	23,128,791	4,840,024	(4,245,541)
10. Net investment gain (loss) (Line 27).....	4,135,353	4,120,629	2,770,720	2,437,039	2,869,318
11. Total other income (Lines 28 plus 29).....	0	0	0	0	0
12. Net income or (loss) (Line 32).....	(63,494,201)	(46,932,596)	15,122,511	2,652,063	(2,496,223)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(151,888,291)	(56,436,056)	92,756,472	20,927,588	3,022,783
Risk-Based Capital Analysis					
14. Total adjusted capital.....	126,629,627	173,790,167	143,574,013	83,731,614	79,891,980
15. Authorized control level risk-based capital.....	48,949,061	42,931,609	35,477,337	14,553,547	11,992,993
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	128,930	125,117	168,447	83,625	63,176
17. Total members months (Column 6, Line 7).....	1,601,185	1,576,642	1,762,954	887,051	725,027
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....	88.2	86.1	83.5	84.8	86.7
20. Cost containment expenses.....	1.0	1.3	1.1	0.9	0.4
21. Other claims adjustment expenses.....	2.5	2.5	2.1	2.2	1.6
22. Total underwriting deductions (Line 23).....	105.0	104.3	98.4	98.8	101.3
23. Total underwriting gain (loss) (Line 24).....	(5.0)	(4.3)	2.2	1.2	(1.3)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	130,132,735	120,542,392	43,376,630	30,324,798	31,809,674
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)].....	151,910,464	136,306,473	44,839,216	37,051,963	33,851,673
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....	0	0	0	0	0
30. Affiliated mortgage loans on real estate.....	0	0	0	0	0
31. All other affiliated.....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?..... Yes [] No [X]

If no, please explain

Not Applicable.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

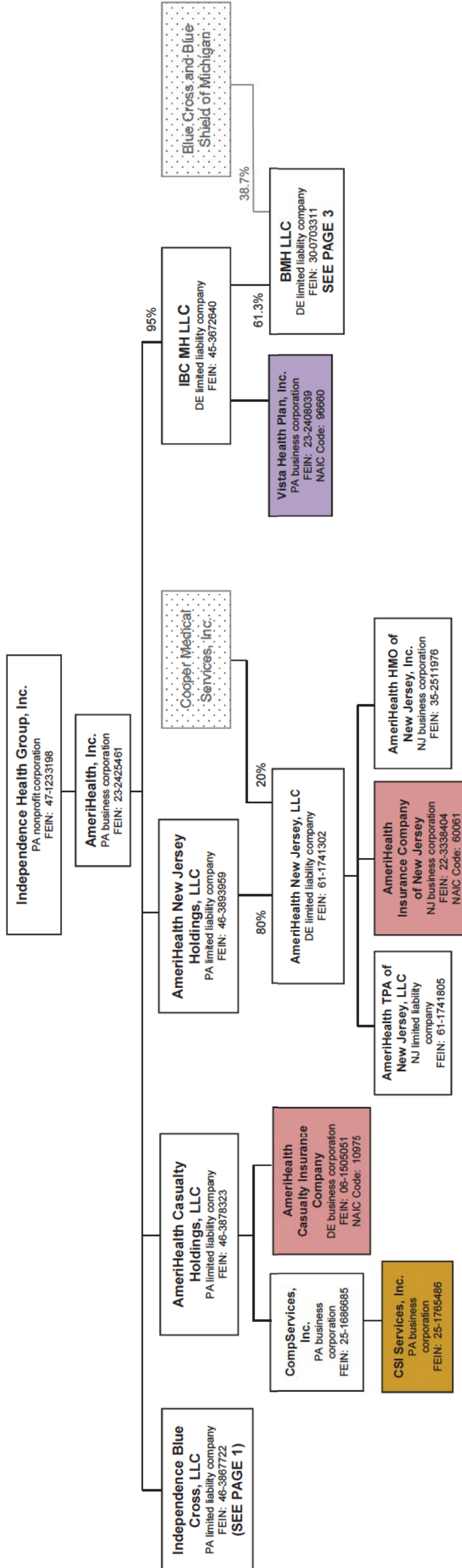
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....AL	N							0	0	
2. Alaska.....AK	N							0	0	
3. Arizona.....AZ	N							0	0	
4. Arkansas.....AR	N							0	0	
5. California.....CA	N							0	0	
6. Colorado.....CO	N							0	0	
7. Connecticut.....CT	N							0	0	
8. Delaware.....DE	N							0	0	
9. District of Columbia.....DC	N							0	0	
10. Florida.....FL	N							0	0	
11. Georgia.....GA	N							0	0	
12. Hawaii.....HI	N							0	0	
13. Idaho.....ID	N							0	0	
14. Illinois.....IL	N							0	0	
15. Indiana.....IN	N							0	0	
16. Iowa.....IA	N							0	0	
17. Kansas.....KS	N							0	0	
18. Kentucky.....KY	N							0	0	
19. Louisiana.....LA	N							0	0	
20. Maine.....ME	N							0	0	
21. Maryland.....MD	N							0	0	
22. Massachusetts.....MA	N							0	0	
23. Michigan.....MI	N							0	0	
24. Minnesota.....MN	N							0	0	
25. Mississippi.....MS	N							0	0	
26. Missouri.....MO	N							0	0	
27. Montana.....MT	N							0	0	
28. Nebraska.....NE	N							0	0	
29. Nevada.....NV	N							0	0	
30. New Hampshire.....NH	N							0	0	
31. New Jersey.....NJ	L	926,931,366						926,931,366	0	
32. New Mexico.....NM	N							0	0	
33. New York.....NY	N							0	0	
34. North Carolina.....NC	N							0	0	
35. North Dakota.....ND	N							0	0	
36. Ohio.....OH	N							0	0	
37. Oklahoma.....OK	N							0	0	
38. Oregon.....OR	N							0	0	
39. Pennsylvania.....PA	N							0	0	
40. Rhode Island.....RI	N							0	0	
41. South Carolina.....SC	N							0	0	
42. South Dakota.....SD	N							0	0	
43. Tennessee.....TN	N							0	0	
44. Texas.....TX	N							0	0	
45. Utah.....UT	N							0	0	
46. Vermont.....VT	N							0	0	
47. Virginia.....VA	N							0	0	
48. Washington.....WA	N							0	0	
49. West Virginia.....WV	N							0	0	
50. Wisconsin.....WI	N							0	0	
51. Wyoming.....WY	N							0	0	
52. American Samoa.....AS	N							0	0	
53. Guam.....GU	N							0	0	
54. Puerto Rico.....PR	N							0	0	
55. U.S. Virgin Islands.....VI	N							0	0	
56. Northern Mariana Islands.....MP	N							0	0	
57. Canada.....CAN	N							0	0	
58. Aggregate other alien.....OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal.....	XXX	926,931,366	0	0	0	0	0	926,931,366	0	
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0		
61. Total (Direct Business).....(a)	1	926,931,366	0	0	0	0	0	926,931,366	0	
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XXX									
58003.....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above).....	XXX	0	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (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.

Explanation of basis of allocation by states, premiums by state, etc. This Company only conducts business in New Jersey

(a) Insert the number of L responses except for Canada and other Alien.

**STATEMENT AS OF DECEMBER 31, 2016 OF THE AmeriHealth Insurance Company of New Jersey
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART**



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey
 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 []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M
(Street and Number)
Cranbury, NJ, US 08512-3706 609-662-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M
(Street and Number)
Cranbury, NJ, US 08512-3706 609-662-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact James Fitzgerald , 609-662-2325
(Name) (Area Code) (Telephone Number) (Extension)
James.Fitzgerald@AmeriHealth.com 609-662-2360
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>
<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>	<u>Kathryn Ann Galarnreau</u>	<u>Senior Vice President</u>
<u>Regina Heffernan #</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>President, Commercial & Consumer Markets</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Richard Joseph Neeson</u>	<u>Micheal Walsh Sullivan #</u>
----------------------------------	------------------------------	---------------------------------

State of Pennsylvania
 County of Philadelphia

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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.

Michael Walsh Sullivan
 President & C.E.O.

Gregory Eugene Deavens
 E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
 V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
 September 22, 2018

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	53,102,493	33.026	53,102,493		53,102,493	33.026
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies	199,973	0.124	199,973		199,973	0.124
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA	426,465	0.265	426,465		426,465	0.265
1.512 Issued or guaranteed by FNMA and FHLMC	13,645,016	8.486	13,645,016		13,645,016	8.486
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	2,443,672	1.520	2,443,672		2,443,672	1.520
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other	11,441,254	7.116	11,441,254		11,441,254	7.116
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	65,698,880	40.860	65,698,880		65,698,880	40.860
2.2 Unaffiliated non-U.S. securities (including Canada)	10,780,078	6.704	10,780,078		10,780,078	6.704
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	3,053,316	1.899	3,053,316		3,053,316	1.899
11. Other invested assets		0.000			0	0.000
12. Total invested assets	160,791,147	100.000	160,791,147	0	160,791,147	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Total gain (loss) on disposals, Part 3, Column 18.....		0
5. Deduct amounts received on disposals, Part 3, Column 15.....		0
6. Total foreign exchange change in book/adjusted carrying value:		
6.1 Totals, Part 1, Column 15.....	0	
6.2 Totals, Part 3, Column 13.....	0	0
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 Totals, Part 1, Column 12.....	0	
7.2 Totals, Part 3, Column 10.....	0	0
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11.....	0	
8.2 Totals, Part 3, Column 9.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10. Deduct total nonadmitted amounts.....		0
11. Statement value at end of current period (Line 9 minus Line 10).....		0

NONE

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Accrual of discount.....		0
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9.....	0	
5.2 Totals, Part 3, Column 8.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 18.....		0
7. Deduct amounts received on disposals, Part 3, Column 15.....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13.....	0	
9.2 Totals, Part 3, Column 13.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 11.....	0	
10.2 Totals, Part 3, Column 10.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Total valuation allowance.....		0
13. Subtotal (Line 11 plus Line 12).....		0
14. Deduct total nonadmitted amounts.....		0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		0

NONE

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....	0	
3.2 Totals, Part 3, Column 12.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....	0	
5.2 Totals, Part 3, Column 9.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 19.....		0
7. Deduct amounts received on disposals, Part 3, Column 16.....		0
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....	0	
9.2 Totals, Part 3, Column 14.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....	0	
10.2 Totals, Part 3, Column 11.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		0

NONE

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		266,222,360
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		48,318,488
3. Accrual of discount.....		81,342
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	41,972	
4.2 Part 2, Section 1, Column 15.....	0	
4.3 Part 2, Section 2, Column 13.....	0	
4.4 Part 4, Column 11.....	(1,106,567)	(1,064,595)
5. Total gain (loss) on disposals, Part 4, Column 19.....		2,268,417
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		157,156,759
7. Deduct amortization of premium.....		931,421
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....	0	
8.2 Part 2, Section 1, Column 19.....	0	
8.3 Part 2, Section 2, Column 16.....	0	
8.4 Part 4, Column 15.....	0	0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....	0	
9.2 Part 2, Section 1, Column 17.....	0	
9.3 Part 2, Section 2, Column 14.....	0	
9.4 Part 4, Column 13.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		157,737,831
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		157,737,831

