



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2021**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth Insurance Company of New Jersey**

(Name)

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

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile United States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO, Federally Qualified? Yes  No

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

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

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

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

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

Internet Web Site Address www.amerhealth.com

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

**OFFICERS**

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President &amp; C.E.O.</u>	<u>Juan Alfonso Lopez, Jr. #</u>	<u>E.V.P., C.F.O. &amp; Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. &amp; 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>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>Paul Lawrence Staudenmeier #</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Executive Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>Brian Lobley</u>	<u>Juan Alfonso Lopez, Jr. #</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Michael Walsh Sullivan</u>
<u>Paula June Sunshine #</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.

Juan Alfonso Lopez, Jr.  
 E.V.P., C.F.O. & Treasurer

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

Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2022

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 2021 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).....	423,384,436		423,384,436	361,635,574
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	160,600		160,600	84,800
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 (\$ .....5,652,860 , Schedule E-Part 1), cash equivalents (\$ .....123,346,601 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	128,999,461		128,999,461	162,912,937
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) .....	552,544,498	0	552,544,498	524,633,311
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,479,749		1,479,749	1,391,984
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	23,657,968	9,611,737	14,046,231	1,735,111
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 (\$ .....2,121,429 ) .....	2,121,429		2,121,429	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	79,603,409		79,603,409	68,255,694
16.2 Funds held by or deposited with reinsured companies .....	17,240,330		17,240,330	19,823,939
16.3 Other amounts receivable under reinsurance contracts .....	136,208		136,208	100,810
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....	22,113,228	545,420	21,567,808	3,615,331
19. Guaranty funds receivable or on deposit .....	1,451,209		1,451,209	2,140,218
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	198,337	198,337	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	5,558,360		5,558,360	3,492,096
24. Health care (\$ .....35,673,354 ) and other amounts receivable.....	39,825,206	4,151,852	35,673,354	28,932,838
25. Aggregate write-ins for other-than-invested assets .....	2,735,892	1,579,219	1,156,673	1,244,239
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	748,665,823	16,086,565	732,579,258	655,365,571
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	748,665,823	16,086,565	732,579,258	655,365,571
<b>DETAILS OF WRITE-INS</b>				
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.....	1,156,673		1,156,673	1,244,239
2502. Other assets non-admitted.....	1,579,219	1,579,219	0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,735,892	1,579,219	1,156,673	1,244,239

