



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
 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 & C.E.O.</u>	<u>Russell Paul Heid</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Executive Vice President</u>	<u>Daphne Klausner</u>	<u>Senior Vice President</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>
<u>Ryan Jeffrey Petrizzi</u>	<u>Vice President</u>	<u>G. Kenneth Robinson, III</u>	<u>Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Executive Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Gregory Eugene Deavens</u>	<u>Brian Lobley</u>	<u>Regina Heffernan</u>	<u>Richard Lamar Snyder, M.D.</u>
<u>Michael Walsh Sullivan</u>			

State of Pennsylvania

County of Philadelphia

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

Michael Walsh Sullivan
President & C.E.O.

Russell Paul Heid
Vice President & Treasurer

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

Subscribed and sworn to before me this _____ day of February, 2021

- 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, 2022

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	361,635,574		361,635,574	271,205,016
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	84,800		84,800	74,800
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$2,770,699 , Schedule E-Part 1), cash equivalents (\$158,617,240 , Schedule E-Part 2) and short-term investments (\$1,524,998 , Schedule DA).....	162,912,937		162,912,937	104,770,369
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	524,633,311	0	524,633,311	376,050,185
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	1,391,984		1,391,984	1,296,178
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	10,208,112	8,473,001	1,735,111	4,903,250
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	4,223,031
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	68,255,694		68,255,694	58,906,534
16.2 Funds held by or deposited with reinsured companies	19,823,939		19,823,939	18,806,987
16.3 Other amounts receivable under reinsurance contracts	100,810		100,810	0
17. Amounts receivable relating to uninsured plans	199	199	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	4,396,142	780,811	3,615,331	6,036,782
19. Guaranty funds receivable or on deposit	2,140,218		2,140,218	2,805,928
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)	228,453	228,453	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	3,492,096		3,492,096	20,078,449
24. Health care (\$28,932,838) and other amounts receivable.....	31,137,427	2,204,589	28,932,838	11,720,829
25. Aggregate write-ins for other-than-invested assets	1,903,724	659,485	1,244,239	4,034,058
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	667,712,109	12,346,538	655,365,571	508,862,211
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	667,712,109	12,346,538	655,365,571	508,862,211
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State and Local Taxes.....	1,244,239		1,244,239	733,637
2502. Other assets non-admitted.....	659,485	659,485	0	0
2503. Health Care Reform.....			0	742
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	3,299,679
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,903,724	659,485	1,244,239	4,034,058

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 9,941,656 reinsurance ceded)	136,999,210	13,708,150	150,707,360	125,361,717
2. Accrued medical incentive pool and bonus amounts	11,148,976		11,148,976	7,440,776
3. Unpaid claims adjustment expenses	3,580,270		3,580,270	2,799,249
4. Aggregate health policy reserves, including the liability of \$ 24,736,299 for medical loss ratio rebate per the Public Health Service Act	157,390,926		157,390,926	120,452,374
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	90,500	9,500	100,000	100,000
8. Premiums received in advance	23,405,829		23,405,829	34,552,176
9. General expenses due or accrued	25,891,614		25,891,614	15,576,378
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 309,460 on realized capital gains (losses))	3,420,305		3,420,305	674,995
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	2,590,365		2,590,365	639,715
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	6,015,409		6,015,409	13,175,320
16. Derivatives		0	0	0
17. Payable for securities	1,096,464		1,096,464	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 319,828 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	319,828		319,828	330,987
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	18,058		18,058	1,692,550
23. Aggregate write-ins for other liabilities (including \$ current)	7,727,105	0	7,727,105	0
24. Total liabilities (Lines 1 to 23)	379,694,859	13,717,650	393,412,509	322,796,237
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	17,771,392
26. Common capital stock	XXX	XXX	700,000	700,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	237,672,497	237,672,497
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	23,580,565	(70,077,915)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	261,953,062	186,065,974
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	655,365,571	508,862,211
DETAILS OF WRITE-INS				
2301. Reinsurance Payable	7,696,358		7,696,358	0
2302. Escheat Payable	30,747		30,747	
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	7,727,105	0	7,727,105	0
2501. ACA Section 9010 Data Year Assessment	XXX	XXX		17,771,392
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	17,771,392
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	2,080,527	2,068,366
2. Net premium income (including \$0 non-health premium income).....	XXX	1,090,496,999	1,107,228,226
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,090,496,999	1,107,228,226
Hospital and Medical:			
9. Hospital/medical benefits	60,608,341	641,695,738	625,560,648
10. Other professional services		692,655	3,619,485
11. Outside referrals			0
12. Emergency room and out-of-area	2,906,862	30,597,990	33,049,825
13. Prescription drugs		146,714,381	169,214,694
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	5,490,728	8,904,863	2,573,035
16. Subtotal (Lines 9 to 15)	69,005,931	828,605,627	834,017,687
Less:			
17. Net reinsurance recoveries		(29,912,512)	(57,888,322)
18. Total hospital and medical (Lines 16 minus 17)	69,005,931	858,518,139	891,906,009
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$25,409,536 cost containment expenses.....		36,176,684	37,080,071
21. General administrative expenses.....		189,398,507	154,869,391
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	69,005,931	1,084,093,330	1,083,855,471
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,403,669	23,372,755
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		10,191,687	11,295,637
26. Net realized capital gains (losses) less capital gains tax of \$309,460		1,144,165	286,240
27. Net investment gains (losses) (Lines 25 plus 26)	0	11,335,852	11,581,877
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	17,739,521	34,954,632
31. Federal and foreign income taxes incurred	XXX	24,196,054	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(6,456,533)	34,954,632
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	186,065,974	209,644,394
34. Net income or (loss) from Line 32	(6,456,533)	34,954,632
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (772,467)	(2,905,948)	22,765
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(2,421,449)	(6,810,451)
39. Change in nonadmitted assets	87,671,018	(1,745,365)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		(50,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	75,887,088	(23,578,419)
49. Capital and surplus end of reporting year (Line 33 plus 48)	261,953,062	186,065,974
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,213,020,649	1,090,892,820
2. Net investment income	10,679,159	11,533,269
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,223,699,808	1,102,426,089
5. Benefit and loss related payments	851,801,458	961,694,848
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	216,481,146	183,456,630
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 309,460 tax on capital gains (losses)	21,760,202	(419,286)
10. Total (Lines 5 through 9)	1,090,042,806	1,144,732,192
11. Net cash from operations (Line 4 minus Line 10)	133,657,002	(42,306,103)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	100,772,551	84,016,433
12.2 Stocks	0	10,500
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(26)	508
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	100,772,525	84,027,441
13. Cost of investments acquired (long-term only):		
13.1 Bonds	192,882,416	96,915,506
13.2 Stocks	10,000	14,700
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	192,892,416	96,930,206
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(92,119,890)	(12,902,765)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	50,000,000
16.6 Other cash provided (applied)	16,605,457	602,133
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	16,605,457	(49,397,867)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	58,142,568	(104,606,735)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	104,770,369	209,377,104
19.2 End of year (Line 18 plus Line 19.1)	162,912,937	104,770,369

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

20.0001. Leasehold improvements	(37,460)	25,170
20.0002. Furniture and equipment	(30,116)	484
20.0003. Payable for Securities	1,096,464	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,090,496,999	1,072,034,098	17,052,123	32,702	1,349,976	0	28,100	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,090,496,999	1,072,034,098	17,052,123	32,702	1,349,976	0	28,100	0	0	0
8. Hospital/medical benefits	641,695,738	628,155,072	12,847,878	692,788						XXX
9. Other professional services	692,655	269,992			422,663					XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	30,597,990	30,113,660	484,330							XXX
12. Prescription drugs	146,714,381	146,714,381								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	8,904,863	8,894,330	10,533							XXX
15. Subtotal (Lines 8 to 14)	828,605,627	814,147,435	13,342,741	692,788	422,663	0	0	0	0	XXX
16. Net reinsurance recoveries	(29,912,512)	(30,891,926)		633,980	(85,891)		431,325			XXX
17. Total hospital and medical (Lines 15 minus 16)	858,518,139	845,039,361	13,342,741	58,808	508,554	0	(431,325)	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 25,409,536 cost containment expenses	36,176,684	35,928,565	248,119							
20. General administrative expenses	189,398,507	185,108,271	4,453,802	(220,519)	54,086		15,573		(12,650)	(56)
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,084,093,330	1,066,076,197	18,044,662	(161,711)	562,640	0	(415,752)	0	(12,650)	(56)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	6,403,669	5,957,901	(992,539)	194,413	787,336	0	443,852	0	12,650	56
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	927,421,671	144,612,427		1,072,034,098
2. Medicare Supplement	17,052,123			17,052,123
3. Dental only.....	1,551,011	(411,270)	1,107,039	32,702
4. Vision only.....	1,236,302	113,674		1,349,976
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare		28,100		28,100
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	947,261,107	144,342,931	1,107,039	1,090,496,999
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	947,261,107	144,342,931	1,107,039	1,090,496,999