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	55,631,377	55,469,293	55,812,269	55,729,220
	2. Canada				
	3. Other Countries				
	4. Totals	55,631,377	55,469,293	55,812,269	55,729,220
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	14,186,242	14,084,820	14,197,713	13,407,856
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	77,140,134	77,407,242	77,356,027	75,973,186
	9. Canada	411,855	418,718	413,141	407,036
	10. Other Countries	10,368,222	10,353,605	10,570,890	10,256,667
	11. Totals	87,920,212	88,179,564	88,340,059	86,636,889
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	157,737,831	157,733,676	158,350,041	155,773,964
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	0
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	157,737,831	157,733,676	158,350,041	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	3,386,941	36,771,512	15,120,350	583,197	257,196	XXX	56,119,196	35.3	126,426,030	46.9	56,119,196	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	3,386,941	36,771,512	15,120,350	583,197	257,196	XXX	56,119,196	35.3	126,426,030	46.9	56,119,196	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0	5,841,629	2.2		
3.2 NAIC 2						XXX	0	0.0	532,789	0.2		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	6,374,419	2.4	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX	0	0.0	6,369,445	2.4		
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	6,369,445	2.4	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	2,119,178	5,893,083	3,585,754	2,219,689	368,538	XXX	14,186,242	8.9	31,252,782	11.6	14,186,242	
5.2 NAIC 2						XXX	0	0.0	1,167,375	0.4		
5.3 NAIC 3						XXX	0	0.0	179,559	0.1		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	2,119,178	5,893,083	3,585,754	2,219,689	368,538	XXX	14,186,242	8.9	32,599,716	12.1	14,186,242	0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col.7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	11,635,949	24,800,141	8,931,988	5,343,264	2,030,588	XXX	52,741,929	33.2	48,789,256	18.1	34,627,719	18,114,210
6.2 NAIC 2	1,724,804	10,161,811	21,550,527			XXX	33,437,143	21.1	42,789,691	15.9	31,276,783	2,160,360
6.3 NAIC 3	801,312	819,360	716,940			XXX	2,337,612	1.5	6,425,000	2.4	2,337,612	
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						XXX	0	0.0	0	0.0		
6.6 NAIC 6						XXX	0	0.0	0	0.0		
6.7 Totals	14,162,065	35,781,312	31,199,455	5,343,264	2,030,588	XXX	88,516,684	55.7	98,003,948	36.3	68,242,114	20,274,570
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Securities												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 17,142,068	67,464,735	27,638,091	8,146,151	2,656,322		123,047,367	77.5	XXX	XXX	104,933,157	18,114,210
10.2 NAIC 2	(d) 1,724,804	10,161,811	21,550,527	0	0		33,437,143	21.1	XXX	XXX	31,276,783	2,160,360
10.3 NAIC 3	(d) 801,312	819,360	716,940	0	0		2,337,612	1.5	XXX	XXX	2,337,612	0
10.4 NAIC 4	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.7 Totals	19,668,184	78,445,907	49,905,558	8,146,151	2,656,322	0	(b) 158,822,122	100.0	XXX	XXX	138,547,552	20,274,570
10.8 Line 10.7 as a % of Col. 7	12.4	49.4	31.4	5.1	1.7	0.0	100.0	XXX	XXX	XXX	87.2	12.8
11. Total Bonds Prior Year												
11.1 NAIC 1	16,505,862	99,705,017	77,913,930	15,280,029	9,274,306	XXX	XXX	XXX	218,679,144	81.1	202,996,007	15,683,137
11.2 NAIC 2	6,125,380	14,211,126	21,196,215	206,029	2,751,105	XXX	XXX	XXX	44,489,856	16.5	38,640,539	5,849,317
11.3 NAIC 3	1,565,971	3,829,977	1,126,628	60,500	21,483	XXX	XXX	XXX	6,604,559	2.4	6,604,559	0
11.4 NAIC 4	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	XXX	XXX	(e) 0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	XXX	XXX	(e) 0	0.0	0	0
11.7 Totals	24,197,212	117,746,120	100,236,774	15,546,558	12,046,894	XXX	XXX	XXX	(b) 269,773,558	100.0	248,241,104	21,532,454
11.8 Line 11.7 as a % of Col. 9	9.0	43.6	37.2	5.8	4.5	XXX	XXX	XXX	100.0	XXX	92.0	8.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1	10,812,441	58,833,146	25,963,225	6,980,030	2,344,316		104,933,157	66.1	202,996,006	75.2	104,933,157	XXX
12.2 NAIC 2	1,724,804	9,561,950	19,990,029	0	0		31,276,783	19.7	38,640,539	14.3	31,276,783	XXX
12.3 NAIC 3	801,312	819,360	716,940	0	0		2,337,612	1.5	6,604,559	2.4	2,337,612	XXX
12.4 NAIC 4	0	0	0	0	0		0	0.0	0	0.0	0	XXX
12.5 NAIC 5	0	0	0	0	0		0	0.0	0	0.0	0	XXX
12.6 NAIC 6	0	0	0	0	0		0	0.0	0	0.0	0	XXX
12.7 Totals	13,338,557	69,214,455	46,670,194	6,980,030	2,344,316	0	138,547,552	87.2	248,241,104	92.0	138,547,552	XXX
12.8 Line 12.7 as a % of Col. 7	9.6	50.0	33.7	5.0	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	8.4	43.6	29.4	4.4	1.5	0.0	87.2	XXX	XXX	XXX	87.2	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	6,329,626	8,631,590	1,674,866	1,166,121	312,007		18,114,210	11.4	15,683,137	5.8	XXX	18,114,210
13.2 NAIC 2		599,862	1,560,498	0	0		2,160,360	1.4	5,849,317	2.2	XXX	2,160,360
13.3 NAIC 3		0	0	0	0		0	0.0	0	0.0	XXX	0
13.4 NAIC 4		0	0	0	0		0	0.0	0	0.0	XXX	0
13.5 NAIC 5		0	0	0	0		0	0.0	0	0.0	XXX	0
13.6 NAIC 6		0	0	0	0		0	0.0	0	0.0	XXX	0
13.7 Totals	6,329,626	9,231,452	3,235,364	1,166,121	312,007	0	20,274,570	12.8	21,532,454	8.0	XXX	20,274,570
13.8 Line 13.7 as a % Col. 7	31.2	45.5	16.0	5.8	1.5	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	4.0	5.8	2.0	0.7	0.2	0.0	12.8	XXX	XXX	XXX	XXX	12.8

- (a) Includes \$ 20,274,570 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ _____ current year, \$ _____ prior year of bonds with Z designations and \$ _____ current year, \$ _____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
- (c) Includes \$ _____ current year, \$ _____ prior year of bonds with 5* designations and \$ _____ current year, \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 487,819 ; NAIC 2 \$ _____ ; NAIC 3 \$ 596,472 ; NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	3,097,687	35,944,200	14,548,424			XXX	53,590,312	33.7	124,956,585	46.3	53,590,312	
1.2 Residential Mortgage-Backed Securities	155,808	215,684	46,090	8,864	19	XXX	426,465	0.3	1,469,446	0.5	426,466	
1.3 Commercial Mortgage-Backed Securities	133,445	611,628	525,835	574,334	257,178	XXX	2,102,419	1.3	0	0.0	2,102,418	
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	3,386,940	36,771,512	15,120,350	583,197	257,197	XXX	56,119,196	35.3	126,426,030	46.9	56,119,196	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX	0	0.0	6,374,419	2.4		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	6,374,419	2.4	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX	0	0.0	6,369,445	2.4		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	6,369,445	2.4	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations		199,973				XXX	199,973	0.1	17,447,433	6.5	199,973	
5.2 Residential Mortgage-Backed Securities	2,119,178	5,693,110	3,585,754	2,219,689	368,538	XXX	13,986,270	8.8	15,152,284	5.6	13,986,270	
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	2,119,178	5,893,083	3,585,754	2,219,689	368,538	XXX	14,186,242	8.9	32,599,716	12.1	14,186,242	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	4,048,684	21,523,762	26,891,910	602,369		XXX	53,066,725	33.4	61,437,523	22.8	45,868,638	7,198,087
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities	828,042	2,917,667	2,715,358	3,322,607	1,657,581	XXX	11,441,254	7.2	15,786,534	5.9	11,441,254	
6.4 Other Loan-Backed and Structured Securities	9,285,339	11,339,883	1,592,187	1,418,289	373,007	XXX	24,008,704	15.1	20,779,891	7.7	10,932,221	13,076,483
6.5 Totals	14,162,065	35,781,312	31,199,455	5,343,264	2,030,588	XXX	88,516,684	55.7	98,003,948	36.3	68,242,114	20,274,570
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations	7,146,372	57,667,934	41,440,334	602,369	0	XXX	106,857,009	67.3	XXX	XXX	99,658,923	7,198,087
10.2 Residential Mortgage-Backed Securities	2,274,986	5,908,794	3,631,844	2,228,553	368,557	XXX	14,412,734	9.1	XXX	XXX	14,412,735	0
10.3 Commercial Mortgage-Backed Securities	961,486	3,529,296	3,241,193	3,896,941	1,914,759	XXX	13,543,674	8.5	XXX	XXX	13,543,673	0
10.4 Other Loan-Backed and Structured Securities	9,285,339	11,339,883	1,592,187	1,418,289	373,007	XXX	24,008,704	15.1	XXX	XXX	10,932,221	13,076,483
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	19,668,183	78,445,907	49,905,558	8,146,151	2,656,323	0	158,822,122	100.0	XXX	XXX	138,547,552	20,274,570
10.7 Lines 10.6 as a % Col. 7	12.4	49.4	31.4	5.1	1.7	0.0	100.0	XXX	XXX	XXX	87.2	12.8
11. Total Bonds Prior Year												
11.1 Issuer Obligations	13,495,360	96,395,852	90,817,688	6,886,255	8,990,249	XXX	XXX	XXX	216,585,404	80.3	209,021,065	7,564,339
11.2 Residential Mortgage-Backed Securities	2,195,617	6,004,315	4,293,572	3,329,297	798,929	XXX	XXX	XXX	16,621,729	6.2	16,621,729	0
11.3 Commercial Mortgage-Backed Securities	1,364,461	5,797,802	3,140,159	3,659,618	1,824,494	XXX	XXX	XXX	15,786,534	5.9	15,786,534	0
11.4 Other Loan-Backed and Structured Securities	7,141,775	9,548,151	1,985,355	1,671,387	433,223	XXX	XXX	XXX	20,779,891	7.7	6,811,776	13,968,115
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	24,197,212	117,746,120	100,236,774	15,546,558	12,046,894	XXX	XXX	XXX	269,773,558	100.0	248,241,104	21,532,454
11.7 Line 11.6 as a % of Col. 9	9.0	43.6	37.2	5.8	4.5	XXX	XXX	XXX	100.0	XXX	92.0	8.0
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	6,223,686	53,250,278	39,582,590	602,369	0	XXX	99,658,923	62.7	209,021,065	77.5	99,658,923	XXX
12.2 Residential Mortgage-Backed Securities	2,182,504	5,681,785	3,493,068	2,101,577	338,716	XXX	13,797,650	8.7	16,621,729	6.2	13,797,650	XXX
12.3 Commercial Mortgage-Backed Securities	1,053,968	3,756,305	3,379,969	4,023,917	1,944,601	XXX	14,158,759	8.9	15,786,534	5.9	14,158,759	XXX
12.4 Other Loan-Backed and Structured Securities	3,878,399	6,526,087	214,567	252,168	61,000	XXX	10,932,221	6.9	6,811,776	2.5	10,932,221	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	XXX
12.6 Totals	13,338,557	69,214,455	46,670,194	6,980,030	2,344,317	0	138,547,552	87.2	248,241,105	92.0	138,547,552	XXX
12.7 Line 11.6 as a % of Col. 7	9.6	50.0	33.7	5.0	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 11.6 as a % of Line 10.6, Col. 7, Section 10	8.4	43.6	29.4	4.4	1.5	0.0	87.2	XXX	XXX	XXX	87.2	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	922,686	4,417,656	1,857,745	0	0	XXX	7,198,087	4.5	7,564,339	2.8	XXX	7,198,087
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities	5,406,940	4,813,795	1,377,620	1,166,121	312,007	XXX	13,076,483	8.2	13,968,115	5.2	XXX	13,076,483
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
13.6 Totals	6,329,626	9,231,452	3,235,364	1,166,121	312,007	0	20,274,570	12.8	21,532,454	8.0	XXX	20,274,570
13.7 Line 13.6 as a % of Col. 7	31.2	45.5	16.0	5.8	1.5	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	4.0	5.8	2.0	0.7	0.2	0.0	12.8	XXX	XXX	XXX	XXX	12.8

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SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	3,551,198	1,882,948	0	1,668,250	0
2. Cost of short-term investments acquired	172,641,322	126,073,533		46,567,789	
3. Accrual of discount	605	605			
4. Unrealized valuation increase (decrease)	(484)	(484)			
5. Total gain (loss) on disposals	(422)	(422)			
6. Deduct consideration received on disposals	175,107,227	126,871,888		48,235,339	
7. Deduct amortization of premium	0				
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,084,991	1,084,291	0	700	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	1,084,991	1,084,291	0	700	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification Between Yrs

