



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2022**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth Insurance Company of New Jersey**

(Name)

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 Frederick E. Felter , 215-241-4397  
(Name) (Area Code) (Telephone Number) (Extension)  
Fred.Felter@ibx.com 215-241-2309  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u> ,	<u>President &amp; C.E.O.</u>	<u>Juan Alfonso Lopez, Jr.</u> ,	<u>E.V.P., Chief Financial Officer and Treasurer</u>

**OTHER OFFICERS**

<u>Rodrigo Cerda, M.D. #</u> ,	<u>Senior Vice President</u>	<u>Stephen Paul Fera</u> ,	<u>Executive Vice President</u>
<u>Michael Anthony Munoz</u> ,	<u>Senior Vice President</u>	<u>Michael Gerard Murphy #</u> ,	<u>Vice President</u>
<u>G. Kenneth Robinson, III</u> ,	<u>Vice President</u>	<u>Paul Lawrence Staudenmeier</u> ,	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u> ,	<u>Executive Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>Juan Alfonso Lopez, Jr.</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Michael Walsh Sullivan</u>	<u>Paula June Sunshine</u>
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State of Pennsylvania

**ss**

County of Philadelphia

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.

Juan Alfonso Lopez, Jr.  
 E.V.P., Chief Financial Officer and Treasurer

Subscribed and sworn to before me this  
24 day of February, 2023

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

Marla Matteo, Notary Public  
 April 27, 2026

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	7,209,230	5,133,600	5,645,740	5,223,647	12,190,806	11,021,411
Group subscribers:						
0299997 Group subscriber subtotal .....	.0	.0	.0	.0	.0	.0
0299998 Premiums due and unpaid not individually listed .....	1,119,301	271,077	100,361	19,605	528,582	981,762
0299999 Total group .....	1,119,301	271,077	100,361	19,605	528,582	981,762
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	8,328,531	5,404,677	5,746,101	5,243,252	12,719,388	12,003,173



**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	40,888,413	47,435,098	262,442	43,566,779	41,150,855	37,629,100
2. Claim overpayment receivables .....	1,170,270	(2,398,740)	1,119,641	2,450,399	2,289,911	2,196,106
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....		(3,437)		3,437	.0	
7. Totals (Lines 1 through 6)	42,058,683	45,032,921	1,382,083	46,020,615	43,440,766	39,825,206

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 2022 OF THE AmeriHealth Insurance Company of New Jersey

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	10,479,641	14,967	4,338	6,019	1,464	10,506,429
0499999 Subtotals	10,479,641	14,967	4,338	6,019	1,464	10,506,429
0599999 Unreported claims and other claim reserves						146,468,907
0699999 Total amounts withheld						
0799999 Total claims unpaid						156,975,336
0899999 Accrued medical incentive pool and bonus amounts						15,134,664



**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth, Inc. ....	Intercompany Settlements.....	29,653,039	29,653,039	
Independence Health Group, Inc.....	Intercompany Settlements.....	287,744	287,744	
QCC Insurance Company.....	Intercompany Settlements.....	738,211	738,211	
Vista Health Plan, Inc.....	Intercompany Settlements.....	107	107	
Independence Blue Cross, LLC.....	Intercompany Settlements.....	4,465,085	4,465,085	
0199999 Individually listed payables.....		35,144,186	35,144,186	0
0299999 Payables not individually listed				
0399999 Total gross payables		35,144,186	35,144,186	0

**ANNUAL STATEMENT FOR THE YEAR 2022 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
<b>Capitation Payments:</b>						
1. Medical groups .....	75,937	.0.0	5,927	3.4		75,937
2. Intermediaries .....	0	.0.0		0.0		
3. All other providers .....	855,510	.0.1	5,927	3.4		855,510
4. Total capitation payments .....	931,447	.0.1	11,854	6.9	0	931,447
<b>Other Payments:</b>						
5. Fee-for-service .....	81,487,578	8.5	XXX	XXX		81,487,578
6. Contractual fee payments .....	869,381,542	90.2	XXX	XXX		869,381,542
7. Bonus/withhold arrangements - fee-for-service .....	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	12,109,192	1.3	XXX	XXX		12,109,192
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 .....	962,978,312	99.9	XXX	XXX	0	962,978,312
13. Total (Line 4 plus Line 12)	963,909,759	100 %	XXX	XXX	0	963,909,759