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	809,721,737	796,293,581	12,312,705	692,788	422,663					
1.2 Reinsurance assumed	105,473,531	105,316,539		26,744	85,891		44,357			
1.3 Reinsurance ceded	76,513,663	75,852,939		660,724						
1.4 Net	838,681,605	825,757,181	12,312,705	58,808	508,554	0	44,357	0	0	0
2. Paid medical incentive pools and bonuses	6,758,467	6,746,338	12,129							
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	142,781,127	139,082,089	3,699,038	0	0	0	0	0	0	0
3.2 Reinsurance assumed	17,867,889	17,849,686	0	0	0	0	18,203	0	0	0
3.3 Reinsurance ceded	9,941,656	9,941,656	0	0	0	0	0	0	0	0
3.4 Net	150,707,360	146,990,119	3,699,038	0	0	0	18,203	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	50,000	50,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	50,000	50,000	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	100,000	100,000	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	11,148,975	11,134,701	14,274							
6. Net healthcare receivables (a)	15,975,774	15,973,025	2,749							
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	116,826,325	114,149,539	2,676,786	0	0	0	0	0	0	0
8.2 Reinsurance assumed	17,421,255	16,942,685	0	0	0	0	478,570	0	0	0
8.3 Reinsurance ceded	8,885,865	8,885,865	0	0	0	0	0	0	0	0
8.4 Net	125,361,715	122,206,359	2,676,786	0	0	0	478,570	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	50,000	50,000	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	50,000	50,000	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	100,000	100,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	7,440,776	7,409,591	15,870	0	0	0	15,315	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	819,700,765	805,253,106	13,332,208	692,788	422,663	0	0	0	0	0
12.2 Reinsurance assumed	105,920,165	106,223,540	0	26,744	85,891	0	(416,010)	0	0	0
12.3 Reinsurance ceded	77,569,454	76,908,730	0	660,724	0	0	0	0	0	0
12.4 Net	848,051,476	834,567,916	13,332,208	58,808	508,554	0	(416,010)	0	0	0
13. Incurred medical incentive pools and bonuses	10,466,666	10,471,448	10,533	0	0	0	(15,315)	0	0	0

(a) Excludes \$ 1,419,192 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	8,102,801	8,102,801								
1.2. Reinsurance assumed	918,886	918,344					542			
1.3. Reinsurance ceded	0									
1.4. Net	9,021,687	9,021,145	0	0	0	0	542	0	0	0
2. Incurred but Unreported:										
2.1. Direct	134,678,326	130,979,288	3,699,038							
2.2. Reinsurance assumed	16,949,003	16,931,342					17,661			
2.3. Reinsurance ceded	9,941,656	9,941,656								
2.4. Net	141,685,673	137,968,974	3,699,038	0	0	0	17,661	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	142,781,127	139,082,089	3,699,038	0	0	0	0	0	0	0
4.2. Reinsurance assumed	17,867,889	17,849,686	0	0	0	0	18,203	0	0	0
4.3. Reinsurance ceded	9,941,656	9,941,656	0	0	0	0	0	0	0	0
4.4. Net	150,707,360	146,990,119	3,699,038	0	0	0	18,203	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	100,002,757	769,435,553	4,642,151	142,447,968	104,644,908	122,306,359
2. Medicare Supplement	1,936,862	10,370,363	11,142	3,687,897	1,948,004	2,676,786
3. Dental Only.....		58,808			0	0
4. Vision Only.....		508,554			0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	38,705	(542)	17,661	542	56,366	478,570
7. Title XIX - Medicaid.....					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	101,978,324	780,372,736	4,670,954	146,136,407	106,649,278	125,461,715
10. Healthcare receivables (a).....	15,252,182	28,417,273	(392,530)	30,110,764	14,859,652	13,742,459
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	4,909,338	1,849,129	2,264,013	8,884,962	7,173,351	7,440,776
13. Totals (Lines 9-10+11+12)	91,635,480	753,804,592	7,327,497	124,910,605	98,962,977	119,160,032

(a) Excludes \$1,419,192 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,338,622	5,339,651	5,340,882	5,340,882	5,340,881
2. 2016	872,364	1,005,665	1,009,689	1,011,718	1,011,718
3. 2017	XXX	744,077	823,334	826,324	827,633
4. 2018	XXX	XXX	756,782	870,991	874,778
5. 2019	XXX	XXX	XXX	790,636	890,442
6. 2020	XXX	XXX	XXX	XXX	771,283

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,341,227	5,341,894	5,340,802	5,340,882	5,340,881
2. 2016	1,013,875	1,009,925	1,010,926	1,011,732	1,011,718
3. 2017	XXX	869,242	828,714	826,813	828,074
4. 2018	XXX	XXX	885,115	878,494	875,667
5. 2019	XXX	XXX	XXX	912,346	896,013
6. 2020	XXX	XXX	XXX	XXX	922,607

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	1,132,332	1,011,718	29,643	2.9	1,041,361	92.0			1,041,361	92.0
2. 2017	1,053,323	827,633	18,775	2.3	846,408	80.4	441		846,849	80.4
3. 2018	1,077,021	874,778	20,908	2.4	895,686	83.2	889		896,575	83.2
4. 2019	1,086,691	890,442	20,838	2.3	911,280	83.9	5,571		916,851	84.4
5. 2020	1,072,034	771,283	10,464	1.4	781,747	72.9	151,324	3,491	936,562	87.4

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A – Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,326	5,316	5,318	5,318	5,318
2. 2016	8,288	9,826	9,829	9,825	9,825
3. 2017	XXX	10,928	12,505	12,548	12,552
4. 2018	XXX	XXX	11,469	13,239	13,276
5. 2019	XXX	XXX	XXX	12,344	14,252
6. 2020	XXX	XXX	XXX	XXX	10,372

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,331	5,316	5,318	5,318	5,318
2. 2016	10,501	9,834	9,829	9,825	9,825
3. 2017	XXX	13,440	12,514	12,548	12,552
4. 2018	XXX	XXX	13,953	13,257	13,276
5. 2019	XXX	XXX	XXX	15,019	14,268
6. 2020	XXX	XXX	XXX	XXX	14,069

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	12,730	9,825	467	4.8	10,292	80.8			10,292	80.8
2. 2017.....	17,082	12,552	539	4.3	13,091	76.6			13,091	76.6
3. 2018.....	17,835	13,276	586	4.4	13,862	77.7			13,862	77.7
4. 2019.....	17,846	14,252	632	4.4	14,884	83.4	16		14,900	83.5
5. 2020	17,052	10,372	303	2.9	10,675	62.6	3,697	89	14,461	84.8

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.56	.56	.56	.56	.56
2. 2016	1,142	1,142	1,142	1,142	1,142
3. 2017	XXX	40	40	40	40
4. 2018	XXX	XXX	31	31	31
5. 2019	XXX	XXX	XXX	.51	.51
6. 2020	XXX	XXX	XXX	XXX	59

Section B – Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.56	.56	.56	.56	.56
2. 2016	1,142	1,142	1,142	1,142	1,142
3. 2017	XXX	40	40	40	40
4. 2018	XXX	XXX	31	31	31
5. 2019	XXX	XXX	XXX	.51	.51
6. 2020	XXX	XXX	XXX	XXX	59

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	3,810	1,142		0.0	1,142	30.0			1,142	30.0
2. 2017 .....	.26	.40		0.0	.40	153.8			.40	153.8
3. 201826	.31		0.0	.31	119.2			.31	119.2
4. 201966	.51		0.0	.51	77.3			.51	77.3
5. 202033	.59		0.0	.59	178.8			.59	178.8

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	1,176	1,176	1,176	1,176	1,176
2. 2016 .....	.916	.916	.916	.916	.916
3. 2017	XXX	1,530	1,530	1,530	1,530
4. 2018	XXX	XXX	719	719	719
5. 2019	XXX	XXX	XXX	763	763
6. 2020	XXX	XXX	XXX	XXX	509

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	1,176	1,176	1,176	1,176	1,176
2. 2016 .....	.916	.916	.916	.916	.916
3. 2017	XXX	1,530	1,530	1,530	1,530
4. 2018	XXX	XXX	719	719	719
5. 2019	XXX	XXX	XXX	763	763
6. 2020	XXX	XXX	XXX	XXX	509

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	1,278	.916		0.0	.916	71.7			.916	71.7
2. 2017.....	1,455	1,530		0.0	1,530	105.2			1,530	105.2
3. 2018.....	1,511	719		0.0	719	47.6			719	47.6
4. 2019.....	1,470	763		0.0	763	51.9			763	51.9
5. 2020.....	1,350	509		0.0	509	37.7			509	37.7

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	271,272	271,200	271,180	271,180	271,180
2. 2016	167,662	185,476	185,422	185,454	185,454
3. 2017	XXX	(1)	2	603	728
4. 2018	XXX	XXX	2	2	(84)
5. 2019	XXX	XXX	XXX	(1)	0
6. 2020	XXX	XXX	XXX	XXX	(1)

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	271,562	271,420	271,180	271,180	271,180
2. 2016	191,940	187,215	186,147	185,947	185,454
3. 2017	XXX	0	2	603	745
4. 2018	XXX	XXX	2	2	(84)
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	205,907	185,454	3,511	1.9	188,965	91.8			188,965	91.8
2. 2017.....	351	728	155	21.3	883	251.6	18		901	256.7
3. 2018.....	(988)	(84)	0	0.0	(84)	8.5	0		(84)	8.5
4. 2019.....	1,155	0	0	0.0	0	0.0	0		0	0.0
5. 2020.....	28	(1)	0	0.0	(1)	(3.6)	1		0	0.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,616,452	5,617,399	5,618,612	5,618,612	5,618,611
2. 2016	1,050,372	1,203,025	1,206,998	1,209,055	1,209,055
3. 2017	XXX	756,574	837,411	841,045	842,483
4. 2018	XXX	XXX	769,003	884,982	888,720
5. 2019	XXX	XXX	XXX	803,793	905,508
6. 2020	XXX	XXX	XXX	XXX	782,222