NONE

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
912828-MD-8	U S TREASURY NT				1FE	533,965		106,2930	500,000	512,747		(3,567)		3,500	2,704		MN	2,272	17,500	08/11/2010	05/15/2020
912828-NT-3	U S TREASURY NT				1FE	374,914		103,3980	370,000	371,942		(506)		2,625	2,473		FA	3,669	9,713	09/28/2010	08/15/2020
912828-RC-6	U S TREASURY NT				1FE	600,492		100,9490	600,000	600,241		(49)		2,125	2,116		FA	4,817	12,750	09/02/2011	08/15/2021
912828-RR-3	U S TREASURY NT				1FE	1,516,582		100,2770	1,500,000	1,508,599		(1,672)		2,000	1,876		MN	3,895	30,000	01/17/2012	11/15/2021
912828-2A-7	UNITED STATES TREAS NTS				1	2,025,074		91,9730	2,025,000	2,025,642		568		1,500	1,634		FA	11,615		10/25/2016	08/15/2026
912828-2F-6	UNITED STATES TREAS NTS				1FE	846,115		96,6210	850,000	846,354		239		1,125	1,220		FA	3,249		09/09/2016	08/31/2021
912828-B3-3	UNITED STATES TREAS NTS				1FE	499,727		100,5430	500,000	499,882		55		1,500	1,512		JJ	3,139	7,500	02/25/2014	01/31/2019
912828-B6-6	UNITED STATES TREAS NTS				1FE	2,104,090		103,2810	2,100,000	2,103,058		(384)		2,750	2,727		FA	21,813	57,750	04/07/2014	02/15/2024
912828-C2-4	UNITED STATES TREAS NTS				1FE	6,487,383		100,5470	6,500,000	6,494,380		2,543		1,500	1,541		FA	33,128	97,500	03/17/2014	02/28/2019
912828-C6-5	UNITED STATES TREAS NTS				1FE	1,994,688		100,7930	2,000,000	1,997,548		1,064		1,625	1,681		MS	8,304	32,500	04/09/2014	03/31/2019
912828-F6-2	UNITED STATES TREAS NTS				1	9,943,750		100,2420	10,000,000	9,967,342		11,202		1,500	1,619		AO	25,691	150,000	11/18/2014	10/31/2019
912828-J2-7	UNITED STATES TREAS NTS				1FE	1,962,453		97,3200	1,950,000	1,960,403		(1,173)		2,000	1,929		FA	14,731	39,000	04/03/2015	02/15/2025
912828-K7-4	UNITED STATES TREAS NTS				1FE	2,999,010		96,8670	3,030,000	3,002,171		2,906		2,000	2,117		FA	22,890	60,600	12/21/2015	08/15/2025
912828-MP-2	UNITED STATES TREAS NTS				1FE	489,609		106,4100	500,000	496,276		1,101		3,625	3,881		FA	6,846	18,125	04/05/2010	02/15/2020
912828-N4-8	UNITED STATES TREAS NTS				1FE	554,189		99,9690	550,000	553,390		(800)		1,750	1,590		JD	4,839	4,813	01/08/2016	12/31/2020
912828-PX-2	UNITED STATES TREAS NTS				1FE	1,758,492		107,3440	1,851,684	1,740,326		(3,409)		3,625	3,392		FA	23,619	62,531	04/19/2011	02/15/2021
912828-Q7-8	UNITED STATES TREAS NTS				1FE	4,937,172		98,0980	4,900,000	4,932,411		(4,761)		1,375	1,218		AO	11,539	33,688	05/06/2016	04/30/2021
912828-S7-6	UNITED STATES TREAS NTS				1FE	5,024,609		96,6640	5,000,000	5,022,646		(1,963)		1,125	1,024		JJ	23,539		08/04/2016	07/31/2021
912828-TJ-9	UNITED STATES TREAS NTS				1FE	949,406		97,5230	950,000	949,655		58		1,625	1,632		FA	5,831	15,438	08/10/2012	08/15/2022
912828-TS-9	UNITED STATES TREAS NTS		SD		1FE	110,064		99,8590	110,000	110,025		(33)		0,625	0,595		MS	519	344	10/15/2015	09/30/2017
912828-U2-4	UNITED STATES TREAS NTS				1FE	1,805,594		96,2150	1,828,085	1,805,985		392		2,000	2,571		MN	4,934		12/15/2016	11/15/2026
912828-V0-0	UNITED STATES TREAS NTS				1FE	400,359		100,4450	400,000	400,117		(73)		1,375	1,356		JJ	2,302	5,500	08/08/2013	07/31/2018
912828-VS-6	UNITED STATES TREAS NTS				1FE	1,109,469		101,7730	1,120,000	1,112,646		990		2,500	2,610		FA	10,576	28,000	10/30/2013	08/15/2023
912828-WE-6	UNITED STATES TREAS NTS				1FE	354,115		103,2970	350,000	353,000		(394)		2,750	2,613		MN	1,250	9,625	02/05/2014	11/15/2023
912828-XB-1	UNITED STATES TREAS NTS				1FE	1,233,691		98,0310	1,225,388	1,235,864		1,518		2,125	2,274		MN	3,449	26,563	07/24/2015	05/15/2025
912828-XJ-4	UNITED STATES TREAS NTS				1	2,499,395		99,9840	2,500,000	2,499,844		311		0,625	0,638		JD	7,856	7,813	07/13/2015	06/30/2017
0199999	Bonds - U.S. Governments - Issuer Obligations					53,114,409	XXX	52,876,937	53,205,000	53,102,493	0	4,162	0	0	XXX	XXX	XXX	266,311	727,250	XXX	XXX
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																					
36209P-QK-6	GNMA				1FE	512,509		115,9580	391,876	337,946		(8)		6,000	5,009		MON	1,690	20,306	11/15/1998	11/15/2028
36225D-XP-4	GNMA PL 081585				1FE	31,593		103,8400	32,725	31,514		(2)		1,750	1,668		MON	46	607	03/28/2007	01/20/2036
36225C-RY-4	GNMA PL #080502M				1FE	11,946		101,6280	12,096	11,902		(4)		3,500	3,176		MON	35	238	07/14/2004	02/20/2031
36225C-3F-1	GNMA PL 080797M				1FE	15,210		103,8380	15,804	15,202		0		2,000	2,032		MON	25	293	08/02/2006	01/20/2034
36225D-DY-7	GNMA PL 081018M				1FE	22,997		104,3690	23,801	23,201		(7)		2,625	2,160		MON	50	438	04/14/2005	08/20/2034
0299999	Bonds - U.S. Governments - Residential Mortgage-Backed Securities					594,255	XXX	476,301	419,387	426,465	0	(20)	0	0	XXX	XXX	XXX	1,846	21,882	XXX	XXX
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities																					
38377V-EM-4	GNMA REMIC TRUST 2011-59				1FE	198,812		107,3820	207,773	193,489		(27)		4,000	3,093		MON	645	7,740	06/27/2012	12/20/2040
38378N-2A-0	GNMA REMIC TRUST 2014-54				1FE	417,449		100,6680	414,091	411,344		(150)		2,496	2,317		MON	856	10,526	04/23/2014	10/16/2041
38379U-20-8	GNMA REMIC TRUST 2016-178				1FE	1,487,344		99,6130	1,494,191	1,500,000		(9)		2,500	2,582		MON	104		12/19/2016	07/15/2049
0399999	Bonds - U.S. Governments - Commercial Mortgage-Backed Securities					2,103,605	XXX	2,116,055	2,104,833	2,102,419	0	(187)	0	0	XXX	XXX	XXX	1,605	18,265	XXX	XXX
0599999	Bonds - U.S. Governments - Subtotals - U.S. Governments					55,812,269	XXX	55,469,293	55,729,220	55,631,377	0	3,955	0	0	XXX	XXX	XXX	269,761	767,397	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
3133XP-CT-9	F H L B DEB				1FE	199,806		103,8960	207,792	199,973		22		4,250	4,262		MS	2,644	8,500	01/31/2008	03/09/2018
2599999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations					199,806	XXX	207,792	200,000	199,973	0	22	0	0	XXX	XXX	XXX	2,644	8,500	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																					
3128KL-XT-9	F H L M C GD A57890				1FE	2,689		110,9350	3,003	2,707		0		5,500	6,053		MON	12	152	03/20/2007	02/01/2037
3128KM-YJ-8	F H L M C GD A58813				1FE	830		110,8270	927	836		0		5,500	6,099		MON	4	46	03/20/2007	03/01/2037
3128KN-LD-3	F H L M C GD A59324				1FE	136,980		110,7640	152,727	137,885		0		5,500	5,921		MON	632	7,588	04/12/2007	04/01/2037
3128MG-VG-0	F H L M C GD G04815				1FE	117,042		108,8490	120,954	111,121		(127)		5,000	4,272		MON	463	5,591	03/15/2011	09/01/2038
3128PU-F4-9	F H L M C GD J14687				1FE	233,293		105,2180	236,951	225,200		(475)		4,000	3,326		MON	751	9,034	03/14/2011	03/01/2026
3137A7-NA-4	F H L M C MLTCL MTG				1FE	332,290		333,934	327,380	341,254		4,781		3,500	2,739		MON	509	11,626	03/15/2011	10/15/2032
31410X-AB-2	F N M A #900102				1FE	11,234		106,1900	11,929	11,234		0		6,000	6,000		MON	56	677	07/31/2007	08/01/2021

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	For e i g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
3138A7-5J-3	F N M A #AH6248				1FE	829,279		105,7220	800,510	820,714		(1,674)			4.000	3.329	MON	2,668	32,087	03/14/2011	04/01/2026	
3138A8-XT-8	F N M A #AH6989				1FE	956,512		109,3290	906,177	951,954		(915)			5.000	4.269	MON	3,776	45,503	03/14/2011	03/01/2041	
3132MA-PB-1	FHLMC PC				1FE	1,110,890		105,3210	1,034,213	1,110,272		(750)			4.000	2.627	MON	3,447	41,588	02/24/2015	11/01/2044	
3132WF-WW-5	FHLMC PC GOLD PC 30YR				1FE	3,048,782		105,2160	2,976,651	3,050,884		2,102			4.000	2.124	MON	9,430	28,304	09/20/2016	06/01/2046	
312962-2F-9	FHLMC PL B10774F				1FE	10,671		101,4540	10,582	10,616		(13)			6.000	5.586	MON	53	646	05/05/2006	11/01/2018	
31294K-HR-9	FHLMC PL E01140F				1FE	1,212		100,4860	1,202	1,203		(2)			6.000	5.579	MON	6	75	05/05/2006	05/01/2017	
3128MM-CW-1	FHLMC PL G18084F				1FE	24,792		105,3930	25,910	24,584		(17)			6.000	5.623	MON	123	1,492	05/05/2006	11/01/2020	
3128MM-DW-2	FHLMC PL G18107F				1FE	19,963		106,8410	21,150	19,796		(14)			6.000	5.595	MON	99	1,193	05/05/2006	03/01/2021	
3128PB-JJ-4	FHLMC PL J00265F				1FE	17,663		100,2210	17,554	17,515		(21)			6.000	5.370	MON	88	1,056	05/05/2006	10/01/2020	
31410T-3B-9	FNMA PASS-THRU				1FE	2,191		103,6860	2,259	2,179		(1)			6.000	5.616	MON	11	131	08/01/2007	09/01/2021	
3138MS-EA-3	FNMA PASS-THRU LNG 30 YEAR				1	2,856,086		105,1710	2,811,371	2,673,143		(2,656)			4.000	2.905	MON	8,910	107,646	12/18/2014	08/01/2042	
3138WE-6X-2	FNMA PASS-THRU LNG 30 YEAR				1	1,704,769		105,1920	1,684,944	1,601,780		(943)			4.000	2.806	MON	5,339	64,475	10/29/2015	07/01/2045	
3140EU-T9-0	FNMA PASS-THRU LNG 30 YEAR				1	2,133,867		102,5710	2,090,726	2,038,321		(668)			3.500	2.512	MON	5,945	35,897	05/26/2016	12/01/2045	
3140EW-YT-6	FNMA PASS-THRU LNG 30 YEAR				1FE	381,515		102,5790	364,854	381,572		58			3.500	2.577	MON	1,064	9,634	03/22/2016	01/01/2046	
31409X-CO-0	FNMA PASS-THRU LNG 30 YEAR				1FE	65,358		108,8900	67,553	65,787		8			5.000	6.501	MON	281	3,380	11/14/2006	11/01/2036	
2699999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities					13,997,907	XXX	13,877,028	13,207,856	13,986,270	0	(1,324)	0	0	XXX	XXX	XXX		43,669	407,821	XXX	XXX
3199999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies of Governments and Their Political Subdivisions					14,197,713	XXX	14,084,820	13,407,856	14,186,242	0	(1,302)	0	0	XXX	XXX	XXX		46,313	416,321	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																						
00507U-AS-0	ACTAVIS FUNDING SC		D	2	2FE	848,375		100,1180	840,991	847,549		(775)			3.800	3.672	MS	9,399	31,920	12/07/2015	03/15/2025	
01609W-AC-6	ALIBABA GROUP HLDG LTD		D	2	1FE	747,135		100,4500	753,375	750,000		557			2.500	2.582	MON	1,719	18,750	11/20/2014	11/28/2019	
404280-AP-4	HSBC HLDGS PLC		D	2	2FE	993,400		101,6130	1,016,130	1,000,000		582			4.250	4.332	MS	12,632	42,500	03/05/2014	03/14/2024	
53944V-AB-5	LLOYDS BANK PLC		D	2	1FE	999,720		100,3960	1,003,960	1,000,000		55			2.350	2.356	MS	7,572	23,500	09/02/2014	09/05/2019	
53947M-AB-2	LLOYDS TSB BANK PLC 144A		D	2	1FE	2,302,040		109,0480	2,180,960	2,000,000		(2,157,072)			5.800	3.069	JJ	54,133	116,000	12/05/2013	01/13/2020	
55608K-AA-3	MACQUARIE GROUP LTD		D	2	2FE	99,566		112,1580	112,158	100,000		49			7.625	7.688	FA	2,923	7,625	08/06/2009	08/13/2019	
71429M-AB-1	PERRIGO FINANCE PLC		D	2	2FE	815,328		100,1020	800,816	800,000		814,487			4.375	4.136	MS	10,306	17,986	05/04/2016	03/15/2026	
716540-BY-7	PETROLEOS MEXICANOS		D	2	3FE	1,800,000		96,7300	1,741,140	1,800,000		1,741,140			2.460	2.461	JD	1,968	44,280	07/22/2015	01/15/2025	
88165F-AG-7	TEVA PHARMACEUTICAL FIN		D	2	2FE	1,247,525		96,3600	1,204,500	1,250,000		1,248,439			2.950	2.973	JD	1,332	36,875	12/13/2012	12/18/2022	
92857W-AP-5	VODAFONE GROUP PLC		D	2	2FE	326,869		100,5750	326,869	325,028		(171)			5.625	5.570	FA	6,297	18,281	01/29/2008	02/27/2017	
00287Y-AQ-2	ABBVIE INC		D	2	2FE	6,283,984		99,0490	6,235,135	6,295,000		6,285,540			3.600	3.621	MON	29,587	226,620	05/05/2015	05/14/2025	
00510R-AC-7	ACUITY BRANDS LIGHTING		D	2	2FE	349,290		109,9860	384,951	350,000		349,745			6.000	6.027	JD	933	21,000	12/01/2009	12/15/2019	
00751Y-AB-2	ADVANCE AUTO PARTS		D	2	2FE	201,640		104,3650	208,730	200,915		(159)			4.500	4.398	JJ	4,150	9,000	01/12/2012	01/15/2022	
02665W-AW-1	AMERICAN HONDA FIN CORP MTN		D	2	1FE	499,635		100,2180	501,090	500,000		499,812			1.600	1.625	JJ	3,733	7,978	07/09/2015	07/13/2018	
03076C-AF-3	AMERIPRISE FINL INC		D	2	1FE	457,783		104,8750	482,425	460,000		458,415			4.000	4.059	AO	3,884	18,400	09/03/2013	10/15/2023	
032095-AC-5	AMPHENOL CORP NEW		D	2	2FE	499,230		101,2000	506,000	500,000		499,669			2.550	2.583	JJ	5,348	12,750	01/23/2014	01/30/2019	
03523T-AN-8	ANHEUSER BUSCH INBEV		D	2	2FE	99,345		109,0690	109,069	100,000		99,767			5.375	5.459	JJ	2,478	5,375	10/13/2009	01/15/2020	
037411-BD-6	APACHE CORP		D	2	2FE	1,255,163		96,1580	1,201,975	1,250,000		1,253,248			2.625	2.625	JJ	15,130	32,813	12/11/2012	01/15/2023	
00206R-CN-0	AT&T INC		D	2	2FE	1,375,915		96,3820	1,330,072	1,380,000		1,376,507			3.400	3.435	MON	5,995	46,920	04/23/2015	05/15/2025	
049560-AJ-4	ATMOS ENERGY		D	2	1FE	224,579		113,7100	255,848	224,875		224,875			8.500	8.528	MS	5,631	19,125	03/23/2009	03/15/2019	
00206R-AJ-1	ATT INC		D	2	2FE	288,232		103,8990	363,647	350,000		340,170			5.500	8.260	FA	8,021	19,250	10/21/2008	02/01/2018	
057224-AY-3	BAKER HUGHES INC		D	2	2FE	198,888		110,1730	220,346	200,000		199,725			7.500	7.580	MON	1,917	15,000	10/23/2008	11/15/2018	
06051G-FF-1	BANK AMER CORP		D	2	2FE	429,040		103,1340	412,536	400,000		428,388			4.000	2.907	AO	4,000		10/24/2016	04/01/2024	
09256B-AA-5	BLACKSTONE HLDG		D	2	1FE	271,321		111,0640	277,660	250,000		257,944			6.625	5.312	FA	6,257	16,563	07/21/2011	08/15/2019	
127055-AJ-0	CABOT CORP		D	2	2FE	499,360		100,3990	501,995	500,000		499,872			2.550	2.575	JJ	5,879	12,750	07/09/2012	01/15/2018	
14040H-BE-4	CAPITAL ONE FINL CORP		D	2	2FE	649,513		100,6330	654,115	650,000		649,767			2.450	2.450	AO	2,964	15,925	04/21/2014	04/24/2019	
141781-AX-2	CARGILL INC		D	2	1FE	248,813		104,0780	260,195	250,000		249,861			6.000	6.064	MON	1,417	15,000	11/19/2007	11/27/2017	
124857-AD-5	CBS CORP		D	2	2FE	564,205		110,3840	551,920	500,000		559,958			5.750	1.967	AO	6,069	14,375	10/04/2016	04/15/2020	
151020-AR-5	CELGENE CORP		D	2	2FE	2,194,036		102,5590	2,256,298	2,200,000		2,195,117			3.550	3.594	FA	29,504	78,751	08/03/2015	08/15/2022	
172967-HY-0	CITIGROUP INC		D	2	2FE	748,950		100,0700	750,525	750,000		749,780			1.550	1.598	FA	4,424	11,625	08/07/2014	08/14/2017	
209111-EX-7	CON EDISON NY		D	2	1FE	349,489		110,3170	386,110	350,000		349,854			6.650	6.670	AO	5,819	23,275	03/23/2009	04/01/2019	
210518-CR-5	CONSUMERS ENERGY		D	2	1FE	499,650		109,0580	545,290	500,000		499,907			6.125	6.134	MS	9,017	30,625	09/08/2008	03/15/2019	

