



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

ss

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

Michael Walsh Sullivan
President & C.E.O.

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

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,808,419	31,084,310	0	27,577,051	12,808,419	10,543,442
2. Claim overpayment receivables	2,372,208	(2,667,036)	(392,530)	2,533,714	1,979,678	3,127,463
3. Loans and advances to providers	1,107,290			1,419,192	1,107,290	1,107,290
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	71,555				71,555	71,555
7. Totals (Lines 1 through 6)	16,359,472	28,417,274	(392,530)	31,529,957	15,966,942	14,849,750

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

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

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	71,381	.0.0	6,618	3.9		71,381
2. Intermediaries	0	.0.0		0.0		
3. All other providers	1,565,753	.0.2	6,618	3.9		1,565,753
4. Total capitation payments	1,637,134	.0.2	13,236	7.8	0	1,637,134
Other Payments:						
5. Fee-for-service	76,122,893	9.3	XXX	XXX		76,122,893
6. Contractual fee payments	731,961,711	89.8	XXX	XXX		731,961,711
7. Bonus/withhold arrangements - fee-for-service	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	5,725,615	.0.7	XXX	XXX		5,725,615
9. Non-contingent salaries	0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0.0	XXX	XXX		
11. All other payments	0	.0.0	XXX	XXX		
12. Total other payments	813,810,219	99.8	XXX	XXX	0	813,810,219
13. Total (Line 4 plus Line 12)	815,447,353	100 %	XXX	XXX	0	815,447,353

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	301,156		72,703	228,453	228,453	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	72,703	228,453	228,453	0



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2020						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	164,323	98,227	59,275	6,821							
2. First Quarter	179,996	114,843	58,695	6,458							
3. Second Quarter	176,819	111,951	58,438	6,430							
4. Third Quarter	172,852	109,063	57,358	6,431							
5. Current Year	169,337	104,353	58,552	6,432							
6. Current Year Member Months	2,080,527	1,306,990	696,483	77,054							
Total Member Ambulatory Encounters for Year:											
7. Physician	3,500,069	1,996,531	1,217,888	285,650							
8. Non-Physician	327,822	183,555	109,150	35,117							
9. Total	3,827,891	2,180,086	1,327,038	320,767	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	71,219	39,815	21,070	10,334							
11. Number of Inpatient Admissions	10,881	6,078	3,737	1,066							
12. Health Premiums Written (b)	947,261,107	504,709,326	422,712,345	17,052,123	1,236,302	1,551,011					
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	947,261,107	504,709,326	422,712,345	17,052,123	1,236,302	1,551,011					
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	815,447,352	463,157,574	338,849,493	12,324,834	422,663	692,788					
18. Amount Incurred for Provision of Health Care Services	828,605,627	471,661,119	342,486,316	13,342,741	422,663	692,788					

(a) For health business: number of persons insured under PPO managed care products156,246 and number of persons insured under indemnity only products41

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

30.NJ



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2020						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	164,323	98,227	59,275	6,821	0	0	0	0	0	0	
2. First Quarter	179,996	114,843	58,695	6,458	0	0	0	0	0	0	
3. Second Quarter	176,819	111,951	58,438	6,430	0	0	0	0	0	0	
4. Third Quarter	172,852	109,063	57,358	6,431	0	0	0	0	0	0	
5. Current Year	169,337	104,353	58,552	6,432	0	0	0	0	0	0	
6. Current Year Member Months	2,080,527	1,306,990	696,483	77,054	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	3,500,069	1,996,531	1,217,888	285,650	0	0	0	0	0	0	
8. Non-Physician	327,822	183,555	109,150	35,117	0	0	0	0	0	0	
9. Total	3,827,891	2,180,086	1,327,038	320,767	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	71,219	39,815	21,070	10,334	0	0	0	0	0	0	
11. Number of Inpatient Admissions	10,881	6,078	3,737	1,066	0	0	0	0	0	0	
12. Health Premiums Written (b)	947,261,107	504,709,326	422,712,345	17,052,123	1,236,302	1,551,011	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	947,261,107	504,709,326	422,712,345	17,052,123	1,236,302	1,551,011	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	815,447,352	463,157,574	338,849,493	12,324,834	422,663	692,788	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	828,605,627	471,661,119	342,486,316	13,342,741	422,663	692,788	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products156,246 and number of persons insured under indemnity only products41

