

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

		meriHealth	Insurance Comp	any of New Je	ersey	
			(Name)			
	0936 ,	0936 (Prior Period)	NAIC Company Cod	e60061	Employer's ID Number _	22-3338404
Organized under the Laws o	f	New Jerse	y, S	tate of Domicile or	Port of Entry	New Jersey
Country of Domicile			Uı	ited States		
Licensed as business type:	Life, Accident & H Dental Service Co Other [ ]		Property/Casualty Vision Service Co Is HMO, Federa		ospital, Medical & Dental Se lealth Maintenance Organiza [ ] No [ ]	,
Incorporated/Organized	04	1/06/1994	Comme	nced Business	06/16/19	95
Statutory Home Office	259 Pr	ospect Plains R (Street and Nu	oad, Building M	,,	Cranbury, NJ, US 0851 (City or Town, State, Country an	
Main Administrative Office			259 Pros	oect Plains Road,	Building M	
Cranbu (City or Tov	ry, NJ, US 08512-3 vn, State, Country and Zi	3706 o Code)		(Street and Number)	609-662-2400 Area Code) (Telephone Number)	
Mail Address	259 Prospect Pla		ing M		Cranbury, NJ, US 08512-37	706
	(Street and N	umber or P.O. Box)			(City or Town, State, Country and Zip	Code)
Primary Location of Books a	nd Records				ns Road, Building M	
	ry, NJ, US 08512-3		,	`	609-662-2400	
, ,	vn, State, Country and Zi	Code)			Code) (Telephone Number) (Extension	
Internet Web Site Address				.amerihealth.com		
Statutory Statement Contact	·	Frederick E. F	elter	_,	215-241-4397 (Area Code) (Telephone Number) (I	Extension)
Fre	ed.Felter@ibx.com (E-Mail Address)				215-241-2309 (Fax Number)	
Name Michael Walsh Sulliva	n ,	Title President & C	OFFICERS	Name Juan Alfonso Lop		Title of Financial Officer and Treasurer
	,		OTHER OFFIC	EDQ	,	
Rodrigo Cerda, M.D.		Senior Vice Pre		Stephen Paul	Fera , Executi	ve Vice President
Michael Anthony Mund		Senior Vice Pre		Michael Gerard M		ce President
G. Kenneth Robinson, Richard Lamar Snyder, I		Vice Preside xecutive Vice P		aul Lawrence Stau	idenmeier , Senio	r Vice President
Juan Alfonso Lopez,	,	<b>DIRE</b> hard Lamar Sny	CTORS OR TI	RUSTEES Michael Walsh S	ullivan Paula	June Sunshine
State ofF	•	ss				
County of	Philadelphia					
above, all of the herein describe that this statement, together will iiabilities and of the condition an and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	ed assets were the ab th related exhibits, so do affairs of the said in cordance with the NAI s or regulations requilely. Furthermore, the copy (except for form to the enclosed state	solute property of chedules and expeporting entity as C Annual Statem are differences in scope of this attenatting difference	f the said reporting entity, lanations therein contain of the reporting period st ent Instructions and Accoreporting not related to a station by the described is due to electronic filing)	free and clear from d, annexed or refer ated above, and of it inting Practices and counting practices a ifficers also includes of the enclosed state	id reporting entity, and that on the any liens or claims thereon, exciped to, is a full and true statem is income and deductions thereforedures manual except to the nd procedures, according to the the related corresponding electrement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, ronic filing with the NAIC,
Michael Walsi President &		E.V.P.	Juan Alfonso Lope , Chief Financial Office			
Subscribed and sworn to b  24 day of	efore me this February, 202	3		b. If no 1. St 2. Da	is an original filing? : ate the amendment number ate filed umber of pages attached	Yes [ X ] No [ ]

Marla Matteo, Notary Public April 27, 2026

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

1	2	3	1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	7,209,230	5,133,600	5,645,740	5,223,647	12,190,806	11,021,411
Group subscribers:	,200,200	,,		, , , , , , , , , , , , , , , , , , , ,		
Group subscribero.						
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					1	
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0299997 Group subscriber subtotal	ļ0	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	0.200.524	5 404 677	F 740 404	5 040 050	40.740.000	40,000,470
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

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables		•			•	
OptumRx	43,311,765			517,456	517,456	43,311,765
OptumRx. 0199999 – Pharmaceutical Rebate Receivables	43,311,765	0	0	517,456	517,456	43,311,765
Claim Overpayment Receivables					, ,	<u> </u>
Amounts not Individually listed					3,570,040	
Amounts not Individually listed	3,570,040	0	0	0	3,570,040	0
Other Receivables	2,0.0,0.0	·	• 1	<u> </u>	2,0.0,0.0	
Amounts not Individually listed.	3,437					3,437
0699999 - Other Health Care Receivables	3,437	0	0	0	0	3,437
Consider the first term to be	0,101		1	ű	•	0,101
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0799999 Gross Health Care Receivables	46.885.242	Λ	0	517 . 456	4.087.496	43.315.202

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	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 from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	40,888,413	47,435,098	262,442	43,566,779	41 , 150 , 855	37 , 629 , 100
Claim overpayment receivables	1,170,270	(2,398,740)	1,119,641	2,450,399	2,289,911	2,196,106
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.