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest			Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For e i g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
25466A-AF-8	DISCOVER BK			2	2FE	747,990		100,586.00	750,000	748,629		272			3.200	3.243	FA	9,467	24,000	08/04/2014	08/09/2021
26442C-AG-9	DUKE ENERGY CAR				1FE	348,985		109,412.00	350,000	349,753		119			7.000	7.041	MN	3,131	24,500	11/12/2008	11/15/2018
26442C-AC-8	DUKE ENERGY CAROLINA				1FE	249,613		103,759.00	250,000	249,950		46			5.250	5.270	JJ	6,052	13,125	01/08/2008	01/15/2018
278062-AC-8	EATON CORP				2FE	1,259,288		99,043.00	1,238,038	1,255,771		(902)			2.750	2.664	MN	5,634	34,375	12/11/2012	11/02/2022
278642-AH-6	EBAY INC			2	2FE	698,516		99,954.00	700,000	699,216		292			2.200	2.245	FA	6,417	15,400	07/23/2014	08/01/2019
291011-AW-4	EMERSON ELECTRIC CO				1FE	348,961		103,290.00	350,000	349,891		131			5.375	5.416	AO	3,972	18,813	05/13/2008	10/15/2017
29250R-AR-7	ENBRIDGE ENERGY				2FE	174,895		113,654.00	175,000	174,968		13			9.875	9.884	MS	5,760	17,281	12/17/2008	03/01/2019
29273R-AK-5	ENERGY TRAN				2FE	174,874		114,778.00	175,000	174,962		15			9.700	9.711	MS	4,998	16,975	12/18/2008	03/15/2019
33829T-AA-4	FIVE CORNERS FDG TR				2FE	1,563,044		105,722.00	1,460,000	1,560,498		(2,546)			4.419	3.301	MN	8,244	38,003	10/21/2016	11/15/2023
375558-BM-4	GILEAD SCIENCES INC			2	1FE	602,406		95,706.00	600,000	602,369		(37)			2.950	2.905	MS	4,966		10/24/2016	03/01/2027
38141G-EU-4	GOLDMAN SACHS GROUP				2FE	324,740		100,122.00	325,397	324,999		36			5.625	5.636	JJ	8,430	18,281	01/28/2008	01/15/2017
41283D-AB-9	HARLEY DAVID FDG				1FE	227,500		106,911.00	350,000	320,341		17,347			6.800	13.395	JD	1,058	23,800	11/20/2008	06/15/2018
46849L-SH-5	JACKSON NATL LIFE GBL				1FE	747,818		100,410.00	750,000	748,971		432			2.300	2.362	AO	3,594	17,250	04/09/2014	04/16/2019
46625H-GY-0	JP MORGAN CHASE & CO				1FE	322,816		104,313.00	350,000	345,987		3,593			6.000	7.164	JJ	9,683	21,000	10/21/2008	01/15/2018
46625H-JL-5	JPMORGAN CHASE & CO				1FE	249,595		99,872.00	250,000	249,886		82			1.625	1.659	MN	519	4,063	05/08/2013	05/15/2018
46625H-MN-7	JPMORGAN CHASE & CO			2	1FE	429,588		102,828.00	400,000	429,030		(558)			3.900	2.933	JJ	7,193		10/24/2016	07/15/2025
46625H-RV-4	JPMORGAN CHASE & CO			2	1FE	204,557		95,449.00	205,000	204,575		17			2.950	2.975	AO	1,512	1,176	07/14/2016	10/01/2026
489170-AD-2	KENNAMETAL INC			2	2FE	274,634		99,451.00	275,000	274,844		52			2.650	2.671	MN	1,215	7,288	11/02/2012	11/01/2019
49327M-2P-8	KEYBANK NATIONAL ASSOCIATION				1FE	599,808		98,631.00	600,000	599,831		23			1.600	1.611	FA	3,440		08/17/2016	08/22/2019
494550-BL-9	KINDER MORGAN ENER				2FE	159,702		102,671.00	160,000	159,824		27			3.950	3.972	MS	2,107	6,320	03/07/2012	09/01/2022
501044-CY-5	KROGER CO			2	2FE	548,878		104,351.00	550,000	549,162		100			4.000	4.025	FA	9,167	22,000	01/23/2014	02/01/2024
571748-BA-9	MARSH & MCLENNAN COS INC				2FE	510,540		101,627.00	500,000	510,404		(136)			3.300	2.931	MS	4,904		11/29/2016	03/14/2023
58013M-EE-0	MCDONALDS CORP				2FE	349,972		104,213.00	350,000	350,015		(12)			5.350	5.364	MS	6,242	18,725	02/26/2008	03/01/2018
59217G-BR-9	METROPOLITAN LIFE GLOBAL				1FE	499,650		100,035.00	500,000	499,723		66			2.500	2.515	JD	972	12,500	11/23/2015	12/03/2020
61746B-DN-3	MORGAN STANLEY				2FE	750,000		100,624.00	750,000	750,000					1.732	1.466	JAJO	2,489	10,789	01/21/2014	01/24/2019
620076-BB-4	MOTOROLA SOLUTIONS INC				2FE	249,093		101,077.00	250,000	249,471		87			3.750	3.794	MN	1,198	9,375	05/08/2012	05/15/2022
637432-LR-4	NATIONAL RURAL UTIL				1FE	248,093		115,323.00	250,000	249,491		240			10.375	10.500	MN	4,323	25,938	10/23/2008	11/01/2018
638612-AK-7	NATIONWIDE FINANCIAL				2FE	497,100		109,224.00	500,000	498,581		291			5.375	5.451	MS	7,167	26,875	03/22/2011	03/25/2021
665772-CH-0	NORTH STS PWR CO MINN			2	1FE	760,344		97,757.00	800,000	770,327		4,797			2.150	2.869	FA	6,498	17,200	11/20/2014	08/15/2022
681919-AY-2	OMNICOM GROUP INC				2FE	872,625		110,361.00	750,000	819,696		(26,286)			6.250	2.453	JJ	21,615	46,875	12/17/2014	07/15/2019
68268N-AE-3	ONEOK PARTNERS				2FE	348,828		112,802.00	350,000	349,656		139			8.625	8.676	MS	10,063	30,188	02/26/2009	03/01/2019
698455-AC-6	PANHANDLE EASTERN				2FE	175,000		110,279.00	175,000	175,000					8.125	8.125	JD	1,185	14,219	05/21/2009	06/01/2019
718546-AC-8	PHILLIPS 66				2FE	571,861		107,372.00	575,000	572,938		342			4.300	4.377	AO	6,181	24,725	09/11/2013	04/01/2022
69353R-CG-1	PNC BK N A PITTSBURGH			2	1FE	249,633		100,007.00	250,000	249,991		123			1.125	1.175	JJ	1,203	2,813	01/23/2014	01/27/2017
69353R-CH-9	PNC BK N A PITTSBURGH PA			2	1FE	174,654		100,527.00	175,000	174,852		69			2.200	2.242	JJ	1,636	3,850	01/23/2014	01/28/2019
74153W-CE-7	PRICOA GBLB FDG I MTN 144A				1FE	649,545		100,052.00	650,338	649,903		151			1.350	1.374	FA	3,242	8,775	08/11/2014	08/18/2017
857477-AT-0	STATE STR CORP				1FE	449,397		102,376.00	450,000	449,468		52			3.550	3.566	FA	5,902	15,975	08/13/2015	08/18/2025
867914-BG-7	SUNTRUST BKS INC			2	2FE	399,644		100,853.00	400,000	399,829		70			2.500	2.519	MN	1,667	10,000	04/24/2014	05/01/2019
871911-AS-2	System Energy Resources				2FE	324,392		102,521.00	325,000	324,608		54			4.100	4.122	AO	3,331	13,325	09/20/2012	04/01/2023
883203-BL-4	TEXTRON INC				2FE	324,977		103,538.00	326,499	324,997		3			5.600	5.601	JD	1,517	18,200	11/29/2007	12/01/2017
872539-AA-9	TJX COS INC			2	1FE	499,650		101,734.00	500,000	499,771		48			2.750	2.761	JD	611	13,750	06/02/2014	06/15/2021
907818-DA-3	UNION PAC CORP				1FE	249,153		106,460.00	250,000	249,834		95			5.700	5.743	FA	5,383	14,250	01/31/2008	08/15/2018
91324P-BV-3	UNITEDHEALTH GROUP INC				1FE	1,529,640		101,279.00	1,519,185	1,516,991		(3,006)			2.875	2.641	MS	12,698	43,125	08/08/2012	03/15/2022
92343V-AL-8	VERIZON COMM INC				2FE	349,146		104,344.00	350,000	349,879		101			5.500	5.532	FA	7,272	19,250	02/07/2008	02/15/2018
92553P-AR-3	VIACOM INC NEW				2FE	347,018		95,915.00	335,703	348,036		280			3.250	3.351	MS	3,349	11,375	03/11/2013	03/15/2023
928668-AB-8	VOLKSWAGEN GROUP AMER FIN LLC				2FE	599,718		99,510.00	600,000	599,862		56			2.125	2.135	MN	1,346	12,750	05/15/2014	05/23/2019
92976W-BH-8	WACHOVIA CORP				1FE	174,251		104,260.00	182,455	174,908		80			5.750	5.801	FA	4,193	10,063	01/28/2008	02/01/2018
931427-AH-1	WALGREENS BOOTS ALLIANCE INC				2FE	375,890		101,778.00	350,000	374,646		(1,244)			3.800	2.798	MN	1,589	6,650	07/20/2016	11/18/2024
949746-RW-3	WELLS FARGO & CO NEW				1FE	498,285		95,423.00	500,000	498,390		105			3.000	3.040	AO	2,875	7,500	04/15/2016	04/22/2026
984121-CD-3	XEROX CORP				2FE	496,245		103,972.00	500,000	498,148		374			4.500	4.594	MN	2,875	22,500	05/13/2011	05/15/2021
009089-AA-1	AIR CANADA 2013 1A		A		1FE	413,141		102,870.00	407,036	411,855		(318)			4.125	3.932	MN	2,145	17,018	04/25/2013	11/15/2026
3299999	Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					52,563,105	XXX	53,054,443	52,107,036	52,470,253	34,758	(50,101)	0	0	XXX	XXX	XXX	512,665	1,823,061	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
17322W-AZ-9	CITGRP COML MTG TR 2014-GC21				1FML	3,191,133		103,409.00	3,102,270	3,167,002		(12,397)			4.328	3.616	MON	10,820	129,840	12/17/2014	05/10/2047
17322Y-AG-5	CITGRP COML MTG TR 2014-GC25				1FML	3,299,619		102,561.00	3,075,000	3,269,729		(14,722)			4.345	3.544	MON	11,134	133,609	01/23/2015	10/10/2047
46640J-AV-9	JP MORGAN CHASE MBS 2013-C13				1FML	1,069,805		105,372.00	1,000,000	1,057,845		(5,642)			4.059	3.310	MON	3,044	41,209	12/17/2014	01/18/2046