**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
<b>NONE</b>					
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 .....	301,156		132,934	168,221	168,221	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
<b>6. Total</b>	301,156	0	132,934	168,221	168,221	0



ANNUAL STATEMENT FOR THE YEAR 2022 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 2022

NAIC Company Code 60061

	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	169,761	104,423	58,843	6,495										
2 First Quarter .....	185,772	121,472	57,741	6,514										45
3 Second Quarter .....	180,085	116,587	56,575	6,529										394
4 Third Quarter .....	174,928	112,702	52,743	6,572										2,911
5 Current Year	172,044	109,869	50,460	6,514										5,201
6 Current Year Member Months	2,127,319	1,370,845	658,597	78,078										19,799
Total Member Ambulatory Encounters for Year:														
7. Physician .....	4,017,230	2,360,738	1,323,608	332,884										
8. Non-Physician .....	381,381	222,999	118,838	39,544										
9. Total	4,398,611	2,583,737	1,442,446	372,428	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	76,194	43,604	19,038	13,552										
11. Number of Inpatient Admissions	11,011	6,508	3,244	1,259										
12. Health Premiums Written (b).....	1,102,214,143	634,518,698	441,923,610	17,824,443	947,638	1,521,795								5,477,959
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,085,192,841	619,942,283	439,478,723	17,824,443	947,638	1,521,795								5,477,959
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	963,909,759	552,981,723	389,595,518	14,688,942	587,311	786,986								5,269,279
18. Amount Incurred for Provision of Health Care Services	974,840,591	567,626,062	384,573,321	15,153,429	587,311	786,986								6,113,482

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(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 2022 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

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(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2022

NAIC Company Code 60061

	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	169,761	104,423	58,843	6,495	0	0	0	0	0	0	0	0	0	0
2. First Quarter	185,772	121,472	57,741	6,514	0	0	0	0	0	0	0	0	45	0
3. Second Quarter	180,085	116,587	56,575	6,529	0	0	0	0	0	0	0	0	394	0
4. Third Quarter	174,928	112,702	52,743	6,572	0	0	0	0	0	0	0	0	2,911	0
5. Current Year	172,044	109,869	50,460	6,514	0	0	0	0	0	0	0	0	5,201	0
6. Current Year Member Months	2,127,319	1,370,845	658,597	78,078	0	0	0	0	0	0	0	0	19,799	0
Total Member Ambulatory Encounters for Year:														
7. Physician	4,017,230	2,360,738	1,323,608	332,884	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	381,381	222,999	118,838	39,544	0	0	0	0	0	0	0	0	0	0
9. Total	4,398,611	2,583,737	1,442,446	372,428	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	76,194	43,604	19,038	13,552	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	11,011	6,508	3,244	1,259	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	1,102,214,143	634,518,698	441,923,610	17,824,443	947,638	1,521,795	0	0	0	0	0	0	5,477,959	0
13. Life Premiums Direct	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned	1,085,192,841	619,942,283	439,478,723	17,824,443	947,638	1,521,795	0	0	0	0	0	0	5,477,959	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	963,909,759	552,981,723	389,595,518	14,688,942	587,311	786,986	0	0	0	0	0	0	5,269,279	0
18. Amount Incurred for Provision of Health Care Services	974,840,591	567,626,062	384,573,321	15,153,429	587,311	786,986	0	0	0	0	0	0	6,113,482	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(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 2022 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	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type Of Reinsurance Assumed	Type Of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates - U.S. Other												
95044	23-2314460	11/01/1996	AMER I HEALTH HMO INC.	PA	OTH/G	CMM	(4,345)			0		
95044	23-2314460	07/01/2014	AMER I HEALTH HMO INC.	PA	QA/I	CMM	18,062,004			3,164,035		
95044	23-2314460	07/01/2014	AMER I HEALTH HMO INC.	PA	QA/G	CMM	20,337,764			3,648,383		
95044	23-2314460	07/01/2014	AMER I HEALTH HMO INC.	PA	QA/G	D	.95			0		
95044	23-2314460	07/01/2014	AMER I HEALTH HMO INC.	PA	QA/G	LB	5,791			8,049		
95044	23-2314460	07/01/2014	AMER I HEALTH HMO INC.	PA	QA/I	MR	0			4,841		
0299999 - Total Affiliates - U.S. Other							38,401,309	0	0	6,825,308	0	0
0399999 - Total Affiliates - U.S. - Total							38,401,309	0	0	6,825,308	0	0
0799999 - Affiliates - Total Affiliates							38,401,309	0	0	6,825,308	0	0
Non-Affiliates - U.S. Non-Affiliates												
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	29,879					
0899999 - Total Non-Affiliates - U.S. Non-Affiliates							29,879	0	0	0	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates							29,879	0	0	0	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							38,431,188	0	0	6,825,308	0	0
9999999 Totals							38,431,188	0	0	6,825,308	0	0