# 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
0299999 Aggregate accounts not individually listed-uncovered	10,479,641	14,967	4,338	6,019	1,464	10,506,429
049999 Subtotals	10,479,641	14,967	4,338	6,019	1,464	10,506,429
0599999 Unreported claims and other claim reserves	10,473,041	14,307	7,000	0,013	1,404	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 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Independence Hospital Indemnity Plan	228,374					228,374	
AmeriHealth HMO Inc	3 , 436 , 132					3,436,132	
Keystone Health Plan East	208,809					208,809	
Keystone Health Plan East	314,671					314,671	
Independence Blue Cross Foundation	16					16	
AmeriHealth New Jersey, LLC	45,767					45 ,767	
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				<del></del>	<del> </del>		
0199999 Individually listed receivables	4,233,769	0	<u> </u>	1	1	4,233,769	
0299999 Receivables not individually listed			l				
0399999 Total gross amounts receivable	4,233,769	0	n	0	0	4,233,769	0

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

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth, Inc	tercompany Settlements.	29,653,039	29,653,039	
Independence Health Group, Inc	tercompany Settlements	287 , 744 <b> </b>	287 , 744	
QCC Insurance Company	tercompany Settlements	738,211	738,211	
Independence Health Group, Inc. Int QCC Insurance Company. Int Vista Health Plan, Inc. Int	tercompany Settlements	107	107	
Independence Blue Cross, LLC	tercompany Settlements tercompany Settlements tercompany Settlements tercompany Settlements tercompany Settlements tercompany Settlements	4,465,085	4 , 465 , 085	
		05 444 400	05 444 400	0
0199999 Individually listed payables		35 , 144 , 186	35 , 144 , 186	U
0399999 Total gross payables		35,144,186	35,144,186	0

### **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:						
Medical groups	75,937	0.0	5,927	3.4		75,937
2. Intermediaries	0					
3. All other providers	855,510	0.1	5,927	3.4		855,510
Total capitation payments	931,447	0.1	11,854	6.9	0	931,447
Other Payments:						
5. Fee-for-service	81,487,578	8.5	xxx	XXX		81,487,578
Contractual fee payments		90.2	xxx	XXX	,	869,381,542
7. Bonus/withhold arrangements - fee-for-service	0	0.0	Lxxx	XXX		
Bonus/withhold arrangements - contractual fee payments		1.3	Lxxx	XXX		12,109,192
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	lxxx	XXX		
11. All other payments	0	0.0	L XXX I	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**

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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9999999 Totals			XXX	XXX	XXX

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	301,156		132,934	168,221	168,221	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	132,934	168,221	168,221	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

											(LOCATI			
AIC Group Code 0936 BUSINESS IN THE STATE	OF New Jersey	Ι		Γ	DURING	3 THE YEAR 20	)22	T		Ι	Γ	NAIC Company	/ Code	60061
	1	Compre Hospital &	hensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non Health
Total Members at end of:	Total	marviduai	Огоир	опрриеннени	Offig	Only	i iaii	Wedicare	Wedicaid	Credit Adri	Income	Care	Health	Ticalui
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	
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	



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

AIC Group Code 0936 BUSINESS IN THE STATE					DURING	G THE YEAR 20	22				(LOCATIO	ON) NAIC Compan	v Code	60061
ilo Gloup Gode 9350 BOSINEGO IN THE GIATE	1	Compre Hospital &		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other No Health
otal Members at end of:														
1. Prior Year	169,761	104,423	58,843	6 , 495	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	
3 Second Quarter	180,085	116 , 587	56,575	6 , 529	0	0	0	0	0	0	0	0	394	
4. Third Quarter	174,928	112,702	52,743	6 , 572	0	0	0	0	0	0	0	0	2,911	
5. Current Year	172,044	109,869	50,460	6,514	0	0	0	0	0	0	0	0	5,201	
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	
otal 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	
8. Non-Physician	381,381	222,999	118,838	39,544	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	
10. Hospital Patient Days Incurred	76,194	43,604	19,038	13,552	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	
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	
13. Life Premiums Direct	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	
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	
16. Property/Casualty Premiums Earned	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	
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	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_0

## **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
					Туре	Type Of			Reserve Liability			
NAIC					Öf	Öf			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates	II S Othor		•						-			
95044	23-2314460	11/01/1996	AMERIHEALTH HMO INC.	PA	0TH/G	CMM	(4,345)			0		
95044 95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA.	QA/I		18,062,004			3,164,035		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/G	CMM	20,337,764			3,648,383		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/G	D	95					
95044	23-2314460	07/01/2014	LAMERIHEALTH HMO INC.	PA	QA/G	LB	5,791		ļ			
95044	23-2314460	07/01/2014	TAMERIHEALIH HMO INC	PA	QA/I	MR	0			4,841		
0299999 -	lotal Affiliates	- U.S. Other					38,401,309	0	0	6,825,308	0	0
	Total Affiliates						38,401,309	0	0	6,825,308	0	Ů.
	Affiliates - Tot						38,401,309	0	0	6,825,308	0	0
	tes – U.S. Non-Af											
95253			LUNITED CONCORDIA DENTAL PLANS.	MD	QA/G	JD	29,879					
		ates - U.S. Non-A					29,879	0	0	0	0	0
		ates - Total Non-					29,879	0	0	0	0	0
1199999 -	Total U.S. (Sum	of 0399999 and 08	399999)				38,431,188	0	0	6,825,308	0	0
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9999999	Totals	•		•	•	-	38,431,188	0	0	6,825,308	0	0
3000000							00, 101, 100	0		0,020,000	0	

# SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	Re		able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year	
, 1	2	3	4	5	6	7
1						
NAIC			Name			
Company	, ID	Effective	of	Domiciliary	Paid	Unpaid
Code	Number alth - Affiliates	Date Other	Company	Jurisdiction	Losses	Losses
			QCC INS CO	PA	166,868	
1399999 - Acci	dent and Health	- Affiliates - U.S.	- Other	•	166,868	C
1499999 - Accid	dent and Health	- Affiliates - U.S. - Affiliates - Tota	- Total		166,868 166,868	0
		ates - U.S. Non-Aff			100,000	
00000	21-6000928	01/01/2019	State of New Jersey	NJ	83,959,236	10,406,281
			U.S. Non-Affiliates		83,959,236	10,406,281
		- Non-Affiliates - - Total Accident an	Total Non-Affiliates		83,959,236 84,126,104	10,406,281 10,406,281
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 14	99999 and 1999999)		84,126,104	10,406,281
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		ity and Accident ar			84,126,104	10,406,281