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Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year (Amortization)/Accretion	13 Current Year's Other-Than-Temporary Impairment Recognized	14 Total Change in B/A. C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A. C.V.						
Bonds - U.S. Governments																				
36209P-OK-6	GNMA		12/15/2016	PRINCIPAL RECEIPT		107,710	107,710	163,346	109,774		(2,064)		(2,064)		107,710			.0	3,872	11/15/2028
36225D-XP-4	GNMA PL 081585		12/20/2016	PRINCIPAL RECEIPT		5,877	5,877	5,892	5,896		(19)		(19)		5,877			.0	47	01/20/2036
36225C-RY-4	GNMA PL #080502M		12/20/2016	PRINCIPAL RECEIPT		762	762	765	771		0		0		771		(8)	(8)	7	02/20/2031
36225C-3F-1	GNMA PL 080797M		12/20/2016	PRINCIPAL RECEIPT		4,663	4,663	4,660	4,657		5		5		4,663			.0	51	01/20/2034
36225D-DY-7	GNMA PL 081018M		12/20/2016	PRINCIPAL RECEIPT		4,347	4,347	4,384	4,424		(77)		(77)		4,347			.0	39	08/20/2034
38377V-EM-4	GNMA REMIC TRUST 2011-59		12/20/2016	PRINCIPAL RECEIPT		1,508	1,508	1,549	1,545		(38)		(38)		1,508			.0	33	12/20/2040
38378N-2A-0	GNMA REMIC TRUST 2014-54		12/16/2016	PRINCIPAL RECEIPT		296,616	296,616	301,019	300,631		(4,015)		(4,015)		296,616			.0	4,446	10/16/2041
912828-MF-4	TIPS		06/28/2016	BARCLAYS CAPITAL FIXD		1,863,112	1,580,000	1,882,146	1,812,500		1,850		1,850		1,814,350		48,762	48,762	22,894	01/15/2020
912810-FS-2	U S TREASURY I P		06/28/2016	MLPFS INC/FIXED INCOME		390,019	275,000	413,280	403,342		(11,322)		(11,322)		388,359		1,660	1,660	6,315	01/15/2026
912828-FL-9	U S TREASURY I P		01/29/2016	GOLDMAN, SACHS & CO		464,901	390,000	486,654	468,005		211		(1,240)		466,974		(2,075)	(2,075)	6,302	07/15/2016
912828-NM-8	U S TREASURY I P		06/28/2016	SG AMERICAS SECURITIES		1,811,711	1,540,000	1,868,066	1,815,203		(38,292)		(14,887)		1,762,024		49,687	49,687	20,115	07/15/2020
912828-PP-9	U S TREASURY I P		06/28/2016	VARIOUS		6,078,013	5,285,000	6,358,595	6,235,638		(237,360)		(31,606)		5,966,673		111,340	111,340	49,760	01/15/2021
912828-OV-5	U S TREASURY I P S		06/28/2016	MLPFS INC/FIXED INCOME		2,011,764	1,805,000	2,092,450	2,063,184		(68,947)		(14,421)		1,979,816		31,948	31,948	11,406	07/15/2021
912828-SA-9	U S TREASURY I P S		06/28/2016	VARIOUS		4,939,014	4,655,000	4,876,029	4,912,134		(41,719)		(1,360)		4,869,055		69,958	69,958	5,065	01/15/2022
912828-JX-9	U S TREASURY I P S		06/28/2016	MLPFS INC/FIXED INCOME		1,916,217	1,605,000	2,095,888	1,961,329		(82,327)		(30,149)		1,879,001		37,216	37,216	36,201	01/15/2019
912828-FF-2	U S TREASURY NOTES		02/11/2016	NOMURA SECURITIES INTL		253,066	250,000	252,148	250,102		(31)		(31)		250,071		2,995	2,995	3,133	05/15/2016
912828-OJ-2	U S TREASURY NT		03/01/2016	VARIOUS		800,688	800,000	810,563	800,366		(248)		(248)		800,118		569	569	7,706	02/29/2016
912828-OP-8	U S TREASURY NT		02/11/2016	WELLS FARGO SECURITIES		1,004,180	1,000,000	1,014,141	1,001,226		(328)		(328)		1,000,898		3,281	3,281	3,538	05/31/2016
912828-OK-1	U S TREASURY NT		02/11/2016	WELLS FARGO SECURITIES		276,375	275,000	282,197	275,860		(164)		(164)		275,696		679	679	2,198	07/31/2016
912828-RM-4	U S TREASURY NT		02/11/2016	WELLS FARGO SECURITIES		501,699	500,000	502,754	500,470		(64)		(64)		500,406		1,293	1,293	1,429	10/31/2016
912828-WD-8	U S TREASURY NT		02/11/2016	NOMURA SECURITIES INTL		1,013,242	1,000,000	996,074	997,727		88		88		997,815		15,428	15,428	3,571	10/31/2018
912810-BR-4	UNITED STATES TREAS BDS		06/28/2016	MLPFS INC/FIXED INCOME		4,567,902	3,015,000	4,598,019	4,546,415		(26,941)		(40,106)		4,479,367		88,535	88,535	86,569	01/15/2025
912828-BD-5	UNITED STATES TREAS NTS		06/28/2016	VARIOUS		3,213,281	3,000,000	3,050,640	3,090,557		(46,662)		(1,886)		3,042,010		171,271	171,271	17,736	01/15/2024
912828-B3-3	UNITED STATES TREAS NTS		10/07/2016	BARCLAYS CAPITAL FIXD		506,582	500,000	499,727	499,827		42		42		499,869		6,713	6,713	8,886	01/31/2019
912828-C9-9	UNITED STATES TREAS NTS		06/28/2016	GOLDMAN SACHS & CO		5,012,540	4,815,000	4,931,466	4,923,328		(3,596)		(5,388)		4,914,364		98,175	98,175	4,303	04/15/2019
912828-F4-7	UNITED STATES TREAS NTS		02/11/2016	WELLS FARGO SECURITIES		1,500,293	1,500,000	1,497,305	1,498,991		151		151		1,499,142		1,151	1,151	2,766	09/30/2016
912828-H4-5	UNITED STATES TREAS NTS		06/28/2016	BARCLAYS CAPITAL FIXD INC		2,050,212	2,000,000	2,015,569	2,032,915		(19,802)		(1,336)		2,011,778		38,434	38,434	4,811	01/15/2025
912828-J5-0	UNITED STATES TREAS NTS		02/11/2016	NOMURA SECURITIES INTL		2,688,508	2,650,000	2,660,766	2,659,243		(244)		(244)		2,658,999		29,509	29,509	16,517	02/29/2020
912828-L6-5	UNITED STATES TREAS NTS		02/09/2016	CREDIT SUISSE SECURITIES		1,733,356	1,715,000	1,716,176	1,716,129		(25)		(25)		1,716,105		17,251	17,251	8,569	09/30/2020
912828-S0-4	UNITED STATES TREAS NTS		06/28/2016	VARIOUS		6,450,200	6,135,000	6,618,855	6,541,989		(223,527)		(24,101)		6,294,361		155,839	155,839	3,735	04/15/2017
912828-TY-0	UNITED STATES TREAS NTS		06/29/2016	GOLDMAN, SACHS & CO		3,628,598	3,420,000	3,591,545	3,605,817		(56,517)		(5,331)		3,543,970		84,628	84,628	4,236	07/15/2022
912828-TE-6	UNITED STATES TREAS NTS		02/11/2016	WELLS FARGO SECURITIES		687,182	675,000	675,000	675,000		0		0		675,000		12,182	12,182	2,682	11/15/2022
912828-UH-1	UNITED STATES TREAS NTS		06/28/2016	BARCLAYS CAPITAL FIXD INC		5,042,387	4,830,000	5,183,875	5,215,267		(131,838)		(15,487)		5,067,942		(25,554)	(25,554)	5,699	01/15/2023
912828-UX-6	UNITED STATES TREAS NTS		06/28/2016	SG AMERICAS SECURITIES		5,635,669	5,370,000	5,819,398	5,717,661		(131,297)		(173,000)		5,544,661		91,008	91,008	4,864	04/15/2018
912828-YB-3	UNITED STATES TREAS NTS		12/28/2016	NOMURA SECURITIES INTL		178,756	185,000	173,127	175,876		1,131		1,131		177,006		1,750	1,750	3,631	05/15/2023
912828-YM-9	UNITED STATES TREAS NTS		04/29/2016	GOLDMAN SACHS & CO		4,592,813	4,360,000	4,426,572	4,456,090		(28,691)		(7)		4,427,392		165,421	165,421	13,337	07/15/2023
912828-YO-0	UNITED STATES TREAS NTS		05/06/2016	VARIOUS		3,753,539	3,700,000	3,702,504	3,701,321		(158)		(158)		3,701,163		52,376	52,376	34,825	07/31/2018
912828-WU-0	UNITED STATES TREAS NTS		06/28/2016	VARIOUS		2,512,550	2,475,000	2,431,887	2,436,738		1,231		1,231		2,440,229		72,321	72,321	8,825	07/15/2024
912828-XJ-4	UNITED STATES TREAS NTS		02/11/2016	VARIOUS		7,998,984	8,000,000	8,006,875	8,005,211		(373)		(373)		8,004,837		(5,853)	(5,853)	5,666	06/30/2017
912828-XL-9	UNITED STATES TREAS NTS		06/28/2016	BARCLAYS CAPITAL FIXD INC		347,757	335,000	328,983	328,902		144		355		329,401		18,356	18,356	1,207	07/15/2025
0599999	Bonds - U.S. Governments					85,846,592	80,061,483	86,340,887	85,752,062		(1,117,101)		(234,615)		84,400,346		1,446,246	1,446,246	421,020	XXX
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
13063B-C9-1	CALIFORNIA ST		06/23/2016	WELLS FARGO		237,396	200,000	231,670	231,664		(321)		(321)		231,343		6,053	6,053	8,250	09/01/2042
13063B-M2-2	CALIFORNIA ST		06/23/2016	MERRILL LYNCH		513,400	425,000	516,979	516,887		(5,291)		(5,291)		511,595		1,805	1,805	18,408	09/01/2023
13063B-PX-4	CALIFORNIA ST		06/23/2016	WELLS FARGO		501,245	425,000	486,162	486,151		(650)		(650)		485,500		15,745	15,745	15,760	10/01/2041
13063B-AR-3	CALIFORNIA ST VAR		06/23/2016	PERSHING LLC		562,950	500,000	571,200	571,166		(1,984)		(1,984)		569,181		(6,231)	(6,231)	18,542	10/01/2029
246380-ZH-1	DELAWARE ST		02/10/2016	MERRILL LYNCH		676,111	650,000	679,432	679,189		(3,152)		(3,152)		676,037		74	74	20,313	01/01/2017
25476F-GH-5	DISTRICT COLUMBIA		06/23/2016	PERSHING LLC		232,226	200,000	234,212	234,149		(3,603)		(3,603)		230,546		1,680	1,680	6,038	06/01/2020
25476F-NT-1	DISTRICT COLUMBIA		06/23/2016	WELLS FARGO		817,209	675,000	785,329	785,301		(1,628)		(1,628)		783,672		33,537	33,537	19,406	06/01/2038
373384-PN-0	GEORGIA ST REF SER 1		06/23/2016	WELLS FARGO		463,648	400,000	466,672	466,552		(6,897)		(6,897)		459,654		3,994	3,994	19,833	07/01/2020
452152-MJ-7	ILLINOIS ST		06/23/2016	UBS FINANCIAL SERVICES		527,845	485,000	532,855	532,789		(3,778)		(3,778)		529,011		(1,166)	(1,166)	22,027	08/01/2021
574193-BM-9	MARYLAND ST		06/23/2016	WELLS FARGO		476,650	425,000	482,524	482,424		(5,754)</									