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	5,619,352	5,619,862	5,618,532	5,618,612	5,618,611
2. 2016	1,218,374	1,209,032	1,208,960	1,209,562	1,209,055
3. 2017	XXX	884,252	842,800	841,534	842,941
4. 2018	XXX	XXX	899,820	892,503	889,609
5. 2019	XXX	XXX	XXX	928,179	911,095
6. 2020	XXX	XXX	XXX	XXX	937,244

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	1,356,057	1,209,055	33,621	2.8	1,242,676	91.6	.0	.0	1,242,676	91.6
2. 2017	1,072,237	842,483	19,469	2.3	861,952	80.4	459	.0	862,411	80.4
3. 2018	1,095,405	888,720	21,494	2.4	910,214	83.1	889	.0	911,103	83.2
4. 2019	1,107,228	905,508	21,470	2.4	926,978	83.7	5,587	.0	932,565	84.2
5. 2020	1,090,497	782,222	10,767	1.4	792,989	72.7	155,022	3,580	951,591	87.3

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	24,736,299	24,736,299							
5. Aggregate write-ins for other policy reserves	132,654,627	132,654,627	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	157,390,926	157,390,926	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	157,390,926	157,390,926	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits	100,000	100,000							
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross)	100,000	100,000	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	100,000	100,000	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Permanent ACA Risk Adjustment Program.....	132,654,627	132,654,627							
0502. ....	.0								
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	132,654,627	132,654,627	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	1,260,599	69,465	4,691,782		6,021,846
2. Salaries, wages and other benefits	13,162,976	610,035	45,899,140		59,672,151
3. Commissions (less \$ceded plus \$assumed)			31,764,048		31,764,048
4. Legal fees and expenses	3,800		847,221		851,021
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	1,222,179	10,744	1,756,336		2,989,259
7. Traveling expenses	31,395	323	441,953		473,671
8. Marketing and advertising	114,659	1,546	4,613,446		4,729,651
9. Postage, express and telephone	27,604	2,440	651,582		681,626
10. Printing and office supplies	108,442	1,983	632,265		742,690
11. Occupancy, depreciation and amortization	51,895	2,915	724,443		779,253
12. Equipment	1,448,852	569	3,859,351		5,308,772
13. Cost or depreciation of EDP equipment and software	25,356	942	2,747,168		2,773,466
14. Outsourced services including EDP, claims, and other services	5,666,660	5,576,118	19,010,663		30,253,441
15. Boards, bureaus and association fees	125,199		156,454		281,653
16. Insurance, except on real estate			2,167,282		2,167,282
17. Collection and bank service charges			846,449		846,449
18. Group service and administration fees			0		0
19. Reimbursements by uninsured plans	(1,362)	(336)	(10,951)		(12,649)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	155,353	733	1,837,417		1,993,503
23.2 State premium taxes			5,440,379		5,440,379
23.3 Regulatory authority licenses and fees			4,671,065		4,671,065
23.4 Payroll taxes	2,006,038	89,388	1,190,837		3,286,263
23.5 Other (excluding federal income and real estate taxes)			45,141,456		45,141,456
24. Investment expenses not included elsewhere				770,474	770,474
25. Aggregate write-ins for expenses	(109)	4,400,283	10,318,721	0	14,718,895
26. Total expenses incurred (Lines 1 to 25)	25,409,536	10,767,148	189,398,507	770,474	226,345,665
27. Less expenses unpaid December 31, current year		3,580,270	25,704,543	187,071	29,471,884
28. Add expenses unpaid December 31, prior year	0	2,799,249	15,421,578	154,800	18,375,627
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	25,409,536	9,986,127	179,115,542	738,203	215,249,408
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses	(109)	(9)	8,472,327		8,472,209
2502. Other Claims Adjustments		4,400,292	1,846,394		6,246,686
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	(109)	4,400,283	10,318,721	0	14,718,895

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,306,862	1,331,370
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 8,557,013	8,726,267
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	2,705	2,705
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 530,334	432,378
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	6,908
10. Total gross investment income	10,396,913	10,499,627
11. Investment expenses		(g) 770,474
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) (462,534)
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		307,940
17. Net investment income (Line 10 minus Line 16)		10,191,687
DETAILS OF WRITE-INS		
0901. Contra Investment Income		6,908
0902.		0
0903.		0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	6,908
1501. Other Expense		0
1502.		0
1503.		0
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ 340,714 accrual of discount less \$ 891,721 amortization of premium and less \$ 114,519 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 1,919 accrual of discount less \$ 5,476 amortization of premium and less \$ 5,856 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	678,804	0	678,804	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	774,847	0	774,847	(3,678,415)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(26)	0	(26)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	1,453,625	0	1,453,625	(3,678,415)	0
DETAILS OF WRITE-INS					
0901. Other Change in Unrealized Capital Loss			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	8,473,001	7,067,389	(1,405,612)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans	199	215	16
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	780,811	8,344	(772,467)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets.....	228,453	258,568	30,115
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	2,204,589	3,128,921	924,332
25. Aggregate write-ins for other-than-invested assets	659,485	89,554,119	88,894,634
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	12,346,538	100,017,556	87,671,018
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	12,346,538	100,017,556	87,671,018
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Health Care Reform.....		89,375,324	89,375,324
2502. Other assets non-admitted.....	659,485	178,795	(480,690)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	659,485	89,554,119	88,894,634

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	148,088	164,898	162,529	159,025	156,246	1,909,310
4. Point of Service.....	9,333	8,592	7,812	7,350	6,618	93,618
5. Indemnity Only.....	.81	.48	.48	.46	.41	.545
6. Aggregate write-ins for other lines of business.....	6,821	6,458	6,430	6,431	6,432	77,054
7. Total	164,323	179,996	176,819	172,852	169,337	2,080,527
DETAILS OF WRITE-INS						
0601. Medicare Supplement.....	6,821	6,458	6,430	6,431	6,432	77,054
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	6,821	6,458	6,430	6,431	6,432	77,054

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Department of Banking and Insurance of the State of New Jersey recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Jersey Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual, version as of March 2020, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of New Jersey, subject to any deviations prescribed or permitted by the State of New Jersey Insurance Commissioner.

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2020</u>	<u>2019</u>
NET (LOSS) INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (6,456,533)	\$ 34,954,632
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (6,456,533)</u>	<u>\$ 34,954,632</u>
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 261,953,062	\$ 186,065,974
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 261,953,062</u>	<u>\$ 186,065,974</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the period. Actual results could differ from those estimates.

C. Accounting Policy

Asset values are generally stated as follows:

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

D. Going Concern – Not applicable

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

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

4. Discontinued Operations – None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

5. Investments

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

- (1) Description of sources used to determine prepayment assumptions
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment (“OTTI”), disclosed in the aggregate, classified on the basis for the other-than-temporary impairment - None
- (3) For each security, by CUSIP, with a recognized OTTI, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities - None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
 - a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$..... (1,671,264)
2. 12 Months or Longer	\$..... (414,758)

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

1. Less than 12 Months	\$..... 37,238,553
2. 12 Months or Longer	\$..... 6,484,863

- (5) An OTTI is recognized if either a credit-related loss is deemed to have occurred or if the Company has the intention to sell a security that is in an unrealized loss position. Based upon the Company’s evaluation of the unrealized losses at December 31, 2020, in accordance with the Company’s impairment policy, the Company has concluded that these securities are not other-than-temporarily impaired, as the cause of the decline was primarily attributable to interest rate increases and not by long-term deterioration in the credit ratings associated with these securities.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) Repurchase agreements – None
 - (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2020.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Investments in low-income housing tax credits (“LIHTC”) - None

L. Restricted Assets

- (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	84,800	74,800	10,000	0	84,800	0.0	0.0
On deposit with states	115,776	113,652	2,124	0	115,776	0.0	0.0
k. On deposit with other regulatory bodies	0	0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	70,703,374	35,494,158	35,209,216	0	70,703,374	10.6%	10.8%
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
o. Total Restricted Assets	\$ 70,903,950	\$ 35,682,610	\$ 35,221,340	\$ 0	\$ 70,903,950	10.6%	10.8%

(a) Column 1 divided by Asset Page, Column 1, Line 28
 (b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements – None

- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. 5GI Securities - None
- P. Short Sales – None
- Q. Prepayment Penalty and Acceleration Fees

- (1) Number of CUSIPs General Account
..... 3
- (2) Aggregate Amount of Investment Income 19,054

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

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

8. Derivative Instruments – None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

1.

		12/31/2020		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 5,758,738	\$ 780,811	\$ 6,539,549
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 5,758,738	\$ 780,811	\$ 6,539,549
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 780,811	\$ 780,811
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 5,758,738	\$ 0	\$ 5,758,738
(f)	Deferred Tax Liabilities	\$ 2,143,407	\$ 0	\$ 2,143,407
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,615,331	\$ 0	\$ 3,615,331

		12/31/2019		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Gross Deferred Tax Assets	\$ 29,293,704	\$ 8,344	\$ 29,302,048
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 29,293,704	\$ 8,344	\$ 29,302,048
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 8,344	\$ 8,344
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 29,293,704	\$ 0	\$ 29,293,704
(f)	Deferred Tax Liabilities	\$ 23,256,922	\$ 0	\$ 23,256,922
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 6,036,782	\$ 0	\$ 6,036,782

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ (23,534,966)	\$ 772,467	\$ (22,762,499)
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ (23,534,966)	\$ 772,467	\$ (22,762,499)
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 772,467	\$ 772,467
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ (23,534,966)	\$ 0	\$ (23,534,966)
(f)	Deferred Tax Liabilities	\$ (21,113,515)	\$ 0	\$ (21,113,515)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (2,421,451)	\$ 0	\$ (2,421,451)

2.