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9999999 Totals

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

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year  1 2 3 4 5 6 7 8 9 10 Outstanding Surplus Relief 13 14													
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14	
NAIC	_		Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified		
Company	ID ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for	• •		Coinsurance	Funds Withheld	
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance	
	count - Authorize	d - Affiliates -	U.S Other				•				'	•		
93688	23-2184623	01/01/2017 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	
			Affiliates - U.S Total				1,469,123	(	· · · · ·	0	0	0	0	
			Affiliates – Total Authorized Affiliates				1,469,123	(	,	0	0	- v	0	
			Total General Account Authorized				1,469,123	(		0	0	0	0	
4599999 -	- General Account	- Total General	Account Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		1,469,123	(	0	0	0	0	0	
			9999, 1499999, 1999999, 2599999, 3099999, 3699999	, 4199999, 4899999,	5399999, 5999999, 64	99999, 7099999,	4 400 400			•				
7599999,	8199999 and 8699	999)			T	T	1,469,123	(	0	0	0	0	0	
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Schedule S - Part 4

NONE

Schedule S - Part 5

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

	(\$000	Omitted) 2	3	4	5
	2022	2021	2020	2019	2018
A. OPERATIONS ITEMS					
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
Total hospital and medical expenses	90,711	85,313	77,569	68,633	739
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	10,406	5,867	9,942	8,886	0
Reinsurance recoverable on paid losses	84,126	79,603	68,256	58,907	431
Experience rating refunds due or unpaid		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
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)	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
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
	NET CREDIT FOR CEDED REINSURANCE			
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

				Direct Bu	siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia							
•	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN					·	
			·			l	
16. lowa	l l		-				
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana			-			ļ	<b> </b>
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	AM						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS		_				
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							
				<del></del>			
30. New Hampshire			-				
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX					·	
			·			l	
45. Utah			-				
46. Vermont	VT		-				
47. Virginia							
48. Washington							
49. West Virginia						ļ	ļ
50. Wisconsin	WI					ļ	ļ
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
Jo. Audieuale Ulifei Allell						L	L

## 41

1	2	3	1	5	6	7	8	9	10	11	12	13	14	15	16
'	2		-		0	Name of	8	9	10	''	Type of Control	13	14	13	10
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
		00000	47 - 1233198				Independence Health Group, Inc.	PA	UIP			0.0		N0	0
										Independence Health Group,			Independence		
		00000	23-2425461				AmeriHealth, Inc	PA	UIP	Inc	Ownership	100.0	Health Group, Inc.	NO	0
													Independence		
		00000	92-0826129				AmeriHealth Franklin, LLC	DE	NIA	AmeriHealth, Inc	.Ownership	100.0	Health Group, Inc	NO	0
										AmeriHealth, Inc. (99%) /					
										AmeriHealth Franklin, LLC			Independence		
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	(1%)	Ownership	100.0	Health Group, Inc.	NO	0
													Independence		
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc.	NO	0
													Independence		
		00000	47 - 2516811				Tandigm Scholars, Inc	PA	DTH	Tandigm Health, LLC	Board	J0.0	Health Group, Inc	NO	0
			05 0070045									400.0	Independence		
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc.	NO	0
		00000	07 0000050				T 1: V 1 B 1	D.4		T 1: 100 110		05.0	Independence	l No	
		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	85.2	Health Group, Inc.	NO	0
		00000	05 0000700				Tandigm Specialist Alliances,	D.4		T 1: 100 110		400.0	Independence	l No	
		00000	85-0682780				LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	100.0	Health Group, Inc.	NO	
		00000	00 0000000				Davidson Value Bankson 110	D.A	NI A	Tanadian INAL IIIO	O	400.0	Independence	NO.	
		00000	88-3900008				Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	100.0	Health Group, Inc.	NU	J
		00000	00 2000700				Penn Medicine Healthcare	PA	NI A	Tandiam IIVN IIC	Ownershin	100.0	Independence	NO.	ا م
		00000	88-3890709				Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	100.0	Health Group, Inc.	NU	J
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.,	NO.	٥
			00-0093//1				1175 HOTO CO., LLC	PA	N I A	Tandigii HVN, LLG	. ownership	100.0	Independence	NU	U
													Health Group, Inc.		
													/ Gateway Medical		
		00000	85-2543447				Tandigm Physician Services, LLC.	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Associates, Inc	NO	۱
			00-2040447				Tandigii iliyaretan bervices, ELo.		N 1 /	113 11010 00., ELO	. Owner sirrp		Independence		
													Health Group, Inc.		
										AmeriHealth, Inc. (55.2%) /			/ Comcast		
										Comcast Connected Health ILC			Connected Health,		
		00000	82-5264307				1819 LLC	DE	NIA		Ownership	55.2	IIC	NO	0
			020.007				1		1	( * * * * * * * * * * * * * * * * * * *			Independence	1	
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Health Group, Inc	NO	l 0
										1			Independence		
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	0
										,			Independence		
		00000	90-0799945				3BE Holdings, LLC.	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Health Group, Inc.	NO	0
1"				1		]			1				Independence		
		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N0	0
													Independence		
										Independence Blue Cross, LLC			Health Group, Inc.		
										/ Anthem Partnership Holding			/ Elevance Health,		
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Company, LLC	Ownership	50.0	Inc	NO	1