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

30.GT

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Affiliates - U.S. Other												
95044	23-2314460	11/01/1996	AMERHEALTH HMO INC.	PA	OTH/G	CMM	709,303					
95044	23-2314460	07/01/2014	AMERHEALTH HMO INC.	PA	QA/I	CMM	77,059,508			13,258,638		
95044	23-2314460	07/01/2014	AMERHEALTH HMO INC.	PA	QA/G	CMM	66,506,648			12,176,413		
95044	23-2314460	07/01/2014	AMERHEALTH HMO INC.	PA	QA/I	MR	28,100			24,906		
0299999 - Total Affiliates - U.S. Other							144,303,559	0	0	25,459,957	0	0
0399999 - Total Affiliates - U.S. - Total							144,303,559	0	0	25,459,957	0	0
0799999 - Affiliates - Total Affiliates							144,303,559	0	0	25,459,957	0	0
Non-Affiliates - U.S. Non-Affiliates												
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	39,373			28,179		
0899999 - Total Non-Affiliates - U.S. Non-Affiliates							39,373	0	0	28,179	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates							39,373	0	0	28,179	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							144,342,932	0	0	25,488,136	0	0
9999999 Totals							144,342,932	0	0	25,488,136	0	0

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

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/I	D	52,569						
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/G	D	1,054,470						
0299999 - General Account - Authorized - Affiliates - U.S. - Other													
							1,107,039	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total													
							1,107,039	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates													
							1,107,039	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized													
							1,107,039	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
							1,107,039	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
							1,107,039	0	0	0	0	0	0
9999999 Totals													
							1,107,039	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	1,107	1,227	1,866	2,314	1,440
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	391	398	694	648	0
5. Total hospital and medical expenses.....	77,569	68,633	739	10,482	29,313
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	9,942	8,886	0	0	4,045
8. Reinsurance recoverable on paid losses.....	68,256	58,907	431	7,337	33,758
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	524,633,311		524,633,311
2. Accident and health premiums due and unpaid (Line 15).....	1,735,111		1,735,111
3. Amounts recoverable from reinsurers (Line 16.1).....	68,255,694	(68,255,694)	0
4. Net credit for ceded reinsurance.....	XXX	77,877,522	77,877,522
5. All other admitted assets (Balance).....	60,741,455		60,741,455
6. Total assets (Line 28)	655,365,571	9,621,828	664,987,399
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	150,707,360	9,941,656	160,649,016
8. Accrued medical incentive pool and bonus payments (Line 2).....	11,148,976		11,148,976
9. Premiums received in advance (Line 8).....	23,405,829		23,405,829
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	319,828	(319,828)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	207,830,516		207,830,516
15. Total liabilities (Line 24).....	393,412,509	9,621,828	403,034,337
16. Total capital and surplus (Line 33).....	261,953,062	XXX	261,953,062
17. Total liabilities, capital and surplus (Line 34)	655,365,571	9,621,828	664,987,399
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	9,941,656		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	68,255,694		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	78,197,350		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	319,828		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	319,828		
31. Total net credit for ceded reinsurance	77,877,522		

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

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

Allocated By States and Territories

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

NONE

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0	Independence Health Group, Inc.	N	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	N	0
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Independence Health Group, Inc. / Gateway Medical Associates, Inc.	N	0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)	Ownership	50.0	Independence Health Group, Inc. / Comcast Connected Health, LLC	N	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	N	1
00671	Anthem, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	N	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	.0
00936	Independence Health Group, Inc.	00000	66-0195325				PRHP, Inc.	PR	NIA		Ownership	100.0	Independence Health Group, Inc.	N	.0
		93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	.0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	.0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	.0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	.0
		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	82-3774494				KHPE SubCo, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Health Group, Inc.	Y	.0
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	.0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	.0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	.0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	25-1686685				CompServices, Inc	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	25-1765486				CSI Services, Inc	PA	NIA	CompServices, Inc	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	UIP	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	UDP	AmeriHealth New Jersey Holdings, LLC	Ownership	95.1	Independence Health Group, Inc / Cooper Medical Services, Inc	N	.0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	95.1	Independence Health Group, Inc / Cooper Medical Services, Inc	N	.0
00936	Independence Health Group, Inc	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC	Ownership	95.1	Independence Health Group, Inc / Cooper Medical Services, Inc	N	.0
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	95.1	Independence Health Group, Inc / Cooper Medical Services, Inc	N	.0
		00000	82-3756593				AHI SubCo 1, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	82-3770369				AHI SubCo 2, Inc	PA	NIA	AHI SubCo 1, Inc	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	45-3672640				IBC MH LLC	DE	NIA	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc	N	.0
00936	Independence Health Group, Inc	96660	23-2408039				Vista Health Plan, Inc	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc	N	.0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc / Blue Cross Blue Shield of Michigan	N	.0
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc / Blue Cross Blue Shield of Michigan	N	.0
		00000	85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc / Blue Cross Blue Shield of Michigan	N	.0