		12/31/2020		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,952,267	\$ 0	\$ 3,952,267
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 542	\$ 0	\$ 542
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 542	\$ 0	\$ 542
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 38,750,660
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 1,805,929	\$ 0	\$ 1,805,929
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 5,758,738	\$ 0	\$ 5,758,738

		12/31/2019		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 8,977,549	\$ 0	\$ 8,977,549
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 8,977,549	\$ 0	\$ 8,977,549
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 27,004,379
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 20,316,155	\$ 0	\$ 20,316,155
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 29,293,704	\$ 0	\$ 29,293,704

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,952,267	\$ 0	\$ 3,952,267
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ (8,977,007)	\$ 0	\$ (8,977,007)
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ (8,977,007)	\$ 0	\$ (8,977,007)
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 11,746,281
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ (18,510,226)	\$ 0	\$ (18,510,226)
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (23,534,966)	\$ 0	\$ (23,534,966)

3.

		2020	2019
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	725%	488%
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 258,337,731	\$ 180,029,192

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

4.

12/31/2020	
(1)	(2)
Ordinary	Capital

Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A(c)	5,758,738	780,811
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	5,758,738	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

12/31/2019	
(3)	(4)
Ordinary	Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	29,293,704	8,344
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	29,293,704	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

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

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	(23,534,966)	772,467
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	(23,534,966)	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

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

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

(1)	(2)	(3)
12/31/2020	12/31/2019	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 24,196,054	\$ 0	\$ 24,196,054
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 24,196,054	\$ 0	\$ 24,196,054
(d) Federal income tax on net capital gains	\$ 309,460	\$ 0	\$ 309,460
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ 24,505,514	\$ 0	\$ 24,505,514

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 600,438	\$ 514,975	\$ 85,463
(2) Unearned premium reserve	\$ 983,045	\$ 1,451,191	\$ (468,146)
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 628	\$ (628)
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables – nonadmitted	\$ 2,428,803	\$ 21,001,934	\$ (18,573,131)
(11) Net operating loss carry-forward	\$ 0	\$ 5,602,539	\$ (5,602,539)
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 1,746,452	\$ 722,437	\$ 1,024,015
(99) Subtotal	\$ 5,758,738	\$ 29,293,704	\$ (23,534,966)
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 5,758,738	\$ 29,293,704	\$ (23,534,966)
(e) Capital:			
(1) Investments	\$ 780,811	\$ 8,344	\$ 772,467
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 780,811	\$ 8,344	\$ 772,467
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 780,811	\$ 8,344	\$ 772,467
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,758,738	\$ 29,293,704	\$ (23,534,966)

3. Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 1,756,533	\$ 1,482,128	\$ 274,405
(4) Policyholder reserves	\$ 0	\$ 18,768,818	\$ (18,768,818)
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 386,874	\$ 3,005,976	\$ (2,619,102)
(99) Subtotal	\$ 2,143,407	\$ 23,256,922	\$ (21,113,515)
(b) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,143,407	\$ 23,256,922	\$ (21,113,515)

4. Net deferred tax assets/liabilities (2i – 3c)	\$ 3,615,331	\$ 6,036,782	\$ (2,421,451)
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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant items causing this difference are as follows:

	12/31/2020	12/31/2019
Current income tax (benefit) expense incurred	\$ 24,505,514	\$ 0
Change in deferred income tax (without tax on unrealized gains and losses)	2,421,451	6,810,451
Total income tax (benefit) expense reported	26,926,965	6,810,451
Income before taxes	18,048,980	34,954,632
Statutory Tax Rate	21%	21%
Expected income tax benefit at statutory tax rate	3,790,286	7,340,473
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	(7,222)	(343)
c. Nondeductible expenses for Meals and Entertainment	54,552	168,763
d. §832(b)(5)(B) Add-Back (25%)	1,806	86
e. Change in deferred taxes on nonadmitted assets	18,573,131	(370,839)
f. Change in valuation allowance adjustment	0	0
g. Health Insurer Fee	4,332,381	0
h. Nondeductible Compensation	178,412	116,965
i. Other - rounding	3,619	(444,654)
j. Effect of Change in Tax Law	0	0
Total income tax (benefit) expense reported	26,926,965	6,810,451

E. Operating loss carry-forward

- (1) As of December 31, 2020, there are no operating loss or tax carryforward available for tax purposes
(2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2020	\$ 24,196,054	\$ 309,460
2019	\$ 0	\$ 0

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

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

I. Alternative Minimum Tax Credit

	Amount
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	\$ 92,310
b. Deferred tax asset (DTA)	\$ 0
(2) Beginning Balance of AMT Credit Carryforward	\$ 92,310
(3) Amounts Recovered	\$ 0
(4) Adjustments	\$ 0
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$ 92,310
(6) Reduction for Sequestration	\$ 0
(7) Nonadmitted by Reporting Entity	\$ 0
(8) Reporting Entity Ending Balance (8=5-6-7)	\$ 92,310

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

- A. The Company is a wholly-owned subsidiary of AmeriHealth New Jersey, LLC ("AmeriHealth NJ LLC"). The Company is an indirect subsidiary of Independence Health Group, Inc. ("IHG"), a nonprofit, non-member corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
B. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement, IHG and Cooper Health System ("Cooper"), formed a new entity, AmeriHealth NJ LLC, for the purpose of engaging in the business of health care services, insurance and administration for New Jersey domiciled subscribers.

In exchange for an 80% interest in the future earnings of AmeriHealth NJ LLC, IHG contributed all of the issued and outstanding stock of the Company, as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of AmeriHealth HMO, Inc. and AmeriHealth Administrators, Inc. to AmeriHealth NJ LLC. Cooper acquired a 20% interest in the future earnings of AmeriHealth NJ LLC in exchange for a cash contribution. As a result of Cooper's election not to fund its share of the capital calls, Cooper's interest in future earnings of AmeriHealth NJ LLC was diluted to 7.6% in 2017 and 4.8% in 2020.

As of December 31, 2020, and 2019, IHG owns 100% of Members' equity in AmeriHealth NJ LLC. The ownership in members' equity reflects the accumulation of allocated net (loss) income and members' contributions.

The Company has a reinsurance agreement with AmeriHealth HMO, Inc. which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the reinsurance agreement, AmeriHealth HMO, Inc. will cede to AHIC NJ gross premiums, claims incurred, and all other expenses related with New Jersey domiciled groups and members.

The Company also has a reinsurance agreement with QCC Insurance Company, an indirect wholly-owned subsidiary of IHG, in which the Company cedes on an indemnity basis a one-hundred percent quota share of dental benefits for which third-party administration services are provided by UCD.

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

- C. Transactions with related party who are not reported on Schedule Y – None
D. Amounts due from/to related parties are reflected on Exhibit 5 and 6, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an inter-company loan agreement where amounts may be borrowed and repaid within up to 365 days.
E. The Company has a service agreement with Independence Blue Cross, LLC ("IBC LLC") and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.
F. Parental Guarantees - None
G. All outstanding shares of the Company are owned by AmeriHealth NJ LLC.
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
I. Investments in a Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets – None
J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities – None
K. Investment in foreign insurance subsidiary – N/A
L. Investment in a downstream noninsurance holding company - None
M. All SCA Investments
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) – None
(2) NAIC Filing Response Information – N/A
N. Investment in Insurance SCAs – None
O. SCA or SSAP No. 48 Entity Loss Tracking – None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

11. Debt

- A. Capital Notes – None
 B. FHLB (Federal Home Loan Bank) Agreements

(1) The Company is a member of the Federal Home Loan Bank (FHLB) of Pittsburgh. Through its membership, the Company will be conducting business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as working capital. The Company determined the Maximum Borrowing Capacity (MBC) as \$67,632,853. In accordance with the Capital Plan of FHLB of Pittsburgh, this amount was calculated by applying the Membership Asset Value Factor (MAVF) to the pledged collateral.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	84,800
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	84,800
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	67,632,853
2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	74,800
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	74,800
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	32,077,001

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
 11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0	0	0	0	0	0
2. Class B	84,800	84,800	0	0	0	0

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
 11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	73,900,617	70,703,374	0
2. Prior Year-end Total Collateral Pledged	35,706,456	35,494,158	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
 11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	80,808,526	77,270,027	0
2. Prior Year-end Total Maximum Collateral Pledged	53,070,795	52,957,153	260,500

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

2. Prior Year-end

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	0
2. Funding Agreements	0
3. Other	0
4. Aggregate Total (Lines 1+2+3)	0

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

	Does the company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

C. All Other Debt – None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

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

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

In addition to the pension benefits, IBC LLC provides retirees with certain health care and life insurance benefits through a postretirement plan maintained by IHG. Under the current program, substantially all of IHG's employees may become eligible for these benefits if they are working for IHG when they reach age 55 and they have completed at least 10 years of service. IHG begins accruing an obligation for active participants at the later of age 45 or date of hire. IBC LLC uses a December 31 measurement date for its retirement plans.

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

The amount of pension expense charged by IBC LLC to the Company was \$1,488,025 in 2020 and \$1,929,776 in 2019. The postretirement benefit income charged by IBC LLC was \$426,587 in 2020 and \$146,412 in 2019.

IHG's employees also participate in a 401(k) savings plan, which is maintained through IBC, LLC and is available to full-time employees. For employees hired prior to January 1, 2010, IBC LLC contributes an amount equal to 50% of the first 6% of salary deferral contributed by the employee. For all employees hired on or after January 1, 2010, who are not covered under the defined benefit plan, IBC LLC makes an automatic contribution equal to 3% of eligible earnings and an additional contribution equal to 50% of the first 8% of salary deferral contributed by the employee. The Company's 401(k) savings plan contribution charged by IBC LLC in 2020 and 2019 was \$2,024,800 and \$1,872,553, respectively.