	<b>I</b>		1												
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group		NAIC Company	ID	Federal	0114	Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary		Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling		_
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Independence	(Yes/No)	
							Group Retiree Health Solutions,						Health Group, Inc. / Elevance Health,		
00671	Anthem, Inc	12812	30-0326654				Inc	PA	I A	GR Health Solutions, LLC	Ownership	50.0	IncIndependence	N0	0
00936	IncIndependence Hearth Group,	95794	51-0296135				Healthcare Delaware, Inc	DE	A	Independence Blue Cross, LLC	Ownership		Heal'th Group, Inc	N0	0
00936	Inc.	60254	23-2865349				Independence Insurance, Inc	DE	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N0 .	0
		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc Independence	N0 .	0
		. 00000	23-2795357				AmeriHealth Services, Inc NS Assisted Living Communities,	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N0	0
		00000	23-2824200				Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	NO	0
		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc Independence	N0 .	0
		00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Health Group, Inc. / Mercy Health Plan	NO	0
00936	Independence Health Group,	93688	23-2184623				QCC Insurance Company	PA	IIA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	NO	0
00930	1116	00000	81-0681081							·	· '		Independence	NO NO	
			181-0081081				Veridign Health Solutions, LLC International Plan Solutions,	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc Independence	NU	0
		. 00000	27 - 0204996				LLC	DE		QCC Insurance CompanyInternational Plan Solutions,	Ownership		Health Group, Inc Independence	N0	0
		. 00000	23-2903313				Highway to Health, Inc	DE	NIA	LLC	Ownership	13.0	Health Group, Inc	NO .	0
		00000	98-0408753				HTH Re, LtdWorldwide Insurance Services.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Independence Health Group, Inc Independence	N0	0
		00000	54 - 1867679				LLCAmeriHealth Administrators,	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc Independence	NO .	0
		00000	23-2521508				Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO .	0
00936	Independence Health Group,	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,	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,	95056	23-2405376				Keystone Health Plan East, Inc	PA	]IA	Independence Blue Cross, LLC	Ownershin	100.0	Independence Health Group, Inc	NO	٨
00930			. 20 -2400010	-			noystone nearth Fran Last, Illo	7		Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan,	10π1161 3111μ	100.0	Independence		
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Inc. (23%)	Ownership	100.0	Health Group, Inc	NO	0
		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership		Independence Health Group, Inc	N0	0
00936	Independence Health Group,	5/170/	23-0370270				Independence Hospital Indemnity	PA	IA	Independence Blue Cross, LLC	Roard	0.0	Independence Health Group, Inc	NO	٨
00000	1110	104/04	20 0010210				μιταπ, ποι	I1 \(\triangle	4I/\	I machemaence pine cioss, Ero	Doar U	J	moarth oroup, Inc	.[IVU].	

	T				_	I	T -			T		T	T		
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						Name of					Type of Control				
						Securities			D 1 11 1 1 1		(Ownership,				
		1				Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID	Fadanal		Publicly	Names of	D	to	Dina attack Constant to all but	Management,	Ownership		Filing	
Group	0 1	Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries		Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital	Board		Independence Health Group, Inc.	NO	0
			30 <b>-</b> 400300 I				Foundation	PA	חוע	Independence Hospital			Independence	INU	0
	Independence Health Croup						Inter County Hearitalization			Independence Hospital			Health Group. Inc.		
00000	Independence Health Group,	54763	00 0704407				Inter-County Hospitalization	PA	1.4		Daniel			NO	0
00936	Inc	547 63	23-0724427				Plan, Inc	PA	I A	Highmark, Inc. (50%)	Board		/ Highmark Health	NU	
	Ladanandanan Haalibb Casus									Independence Hospital			Independence		
00000	Independence Health Group,	53252	22 2002040				Lates County Health Dies Las	D.	1.4	Indemnity Plan, Inc. (50%) /	Daniel		Health Group, Inc. / Highmark Health	NO	0
00936	Inc	53252	23-2063810	-			Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Board			NU	0
1		00000	46 - 3878323				AmeriHealth Casualty Holdings,	PA	I NIIA	AmeriHealth. Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	40 <b>-</b> 38/8323				LLU	PA	NIA		_ownersnip	100.0		NU	0
		00000	05 4000005				00	PA	NII A	AmeriHealth Casualty	O	400.0	Independence	NO	0
		00000	25 - 1686685				CompServices, Inc	PA	NIA	Holdings, LLC	Ownership	100.0	Health Group, Inc.	NU	0
		00000	25 - 1765486				001 0	D.	NII A	00	O	400.0	Independence	NO	0
		00000	25 <b>-</b> 1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc	.Ownership	100.0	Health Group, Inc.	NU	0
		00000	40 0000000				AmeriHealth New Jersey	PA	IIID	Anna Mara I Albanda a	O	400.0	Independence	NO	0
		00000	46 - 3893959				Holdings, LLC	PA	UIP	AmeriHealth, Inc.	.Ownership	100.0	Health Group, Inc.	NU	0
		00000	04 4744000					DE	LIDD	AmeriHealth New Jersey		400.0	Independence	110	
		00000	61 <b>-</b> 1741302				AmeriHealth New Jersey, LLC	DE	UDP	Holdings, LLC	Ownership	100.0	Health Group, Inc.	NO	0
		00000	04 4744005				AmeriHealth TPA of New Jersey,					400.0	Independence	110	^
	Ladara and an and the Comment	00000	61 <b>-</b> 1741805				LLU	NJ	NIA	AmeriHealth New Jersey, LLC	.ownersnip	100.0	Health Group, Inc.	NU	0
00000	Independence Health Group,	00004	00 0000404				AmeriHealth Insurance Company	N. I	RE	Associate New Joseph H.O.	O	400.0	Independence	NO	0
00936	Inc	60061	22-3338404				of New Jersey	NJ	KE	AmeriHealth New Jersey, LLC	.ownersnip	100.0	Health Group, Inc.	NU	0
		00000	05 0544070				AmeriHealth HMO of New Jersey,	N. I	NII A	Associate New Joseph H.O.	O	400.0	Independence	NO	0
		00000	35-2511976				Inc	NJ	NIA	AmeriHealth New Jersey, LLC	Townership	100.0	Health Group, Inc.	NU	0
1										AmeriHealth, Inc. (95%) /			Ladanandana		
		00000	45 0070040				IBC MH LLC	DE	I NIIA	Keystone Health Plan East	O	100.0	Independence	NO	0
	Independence Health Crave	00000	45 <b>-</b> 3672640	-			. IBC WH LLC	. DE	NIA	(5%)	.Ownership		Health Group, Inc.	NU	0
00936	Independence Health Group,	96660	23-2408039				Vista Health Plan, Inc	PA	I A	IBC MH LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Inc	90000	23 <b>-</b> 2408039	-			Ivista Hearth Pran, Inc	PA	I A	IBC MH LLC	. Ownership	100.0		NU	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
		00000	20 0702244				DMIL LLC	DF	I NIIA	IDC MILLIC	O	04.0	Mutual Insurance	NO	^
		00000	30-0703311	-			BMH LLC	DE	NIA	IBC MH LLC	Ownership		Company	. NU	0
													Independence		
													Health Group, Inc.		
1													/ Blue Cross Blue		
1							A : !!! - ! t ! - O : t O : :						Shield of Michigan		
		00000	45 5445705				AmeriHealth Caritas Services,	5-	l	DMIL LLO		04.0	Mutual Insurance		•
		00000	45 - 5415725				LLC	DE	NIA	BMH LLC	Ownership	.[61.3	Company	NO	0