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....5,867,456 reinsurance ceded)	126,130,380	12,074,522	138,204,902	150,707,360
2. Accrued medical incentive pool and bonus amounts	20,676,472		20,676,472	11,148,976
3. Unpaid claims adjustment expenses	2,650,994		2,650,994	3,580,270
4. Aggregate health policy reserves, including the liability of \$ .....13,600,000 for medical loss ratio rebate per the Public Health Service Act	193,865,405		193,865,405	157,390,926
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	90,813	9,187	100,000	100,000
8. Premiums received in advance	25,506,107		25,506,107	23,405,829
9. General expenses due or accrued	45,823,110		45,823,110	25,891,614
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....16,910 on realized capital gains (losses))	2,872,268		2,872,268	3,420,305
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	8,842,919		8,842,919	2,590,365
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	58,895,216		58,895,216	6,015,409
16. Derivatives		0	0	0
17. Payable for securities			0	1,096,464
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ .....431,644 authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)	431,644		431,644	319,828
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			0	18,058
23. Aggregate write-ins for other liabilities (including \$ ..... current)	5,376,369	0	5,376,369	7,727,105
24. Total liabilities (Lines 1 to 23)	491,161,697	12,083,709	503,245,406	393,412,509
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
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	(9,038,645)	23,580,565
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	229,333,852	261,953,062
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	732,579,258	655,365,571
<b>DETAILS OF WRITE-INS</b>				
2301. Reinsurance Payable	5,364,487		5,364,487	7,696,358
2302. Escheat Payable	11,882		11,882	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)	5,376,369	0	5,376,369	7,727,105
2501. ....	XXX	XXX		0
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	0
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	2,054,328	2,080,527
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	1,148,669,240	1,090,496,999
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	10,226,639	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	1,158,895,879	1,090,496,999
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	70,722,498	748,058,625	641,695,738
10. Other professional services .....		845,251	692,655
11. Outside referrals .....			0
12. Emergency room and out-of-area .....	3,216,960	35,017,487	30,597,990
13. Prescription drugs .....		155,251,632	146,714,381
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		12,315,153	8,904,863
16. Subtotal (Lines 9 to 15) .....	73,939,458	951,488,148	828,605,627
<b>Less:</b>			
17. Net reinsurance recoveries .....	(6,316,756)	(22,621,703)	(29,912,512)
18. Total hospital and medical (Lines 16 minus 17) .....	80,256,214	974,109,851	858,518,139
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....26,785,154 cost containment expenses.....		38,098,263	36,176,684
21. General administrative expenses.....		193,893,942	189,398,507
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) .....	80,256,214	1,206,102,056	1,084,093,330
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(47,206,177)	6,403,669
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		8,602,636	10,191,687
26. Net realized capital gains (losses) less capital gains tax of \$ .....88,984 .....		(2,139,611)	1,144,165
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	6,463,025	11,335,852
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	(40,743,152)	17,739,521
31. Federal and foreign income taxes incurred .....	XXX	9,307,775	24,196,054
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(50,050,927)	(6,456,533)
<b>DETAILS OF WRITE-INS</b>			
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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	261,953,062	186,065,974
34. Net income or (loss) from Line 32 .....	(50,050,927)	(6,456,533)
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 \$ .....725,479 .....	2,729,182	(2,905,948)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	18,442,562	(2,421,449)
39. Change in nonadmitted assets .....	(3,740,027)	87,671,018
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 .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(32,619,210)	75,887,088
49. Capital and surplus end of reporting year (Line 33 plus 48)	229,333,852	261,953,062
<b>DETAILS OF WRITE-INS</b>		
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
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,190,619,916	1,213,020,649
2. Net investment income .....	10,067,690	10,679,159
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	1,200,687,606	1,223,699,808
5. Benefit and loss related payments .....	997,120,308	851,801,458
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	213,164,396	216,481,146
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 88,984 tax on capital gains (losses) .....	9,944,799	21,760,202
10. Total (Lines 5 through 9) .....	1,220,229,503	1,090,042,806
11. Net cash from operations (Line 4 minus Line 10) .....	(19,541,897)	133,657,002
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	93,425,787	100,772,551
12.2 Stocks .....	4,200	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	(26)
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	93,429,987	100,772,525
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	156,376,389	192,882,416
13.2 Stocks .....	80,000	10,000
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) .....	156,456,389	192,892,416
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) .....	(63,026,402)	(92,119,890)
<b>Cash from Financing and Miscellaneous Sources</b>		
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	0
16.6 Other cash provided (applied) .....	48,654,823	16,605,457
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	48,654,823	16,605,457
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(33,913,476)	58,142,568
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	162,912,937	104,770,369
19.2 End of year (Line 18 plus Line 19.1) .....	128,999,461	162,912,937

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

20.0001. Leasehold improvements .....	(14,500)	(37,460)
20.0002. Furniture and equipment .....	(30,116)	(30,116)
20.0003. Payable for Securities .....	0	1,096,464