**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/I	D	422,411						
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/G	D	1,046,712						
0299999 - General Account - Authorized - Affiliates - U.S. - Other													
							1,469,123	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total													
							1,469,123	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates													
							1,469,123	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized													
							1,469,123	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
							1,469,123	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
							1,469,123	0	0	0	0	0	0
9999999 Totals													
							1,469,123	0	0	0	0	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 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	1,469	1,657	1,107	1,227	1,866
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	491	552	391	398	694
5. Total hospital and medical expenses.....	90,711	85,313	77,569	68,633	739
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	10,406	5,867	9,942	8,886	0
8. Reinsurance recoverable on paid losses.....	84,126	79,603	68,256	58,907	431
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	112	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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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



**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	538,913,032		538,913,032
2. Accident and health premiums due and unpaid (Line 15).....	12,003,173		12,003,173
3. Amounts recoverable from reinsurers (Line 16.1).....	84,126,105	(84,126,105)	0
4. Net credit for ceded reinsurance.....	XXX	94,309,014	94,309,014
5. All other admitted assets (Balance).....	82,699,588	(112,229)	82,587,359
6. Total assets (Line 28)	717,741,898	10,070,680	727,812,578
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	146,569,055	10,406,281	156,975,336
8. Accrued medical incentive pool and bonus payments (Line 2).....	15,134,664		15,134,664
9. Premiums received in advance (Line 8).....	26,217,769		26,217,769
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	335,601	(335,601)	0
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).....	312,543,283		312,543,283
15. Total liabilities (Line 24).....	500,800,372	10,070,680	510,871,052
16. Total capital and surplus (Line 33).....	216,941,526	XXX	216,941,526
17. Total liabilities, capital and surplus (Line 34)	717,741,898	10,070,680	727,812,578
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	10,406,281		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	84,126,105		
22. Other ceded reinsurance recoverables .....	112,229		
23. Total ceded reinsurance recoverables .....	94,644,615		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	335,601		
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 .....	0		
30. Total ceded reinsurance payables/offsets .....	335,601		
31. Total net credit for ceded reinsurance	94,309,014		

**SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						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	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 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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		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0	Independence Health Group, Inc.	NO	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	92-0826129				AmeriHealth Franklin, LLC	DE	NIA	AmeriHealth, Inc. (99%) / AmeriHealth Franklin, LLC (1%)	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA		Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	NO	0
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	85.2	Independence Health Group, Inc.	NO	0
		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	88-3900008				Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	88-3890709				Penn Medicine Healthcare Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Independence Health Group, Inc. / Gateway Medical Associates, Inc.	NO	0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%)	Ownership	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC	NO	0
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Independence Health Group, Inc.	NO	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	1

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

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

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00671	Anthem, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	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.	NO	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.	NO	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	NO	0
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	NO	0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	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.	NO	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.	NO	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.	NO	0
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Board	0.0	Independence Health Group, Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 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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		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	NO	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%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc. AmeriHealth Casualty Holdings, LLC	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	0
		00000	46-3878323				AmeriHealth, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	UIP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	UDP	AmeriHealth New Jersey Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	45-3672640				IBC MH LLC	DE	NIA	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	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 Mutual Insurance Company	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

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

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		00000	85-4321302				Social Determinants of Life, Inc.	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	47-5496220				Wider Circle, Inc.	DE	NIA	Social Determinants of Life, Inc.	Ownership	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

**SCHEDULE Y**  
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		00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

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

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		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 Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.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 Mutual Insurance Company	NO	.0
		00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company / GoodLife Partners, Inc	NO	.0
00936	Independence Health Group, Inc	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

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		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	2
00936	Independence Health Group, Inc.	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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

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		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	84-2266837				AmeriHealth Caritas West Virginia, Inc.	WV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	37-2065928				AmeriHealth Caritas Georgia, Inc.	GA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

41.7

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

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

Asterisk	Explanation
1	50% owned by unaffiliated investors.....
2	Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.....