1 1 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-				-	Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
Codo	Group Humo	Codo	rumbor	TROOP	Oiit	momatonary	OT 7 tillinates	Location	Linky	(Name of Emily) Groon	miliacrico, curory	r croomage	Independence	(100/110)	
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
		00000	85-4321302				Social Determinants of Life,	DE	NIA	BMH LLC	Ownership	61.3	Mutual Insurance Company	NO	0
		00000	00-4021002						N I / /	DMIT LLU	ο wher simp		Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
		00000	47 5400000				W	DE		Social Determinants of Life,			Mutual Insurance	NO	0
		00000	47 - 5496220				Wider Circle, Inc	DE	NIA	Inc	Ownership	10.0	CompanyIndependence	N0	0
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
													Mutual Insurance		
		00000	38 - 3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	CompanyIndependence	N0	0
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
													Mutual Insurance		
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC.	Ownership	61.3	Company	N0	0
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
										BMH SUBCO I LLC (50%) / BMH			Shield of Michigan Mutual Insurance		
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBCO II LLC (50%)	Ownership	61.3	Company	N0	0
								1					Independence Health Group, Inc.		
													/ Blue Cross Blue		
										BMH SUBCO I LLC (50%) / BMH			Shield of Michigan Mutual Insurance		
		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	NIA	SUBCO II LLC (50%) / BMIN	Ownership	61.3	Company	NO	0
										, ,	,		Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	ndependence Health Group, nc	14143	27 - 3575066				AmeriHealth Caritas Louisiana,	LA	I A	AMHP Holdings Corp	Ownership	61.3	Mutual Insurance Company	N0	0

		1 0 1	4	T =	_	T -	T 2		1 40	1	10	1 40	1 44	1 45 1	40
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attornev-in-Fact.	Provide '	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	·					,							Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		. 00000 4	47 - 3923267				AmeriHealth Caritas Iowa, LLC	I A	NIA	P1an	.Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	l												Shield of Michigan		
	Independence Health Group,	1,5,0,											Mutual Insurance		
00936	. Inc	. 15104	46 - 0906893	-			AmeriHealth Michigan, Inc	MI	I A	AMHP Holdings Corp	Ownership		Company	. NU	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						Select Health of South						Mutual Insurance		
00936	Inc.	95458 5	57 - 1032456				Carolina, Inc	SC	I A	AMHP Holdings Corp	Ownership	61.2	Company	NO	0
00930		. 30400	01 - 1002400				Gal O I I I I a ,   T I I C			Amilie Hordings corp	. Ownerstrip		Independence	INO	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc.	15088	16-1480213				Columbia, Inc.	DC	I A	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
		i i					,				İ '		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		. 00000 2	27 - 0863878				PerformRx, LLC	PA	NIA	Plan	.Ownership	61.3	Company	. N0	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
		00000	61-1729412				Dorform@nooiolty_LLC	PA	NIA	PerformRx, LLC	Ownership	61.0	Mutual Insurance	NO	_
			)   •   / 294   2				PerformSpecialty, LLC	PA	N I A	Periorinkx, LLG	Ownership		CompanyIndependence	NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
1													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		00000	26 - 1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership		Company	NO	n
	· · · · · · · · · · · · · · · · · · ·	. 00000	-0 · 1000Z 17				FIGURE TOTAL TENT TOTAL TOTAL	4	1x 1 //		4 o milior 3111 b		1 voiiipai 1y	-[IN∪	U