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

- A. The Company has 140,000 shares authorized, 140,000 shares issued and 140,000 shares outstanding as of December 31, 2020.
- B. Preferred stock outstanding - None
- C. Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under NAIC SSAP. These standards generally permit dividends to be paid from statutory unassigned surplus of the Company and are limited based on the regulated subsidiary's level of statutory net income and statutory capital and surplus. These dividends are referred to as "ordinary dividends." An "extraordinary dividend", which requires the direct approval of regulatory authorities, is any dividend that, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. The amount available to pay dividends in 2021 without the approval of the State of New Jersey Department of Banking and Insurance (the "DOBI") is \$26,195,306.
- D. The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None
- E. Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The total amount of advances to surplus not repaid is \$0.
- H. The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
 - A For conversion of preferred stock: 0 shares
 - B For employee stock options: 0 shares
 - C For stock purchase warrants: 0 shares
- I. There are no special surplus funds.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(3,718,149)
- K. The Company issued the following surplus debentures or similar obligations: - None
- L&M. Effective date and financial impact of a quasi-reorganization - None

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments
 - (1) Guaranty Fund Assessments - Under state insurance guaranty association laws, certain insurance companies can be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of insurance companies that write the same line or lines of business, and which are placed into receivership proceedings. Assessments are generally based on a formula relating to premiums in the state compared to the premiums of other assessable insurers. Assessments for a specific receivership can be done all at once or can be spread out over a period of years. Some states permit member insurers to recover assessments paid through full or partial premium tax offsets.

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

In early 2009, Pennsylvania's Insurance Commissioner obtained an order of rehabilitation against Penn Treaty and its wholly-owned subsidiary, American Network Insurance Company (together, "Penn Treaty") in a receivership proceeding before the Commonwealth Court of Pennsylvania (the "Court"). The Insurance Commissioner subsequently petitioned the Court for an order to liquidate Penn Treaty. On March 1, 2017, the Court issued an order approving the petition to place Penn Treaty into liquidation triggering guaranty fund coverage and accrual of a liability.

As of December 31, 2020, the Company has paid \$7,640,000 for assessments received, with the remaining liability of \$860,000 included in General expenses due and accrued. Because a portion of this assessment was expected to be offset in the future by premium tax credits, the Company recorded a discounted asset of \$3,220,000 (approximately \$3,800,000 undiscounted) in Other amounts receivable which reflected a 3.5% discount rate. The premium tax asset is expected to be used as a refund over the next five years beginning in 2019. The Company will continue to monitor this assessment for changes in the estimate of insolvency.

- (2) A portion of the Penn Treaty assessment is expected to be offset in the future by premium tax credits that will be recognized in the period received, therefore the Company recorded a discounted premium tax asset. As of December 31, 2020, the Company's total discounted asset was \$2,140,218.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	2,805,929
b.	Decreases current year: Amortization of Asset	\$	(763,917)
c.	Increases current year: Interest Accretion	\$	98,206
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	2,140,218
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

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

- E. Joint and Several Liabilities - None
- F. All Other Contingencies
Regulatory Matters - Centers for Medicare and Medicaid Services ("CMS") conducts an annual review of all issuers participating in the commercial risk adjustment program. CMS is performing annual Risk Adjustment Data Validation ("RADV") audits of all participating health plans to validate the accuracy of data submitted for use in transfer calculations. These audits may result in retrospective adjustments made to amounts paid by issuers with lower than average actuarial risk or amounts collected by issuers with higher than average actuarial risk. Adjustments to amounts paid and collected depend on the audit results of all carriers in a market. Contract year 2017 was the most recent year audited and all subsequent years are subject to audit. The Company is not able to predict whether the outcome of an audit will have a material impact on the Company's financial position, results of operations, or cash flow.

In the course of ordinary business, the Company is involved in and is subject to claims, contractual disputes and other uncertainties. In the opinion of management, after consultation with legal counsel, the Company is not able to predict whether ultimate disposition of these matters will have a material effect on the Company's financial position, results of operations or cash flows.

Health Reform Legislation established cost sharing reduction ("CSR") subsidies that were intended to compensate insurers for reducing deductibles, copayments, and coinsurance for qualifying customers. As a result of an executive order, the U.S. government stopped funding insurers for the subsidies in 2017. A class action lawsuit was filed seeking damages based on the government's failure to make CSR payments. Subsidiaries of IHG submitted claims as members of the class relating to unpaid CSR for 2017, 2018 and 2019. The Court of Federal Claims granted Summary Judgment in favor of the class-plaintiffs relating to 2017 and 2018 holding that the government is obligated to pay CSR amounts. In a related case, the appellate court held that, as to 2018, the amount owed for CSR must be reduced to the extent additional tax credit payments were received as a result of approved benefit and rate changes ("silver loading"). The Company will continue to monitor developments

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
NOTES TO FINANCIAL STATEMENTS

15. Leases

A. Lessee Operating Lease

(1) The Company leases a facility from unrelated third party under a long-term lease. The facility lease requires the Company to pay a proportionate share of operating expenses for the leased property in addition to base rents. This current lease expires in June 2024. Rental expense in 2020 and 2019 was \$801,611 and \$814,648, respectively.

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

Year Ending December 31	Operating Leases
2021	\$ 828,491
2022	\$ 854,261
2023	\$ 875,298
2024	\$ 442,996
2025	\$ 0
2026	\$ 0
Total	\$ 3,001,046

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

B. Lessor Leases

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

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

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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

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

- A. ASO Plans – None
B. ASC Plans – None
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

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

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at Fair Value					
Exempt Money Market Mutual Funds.....	\$ 158,611,281	\$ 0	\$ 0	\$ 0	\$ 158,611,281
Other Money Market Mutual Funds	\$ 5,959	\$ 0	\$ 0	\$ 0	\$ 5,959
Total Cash Equivalents & Other Short Term Investments.....	\$ 158,617,240	\$ 0	\$ 0	\$ 0	\$ 158,617,240
Bonds – Industrial and Misc.	\$ 0	\$ 8,428,270	\$ 0	\$ 0	\$ 8,428,270
Total Bonds	\$ 0	\$ 8,428,270	\$ 0	\$ 0	\$ 8,428,270
Total assets at fair value/NAV	\$ 158,617,240	\$ 8,428,270	\$ 0	\$ 0	\$ 167,045,510
b. Liabilities at Fair Value – None					
Total Liabilities at Fair Value	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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

(3) Transfers in and/or out of Level 3 are recognized at the beginning of the period – None

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

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

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy

Type of Financial Instrument	Aggregate Fair Value			Net Asset Value (NAV)			Not Practicable (Carrying Value)
	Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	(NAV)	
Bonds	\$ 372,931,416	\$ 361,635,574	\$ 0	\$ 372,931,416	\$ 0	\$ 0	\$ 0
Cash Equivalents & Other	\$ 160,142,240	\$ 160,142,238	\$ 158,617,240	\$ 1,525,000	\$ 0	\$ 0	\$ 0

D. Not Practicable to Estimate Fair Value – Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

21. Other Items

A. Unusual or Infrequent Items

In March 2020, the World Health Organization identified the spread of a new strain of the coronavirus, COVID-19, as a pandemic. COVID-19 is challenging the healthcare industry and causing disruption to the global economy and volatility within financial markets. As a result, uncertainties have arisen that could have a material impact on the Company's financial condition, results of operations and cash flows. The outbreak of the COVID-19 pandemic is still ongoing and the ultimate magnitude of impact on the Company's consolidated financial statements remains highly uncertain and cannot be predicted at this time. The Company continues to closely monitor the developments relating to the pandemic and assess its impact on the business.

B. Troubled Debt Restructuring: Debtors - None

C. Other Disclosures

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

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure

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

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

- (2) Direct exposure through investments in subprime mortgage loans – None

- (3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	4,771,637	4,769,054	4,736,406	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	5,974,897	5,975,124	6,085,994	0
e. Equity investment in SCAs *	0	0	0	0
f. Other assets	0	0	0	0
g. Total	10,746,534	10,744,178	10,822,400	0

* Company's subsidiary Company has investments in subprime mortgages. These investments comprise 0.0 % of the companies invested assets.

- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage – None

G. Retained Assets – None

H. Insurance-linked securities (ILS) Contracts – None

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – None

22. Events Subsequent

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2020, and through the date of this filing, which is the date the financial statements were available to be issued. There have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2020.

In 2020, the Company was subject to the annual health insurance industry assessment fee (the "fee") under section 9010 of the ACA. The fee, totaling \$15,522,820,037 for the industry in 2020, was not tax deductible. The fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the 2019 calendar year to the amount of health insurance for any U.S. health risk that was written during the 2019 calendar year. A health insurance entity's portion of the annual fee became payable once the entity provided health insurance for a U.S. health risk for each calendar year beginning on or after January 1 of the year the fee was due. The Company's portion of the fee was \$17,692,482 in 2020 and was recorded in General administrative expenses. Federal legislation imposed a moratorium on the fee for 2019 and repealed the annual fee for years beginning after December 31, 2020. As of December 31, 2019, the Company had written health insurance subject to the ACA assessment. Reporting the ACA assessment as of December 31, 2020 or 2019 would not have triggered a risk-based capital ("RBC") action level.

The following table summarizes the portion of the annual health insurance industry fee payable and the impact to the risk-based capital ("RBC").