**ANNUAL STATEMENT FOR THE YEAR 2021 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	1,148,669,240	1,130,422,071	17,229,564	(98,555)	1,116,160	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	10,226,639	10,226,639								
3. Fee-for-service (net of \$ medical expenses)	0	0								XXX
4. Risk revenue	0	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)	1,158,895,879	1,140,648,710	17,229,564	(98,555)	1,116,160	0	0	0	0	0
8. Hospital/medical benefits	748,058,625	735,028,287	12,148,003	882,335						XXX
9. Other professional services	845,251	256,615			588,636					XXX
10. Outside referrals	0	0								XXX
11. Emergency room and out-of-area	35,017,487	34,566,358	451,129							XXX
12. Prescription drugs	155,251,632	155,251,632								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	12,315,153	12,258,617	56,536							XXX
15. Subtotal (Lines 8 to 14)	951,488,148	937,361,509	12,655,668	882,335	588,636	0	0	0	0	XXX
16. Net reinsurance recoveries	(22,621,703)	(23,422,059)		861,151	(89,047)		28,252			XXX
17. Total hospital and medical (Lines 15 minus 16)	974,109,851	960,783,568	12,655,668	21,184	677,683	0	(28,252)	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	38,098,263	37,786,047	312,216							
20. General administrative expenses	193,893,942	189,657,013	4,352,552	(183,972)	67,952		4,325		(3,920)	(8)
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	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)	1,206,102,056	1,188,226,628	17,320,436	(162,788)	745,635	0	(23,927)	0	(3,920)	(8)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(47,206,177)	(47,577,918)	(90,872)	64,233	370,525	0	23,927	0	3,920	8
<b>DETAILS OF WRITE-INS</b>										
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 2021 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) .....	992,872,334	137,549,737		1,130,422,071
2. Medicare Supplement .....	17,229,564			17,229,564
3. Dental only.....	1,524,778	34,015	1,657,348	(98,555)
4. Vision only.....	1,055,647	60,513		1,116,160
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	1,012,682,323	137,644,265	1,657,348	1,148,669,240
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	1,012,682,323	137,644,265	1,657,348	1,148,669,240



**ANNUAL STATEMENT FOR THE YEAR 2021 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	962,546,005	947,401,277	13,673,757	882,335	588,636					
1.2 Reinsurance assumed	109,647,450	109,550,880		24,409	89,047		(16,886)			
1.3 Reinsurance ceded	89,386,986	88,501,426		885,560						
1.4 Net	982,806,469	968,450,731	13,673,757	21,184	677,683	0	(16,886)	0	0	0
2. Paid medical incentive pools and bonuses	4,385,315	4,385,315								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	129,513,072	126,889,639	2,623,433	0	0	0	0	0	0	0
3.2 Reinsurance assumed	14,559,286	14,552,450	0	0	0	0	6,836	0	0	0
3.3 Reinsurance ceded	5,867,456	5,867,456	0	0	0	0	0	0	0	0
3.4 Net	138,204,902	135,574,633	2,623,433	0	0	0	6,836	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	20,676,471	20,605,661	70,810							
6. Net healthcare receivables (a)	10,106,971	10,107,952	(981)							
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	142,781,127	139,082,089	3,699,038	0	0	0	0	0	0	0
8.2 Reinsurance assumed	17,867,889	17,849,686	0	0	0	0	18,203	0	0	0
8.3 Reinsurance ceded	9,941,656	9,941,656	0	0	0	0	0	0	0	0
8.4 Net	150,707,360	146,990,119	3,699,038	0	0	0	18,203	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	11,148,975	11,134,701	14,274	0	0	0	0	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	939,170,979	925,100,875	12,599,133	882,335	588,636	0	0	0	0	0
12.2 Reinsurance assumed	106,338,847	106,253,644	0	24,409	89,047	0	(28,253)	0	0	0
12.3 Reinsurance ceded	85,312,786	84,427,226	0	885,560	0	0	0	0	0	0
12.4 Net	960,197,040	946,927,293	12,599,133	21,184	677,683	0	(28,253)	0	0	0
13. Incurred medical incentive pools and bonuses	13,912,811	13,856,275	56,536	0	0	0	0	0	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	4,763,356	4,763,356								
1.2. Reinsurance assumed .....	659,767	659,767								
1.3. Reinsurance ceded .....	0									
1.4. Net .....	5,423,123	5,423,123	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	124,749,716	122,126,283	2,623,433							
2.2. Reinsurance assumed .....	13,899,519	13,892,683					6,836			
2.3. Reinsurance ceded .....	5,867,456	5,867,456								
2.4. Net .....	132,781,779	130,151,510	2,623,433	0	0	0	6,836	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 .....	129,513,072	126,889,639	2,623,433	0	0	0	0	0	0	0
4.2. Reinsurance assumed .....	14,559,286	14,552,450	0	0	0	0	6,836	0	0	0
4.3. Reinsurance ceded .....	5,867,456	5,867,456	0	0	0	0	0	0	0	0
4.4. Net .....	138,204,902	135,574,633	2,623,433	0	0	0	6,836	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2021 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) .....	124,587,661	919,270,438	5,432,292	130,242,339	130,019,953	147,090,119
2. Medicare Supplement .....	1,554,932	12,121,783	62,819	2,560,614	1,617,751	3,699,039
3. Dental Only.....		21,184			0	0
4. Vision Only.....		677,683			0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	(17,323)		6,836		(10,487)	18,203
7. Title XIX - Medicaid.....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	126,125,270	932,091,088	5,501,947	132,802,953	131,627,217	150,807,361
10. Healthcare receivables (a).....	36,026,665	39,383,223	1,290,226	38,534,978	37,316,891	29,718,234
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts .....	3,928,461	456,853	5,845,674	14,830,798	9,774,135	11,148,975
13. Totals (Lines 9-10+11+12)	94,027,066	893,164,718	10,057,395	109,098,773	104,084,461	132,238,102