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	'	4	] 3	U	Name of	8	9	10	''	Type of Control	13	14	13	10
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
		1								AmeriHealth Caritas Health			Mutual Insurance		
		00000 2	26 - 1144363				AMHP Holdings Corp	PA	NIA	Plan	.Ownership	61.3	Company	NO	
													Independence		
													Health Group, Inc.		
							Community Debayings						/ Blue Cross Blue		
							Community Behavioral Healthcare Network of						Shield of Michigan Mutual Insurance		
			25 - 1765391					]PA	NI A	AMUD Haldings Com	O	C4 2		NO	
		. 00000 2	25 <b>-</b> 1705391				Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership		CompanyIndependence	NU	U
													Health Group, Inc.		
													/ Blue Cross Blue		
										Community Behavioral			Shield of Michigan		
	Independence Health Group,									Healthcare Network of			Mutual Insurance		
00936	Inc	13630	26-0885397				CBHNP Services. Inc.	l PA	IA	Pennsylvania, Inc	.Ownership	61.2	Company	NO	٥
00930		. 13030	20-0003331				CDINF Services, Inc			Treninsyrvania, inc	. Ownerstrip		Independence	INO	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
										AmeriHealth Caritas Health			Company / GoodLife		
		00000	45-3790685				AmeriHealth Nebraska. Inc.	NE	NIA	Plan	Ownership.	42.9	Partners, Inc.	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas Florida,			AmeriHealth Caritas Health			Mutual Insurance		
00936	Inc	. 14378 4	45-4088232				Inc	FL		P1an	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
							L			AmeriHealth Caritas Health			Shield of Michigan		
	Blue Cross Blue Shield of	1					Blue Cross Complete of Michigan			Plan (50%), Michigan Medicaid			Mutual Insurance		
00572	Michigan	. 11557	47 - 2582248				.[LLC	MI	I A	Holdings Company (50%)	Ownership	30.6	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	Ladanandanaa Haaliib Carri												Shield of Michigan		
00000	Independence Health Group,	140454	00 4444007				Amenillanish Canidan Tayon Inc	TV	1.4	AMUD Haldings Com	O	04.0	Mutual Insurance	NO	
00936	Inc	. 16451 8	82-1141687				. AmeriHealth Caritas Texas, Inc	ТХ	I A	AMHP Holdings Corp	Ownership		Company	NO	0

Name of Securities Part of Company Code Company Code Code Code Code Code Code Code Code							•	1	1							
Securities   Sec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Second   Company   Decay   Control																
Gode Group Name Code Name										Polotionobin			If Control io		lo on SCA	
Code   Code			NAIC					Names of							Filing	
Code   Group Name   Code   C	Group			ID	Federal				Domiciliary		Directly Controlled by			Ultimate Controlling	Required?	
		Group Name				CIK										*
Health Group, Inc.   Health Carries Dataward, Inc.   DE   N/A   ANP Healtings Corp.   Ownership   Size Costs Blue   Sheled of Michigan   Not Caparage   No	0000	3.54p . ta5	1 0000		1,1002	<u> </u>	to:::iatio::iati	51.7 mmatos			(rtains or Emily); orderly		, crosmage		(100,110)	
Amerikanth Caritas Num Moxico   Natural Hastin Caritas Num Moxico   Natural Instruction   Natural Instructio														Health Group, Inc.		
Ameri Health Caritas Delaware, Inc.  Ameri Health Caritas Delaware, Inc.  Ameri Health Caritas Delaware, Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas New Mexico Inc.  Ameri Health Caritas North Carolina, Inc.  Ameri Health Caritas Company C														/ Blue Cross Blue		
More Health Carl tas Delaware, Inc.   More Health Carl tas Delaware, Inc.   More Health Carl tas Delaware, Inc.   More Health Carl tas New Mexico, Inc.   More Health Group,														Shield of Michigan		
Independence Health Group,   16422   61-1857768   164222   61-1857768   164222   61-1857768								AmeriHealth Caritas Delaware,						Mutual Insurance		
Health Group,   Inc.			000006	61-1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	2
Independence Health Group.  Inc.  16422 61-1867768 61-1														Independence		
Independence Health Group														Health Group, Inc.		
Independence Health Group.   16422   61-1857768																
1								l								
Independence Health Group,   16539   83-1481671	1		1										1	Mutual Insurance		
Independence Health Group, Inc.   AmeriHealth Caritas North   AmeriHealth Caritas No	00936	Inc	. 16422 (	61 <b>-</b> 185//68				Inc	NM		AMHP Holdings Corp	. Ownership		Company	NO	
Independence Health Group, Inc.   16539   83-1481671   Ameri Health Caritas North   Carolina, Inc.   N.C.   J.A.   AMHP Holdings Corp.   Ownership.   61.3   Shield of Michigan Mutual Insurance   Company   N.O.   Ownership.   61.3																
Independence Health Group, Inc. 1659 83-1481671.														Health Group, Inc.		
Independence Health Group,   16539   83-1481671.														Chield of Michigan		
16539   83-1481671   Carolina, Inc.   NC.   JA.   Alf-P Holdings Corp.   Ownership.   61.3   Company   NO   0		Indonendance Health Croup						Amarillaalth Caritaa Narth								
AmeriHealth Caritas Minnesota, Independence Health Group, Inc.  In	00006		16520	00 1401671					NC	1.4	AMUD Haldings Corn	Ownorobin	61.2	Company	NO	0
AmeriHealth Caritas Minnesota, Inc.    MN   NIA   AMMP Holdings Corp.   Ownership.   AmeriHealth Caritas Minnesota, Inc.   Falue Cross Blue Shield of Michigan Mutual Insurance	00930	. 1116	. 10009	03-14010/1	-					I A	AWINF HOTOTHYS COLD	. Ownerstrip		Lndopondopeo	INO	
AmeriHealth Caritas Minnesota, NN NIA AMHP Holdings Corp. Ownership. 61.3 (Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc.   Blue Cross Blue Shield of M																
AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas Minnesota, Inc.  Independence Health Group, Inc.  Independence Health G														/ Blue Cross Blue		
AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas Minnesota, Inc.  AmeriHealth Caritas New  Independence Health Group, Inc.  Independence Health Group														Shield of Michigan		
O0000 83-3241979 Inc. MNL NIA AMHP Holdings Corp. Ownership. 61.3 Company. NO O Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. 16496 83-0987716 AmeriHealth Caritas New Hampshire, Inc. NH. IA AMHP Holdings Corp. Ownership. 61.3 Company. NO O0936. Inc. 16496 83-0987716 AmeriHealth Caritas Ohio, Inc. OH. IA AMHP Holdings Corp. Ownership. 61.3 Company. NO O0936. Inc. 16496 83-0987716 AmeriHealth Caritas Ohio, Inc. OH. IA AMHP Holdings Corp. Ownership. 61.3 Company. NO O0936. Inc. OH. IA AMHP Holdings Corp. Ownership. Inc. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. OH. IA AMHP Holdings Corp. Ownership. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO O0936. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Comp								AmeriHealth Caritas Minnesota						Mutual Insurance		
Independence Health Group, Inc.  Independence Health Group, Inc.			00000	83-3241979					MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Company	NO	0
Independence Health Group, Inc. 16496. 83-0987716. AmeriHealth Caritas New Hampshire, Inc. NH. IA. AMHP Holdings Corp. Ownership. 61.3 Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. Independence Health Caritas Oklahoma.									1		]					
Independence Health Group, Inc. 16496. 83-0987716. Hampshire, Inc. NH. IA. AMHP Holdings Corp. Ownership. 61.3 Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 0 Independence Health Group, In														Health Group, Inc.		
Independence Health Group, Inc. 16496 83-0987716.   AmeriHealth Caritas New Hampshire, Inc														/ Blue Cross Blue		
O0936. Inc																
Independence Health Group, Inc. 16980. 84-2435374. AmeriHealth Caritas Ohio, Inc. OH. IA. AMHP Holdings Corp. Ownership. 61.3 Company. NO 10 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance No 10 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance No 10 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance No 10 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance No 10 Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance																
Independence Health Group, Inc. 16980 84-2435374 AmeriHealth Caritas Ohio, Inc	00936	Inc	. 16496 8	83 <b>-</b> 0987716				Hampshire, Inc.	NH		AMHP Holdings Corp	. Ownership	61.3	Company	. N0	0
Independence Health Group, Inc																
Independence Health Group, Inc														Health Group, Inc.		
Independence Health Group, 16980 84-2435374 16980 84-2435374 AmeriHealth Caritas Ohio, IncOHIA														/ Blue Cross Blue		
00936 Inc.'		Ladanandanaa Haalikk Cusus														
Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan  AmeriHealth Caritas Oklahoma.	00026		16000	04 0405074				Amorilloolth Coriton Ohis	OII.	1.4	AMUD Haldings Corn	Ownership	64.0	Mutual Insurance	NO	_
Health Group, Inc. / Blue Cross Blue Shield of Michigan AmeriHealth Caritas Oklahoma.  Mutual Insurance	00930	1116	. 10900	04-24303/4	-			Annerinearth Carrtas Unio, Inc	VH	1 A	AWITE HOTOTHISS CORP	. ownersinp		Ludopondoneo	INU	
/ Blue Cross Blue Shield of Michigan AmeriHealth Caritas Oklahoma.  Mutual Insurance																
Shield of Michigan AmeriHealth Caritas Oklahoma.  Mutual Insurance														/ Rlue Cross Rlue		
AmeriHealth Caritas Oklahoma.																
The state of the s								AmeriHealth Caritas Oklahoma								
	l		000008	81-4458766	1				0K	NIA	AMHP Holdings Corp.	Ownership	61.3	Company	NO	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group		NAIC Company	ID	Federal		Exchange if Publicly Traded (U.S. or		Domiciliary	Relationship to Reporting	Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling	Is an SCA Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
		00000	85-3713213				AmeriHealth Caritas Nevada,	NV	NIA	AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	86-2442207				AmeriHealth Caritas California,	CA	NIIA	AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
	Independence Health Group,						AmeriHealth Caritas VIP Next,						Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00936	. Inc		87 -4065041 84 -2266837				AmeriHealth Caritas West Virginia, Inc.	DE		AMHP Holdings Corp	.Ownership		Company	NO	0
			37 - 2065928				AmeriHealth Caritas Georgia,	GA GA		AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.	0
			37 -2003320				1116.	Un		Amili Horarigs corp	. Owner sirrp		Company		
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Asterisk	Explanation 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