41.2

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
00936	Independence Health Group, Inc	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	47-3923267				AmeriHealth Caritas Iowa, Inc	IA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
00936	Independence Health Group, Inc	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
00936	Independence Health Group, Inc	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
00936	Independence Health Group, Inc	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc	DC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	13630	26-0885397				CBHP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Nebraska	N	0
00936	Independence Health Group, Inc	14378	45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	2
00936	Independence Health Group, Inc	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00936	Independence Health Group, Inc.	00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

41.5

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.					(33,164,336)	14,540			(33,149,796)	
00000	47-1233198	Independence Health Group, Inc.					204,694,435				204,694,435	
00000	46-3867722	Independence Blue Cross, LLC	52,351,890	(124,240,000)			782,944,407				711,056,297	
93688	23-2184623	QCC Insurance Company	(145,000,000)	(35,880,000)			(500,309,973)			300,000	(680,889,973)	
00000	23-2425461	AmeriHealth, Inc.	331,248,110	(140,700,000)			(3,706,529)			(300,000)	186,541,581	
95056	23-2405376	Keystone Health Plan East, Inc.	(211,800,000)	(43,180,000)			(357,547,185)				(612,527,185)	
00000	82-3774494	KHPE SubCo, Inc.	(200,000)				2,043				(197,957)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(86,420,898)	20,230,897			(66,190,001)	
95044	23-2314460	AmeriHealth HMO, Inc.					(14,527,200)	(20,230,897)			(34,758,097)	
00000	23-2800586	The AmeriHealth Agency, Inc.	(100,000)				(25,735)				(125,735)	
00000	23-2521508	AmeriHealth Administrators, Inc.		40,000,000			44,597,691				84,597,691	
00000	23-2795357	AmeriHealth Services, Inc.	(1,000,000)				(557,207)				(1,557,207)	
00000	25-1686685	CompServices, Inc.		2,000,000			(660,314)				1,339,686	
00000	25-1765486	CSI Services, Inc.					1,085				1,085	
95794	51-0296135	Healthcare Delaware, Inc.					(8,223)				(8,223)	
60254	23-2865349	Independence Insurance, Inc.					(7,223)				(7,223)	
00000	23-2982367	Independence Holdings, Inc.	(500,000)				(3,233)				(503,233)	
96660	23-2408039	Vista Health Plan, Inc.		146,000,000			(28,396,555)				117,603,445	
00000	98-0426648	AmeriHealth Assurance, Ltd.					477,900				477,900	
00000	61-1741302	AmeriHealth New Jersey, LLC					118,306				118,306	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(14,540)			(14,540)	
00000	46-5339475	Tandigm Health, LLC	(25,000,000)				(7,484,918)				(32,484,918)	
16053	81-3078234	Independence Assurance Company					(845)				(845)	
00000	82-3756593	AHI SubCo 1, Inc.					111				111	
00000	82-3770369	AHI SubCo 2, Inc.					(15,604)				(15,604)	
00000	85-1428394	1901 Market Subco, LLC		156,000,000							156,000,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an actuarial opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

AUGUST FILING

- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?YES.....

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

MARCH FILING

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

APRIL FILING

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?YES.....
- 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?YES.....
- 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?YES.....
- 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

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

Explanation:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

Bar code:

12. 
6 0 0 6 1 2 0 2 0 2 0 5 0 0 0 0 0

13. 
6 0 0 6 1 2 0 2 0 4 2 0 0 0 0 0 0

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

15. 
6 0 0 6 1 2 0 2 0 3 7 0 0 0 0 0 0

16. 
6 0 0 6 1 2 0 2 0 3 6 5 0 0 0 0 0

20. 
6 0 0 6 1 2 0 2 0 3 0 6 0 0 0 0 0

21. 
6 0 0 6 1 2 0 2 0 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Reinsurance Receivable.....			0	3,299,679
2597. Summary of remaining write-ins for Line 25 from Page 2	0	0	0	3,299,679



SUPPLEMENT FOR THE YEAR 2020 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2020 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 Address (City, State and Zip Code) Cranbury, NJ 08512-3706 Person Completing This Exhibit Jonathan Woodworth Title Director, Actuary Reserve and Planning NAIC Company Code 60061 Telephone Number 215-241-3633

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2017: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), 15-18 (Policies Issued in 2018, 2019, 2020: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
2.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
3.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
4. Explain any policies identified above as policy type "O"

360.NJ