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C.V. (11+12-13)	Total Foreign Exchange Change in B/A C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	
283590-EX-1	EL PASO CNTY TEX HOSP DIST	04/06/2016	MORGAN STANLEY & CO., INC.		267,778	245,000	266,362	266,358		(116)		(116)		266,242		1,535	1,535	8,031	08/15/2043	
303820-2S-2	FAIRFAX CNTY VA	06/23/2016	WELLS FARGO		506,756	455,000	512,767	512,622		(8,350)		(8,350)		504,271		2,485	2,485	16,873	04/01/2019	
30382A-CE-0	FAIRFAX CNTY VA	06/23/2016	WELLS FARGO		460,144	375,000	458,434	458,336		(5,622)		(5,622)		452,714		7,429	7,429	13,906	10/01/2022	
517840-3C-6	LAS VEGAS VALLEY NEV WTR	02/10/2016	NATIONAL FINANCIAL SERV		300,785	250,000	295,815	295,748		(878)		(878)		294,869		5,916	5,916	2,604	06/01/2021	
544644-Y2-0	LOS ANGELES CA UNIT	06/23/2016	WELLS FARGO		500,165	500,000	512,000	511,995		(289)		(289)		511,706		(11,541)	(11,541)	24,792	07/01/2030	
639557-T0-0	NEBO UTAH SCH DIST	06/23/2016	WELLS FARGO		560,875	500,000	566,765	566,609		(8,940)		(8,940)		557,669		3,206	3,206	20,556	07/01/2019	
987388-GA-7	YOSEMITE CALIF CMNTY COLLEGE D	06/23/2016	WELLS FARGO		155,006	125,000	149,524	149,515		(529)		(529)		148,985		6,021	6,021	5,260	08/01/2032	
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					6,381,072	5,570,000	6,370,629	6,369,445		0	(50,218)	0	(50,218)	0	6,319,227	0	61,845	61,845	188,283	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
01757L-DN-3	ALLEN CNTY OH HOSP	06/23/2016	WELLS FARGO		243,754	225,000	247,464	247,395		(3,960)		(3,960)		243,436		318	318	9,281	09/01/2018	
040654-WT-8	ARIZONA ST TRANSN BRD HWY REV	06/23/2016	PIPER JAFFRAY		245,600	200,000	237,982	237,969		(757)		(757)		237,212		8,388	8,388	9,917	07/01/2033	
072024-TM-4	BAY AREA TOLL AUTH CALIF TOLL	02/10/2016	MORGAN STANLEY & CO		489,971	485,000	488,128	488,127		(13)		(13)		488,114		1,857	1,857	2,728	04/01/2047	
130178-VU-7	CALIFORNIA EDL FACS REV	06/23/2016	PERSHING LLC		331,958	225,000	307,544	307,524		(1,104)		(1,104)		306,421		25,538	25,538	8,761	04/01/2040	
13033L-BE-6	CALIFORNIA HEALTH	06/23/2016	MORGAN STANLEY & CO		483,000	425,000	484,436	484,424		(682)		(682)		483,742		(742)	(742)	20,161	09/01/2039	
13033L-YS-0	CALIFORNIA HEALTH FACS FI	06/23/2016	PERSHING LLC		528,651	450,000	493,304	493,297		(391)		(391)		492,906		35,745	35,745	19,563	08/15/2051	
13066Y-RN-1	CALIFORNIA ST DEPT	06/23/2016	NATIONAL FINANCIAL		484,916	450,000	493,592	493,438		(8,827)		(8,827)		484,611		304	304	14,813	05/01/2018	
13066Y-OC-6	CALIFORNIA ST DEPT WTR RES	06/23/2016	NATIONAL FINANCIAL		323,277	300,000	329,061	328,959		(5,885)		(5,885)		323,074		203	203	9,875	05/01/2018	
130685-2J-8	CALIFORNIA ST PUB WKS BRD	06/23/2016	WELLS FARGO		239,381	205,000	232,905	232,898		(408)		(408)		232,490		6,891	6,891	7,602	04/01/2037	
130795-CO-8	CALIFORNIA STATEWIDE CMNT	06/23/2016	MORGAN STANLEY & CO., INC.		471,994	455,000	471,576	471,574		(110)		(110)		471,464		530	530	19,780	08/15/2047	
130911-26-4	CALIFORNIA STATEWIDE CMNTYS DE	03/01/2016	Calis		150,000	150,000	151,053	151,053		(4)		(4)		151,049		(1,049)	(1,049)	3,750	03/01/2041	
167592-3A-0	CHICAGO IL O HARE	06/23/2016	OPPENHEIMER & CO. INC		450,198	425,000	456,331	456,283		(2,766)		(2,766)		453,516		(3,318)	(3,318)	21,073	01/01/2021	
235036-RO-5	DALLAS FORT WORTH TEX INTL	06/23/2016	PERSHING LLC		578,470	500,000	571,425	571,367		(3,379)		(3,379)		567,988		10,482	10,482	16,458	11/01/2024	
254776-EA-9	DISTRICT COLUMBIA	06/23/2016	PIPER JAFFRAY		229,070	200,000	229,468	229,447		(1,214)		(1,214)		228,234		836	836	5,750	12/01/2025	
292706-VZ-5	ENERGY NORTHWEST WASH	02/10/2016	BARCLAYS CAPITAL FIXD INC		456,303	430,000	457,421	457,270		(1,957)		(1,957)		455,314		989	989	13,438	07/01/2017	
3128KL-XT-9	F H L M C G D A57890	12/15/2016	PRINCIPAL RECEIPT		801	801	796	793		8		8		801		0	0	15	02/01/2037	
3128KM-YJ-8	F H L M C G D A58813	12/15/2016	PRINCIPAL RECEIPT		24	24	24	24		0		0		24		0	0	1	03/01/2037	
3128KN-LD-3	F H L M C G D A59324	12/15/2016	PRINCIPAL RECEIPT		105,152	105,152	104,462	104,400		752		752		105,152		0	0	1,951	04/01/2037	
3128MP-V6-0	F H L M C G D G04815	12/15/2016	PRINCIPAL RECEIPT		39,422	39,422	41,523	41,342		(1,920)		(1,920)		39,422		0	0	1,011	09/01/2038	
3128PU-F4-9	F H L M C G D J14687	12/15/2016	PRINCIPAL RECEIPT		93,339	93,339	96,693	95,883		(2,545)		(2,545)		93,339		0	0	2,265	03/01/2026	
3137A7-NA-4	F H L M C MTLCL MTG	12/15/2016	PRINCIPAL RECEIPT		253,665	253,665	257,470	260,711		(7,046)		(7,046)		253,665		0	0	4,979	10/15/2032	
31410X-AB-2	F N M A #900102	12/25/2016	PRINCIPAL RECEIPT		2,693	2,693	2,693	2,693		0		0		2,693		0	0	84	08/01/2021	
3138A7-SJ-3	F N M A #AH6248	12/25/2016	PRINCIPAL RECEIPT		128,029	128,029	132,630	131,528		(3,499)		(3,499)		128,029		0	0	2,718	04/01/2026	
3138A8-XT-8	F N M A #AH6989	12/25/2016	PRINCIPAL RECEIPT		246,230	246,230	259,908	258,918		(12,687)		(12,687)		246,230		0	0	6,032	03/01/2041	
303823-KZ-0	FAIRFAX CNTY VA INDL DEV AUTH	06/23/2016	PIPER JAFFRAY		588,820	500,000	566,545	566,535		(593)		(593)		565,942		22,879	22,879	15,486	05/15/2044	
3132MA-PB-1	FHLMC PC GOLD PC 30YR	12/15/2016	PRINCIPAL RECEIPT		303,604	303,604	326,113	326,152		(22,548)		(22,548)		303,604		0	0	6,469	11/01/2044	
3132WF-WW-5	FHLMC PC GOLD PC 30YR	12/15/2016	PRINCIPAL RECEIPT		66,981	66,981	72,182	72,182		(5,201)		(5,201)		66,981		0	0	489	06/01/2046	
312962-2F-9	FHLMC PL B10774F	12/15/2016	PRINCIPAL RECEIPT		13,549	13,549	13,663	13,609		(60)		(60)		13,549		0	0	493	11/01/2018	
31294K-B6-1	FHLMC PL E00961F	04/19/2016	VARIOUS		1,216	1,216	1,226	1,217		(1)		(1)		1,216		0	0	13	04/01/2016	
31294K-HR-9	FHLMC PL E01140F	12/15/2016	PRINCIPAL RECEIPT		5,666	5,666	5,713	5,680		(15)		(15)		5,666		0	0	166	05/01/2017	
3128MN-CW-1	FHLMC PL G18084F	12/15/2016	PRINCIPAL RECEIPT		10,727	10,727	10,817	10,787		(60)		(60)		10,727		0	0	289	11/01/2020	
3128MN-DM-2	FHLMC PL G18107F	12/15/2016	PRINCIPAL RECEIPT		6,333	6,333	6,387	6,373		(40)		(40)		6,333		0	0	207	03/01/2021	
3128PB-JJ-4	FHLMC PL J00265F	12/15/2016	PRINCIPAL RECEIPT		4,157	4,157	4,192	4,196		(39)		(39)		4,157		0	0	132	10/01/2020	
343136-2S-5	FLORIDA ST TPK AUTH TPK REV	06/23/2016	BNY/ITC-DEALERS CLEARANCE		372,198	300,000	365,475	365,407		(3,899)		(3,899)		361,508		10,690	10,690	14,875	07/01/2023	
31410T-3B-9	FNMA PASS-THRU	12/25/2016	PRINCIPAL RECEIPT		517	517	520	520		(3)		(3)		517		0	0	17	09/01/2021	
3138MS-EA-3	FNMA PASS-THRU LNG 30 YEAR	12/25/2016	PRINCIPAL RECEIPT		834,649	834,649	891,770	891,278		(56,629)		(56,629)		834,649		0	0	18,711	08/01/2042	
3138WC-RD-7	FNMA PASS-THRU LNG 30 YEAR	09/25/2016	VARIOUS		4,013,078	3,742,125	4,077,746	4,076,302		(83,726)		(83,726)		3,992,576		20,502	20,502	124,309	08/01/2044	
3138WE-6X-2	FNMA PASS-THRU LNG 30 YEAR	12/25/2016	PRINCIPAL RECEIPT		434,667	434,667	462,614	462,549		(27,882)		(27,882)		434,667		0	0	9,797	07/01/2045	
3140EU-T9-0	FNMA PASS-THRU LNG 30 YEAR	12/25/2016	PRINCIPAL RECEIPT		240,370	240,370	251,637	251,637		(11,267)		(11,267)		240,370		0	0	2,190	12/01/2045	
3140EW-YT-6	FNMA PASS-THRU LNG 30 YEAR	12/25/2016	PRINCIPAL RECEIPT		48,844	48,844	51,074	51,074		(2,230)		(2,230)		48,844		0	0	821	01/01/2046	
31409X-CO-0	FNMA PASS-THRU LNG 30 YEAR	12/25/2016	PRINCIPAL RECEIPT		34,813	34,813	33,681	33,681		914		914		34,813		0	0	1,066	11/01/2036	
353187-AO-0	FRANKLIN CNTY OH Hosp FACS	06/23/2016	UBS FINANCIAL SERVICES		506,150	425,000	482,184	482,152		(1,871)		(1,871)		480,280		25,869	25,869	13,990	11/01/2027	
407271-BZ-6	HAMILTON CNTY OH Health	06/23/2016	PERSHING LLC		455,762	425,000	461,996	461,871		(7,196)		(7,196)		454,676		1,086	1,086	12,219	06/01/2018	
407271-CR-3	HAMILTON CNTY OH Health	06/23/2016	NATIONAL FINANCIAL		478,856	425,000	462,719	462,712		(366)		(366)		462,347		16,509	16,509	12,219	06/01/2042	
45471A-HN-5	INDIANA FIN AUTH HOSP REV	06/23/2016	BNY/ITC-DEALERS CLEAR		501,560	425,000	492,001	491,942		(3,425)		(3,425)		488,517		13,042	13,042	13,990</		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	For eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C.V. (11+12-13)	Total Foreign Exchange Change in B/A C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
646136-R2-9	NEW JERSEY ST TRANSN TR FD AUT		06/23/2016	MORGAN STANLEY		355,586	325,000	336,885	336,883		(109)		(109)		336,774		18,811	18,811	8,712	06/15/2044
64971W-CW-8	NEW YORK NY CITY		06/23/2016	PERSHING LLC		176,069	170,000	179,699	179,559	132	(438)		(306)		179,253		(3,184)	(3,184)	5,596	11/01/2024
64972H-PN-6	NEW YORK NY CITY		06/23/2016	MERRILL LYNCH PIERCE		551,505	500,000	555,880	555,841		(2,221)		(2,221)		553,620		(2,115)	(2,115)	23,619	01/15/2026
649903-CB-5	NEW YORK ST DORM		06/23/2016	PERSHING LLC		357,592	350,000	365,407	365,394		(723)		(723)		364,671		(7,080)	(7,080)	17,354	07/01/2024
64990E-JV-0	NEW YORK ST DORM AUTH		02/10/2016	NATIONAL FINANCIAL		445,636	365,000	436,507	436,412		(1,238)		(1,238)		435,174		10,462	10,462	3,092	12/15/2021
64990B-OA-4	NEW YORK ST DORM AUTH REVS		02/10/2016	RBC CAPITAL MARKETS		579,869	480,000	559,632	559,589		(553)		(553)		480,833		20,833	20,833	11,733	07/01/2028
650035-TO-1	NEW YORK ST URBAN		06/23/2016	WELLS FARGO		484,500	425,000	487,105	487,006		(5,670)		(5,670)		481,336		3,164	3,164	21,073	01/01/2021
650035-UM-8	NEW YORK ST URBAN		06/23/2016	MERRILL LYNCH PIERCE		330,279	300,000	334,368	334,274		(5,381)		(5,381)		328,893		1,386	1,386	14,875	01/01/2019
97710B-MR-0	WISCONSIN ST HEALTH & EDL		02/10/2016	NATIONAL FINANCIAL		140,506	125,000	140,248	140,209		(498)		(498)		139,711		795	795	2,344	04/01/2019
97710B-7P-1	WISCONSIN ST HEALTH & EDL FACS		02/10/2016	NATIONAL FINANCIAL		632,096	520,000	617,224	617,127		(1,270)		(1,270)		615,857		16,239	16,239	13,072	08/15/2023
97710B-Y9-7	WISCONSIN ST HEALTH & EDL FACS		06/23/2016	UBS FINANCIAL SERVICES		681,390	585,000	669,924	669,865		(3,404)		(3,404)		666,461		14,929	14,929	25,431	02/15/2026
3199999	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions					24,430,479	22,062,571	24,354,916	23,976,335	132	(317,472)	0	(317,340)	0	24,033,888	0	396,591	396,591	735,585	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
00507U-AS-0	ACTAVIS FUNDING SCS	D	01/13/2016	JEFFERIES & COMPANY INC		700,833	700,000	697,515	697,686		7		7		697,693		3,140	3,140	9,162	03/15/2025
01609H-AP-7	ALIBABA GROUP HLDG LTD		05/26/2016			3,534,521	3,500,000	3,484,530	3,486,799		825		825		3,487,593		46,938	46,938	55,477	11/28/2021
25156P-AP-8	DEUTSCHE TEL FIN	D	04/11/2016	MATURITY		285,000	285,000	284,712	284,983		17		17		285,000		0	0	4,453	04/11/2016
716540-BY-7	PETROLEOS MEXICANOS		12/15/2016	Sink PMT @ 100.0000000		200,000	200,000	200,000	189,598	10,402			10,402	200,000		0	0	3,690	12/15/2025	
88314R-AC-0	TEXTAINER MARINE III 2014-1	D	12/20/2016	PRINCIPAL RECEIPT		50,000	50,000	49,983	49,983		17		17		50,000		0	0	8,430	10/20/2039
030855-AB-4	AMERITECH CAP FDG CORP		06/01/2016	Sink PMT @ 100.0000000		50,820	50,820	59,122	51,365		(545)		(545)		50,820		0	0	2,312	06/01/2016
13975F-AD-2	CAPITAL AUTO RECY ABN 2013-4		12/20/2016	PRINCIPAL RECEIPT		254,984	254,984	255,332	254,984		(349)		(349)		254,984		0	0	2,950	07/20/2018
14912L-AX-6	CATERPILLAR FINL		08/01/2016	MATURITY		220,000	220,000	219,501	219,939		61		61		220,000		0	0	4,510	08/01/2016
20824H-AA-9	COWNS RECV FDG LLC 2016-A		12/15/2016	PRINCIPAL RECEIPT		393,445	393,445	393,439	393,439		5		5		393,445		0	0	6,304	04/16/2018
20824H-AA-7	COWNS RECV FDG LLC 2016-B		12/15/2016	PRINCIPAL RECEIPT		64,995	64,995	64,992	64,992		3		3		64,995		0	0	3,27	10/15/2018
233046-AD-3	DB MASTER FIN LLC 2015-1		11/20/2016	PRINCIPAL RECEIPT		30,000	30,000	30,000	30,000		0		0		30,000		0	0	523	02/20/2045
25755T-AC-4	DOMINOS PIZZA MSTR 2012-1		10/25/2016	PRINCIPAL RECEIPT		9,506	9,506	9,849	9,506		0		0		9,506		0	0	235	01/25/2042
29078E-AB-1	EMBARO CORP NOTES		06/01/2016	MATURITY		300,000	300,000	299,982	299,999		1		1		300,000		0	0	10,623	06/01/2016
29372E-AF-5	ENTERPRISE FLEET FNC 2012-2		05/20/2016	PRINCIPAL RECEIPT		105,760	105,760	105,760	105,760		0		0		105,760		0	0	307	04/20/2018
302182-AF-7	EXPRESS SCRIPTS INC		02/26/2016	TENDER OFFER		502,590	500,000	497,985	499,840		65		65		499,905		2,685	2,685	4,644	05/15/2016
30605X-AA-1	FAIRWAY OUTDOOR FDG 2012-1		12/15/2016	PRINCIPAL RECEIPT		8,241	8,241	8,241	8,241		0		0		8,241		0	0	181	10/15/2042
345397-WB-5	FORD MOTOR CRED		04/15/2016	MATURITY		400,000	400,000	400,000	400,000		0		0		400,000		0	0	8,414	04/15/2016
369626-SC-4	GEN ELEC CAP CORP		05/09/2016	MATURITY		500,000	500,000	499,030	499,926		74		74		500,000		0	0	7,375	05/09/2016
43289U-AU-9	HILTON USA TRUST 2013-HLT		11/07/2016	PRINCIPAL RECEIPT		1,000,000	1,000,000	1,005,000	1,003,827		(3,827)		(3,827)		1,000,000		0	0	30,866	11/05/2030
438516-AX-4	HONEYWELL INTL		12/01/2016	Call		367,731	350,000	348,737	349,701		122		122		349,823		17,908	17,908	23,188	03/01/2018
457153-AE-4	INGRAM MICRO INC		12/20/2016	BAIRD & CO		405,500	400,000	399,992	399,998		1		1		399,999		5,501	5,501	27,475	09/01/2017
543190-AA-0	LONGTRAIN LEASING		12/15/2016	PRINCIPAL RECEIPT		257,832	257,832	257,816	257,816		16		16		257,832		0	0	3,973	01/15/2045
681919-AS-5	OMNICOM GROUP INC		04/15/2016	MATURITY		1,000,000	1,000,000	1,126,640	1,007,776		(7,776)		(7,776)		1,000,000		0	0	29,500	04/15/2016
693476-BM-4	PNC FUNDING CORP		02/18/2016	BAIRD & CO		504,155	500,000	521,620	505,059		(919)		(919)		504,140		15	15	5,775	09/19/2016
80281C-AF-2	SANTANDER DRIVE AUTO 2013-5		12/15/2016	PRINCIPAL RECEIPT		252,441	252,441	252,438	252,440		1		1		252,441		0	0	5,040	06/17/2019
83401L-AB-0	SOCIAL PROFESSIONAL		12/25/2016	PRINCIPAL RECEIPT		808,671	808,671	808,549	808,534		137		137		808,671		0	0	9,767	03/25/2030
87342R-AB-0	TACO BELL FDG LLC 2016-1		11/25/2016	PRINCIPAL RECEIPT		1,000	1,000	1,000	1,000		0		0		1,000		0	0	24	05/25/2046
87407P-AP-5	TAL ADVANTAGE V LLC 2014-2		12/20/2016	PRINCIPAL RECEIPT		63,578	63,578	62,560	62,563		1,015		1,015		63,578		0	0	1,090	05/20/2039
883556-BD-3	THERMO FISHER SCIENTIFIC		10/07/2016	Call		2,005,080	2,000,000	1,998,820	1,999,590		290		290		1,999,879		5,201	5,201	30,767	02/01/2017
87316V-AC-5	TXU ELEC DELIVERY		05/15/2016	PRINCIPAL RECEIPT		35,487	35,487	35,443	35,484		3		3		35,487		0	0	939	05/15/2018
91529V-AG-1	UNUM GROUP		09/30/2016	MATURITY		276,000	276,000	315,845	281,935		(5,935)		(5,935)		276,000		0	0	19,665	09/30/2016
95058X-AB-4	WENDYS FDG LLC 2015-1		05/02/2016	VARIABLE		397,259	399,000	399,000	399,000		0		0		399,000		(1,741)	(1,741)	6,325	06/15/2045
98162F-AB-0	WORL OMNI AUTO TR 2016-A		12/15/2016	PRINCIPAL RECEIPT		168,891	168,891	168,890	168,890		1		1		168,891		0	0	1,454	12/16/2019
98385X-AH-9	XTO ENERGY INC		04/01/2016	MATURITY		150,000	150,000	149,876	149,996		4		4		150,000		0	0	4,238	04/01/2016
98876V-AA-8	ZFS FINANCE USA TRUST II		06/15/2016	Call		1,500,000	1,500,000	1,614,000	1,613,011		(172)		(172)		1,612,839		(112,839)	(112,839)	48,375	12/15/2065
009089-AA-1	AIR CANADA 2013 1A	A	11/15/2016	Sink PMT @ 100.0000000		22,655	22,655	22,995	22,941		(286)		(286)		22,655		0	0	474	11/15/2026
78008T-LB-8	ROYAL BK CANADA MTN	A	07/20/2016	MATURITY		500,000	500,000	499,695	499,965		35		35		500,000		0	0	11,500	07/20/2016
3199999	Bonds - Industrial and Miscellaneous (Unaffiliated)					17,326,976	17,258,307	17,548,890	16,483,219	10,402	(17,106)	0	(6,704)	0	17,360,169	0	(33,193)	(33,193)	382,763	XXX
8399997	Bonds - Subtotals - Bonds - Part 4					140,390,447	130,542,360	140,990,828	138,955,479	(1,106,567)	(660,545)	0	(1,767,112)	0	138,446,915	0	1,943,532	1,943,532	1,929,267	XXX
8399998	Bonds - Summary Item from Part 5 for Bonds					16,766,312	15,303,000	16,465,640	16,465,640	0	(24,213)	0	(24,213)	0	16,441,428	0	324,884	324,884	64,719	XXX
8399999	Bonds - Subtotals - Bonds																			