## **SCHEDULE Y**

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

	2	3	4	5	<u>6</u>	7	8	9	10	11	12	13
1 NAIC Compan			Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc					(31,453,998)			ļ	(31,453,998)	
00000	47 - 1233198	Independence Health Group, Inc					67,519,950			<b>.</b>		
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)		ļ	(556,963,327)	(13,883,175
00000	123-2425461	lAmeriHealth, Inc.	164,638,454	(103,550,000)			(5,455,811)		ļ	(7,650,000)	47,982,643	
95056	23-2405376	Keystone Health Plan East, Inc.	(132,000,000)	(5,450,000)	<u> </u>	<u> </u>	(319, 369, 013)		ļ	<u> </u>	(456,819,013)	
60061	22-3338404	AmeriHealth Insurance Company of NJ			<u> </u>		(76, 160, 082)	2,488,128	ļ		(73,671,954)	385,252
95044	23-2314460	AmeriHealth HMO Inc			<u> </u>		(5,950,048)	(2,488,128)	ļ		(8,438,176)	(385,252
00000	23-2800586	The AmeriHealth Agency, Inc. AmeriHealth Administrators, Inc.					(20, 170)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			(20, 170)	
00000	23-2521508	AmeriHealth Administrators, Inc.					24,005,998		L		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		ļ		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		AmeriHealth Assurance. Ltd.					(2,021,849)				(2,021,849)	
00000		AmeriHealth New Jersey, LLC			<u> </u>					†	75,463	
00000	46-5339475	Tandigm Health, LLC	(70,000,000)		<u> </u>		(3,923,065)	•		†	(73,923,065)	
16053	81-3078234	Independence Assurance Company	(10,000,000)		†····		(14,099)			†	(14,099)	
12812	30-0326654	Group Retiree Health Solutions. Inc.			†		(14,000)	6.068.271		†	6.068.271	13.883.175
000000	92-0826129	AmeriHealth Franklin, LLC	700.000		<u> </u>				·	† · · · · · · · · · · · · · · · · · · ·	700.000	10,000,170
		Allier Hearth Frankfiff, EEV									700,000	
1												
9999999 (	Control Totals		0	0	0	0	0	0	XXX	0	0	0