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

**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.					(31,453,998)				(31,453,998)	
00000	47-1233198	Independence Health Group, Inc.					67,519,950				67,519,950	
00000	46-3867722	Independence Blue Cross, LLC	101,661,546				839,993,941				941,655,487	
93688	23-2184623	QCC Insurance Company	(65,000,000)				(485,895,056)	(6,068,271)			(556,963,327)	(13,883,175)
00000	23-2425461	AmeriHealth, Inc.	164,638,454	(103,550,000)			(5,455,811)			(7,650,000)	47,982,643	
95056	23-2405376	Keystone Health Plan East, Inc.	(132,000,000)	(5,450,000)			(319,369,013)				(456,819,013)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(76,160,082)	2,488,128			(73,671,954)	385,252
95044	23-2314460	AmeriHealth HMO, Inc.					(5,950,048)	(2,488,128)			(8,438,176)	(385,252)
00000	23-2800586	The AmeriHealth Agency, Inc.					(20,170)				(20,170)	
00000	23-2521508	AmeriHealth Administrators, Inc.					24,005,998				24,005,998	
00000	23-2795357	AmeriHealth Services, Inc.					(811,363)			7,650,000	6,838,637	
00000	25-1686685	CompServices, Inc.					(521,342)				(521,342)	
00000	25-1765486	CSI Services, Inc.					946				946	
95794	51-0296135	Healthcare Delaware, Inc.					(22)				(22)	
60254	23-2865349	Independence Insurance, Inc.					(437)				(437)	
00000	23-2982367	Independence Holdings, Inc.					57				57	
96660	23-2408039	Vista Health Plan, Inc.		109,000,000							109,000,000	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(2,021,849)				(2,021,849)	
00000	61-1741302	AmeriHealth New Jersey, LLC					75,463				75,463	
00000	46-5339475	Tandigm Health, LLC	(70,000,000)				(3,923,065)				(73,923,065)	
16053	81-3078234	Independence Assurance Company					(14,099)				(14,099)	
12812	30-0326654	Group Retiree Health Solutions, Inc.						6,068,271			6,068,271	13,883,175
00000	92-0826129	AmeriHealth Franklin, LLC	700,000								700,000	
<b>9999999 Control Totals</b>			0	0	0	0	0	0	XXX	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE Y**

**PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL**

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas District of Columbia, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Mexico, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas North Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Ohio, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Texas, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth HMO, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Insurance Company of New Jersey.....	AmeriHealth New Jersey, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Michigan, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Blue Cross Complete of Michigan LLC.....	AmeriHealth Caritas Health Plan 50% / Michigan Medicaid Holdings Company 50%.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
CBHNP Services, Inc.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Group Retiree Health Solutions, Inc.....	GR Health Solutions, LLC.....	100.000 %	NO	Anthem, Inc. Independence Health Group, Inc.....	Anthem, Inc. (See Anthem Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Healthcare Delaware, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Assurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Hospital Indemnity Plan, Inc.....	Independence Blue Cross, LLC.....	0.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Insurance, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Inter-County Health Plan, Inc.....	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Inter-County Hospitalization Plan, Inc.....	Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Keystone Health Plan East, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
QCC Insurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Select Health of South Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Vista Health Plan, Inc.....	IBC MH LLC.....	95.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### REQUIRED FILINGS

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

#### 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.....

### SUPPLEMENTAL FILINGS

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

#### MARCH FILING

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

- 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....NO.....
- 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....YES.....

#### AUGUST FILING

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

#### Explanation:

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

#### Bar code:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11.   
6 0 0 6 1 2 0 2 2 2 0 5 5 9 0 0 0

12.   
6 0 0 6 1 2 0 2 2 4 2 0 0 0 0 0 0

13.   
6 0 0 6 1 2 0 2 2 3 7 1 0 0 0 0 0

14.   
6 0 0 6 1 2 0 2 2 3 7 0 0 0 0 0 0

15.   
6 0 0 6 1 2 0 2 2 3 6 5 0 0 0 0 0

19.   
6 0 0 6 1 2 0 2 2 3 0 6 0 0 0 0 0

20.   
6 0 0 6 1 2 0 2 2 2 1 1 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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SUPPLEMENT FOR THE YEAR 2022 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2022 (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 Jonathan Woodworth
Title Director, Actuary Reserve and Planning Telephone Number 215-241-3633

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2019: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), 15-18 (Policies Issued in 2020, 2021, 2022: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. 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
2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
2.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
3.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
4. Explain any policies identified above as policy type "O"

360.NJ