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stocks)	9 Actual Cost	10 Consideration	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change In B./A. C.V. (12 + 13 - 14)	16 Total Foreign Exchange Change in B./A. C.V.					
Bonds - U.S. Governments																				
912810-F5-2	U S TREASURY I P S		04/29/2016	GOLDMAN, SACHS & CO	06/28/2016	MLPFS INC/FIXED INCOME	948,000	1,309,560	1,344,503	1,304,692		(4,868)		(4,868)			39,811	39,811	10,420	3,839
912828-K3-3	U S TREASURY I P S		04/29/2016	GOLDMAN, SACHS & CO	06/28/2016	BARCLAYS CAPITAL FIXD INC	2,955,000	3,057,443	3,080,869	3,056,135		(1,309)		(1,309)			24,734	24,734	773	184
912828-H4-5	UNITED STATES TREAS NTS		05/31/2016	GOLDMAN, SACHS & CO	06/28/2016	BARCLAYS CAPITAL FIXD INC	360,000	361,517	369,038	361,521		4		4			7,517	7,517	414	346
912828-N7-1	UNITED STATES TREAS NTS		04/29/2016	GOLDMAN, SACHS & CO	06/28/2016	BARCLAYS CAPITAL FIXD INC	2,207,000	2,269,595	2,339,223	2,268,091		(1,504)		(1,504)			71,132	71,132	6,332	2,237
912828-06-0	UNITED STATES TREAS NTS		04/29/2016	GOLDMAN, SACHS & CO	06/28/2016	GOLDMAN, SACHS & CO	2,175,000	2,226,984	2,243,690	2,225,304		(1,680)		(1,680)			18,386	18,386	562	134
912828-R3-6	UNITED STATES TREAS NTS		06/01/2016	NOMURA SECURITIES INTL	08/08/2016	VARIOUS	300,000	294,961	301,997	295,025		64		64			6,973	6,973	913	238
912828-XL-9	UNITED STATES TREAS NTS		04/29/2016	GOLDMAN, SACHS & CO	06/28/2016	BARCLAYS CAPITAL FIXD INC	3,238,000	3,299,529	3,361,304	3,298,655		(874)		(874)			62,649	62,649	5,585	2,926
0599999 - Bonds - U.S. Governments							12,183,000	12,819,590	13,040,624	12,809,423	0	(10,166)	0	(10,166)	0	0	231,201	231,201	25,000	9,904
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
419792-JZ-0	HAWAII ST		04/04/2016	MERRILL LYNCH,PIERCE	06/23/2016	WELLS FARGO	125,000	159,788	160,881	159,050		(738)		(738)			1,831	1,831	1,285	0
1799999 - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)							125,000	159,788	160,881	159,050	0	(738)	0	(738)	0	0	1,831	1,831	1,285	0
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)																				
442331-K5-2	HOUSTON TEX		04/18/2016	Citigroup Global Markets	06/23/2016	UBS FINANCIAL SERVICES	175,000	218,398	219,147	217,587		(811)		(811)			1,560	1,560	1,823	194
542433-RA-7	LONG BEACH CALIF UNI SCH DIST		04/04/2016	Citigroup Global Markets	06/23/2016	WELLS FARGO	270,000	347,063	350,906	345,739		(1,324)		(1,324)			5,166	5,166	2,775	0
59163P-HV-8	METRO ORE		03/14/2016	JP MORGAN CHASE	06/23/2016	MERRILL LYNCH,PIERCE	190,000	214,474	212,439	212,414		(2,060)		(2,060)			25	25	2,481	0
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)							635,000	779,936	782,492	775,741	0	(4,195)	0	(4,195)	0	0	6,751	6,751	7,078	194
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
130805-LL-6	CALIFORNIA STATEWIDE CMNTYS DE		05/25/2016	MERRILL LYNCH,PIERCE	06/23/2016	MORGAN STANLEY & CO., INC	25,000	28,550	28,419	28,543		(7)		(7)			(124)	(124)	715	622
161045-MM-8	CHARLOTTE N C WTR & SWR SYS RE		03/02/2016	WELLS FARGO	06/23/2016	WELLS FARGO	325,000	411,278	417,966	408,963		(2,315)		(2,315)			9,004	9,004	7,990	2,979
29270C-P9-0	ENERGY NORTHWEST WASH ELEC REV		04/01/2016	BARCLAYS CAPITAL FIXD INC	06/23/2016	MERRILL LYNCH,PIERCE	310,000	392,826	398,505	390,947		(1,879)		(1,879)			7,558	7,558	2,928	0
515179-BU-2	LANE CNTY ORE MET WASTEWATER M		05/02/2016	Citigroup Global Markets	06/23/2016	WELLS FARGO	100,000	122,743	122,178	122,269		(474)		(474)			(91)	(91)	764	28
64990E-EV-3	NEW YORK ST DORM AUTH ST PERS		03/16/2016	WELLS FARGO	06/23/2016	PERSHING LLC	350,000	418,964	422,370	416,006		(2,958)		(2,958)			6,364	6,364	5,007	292
67766W-WZ-1	OHIO ST WTR DEV AUTH WTR		03/08/2016	WELLS FARGO	06/23/2016	WELLS FARGO	75,000	94,581	96,379	94,013		(568)		(568)			2,366	2,366	1,563	448
68428T-CN-5	ORANGE CNTY CALIF SANITW WSTEM		03/03/2016	BARCLAYS CAPITAL FIXD INC	06/23/2016	BNV/ITC-DEALERS CLEARANCE	250,000	307,378	317,805	306,445		(933)		(933)			11,360	11,360	3,056	0
79768H-CO-9	SAN FRANCISCO CALIF CITY & CNT		06/06/2016	JEFFERIES & COMPANY	06/23/2016	Wells Fargo	25,000	31,512	31,551	31,494		(17)		(17)			57	57	118	52
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions							1,460,000	1,807,830	1,835,173	1,798,678	0	(9,152)	0	(9,152)	0	0	36,495	36,495	22,140	4,420
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
035242-AP-1	ANHEUSER BUSCH INBEV FIN		01/13/2016	BARCLAYS CAPITAL FIXD INC	05/05/2016	J.P. MORGAN SECURITIES	900,000	898,497	947,142	898,536		39		39			48,606	48,606	9,216	0
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)							900,000	898,497	947,142	898,536	0	39	0	39	0	0	48,606	48,606	9,216	0
8399998 - Bonds - Subtotals - Bonds							15,303,000	16,465,640	16,766,312	16,441,428	0	(24,213)	0	(24,213)	0	0	324,884	324,884	64,719	14,519
9999999 Totals								16,465,640	16,766,312	16,441,428	0	(24,213)	0	(24,213)	0	0	324,884	324,884	64,719	14,519

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SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method (See Purposes And Procedures Manual of the NAIC Investment Analysis Office)	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date		
										11 Number of Shares	12 % of Outstanding	
NONE												
1999999 Totals - Preferred and Common Stocks							0	0	0	XXX	XXX	

- 1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____
- 2. Total amount of intangible assets nonadmitted: \$ _____

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 Totals - Preferred and Common				XXX	XXX

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<p>NONE</p>							
8699999 Total Cash Equivalents					0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
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	B Statutory Deposit			110,725	110,545
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	XXX	XXX	0	0	0
59. Total	XXX	XXX	0	0	110,725	110,545
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0

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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey
 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 []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M
(Street and Number)
Cranbury, NJ, US 08512-3706 609-662-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M
(Street and Number)
Cranbury, NJ, US 08512-3706 609-662-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact James Fitzgerald , 609-662-2325
(Name) (Area Code) (Telephone Number) (Extension)
James.Fitzgerald@AmeriHealth.com 609-662-2360
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>
<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>	<u>Kathryn Ann Galarnreau</u>	<u>Senior Vice President</u>
<u>Regina Heffernan #</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>President, Commercial & Consumer Markets</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Richard Joseph Neeson</u>	<u>Micheal Walsh Sullivan #</u>
----------------------------------	------------------------------	---------------------------------

State of Pennsylvania
 County of Philadelphia

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.

Michael Walsh Sullivan
 President & C.E.O.