## **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 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage	of Control\Affiliation of Column 2 Over		1101	Ownership Percentage	of Control\Affiliation of Column 5 Over
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 2 of Column 1	Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	(Columns 5 of Column 6)	Column 6 (Yes/No)
			` ′	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		, ,
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Louisiana, Inc	. AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	N0
	AMUR II I I I	400 000 0	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO
AmeriHealth Caritas District of Columbia, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
Amonillanith Conitan New Hamanhina Inc	AMUD Haldings Com	100.000 %	NO NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc	AMHP Holdings Corp		NU	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	JNU
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Amerinearth Caritas New Mexico, inc			JNU	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	JNU
  AmeriHealth Caritas North Carolina, Inc	AMHP Holdings Corp		NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Allier i nearth Carritas North Carorina, The	AMINF HOTOTHYS COLD		]JNU	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	J\V∪
  AmeriHealth Caritas Ohio, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
Allier i nearth Carrias Offic, The	AMINF HOTOTHYS COLP		]JNU	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	JNU
  AmeriHealth Caritas Texas, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO NO
AmeriHealth HMO, Inc.	Independence Blue Cross, LLC.	100.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NONO.
AmeriHealth Insurance Company of New Jersey	AmeriHealth New Jersey, LLC.	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
Indicate in the series of the series	Alliot mon torsey, LLo			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
AmeriHealth Michigan, Inc.	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Timor mourtir informating minimum.	AmeriHealth Caritas Health Plan 50% / Michigan			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	
Blue Cross Complete of Michigan LLC	Medicaid Holdings Company 50%	100.000 %	NO NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
	Community Behavioral Healthcare Network of			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
CBHNP Services, Inc.	Pennsylvania, Inc.		NO NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO.
	1			Anthem. Inc.	Anthem. Inc. (See Anthem Sch Y)		
Group Retiree Health Solutions, Inc.	GR Health Solutions, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Healthcare Delaware, Inc.	Independence Blue Cross, LLC	100.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Assurance Company	Independence Blue Cross, LLC	100.000 %	NONO	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
Independence Hospital Indemnity Plan, Inc	Independence Blue Cross, LLC	0.000 %	N0	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
	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Health Plan, Inc	Highmark, Inc.	0.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100 .000 %	NO
	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Hospitalization Plan, Inc	Highmark, Inc.	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Keystone Health Plan East, Inc	Independence Blue Cross, LLC	100.000 %	NO	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
<u></u>				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
Select Health of South Carolina, Inc	AMHP Holdings CorpIBC MH LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
lvista Health Plan. Inc.	TIBC METIC	95.000 %	I NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	l NO

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### REQUIRED FILINGS

REQUIRED FILINGS

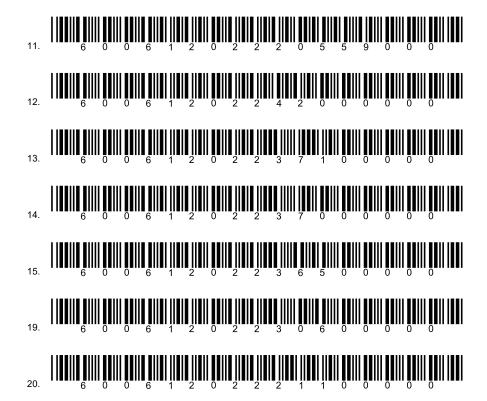
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in 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
Howev interro	SUPPLEMENTAL FILINGS  lowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business coverer, in the event that your company does not transact the type of business for which the special report must be filed, your response of the event 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 comparer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	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?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
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?	N0
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?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
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?	N0
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
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.		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	V50
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	nation:	
11. Bu	siness not written	
12. Bu	siness not written	
13. Bu	siness not written	
14. Bu	siness not written	
15. Bu	siness not written	
16 Th	e Company did not file for approval	

- 15
- 16
- 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



### **OVERFLOW PAGE FOR WRITE-INS**



NAIC Company Code 60061

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

		Person Title	Completing Thi Director, Actu			orth						T	elephone Numbe	r 215-241-3633			
1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2019		F	Policies Issued in	2020, 2021, 2022	!
										11	Incurred		14	15	Incurred	Claims	18
Compliance with OBRA		Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character- istics	- Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	Premiums Co	Number of Covered Lives
WILLIODICA	Number	Delicit i iaii	Oelect	131103	Approved	Withdrawn	Amended	Closed	Name	Lamed	Amount	Lamed	LIVES	Lamed	Amount	Lamed	LIVES
Yes	16877		No	0234000	01/01/2015	-			AmeriHealth MedicareSupplement Plan A AmeriHealth Medicare	56,778	2,094	3.7	30	10,125	13,638	134.7	
Yes	16866.	С	No	0204060	01/01/2015				Supplement Plan C.	798,232	1,215,256	152.2	347	43.720	100.618	230.1	20
Yes	16867	F	No	0234000					AmeriHealth Medicare Supplement Plan F	13,244,476	10,873,770	82.1	4,385	642,157	591,073	92.0	227
Yes	16868.	N	No	0234000	01/01/2015				AmeriHealth Medicare Supplement Plan N	1,412,559	1,072,125	75.9	649	341.903	204.102	59.7	197
Yes	18796	D	No	0204060	01/01/2020				AmeriHealth Medicare Supplement Plan D		1,072,120	0.0		43,721	113,218	259.0	23
Yes	18797	G	No	0234000	01/01/2020				AmeriHealth Medicare Supplement Plan G			0.0		1,230,772	967.535	78.6	629
	OTAL EXPERIEN	ICE ON INDIVI	***************************************		40170172020	-		<b>!</b>	Joappromont Train C.	15,512,045	13,163,245	84.9	5.411	2,312,398	1.990.184	86.1	1,103

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

- 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).

NAIC Group Code 0936

Address (City, State and Zip Code) Cranbury, NJ 08512-3706

- 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"