(a) Excludes \$ .....0 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	134,330	139,584	141,614	141,614	141,614
2. 2017 .....	744,077	823,334	826,324	827,633	827,633
3. 2018 .....	XXX	756,782	870,991	874,778	883,400
4. 2019 .....	XXX	XXX	790,636	890,442	892,874
5. 2020 .....	XXX	XXX	XXX	771,283	888,746
6. 2021 .....	XXX	XXX	XXX	XXX	919,727

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	140,833	140,742	141,628	141,614	141,614
2. 2017 .....	869,242	828,714	826,813	828,074	827,633
3. 2018 .....	XXX	885,115	878,494	875,667	884,483
4. 2019 .....	XXX	XXX	912,346	896,013	895,394
5. 2020 .....	XXX	XXX	XXX	922,607	896,405
6. 2021 .....	XXX	XXX	XXX	XXX	1,064,744

**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. 2017 .....	1,053,323	827,633	18,775	2.3	846,408	80.4			846,408	80.4
2. 2018 .....	1,077,021	883,400	20,908	2.4	904,308	84.0	1,084		905,392	84.1
3. 2019 .....	1,086,691	892,874	20,838	2.3	913,712	84.1	2,520		916,232	84.3
4. 2020 .....	1,072,034	888,746	10,464	1.2	899,210	83.9	7,659		906,869	84.6
5. 2021 .....	1,140,649	919,727	11,012	1.2	930,739	81.6	145,017	2,600	1,078,356	94.5

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**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	1,528	1,533	1,529	1,529	1,529
2. 2017 .....	10,928	12,505	12,548	12,552	12,552
3. 2018 .....	XXX	11,469	13,239	13,276	13,277
4. 2019 .....	XXX	XXX	12,344	14,252	14,236
5. 2020 .....	XXX	XXX	XXX	10,372	11,940
6. 2021 .....	XXX	XXX	XXX	XXX	12,122

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	1,537	1,533	1,529	1,529	1,529
2. 2017 .....	13,440	12,514	12,548	12,552	12,552
3. 2018 .....	XXX	13,953	13,257	13,276	13,294
4. 2019 .....	XXX	XXX	15,019	14,268	14,256
5. 2020 .....	XXX	XXX	XXX	14,069	11,981
6. 2021 .....	XXX	XXX	XXX	XXX	14,739