Gregory Eugene Deavens
 E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
 V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
 September 22, 2018

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

Type of Health Care Receivables	Health Care Receivables Collected 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 Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	7,506,872	6,352,591	0	5,781,583	7,506,872	4,934,443
2. Claim overpayment receivables	5,423,627	(19,251,623)	765,857	7,517,751	6,189,484	6,189,484
3. Loans and advances to providers	1,621,110	0	0	3,242,141	1,621,110	1,621,110
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	14,551,609	(12,899,032)	765,857	16,541,475	15,317,466	12,745,037

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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	353,780	.0 0	128,930	100.0		353,780
2. Intermediaries	0	.0 0		.0 0		
3. All other providers	3,374,903	.0 4	128,930	100.0		3,374,903
4. Total capitation payments	3,728,683	.0 4	257,860	200.0	0	3,728,683
Other Payments:						
5. Fee-for-service	237,385,696	27.9	XXX	XXX		237,385,696
6. Contractual fee payments	607,655,974	71.5	XXX	XXX		607,655,974
7. Bonus/withhold arrangements - fee-for-service	0	.0 0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,128,456	.0 1	XXX	XXX		1,128,456
9. Non-contingent salaries	0	.0 0	XXX	XXX		
10. Aggregate cost arrangements	0	.0 0	XXX	XXX		
11. All other payments	0	.0 0	XXX	XXX		
12. Total other payments	846,170,126	99.6	XXX	XXX	0	846,170,126
13. Total (Line 4 plus Line 12)	849,898,809	100 %	XXX	XXX	0	849,898,809

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
NONE					
9999999 Totals			XXX	XXX	XXX

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	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2016						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	125,117	40,301	80,807	4,009							
2. First Quarter	142,927	58,801	78,875	5,251							
3. Second Quarter	140,273	56,804	77,976	5,493							
4. Third Quarter	131,057	54,381	70,944	5,732							
5. Current Year	128,930	51,048	72,007	5,875							
6. Current Year Member Months	1,601,185	632,759	902,514	65,912							
Total Member Ambulatory Encounters for Year:											
7. Physician	3,491,174	1,403,483	1,853,068	234,623							
8. Non-Physician	379,890	182,384	166,189	31,317							
9. Total	3,871,064	1,585,867	2,019,257	265,940	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	64,595	30,275	25,869	8,451							
11. Number of Inpatient Admissions	11,511	5,208	5,184	1,119							
12. Health Premiums Written (b)	926,931,366	424,554,188	485,590,263	12,729,574	1,220,983	2,836,358					
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	926,931,366	424,554,188	485,590,263	12,729,574	1,220,983	2,836,358					
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	849,898,810	421,717,776	415,206,566	11,180,280	913,947	880,241					
18. Amount Incurred for Provision of Health Care Services	855,402,378	422,869,326	420,658,024	10,080,840	913,947	880,241					

(a) For health business: number of persons insured under PPO managed care products 93,764 and number of persons insured under indemnity only products 85

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	125,117	40,301	80,807	4,009	0	0	0	0	0	0	
2. First Quarter	142,927	58,801	78,875	5,251	0	0	0	0	0	0	
3. Second Quarter	140,273	56,804	77,976	5,493	0	0	0	0	0	0	
4. Third Quarter	131,057	54,381	70,944	5,732	0	0	0	0	0	0	
5. Current Year	128,930	51,048	72,007	5,875	0	0	0	0	0	0	
6. Current Year Member Months	1,601,185	632,759	902,514	65,912	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	3,491,174	1,403,483	1,853,068	234,623	0	0	0	0	0	0	
8. Non-Physician	379,890	182,384	166,189	31,317	0	0	0	0	0	0	
9. Total	3,871,064	1,585,867	2,019,257	265,940	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	64,595	30,275	25,869	8,451	0	0	0	0	0	0	
11. Number of Inpatient Admissions	11,511	5,208	5,184	1,119	0	0	0	0	0	0	
12. Health Premiums Written (b)	926,931,366	424,554,188	485,590,263	12,729,574	1,220,983	2,836,358	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	926,931,366	424,554,188	485,590,263	12,729,574	1,220,983	2,836,358	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	849,898,810	421,717,776	415,206,566	11,180,280	913,947	880,241	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	855,402,378	422,869,326	420,658,024	10,080,840	913,947	880,241	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 93,764 and number of persons insured under indemnity only products 85

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance 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
Affiliates - U.S. Other											
95044	23-2314460	11/01/1996	AMERIHEALTH HMO INC.	PA	OTH/IA	2,037,078			186,672		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/G/A	428,466,296			361,223,515		
0299999 - Total Affiliates - U.S. Other						430,503,373	0	0	361,410,187	0	0
0399999 - Total Affiliates - U.S. - Total						430,503,373	0	0	361,410,187	0	0
0799999 - Affiliates - Total Affiliates						430,503,373	0	0	361,410,187	0	0
Non-Affiliates - U.S. Non-Affiliates											
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G/A	62,077			0	0	0
0899999 - Total Non-Affiliates - U.S. Non-Affiliates						62,077	0	0	0	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates						62,077	0	0	0	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)						430,565,450	0	0	361,410,187	0	0
9999999 Totals						430,565,450	0	0	361,410,187	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	1,440	1,568	3,227	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....	29,313	66,522	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		.0	.0	.0	.0
7. Claims payable.....	4,045	14,180	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	33,758	38,529	41,346	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O).....	.0	.0	.0	.0	.0

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)	160,791,147		160,791,147
2. Accident and health premiums due and unpaid (Line 15)	42,774,995		42,774,995
3. Amounts recoverable from reinsurers (Line 16.1)	33,758,017	(33,758,017)	0
4. Net credit for ceded reinsurance	XXX	36,363,511	36,363,511
5. All other admitted assets (Balance)	183,950,463		183,950,463
6. Total assets (Line 28)	421,274,623	2,605,494	423,880,117
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	169,059,931	4,045,478	173,105,409
8. Accrued medical incentive pool and bonus payments (Line 2)	1,741,929		1,741,929
9. Premiums received in advance (Line 8)	27,318,523		27,318,523
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	66,069		66,069
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	96,458,544	(1,439,984)	95,018,560
15. Total liabilities (Line 24)	294,644,996	2,605,494	297,250,490
16. Total capital and surplus (Line 33)	126,629,627	XXX	126,629,627
17. Total liabilities, capital and surplus (Line 34)	421,274,623	2,605,494	423,880,117
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	4,045,478		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	33,758,017		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	37,803,495		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	1,439,984		
30. Total ceded reinsurance payables/offsets	1,439,984		
31. Total net credit for ceded reinsurance	36,363,511		

**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					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0	Independence Health Group, Inc.	N	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	28.9	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / OCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	93688	23-2184623				OCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	OCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	OCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	10975	06-1505051				AmeriHealth Casualty Insurance Company	DE	IA	AmeriHealth Casualty Holdings, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.	PA	UIP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	61-1741302				AmeriHealth New Jersey, LLC.	DE	UDP	AmeriHealth New Jersey Holdings, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC.	NJ	NIA	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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

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00936	Independence Health Group, Inc.	00000	45-3672640				IBC MH LLC	DE	NIA	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	N	0
		96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

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

Asterisk	Explanation
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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)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc					(41,185,288)	51,083		34,135	(41,100,070)	502,450
00000	47-1233198	Independence Health Group, Inc					176,156,152				176,156,152	
00000	46-3867722	Independence Blue Cross, LLC	(128,483,368)	(50,000,000)			780,606,690			(9,300,000)	592,823,322	
93688	23-2184623	OCC Insurance Company	600,000				(401,274,502)			42,300,000	(358,374,502)	(1,620,112)
00000	23-2425461	AmeriHealth, Inc	232,233,368	(262,193,233)			(65,557,427)			8,400,000	(87,117,292)	
95056	23-2405376	Keystone Health Plan East, Inc	(90,000,000)				(354,931,839)			18,200,000	(434,187,799)	
60061	22-3338404	AmeriHealth Insurance Company of NJ		110,000,000			(45,657,582)	(1,840,908)		(54,875,000)	7,626,510	
95044	23-2314460	AmeriHealth HMO, Inc					(32,712,441)	1,840,908		(11,750,000)	(42,621,533)	
00000	23-2800586	The AmeriHealth Agency, Inc	(750,000)				(31,393)				(781,393)	
00000	23-2521508	AmeriHealth Administrators, Inc		50,000,000			28,968,084			2,225,000	81,193,084	
00000	23-2795357	AmeriHealth Services, Inc	(965,817)				(978,000)				(1,943,817)	
10975	06-1505051	AmeriHealth Casualty Insurance Company					(3,849,491)			500,000	(3,349,491)	1,620,112
00000	25-1686685	CompServices, Inc					(832,079)			8,800,000	7,967,921	
00000	25-1765486	CSI Services, Inc					(541,906)			(4,500,000)	(5,041,906)	
00000	23-2982367	Independence Holdings, Inc					(390,000)				(390,000)	
96660	23-2408039	Vista Health Plan, Inc		46,814,993			(35,494,000)				11,320,993	
00000	98-0426648	AmeriHealth Assurance, Ltd	(12,000,000)				(2,217,478)				(14,217,478)	
00000	30-0703311	BMH LLC		102,304,200							102,304,200	
00000	13-3155962	Self Funded Benefits, Inc					(97,000)				(97,000)	
00000	61-1741302	AmeriHealth New Jersey, LLC					19,500				19,500	
53252	23-2063810	Inter-County Health Plan, Inc								(34,135)	(34,135)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc						(51,083)			(51,083)	(502,450)
00000	23-2824200	NS Assisted Living Communities, Inc	(34,183)								(34,183)	
00000	46-5339475	Tandigm Health, LLC		10,530,000							10,530,000	
00000	81-0681081	Veridigm Health Solutions, LLC	(600,000)								(600,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

- 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. 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

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?YES.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 15. 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.....
- 16. 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.....
- 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....
- 18. 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?SEE EXPLANATION.....
- 19. 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?SEE EXPLANATION.....
- 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?SEE EXPLANATION.....

APRIL FILING

- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?NO.....
- 24. 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.....
- 25. 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.....

AUGUST FILING

- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

Explanation:

- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18. The Company did not file for approval
- 19. The Company did not file for approval
- 20. The Company did not file for approval
- 21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

Bar code:

12. 
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17. 
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6 0 0 6 1 2 0 1 6 2 1 1 5 9 0 0 0

23. 
6 0 0 6 1 2 0 1 6 2 1 3 0 0 0 0 0

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SUPPLEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 _____ NAIC Company Code 60061
 Address (City, State and Zip Code) Cranbury, NJ 08512-3706 _____
 Person Completing This Exhibit Kathryn A. Galarneau _____
 Title Sr VP Financial Ops & Chief Actuary & Underwrt Ofcr _____ Telephone Number 215-241-9096

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015, 2016					
										11	12		13	14	15	16		17	18
											Premiums Earned	Amount				Percent of Premiums Earned	Number of Covered Lives		
Yes	16877	A	No	0234000	01/01/2015				AH Medigap Security Plan A			0.0		61,933	55,311	89.3	32		
Yes	16866	C	No	0204060	01/01/2015				AH Medigap Security Plan C			0.0		634,826	1,030,657	162.4	601		
Yes	16867	F	No	0234000	01/01/2015				AH Medigap Security Plan F			0.0		10,736,563	8,226,862	76.6	4,794		
Yes	16868	N	No	0234000	01/01/2015				AH Medigap Security Plan N			0.0		1,296,252	768,010	59.2	448		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	12,729,574	10,080,840	79.2	5,875		
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0		

360.NJ

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: 1901 Market Street Philadelphia, PA 19103-1480
 - Contact Person and Phone Number: Richard P. Roccato 215-241-0782
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: 1901 Market Street Philadelphia, PA 19103-1480
 - Contact Person and Phone Number: Richard P. Roccato 215-241-0782
- Explain any policies identified above as policy type "O"

ALPHABETICAL INDEX

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**AmeriHealth Insurance Company of New Jersey
 Statement of Actuarial Opinion for the year ending December 31, 2016**

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments	<input type="checkbox"/> Revised Wording			
	<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

Identification Section:

I, Kathryn A. Galarneau, Senior Vice President Finance Operations, Chief Actuary and Underwriting Officer, am an employee of Independence Blue Cross, LLC, an affiliated company of AmeriHealth Insurance Company of New Jersey, and a member of the American Academy of Actuaries. I was appointed on December 31, 2009 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

Scope Section:

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2016.

AmeriHealth HMO, Inc. • QCC Insurance Company, d/b/a AmeriHealth Insurance Company • AmeriHealth Insurance Company of New Jersey

A. Claims Unpaid (Page 3, Line 1, Column 3)	\$ 169,059,931
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2, Column 3)	\$ 1,741,929
C. Unpaid claims adjustment expenses (Page 3, Line 3, Column 3)	\$ 2,691,098
D. Aggregate health policy reserves including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit—Part 2D (Page 3, Line 4, Column 3)	\$ 2,882,415
E. Aggregate life policy reserves (Page 3, Line 5, Column 3)	\$ 0
F. Property/casualty unearned premium reserves (Page 3, Line 6, Column 3)	\$ 0
G. Aggregate health claim reserves (Page 3, Line 7, Column 3)	\$ 100,000
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	Not Applicable
I. Specified actuarial items presented as assets in the annual statement.	
1. Pharmacy Rebates (Part 2, Line 24 in part, Column 1)	\$ 5,781,584
2. Reinsurance Recoverable on Paid Losses (Page 2, Line 16.1 in part, Column 3)	\$ 33,697,159
3. Risk Adjustment Receivables (Page 2, Line 15.3, Column 3)	\$ 33,233,998
4. Risk Corridor Receivables (Page 2, Line 25 in part, Column 3)	\$ 12,293

Reliance Section:

My examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to the Underwriting and Investment Exhibit Part – 2B of the company’s current annual statement.

Opinion Section:

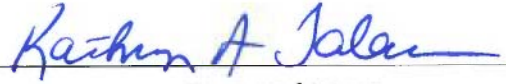
In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which this statement was prepared;
- C. Meet the requirements of the laws of the Insurance Laws and regulations of the state of New Jersey ; and are at least as great as the minimum aggregate amounts required by any state in which the organization is licensed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments:



Signature of Actuary

Kathryn A. Galarneau, FSA, MAAA

Printed Name of Actuary

1901 Market Street; Philadelphia, PA 19103

Address of Actuary

215-241-9096

Telephone Number of Actuary

2/24/17

Date Opinion was Rendered



SUPPLEMENT FOR THE YEAR 2016 OF THE AmeriHealth Insurance Company of New Jersey

RECEIVED

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2016

2017 FEB 28 A 9:40

(To Be Filed by March 1) PART 1 - INTERROGATORIES

- 1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [X] No []
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [] No [X]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [] No [X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

Table with 10 columns: Name and Principal Position, Year, Salary, Bonus, Stock Awards, Option Awards, Sign-on Payments, Severance Payments, All Other Compensation, Totals. Rows include Michael W. Sullivan, Judith L. Roman, Alan Krigstein, Paul A. Tufano, Yvette D. Bright, Richard J. Neeson, Kenneth E. Kobylonski, Michael A. Munoz, Frank L. Urbano, Michael S. Zollenberg, and Ryan J. Petrizzi.

PART 3 - DIRECTOR COMPENSATION

Table with 7 columns: Name and Principal Position or Occupation and Company (if Outside Director), Direct Compensation, Stock Awards, Option Awards, Other, All Other Compensation Paid or Deferred, Totals.

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

(1) Independence Health Group, Inc. and its affiliated insurers have common officers that serve on multiple subsidiary insurers. The compensation listed above for the officers on this individual annual statement is the total compensation each officer receives for his/her service for all insurers. For example, Michael W. Sullivan's total compensation in 2016 is \$820,405. (2) Current year bonus payments are for previous year's performance. (3) Other compensation of Judith Roman includes severance and supplemental pension.