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	..... YES	
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 17,771,392
C. ACA fee assessment paid	\$ 17,692,482	\$ 0
D. Premium written subject to ACA 9010 assessment	\$ 0	\$ 945,042,030
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 261,953,062	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 261,953,062	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 35,630,997	
H. Would reporting the ACA assessment as of Dec. 31, 2020, have triggered an RBC action level (YES/NO)?	..... NO	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories: Not Applicable

Section 2 – Ceded Reinsurance Report – Part A: Not Applicable

Section 3 – Ceded Reinsurance Report – Part B: Not Applicable

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

- (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None

- (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit – None

24. Respectively Rated Contracts & Contracts Subject to Redetermination

A. Accrued retrospective premium adjustments - None

B. Accrued retrospective premium as an adjustment to earned premium - None

C. The Company has no retrospectively rate contracts or contracts subject to redetermination.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	14,773,743	7,494,964	4,100,000	0	26,368,707
(2) Medical loss ratio rebates paid	20,473,743	10,994,964	0	0	31,468,707
(3) Medical loss ratio rebates unpaid	0	1,600,000	4,100,000	0	5,700,000
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	5,700,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	18,036,299	3,934,101	2,231,608	0	24,202,008
(8) Medical loss ratio rebates paid	0	2,134,101	3,031,608	0	5,165,709
(9) Medical loss ratio rebates unpaid	18,036,299	3,400,000	3,300,000	0	24,736,299
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	24,736,299

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
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E. Risk- Sharing Provisions of the Affordable Care Act (ACA)

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No []
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
- AMOUNT
- a. Permanent ACA Risk Adjustment Program
- Assets
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments) \$0
- Liabilities
2. Risk adjustment user fees payable for ACA Risk Adjustment \$296,254
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) \$132,654,627
- Operations (Revenue & Expense)
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$(140,045,584)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$290,795
- b. Transitional ACA Reinsurance Program
- Assets
1. Amounts recoverable for claims paid due to ACA Reinsurance \$0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$0
- Liabilities
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$0
5. Ceded reinsurance premiums payable due to ACA Reinsurance \$0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$0
- Operations (Revenue & Expense)
7. Ceded reinsurance premiums due to ACA Reinsurance \$0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$0
9. ACA Reinsurance contributions – not reported as ceded premium \$0
- c. Temporary ACA Risk Corridors Program
- Assets
1. Accrued retrospective premium due to ACA Risk Corridors \$0
- Liabilities
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$0
- Operations (Revenue & Expense)
3. Effect of ACA Risk Corridors on net premium income (paid/received) \$0
4. Effect of ACA Risk Corridors on change in reserves for rate credits \$0
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	Ref	9	10	
												Receivable	(Payable)	Receivable	(Payable)	Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
a. Permanent ACA Risk Adjustment Program												
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 933,329	\$ 0	\$ 731,216	\$ 0	\$ 202,113	\$ 0	\$ (202,113)	\$ 0	A	\$ 0	\$ 0	
2. Premium adjustments (payable) (including high-risk pool premium)	\$ 0	\$ (111,462,673)	\$ 0	\$ (118,651,517)	\$ 0	\$ 7,188,844	\$ 0	\$ (7,188,844)	B	\$ 0	\$ 0	
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 933,329	\$ (111,462,673)	\$ 731,216	\$ (118,651,517)	\$ 202,113	\$ 7,188,844	\$ (202,113)	\$ (7,188,844)		\$ 0	\$ 0	
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0	
2. Amounts recoverable for claims unpaid (contra liability)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0	
3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0	
5. Ceded reinsurance premiums payable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	G	\$ 0	\$ 0	
6. Liability for amounts held under uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	H	\$ 0	\$ 0	
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0	
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	\$ 89,376,066	\$ 0	\$ 89,376,066	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0	
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0	
3. Subtotal ACA Risk Corridors Program	\$ 89,376,066	\$ 0	\$ 89,376,066	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0	
d. Total for ACA Risk Sharing Provisions	\$ 90,309,395	\$ (111,462,673)	\$ 90,107,282	\$ (118,651,517)	\$ 202,113	\$ 7,188,844	\$ (202,113)	\$ (7,188,844)		\$ 0	\$ 0	

Explanations of Adjustments

- A Updated for current claim information.....
- B Updated for current claim information.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey
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(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)	
					5	6					9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ 963,795	\$ 0	\$ 963,795	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b. 2015											
1. Accrued retrospective premium	\$ 14,907,923	\$ 0	\$ 14,907,923	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c. 2016											
1. Accrued retrospective premium	\$ 73,504,348	\$ 0	\$ 73,504,348	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 89,376,066	\$ 0	\$ 89,376,066	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments – N/A
24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

As of December 31, 2019, the Company had received nominal payments for risk corridor receivables for the 2014 contract year and no payment for risk corridor receivables for either the 2015 or 2016 contract year. As the U.S. government had defaulted on fully funding the risk corridor program and funding was being contested in court, the Company believed there was risk to the collectability of the receivable balance. As such, the remaining uncollected balance of the risk corridor receivable, which was under appeal, was recorded as a nonadmitted asset and charged directly against capital and surplus in accordance with SSAP No. 107, Risk Sharing Provisions of the Affordable Care Act. On September 22, 2017, the Company and certain affiliates filed suit against the United States of America in the Federal Court of Claims seeking to recover funds owed under the risk corridor program. In April of 2020, the United States Supreme Court rendered a decision in Maine Community Health Options v. United States, finding that the risk corridor statute created an obligation by the federal government to pay insurers the full amount owed under the risk corridor program. On July 2, 2020, judgment in the litigation was entered in favor of the Company in the amount of \$89,376,066 related to receivables due under the risk corridor program, which was received in September 2020 and was recorded to change in nonadmitted assets and increased Capital and Surplus.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 1,157,648	\$ 0	\$ 1,157,648	\$ 0	\$ 0	\$ 0
b. 2015	\$ 14,907,923	\$ 0	\$ 14,907,923	\$ 0	\$ 0	\$ 0
c. 2016	\$ 73,504,348	\$ 0	\$ 73,504,348	\$ 0	\$ 0	\$ 0
d. Total (a+b+c)	\$ 89,569,919	\$ 0	\$ 89,569,919	\$ 0	\$ 0	\$ 0

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

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2019 were \$128,260,964. As of December 31, 2020, \$104,396,932 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$4,670,954 as a result of re-estimation of unpaid claims. Therefore, there has been \$19,193,078 in favorable development. The decrease is generally the result of ongoing analysis of recent loss development trends.

B. There were no significant changes in methodologies or assumptions used in calculating the liability for losses and loss adjustment expenses

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 13,870,229	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2020	\$ 12,969,181	\$ 13,643,417	\$ 0	\$ 0	\$ 0
06/30/2020	\$ 12,404,686	\$ 12,717,878	\$ 551,862	\$ 11,498,777	\$ 0
03/31/2020	\$ 10,004,017	\$ 12,973,652	\$ 513,269	\$ 10,001,776	\$ 1,816,562
12/31/2019	\$ 5,224,200	\$ 6,422,927	\$ 464,141	\$ 5,927,838	\$ 5,118
09/30/2019	\$ 5,223,250	\$ 5,317,785	\$ 107,589	\$ 6,016,057	\$ 5,571
06/30/2019	\$ 5,126,296	\$ 5,232,519	\$ 625,649	\$ 4,559,227	\$ 14,386
03/31/2019	\$ 4,467,360	\$ 4,752,522	\$ 439,296	\$ 4,302,160	\$ 14,725
12/31/2018	\$ 4,840,883	\$ 5,021,107	\$ 448,393	\$ 4,545,193	\$ 0
09/30/2018	\$ 4,491,169	\$ 4,720,331	\$ 463,703	\$ 4,304,094	\$ 0
06/30/2018	\$ 4,269,859	\$ 4,362,568	\$ 477,328	\$ 3,944,160	\$ 4,904
03/31/2018	\$ 4,053,690	\$ 3,931,919	\$ 306,224	\$ 3,684,939	\$ 1,448

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 0
- Date of the most recent evaluation of this liability 12/31/2020
- Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).05/21/2018
- 3.4 By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No []
 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No []
 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,
 7.21 State the percentage of foreign control0.0 %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

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

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

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 See Attachment on page 27.7.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

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

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

24.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.093	Total payable for securities lending reported on the liability page	\$.....0

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

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

25.21	Subject to repurchase agreements	\$.....0
25.22	Subject to reverse repurchase agreements	\$.....0
25.23	Subject to dollar repurchase agreements	\$.....0
25.24	Subject to reverse dollar repurchase agreements	\$.....0
25.25	Placed under option agreements	\$.....0
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....0
25.27	FHLB Capital Stock	\$.....84,800
25.28	On deposit with states	\$.....115,776
25.29	On deposit with other regulatory bodies	\$.....0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$.....0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$.....70,703,374
25.32	Other	\$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
US Bank.....	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102.....

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?
 28.04 If yes, give full and complete information relating thereto:

Yes [] No [X]

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Weaver C. Barksdale & Associates.....	U.....
Wells Capital Management.....	U.....
PIMCO (Pacific Investment Management Co).....	U.....
Brown Brothers Harriman.....	U.....
Wellington Management Co., LLP.....	U.....
CastleOak Securities.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105098.....	Weaver C. Barksdale & Associates.....	N/A.....	SEC.....	NO.....
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
104559.....	PIMCO (Pacific Investment Management Co).....	549300KGPYQZXGMYYN38.....	SEC.....	NO.....
282732.....	Brown Brothers Harriman.....	5493006KMX1VFTYPW14.....	Not a Registered Investment Advisor.....	NO.....
106595.....	Wellington Management Co., LLP.....	549300YHP12TEZNLGX41.....	SEC.....	NO.....
125334.....	CastleOak Securities.....	N/A.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	363,160,572	374,456,416	11,295,844
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	363,160,572	374,456,416	11,295,844

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

Reuters Pricing Service via Clearwater Analytics.....

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

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

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

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

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] NA [X]

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$118,000

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
New Jersey Association of Health Plans.....	\$.....118,000

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$692,177

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Morgan Lewis and Bockius.....	\$.....281,990
Stradley Ronon Stevens and Young.....	\$.....205,078

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$251,852

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

Interrogatory #14.21

As a result of our ongoing compliance improvement initiatives, the Code of Conduct document has been updated for 2020.

- Throughout – Throughout the document, important concepts have been highlighted to emphasize the messages to help associates understand what this information means for them. These messages are introduced by the phrase “what this means for you”.
- Message to the Independence Workforce – The message has been updated to align with the Mission, Vision, and Values and corporate strategy of the organization.
- The Code of Conduct: Our Mission, Vision, and Values in action – This section was added to address expectations of upholding the Code of Conduct in supporting the Company’s Mission, Vision, and Values.
- Compliance with Federally-Funded Program Requirements – This section was updated to include the Children’s Health Insurance Program as a program in which the Company participates.
- Confidential and Proprietary Information – A paragraph was added to address the obligations of associates when participating in Blue Cross Blue Shield Association (BCBSA) workgroups to maintain the confidentiality of information.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []
- 1.2 If yes, indicate premium earned on U.S. business only. \$17,052,123
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$13,342,741
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$1,418,577
- 1.62 Total incurred claims \$1,092,228
- 1.63 Number of covered lives653
- All years prior to most current three years:
- 1.64 Total premium earned \$15,633,546
- 1.65 Total incurred claims \$12,250,513
- 1.66 Number of covered lives5,779
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1 Premium Numerator	\$	.....1,090,496,999	\$	.....1,107,228,226
2.2 Premium Denominator	\$	.....1,090,496,999	\$	.....1,107,228,226
2.3 Premium Ratio (2.1/2.2)		.....1.000		.....1.000
2.4 Reserve Numerator	\$	.....319,347,262	\$	.....253,354,866
2.5 Reserve Denominator	\$	.....319,347,262	\$	.....253,354,867
2.6 Reserve Ratio (2.4/2.5)		.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Stop-loss reinsurance is not required and the Company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$0
- 5.32 Medical Only \$0
- 5.33 Medicare Supplement \$0
- 5.34 Dental and Vision \$0
- 5.35 Other Limited Benefit Plan \$0
- 5.36 Other \$0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
To protect members against insolvency, provider contracts contain hold harmless provisions
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year67,091
- 8.2 Number of providers at end of reporting year74,880
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [X] No []
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months6,159,568
- 9.22 Business with rate guarantees over 36 months0

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....0
- 10.22 Amount actually paid for year bonuses \$.....0
- 10.23 Maximum amount payable withholds \$.....13,591,681
- 10.24 Amount actually paid for year withholds \$.....3,789,791
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above) ? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....3,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

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

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

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- 15.1 Direct Premium Written \$.....
- 15.2 Total Incurred Claims \$.....
- 15.3 Number of Covered Lives

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	655,365,571	508,862,211	551,450,939	396,786,007	421,274,623
2. Total liabilities (Page 3, Line 24)	393,412,509	322,796,237	341,806,545	228,666,683	294,644,996
3. Statutory minimum capital and surplus requirement	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
4. Total capital and surplus (Page 3, Line 33)	261,953,062	186,065,974	209,644,394	168,119,324	126,629,627
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,090,496,999	1,107,228,226	1,095,404,902	1,072,237,949	1,356,056,832
6. Total medical and hospital expenses (Line 18)	858,518,139	891,906,009	837,717,850	864,829,718	1,196,195,732
7. Claims adjustment expenses (Line 20)	36,176,684	37,080,071	30,441,087	32,116,209	46,553,591
8. Total administrative expenses (Line 21)	189,398,507	154,869,391	185,524,270	160,712,899	190,337,066
9. Net underwriting gain (loss) (Line 24)	6,403,669	23,372,755	41,721,695	14,579,123	(67,629,555)
10. Net investment gain (loss) (Line 27)	11,335,852	11,581,877	9,229,093	2,870,509	4,135,353
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(6,456,533)	34,954,632	50,950,788	17,310,832	(63,494,201)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	133,657,002	(42,306,103)	178,309,496	86,512,897	(151,888,291)
Risk-Based Capital Analysis					
14. Total adjusted capital	261,953,062	186,065,974	209,644,394	168,119,324	126,629,627
15. Authorized control level risk-based capital	35,630,997	36,903,031	35,087,101	35,045,390	48,949,061
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	169,337	164,323	160,483	138,667	128,930
17. Total members months (Column 6, Line 7)	2,080,527	2,068,366	1,982,673	1,772,288	1,601,185
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	78.7	80.6	76.5	80.7	88.2
20. Cost containment expenses	2.3	1.4	0.8	1.2	1.0
21. Other claims adjustment expenses	1.0	1.9	2.0	1.8	2.5
22. Total underwriting deductions (Line 23)	99.4	97.9	96.2	98.6	105.0
23. Total underwriting gain (loss) (Line 24)	0.6	2.1	3.8	1.4	(5.0)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	98,962,977	113,687,939	82,330,072	155,464,700	130,132,735
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	119,160,032	126,066,316	124,780,097	156,836,667	151,910,464
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

Not Applicable.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

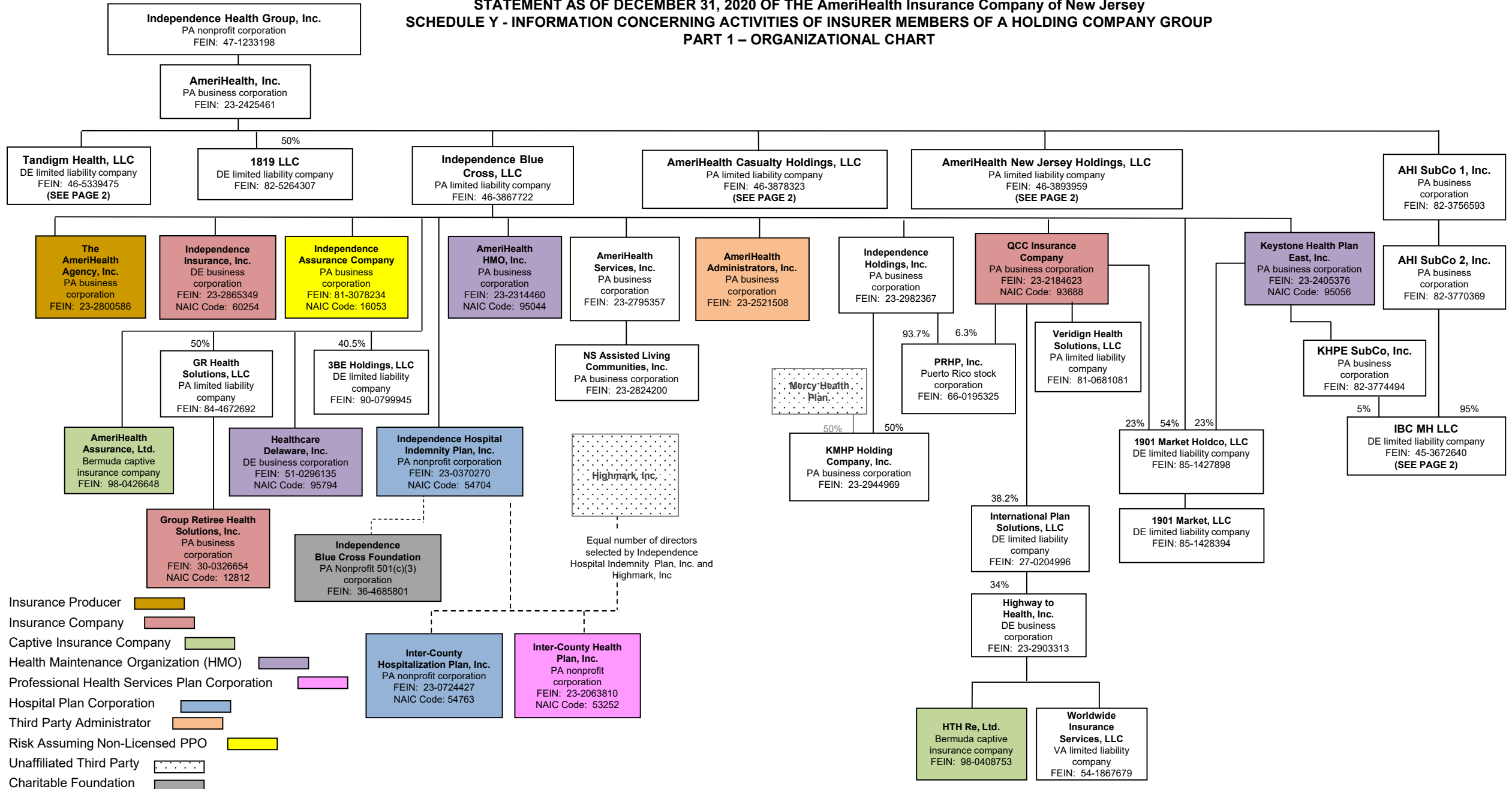
Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	0
2. Alaska AK	N								0	0
3. Arizona AZ	N								0	0
4. Arkansas AR	N								0	0
5. California CA	N								0	0
6. Colorado CO	N								0	0
7. Connecticut CT	N								0	0
8. Delaware DE	N								0	0
9. District of Columbia DC	N								0	0
10. Florida FL	N								0	0
11. Georgia GA	N								0	0
12. Hawaii HI	N								0	0
13. Idaho ID	N								0	0
14. Illinois IL	N								0	0
15. Indiana IN	N								0	0
16. Iowa IA	N								0	0
17. Kansas KS	N								0	0
18. Kentucky KY	N								0	0
19. Louisiana LA	N								0	0
20. Maine ME	N								0	0
21. Maryland MD	N								0	0
22. Massachusetts MA	N								0	0
23. Michigan MI	N								0	0
24. Minnesota MN	N								0	0
25. Mississippi MS	N								0	0
26. Missouri MO	N								0	0
27. Montana MT	N								0	0
28. Nebraska NE	N								0	0
29. Nevada NV	N								0	0
30. New Hampshire NH	N								0	0
31. New Jersey NJ	L	947,261,107							947,261,107	0
32. New Mexico NM	N								0	0
33. New York NY	N								0	0
34. North Carolina NC	N								0	0
35. North Dakota ND	N								0	0
36. Ohio OH	N								0	0
37. Oklahoma OK	N								0	0
38. Oregon OR	N								0	0
39. Pennsylvania PA	N								0	0
40. Rhode Island RI	N								0	0
41. South Carolina SC	N								0	0
42. South Dakota SD	N								0	0
43. Tennessee TN	N								0	0
44. Texas TX	N								0	0
45. Utah UT	N								0	0
46. Vermont VT	N								0	0
47. Virginia VA	N								0	0
48. Washington WA	N								0	0
49. West Virginia WV	N								0	0
50. Wisconsin WI	N								0	0
51. Wyoming WY	N								0	0
52. American Samoa AS	N								0	0
53. Guam GU	N								0	0
54. Puerto Rico PR	N								0	0
55. U.S. Virgin Islands VI	N								0	0
56. Northern Mariana Islands MP	N								0	0
57. Canada CAN	N								0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	947,261,107	0	0	0	0	0	0	947,261,107	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	947,261,107	0	0	0	0	0	0	947,261,107	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

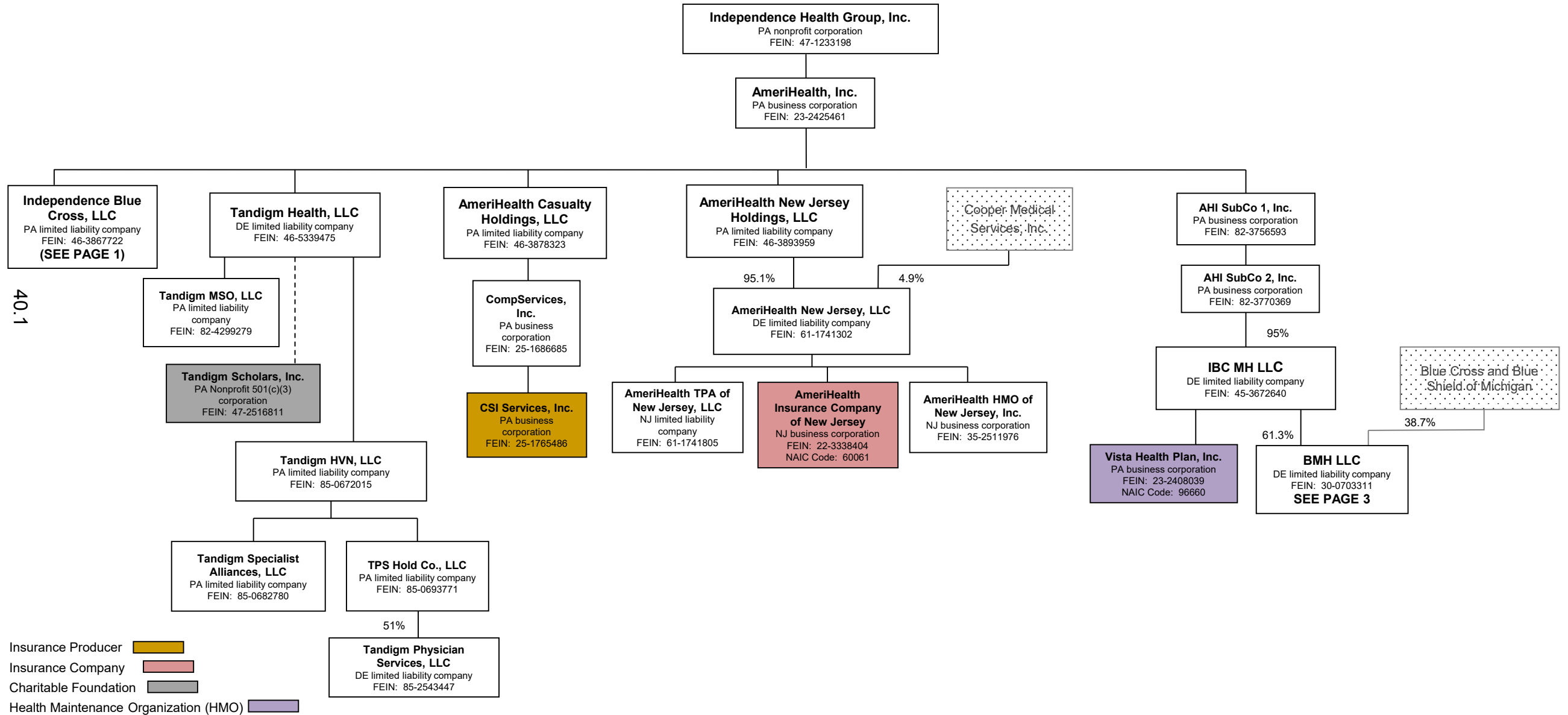
(a) Active Status Counts
 L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
 N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.
 Customers are assigned State codes when they are set up in our billing system. Company only does business in New Jersey.

**STATEMENT AS OF DECEMBER 31, 2020 OF THE AmeriHealth Insurance Company of New Jersey
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART**



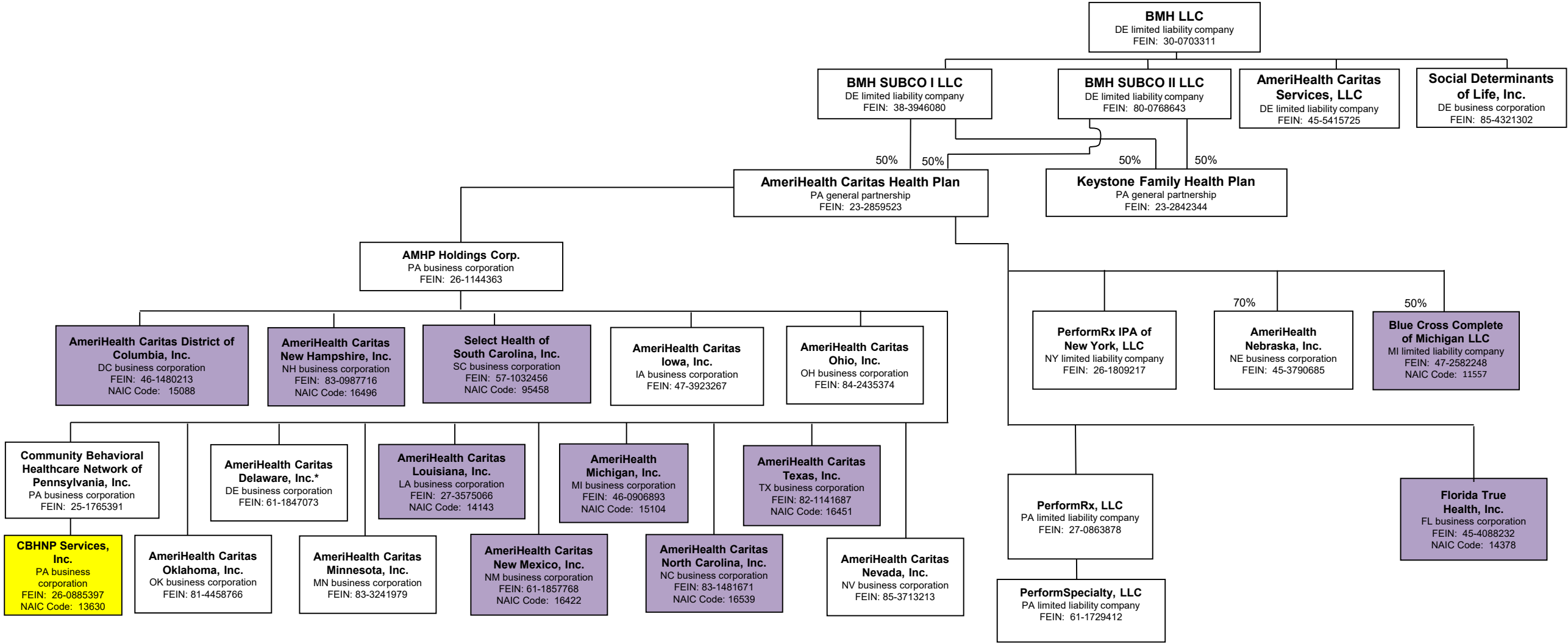
**STATEMENT AS OF DECEMBER 31, 2020 OF THE AmeriHealth Insurance Company of New Jersey
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART**



40.1

**STATEMENT AS OF DECEMBER 31, 2020 OF THE AmeriHealth Insurance Company of New Jersey
 SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART**

40.2



*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.

Health Maintenance Organization (HMO)
 Risk Assuming Non-Licensed PPO