**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. 2017 .....	17,082	12,552	539	4.3	13,091	76.6			13,091	76.6
2. 2018 .....	17,835	13,277	586	4.4	13,863	77.7	17		13,880	77.8
3. 2019 .....	17,846	14,236	632	4.4	14,868	83.3	19		14,887	83.4
4. 2020 .....	17,052	11,940	303	2.5	12,243	71.8	41		12,284	72.0
5. 2021 .....	17,230	12,122	301	2.5	12,423	72.1	2,617	51	15,091	87.6

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**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017 .....	40	40	40	40	40
3. 2018 .....	XXX	31	31	31	31
4. 2019 .....	XXX	XXX	51	51	51
5. 2020 .....	XXX	XXX	XXX	59	59
6. 2021 .....	XXX	XXX	XXX	XXX	21

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017 .....	40	40	40	40	40
3. 2018 .....	XXX	31	31	31	31
4. 2019 .....	XXX	XXX	51	51	51
5. 2020 .....	XXX	XXX	XXX	59	59
6. 2021 .....	XXX	XXX	XXX	XXX	21

**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. 2017.....	26	40	.0	0.0	40	153.8	.0	.0	40	153.8
2. 2018.....	26	31	.0	0.0	31	119.2	.0	.0	31	119.2
3. 2019.....	66	51	.0	0.0	51	77.3	.0	.0	51	77.3
4. 2020.....	33	59	.0	0.0	59	178.8	.0	.0	59	178.8
5. 2021.....	(99)	21	0	0.0	21	(21.2)	0	0	21	(21.2)

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**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017 .....	1,530	1,530	1,530	1,530	1,530
3. 2018 .....	XXX	719	719	719	719
4. 2019 .....	XXX	XXX	763	763	763
5. 2020 .....	XXX	XXX	XXX	509	509
6. 2021 .....	XXX	XXX	XXX	XXX	678

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.0	.0	.0	.0	.0
2. 2017 .....	1,530	1,530	1,530	1,530	1,530
3. 2018 .....	XXX	719	719	719	719
4. 2019 .....	XXX	XXX	763	763	763
5. 2020 .....	XXX	XXX	XXX	509	509
6. 2021 .....	XXX	XXX	XXX	XXX	678

**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. 2017 .....	1,455	1,530	.0	0.0	1,530	105.2	.0	.0	1,530	105.2
2. 2018 .....	1,511	719	.0	0.0	719	47.6	.0	.0	719	47.6
3. 2019 .....	1,470	763	.0	0.0	763	51.9	.0	.0	763	51.9
4. 2020 .....	1,350	509	.0	0.0	509	37.7	.0	.0	509	37.7
5. 2021 .....	1,116	678	0	0.0	678	60.8	0	0	678	60.8

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**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	17,742	17,668	17,701	17,701	17,701
2. 2017 .....	(1)	2	603	728	728
3. 2018 .....	XXX	2	2	(84)	(84)
4. 2019 .....	XXX	XXX	(1)	0	(18)
5. 2020 .....	XXX	XXX	XXX	(1)	0
6. 2021 .....	XXX	XXX	XXX	XXX	0

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	19,701	18,394	18,194	17,701	17,701
2. 2017 .....	0	2	603	745	728
3. 2018 .....	XXX	2	2	(84)	(77)
4. 2019 .....	XXX	XXX	0	0	(18)
5. 2020 .....	XXX	XXX	XXX	0	0
6. 2021 .....	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. 2017.....	351	728	155	21.3	883	251.6	0	0	883	251.6
2. 2018.....	(988)	(84)	0	0.0	(84)	8.5	7	0	(77)	7.8
3. 2019.....	1,155	(18)	0	0.0	(18)	(1.6)	0	0	(18)	(1.6)
4. 2020.....	28	0	0	0.0	0	0.0	0	0	0	0.0
5. 2021.....	0	0	0	0.0	0	0.0	0	0	0	0.0



**ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	153,600	158,785	160,844	160,844	160,844
2. 2017 .....	756,574	837,411	841,045	842,483	842,483
3. 2018 .....	XXX	769,003	884,982	888,720	897,343
4. 2019 .....	XXX	XXX	803,793	905,508	907,906
5. 2020 .....	XXX	XXX	XXX	782,222	901,254
6. 2021 .....	XXX	XXX	XXX	XXX	932,548

**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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	162,071	160,669	161,351	160,844	160,844
2. 2017 .....	884,252	842,800	841,534	842,941	842,483
3. 2018 .....	XXX	899,820	892,503	889,609	898,450
4. 2019 .....	XXX	XXX	928,179	911,095	910,446
5. 2020 .....	XXX	XXX	XXX	937,244	908,954
6. 2021 .....	XXX	XXX	XXX	XXX	1,080,182

**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. 2017 .....	1,072,237	842,483	19,469	2.3	861,952	80.4	0	0	861,952	80.4
2. 2018 .....	1,095,405	897,343	21,494	2.4	918,837	83.9	1,108	0	919,945	84.0
3. 2019 .....	1,107,228	907,906	21,470	2.4	929,376	83.9	2,539	0	931,915	84.2
4. 2020 .....	1,090,497	901,254	10,767	1.2	912,021	83.6	7,700	0	919,721	84.3
5. 2021 .....	1,158,896	932,548	11,313	1.2	943,861	81.4	147,634	2,651	1,094,146	94.4

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**ANNUAL STATEMENT FOR THE YEAR 2021 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).....	13,600,000	13,600,000							
5. Aggregate write-ins for other policy reserves .....	180,265,405	180,265,405	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	193,865,405	193,865,405	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	193,865,405	193,865,405	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
<b>DETAILS OF WRITE-INS</b>									
0501. Permanent ACA Risk Adjustment Program.....	180,265,405	180,265,405							
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)	180,265,405	180,265,405	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) .....	1,281,041	115,293	4,553,865		5,950,199
2. Salaries, wages and other benefits .....	12,688,925	989,597	45,338,918		59,017,440
3. Commissions (less \$ .....ceded plus \$ .....2,498,537 assumed) .....			30,302,071		30,302,071
4. Legal fees and expenses .....	103,840		294,487		398,327
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	484,243	1,215	2,968,208		3,453,666
7. Traveling expenses .....	7,352	10	356,324		363,686
8. Marketing and advertising .....	67,147	12	4,600,297		4,667,456
9. Postage, express and telephone .....	17,178	1,877	594,111		613,166
10. Printing and office supplies .....	29,845	590	594,272		624,707
11. Occupancy, depreciation and amortization .....	36,822	4,100	703,963		744,885
12. Equipment .....	1,287,608	121	4,302,983		5,590,712
13. Cost or depreciation of EDP equipment and software .....	24,007	1,641	2,051,692		2,077,340
14. Outsourced services including EDP, claims, and other services .....	8,741,553	6,801,495	21,384,229		36,927,277
15. Boards, bureaus and association fees .....	4,146		318,023		322,169
16. Insurance, except on real estate .....			2,782,375		2,782,375
17. Collection and bank service charges .....			584,941		584,941
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....	(416)	(126)	(3,378)		(3,920)
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 .....	139,041	515	2,414,452		2,554,008
23.2 State premium taxes .....			5,778,244		5,778,244
23.3 Regulatory authority licenses and fees .....			6,959,320		6,959,320
23.4 Payroll taxes .....	1,873,636	139,704	1,226,645		3,239,985
23.5 Other (excluding federal income and real estate taxes) .....			51,151,300		51,151,300
24. Investment expenses not included elsewhere .....				856,813	856,813
25. Aggregate write-ins for expenses .....	(814)	3,257,065	4,636,600	0	7,892,851
26. Total expenses incurred (Lines 1 to 25) .....	26,785,154	11,313,109	193,893,942	856,813 (a)	232,849,018
27. Less expenses unpaid December 31, current year .....		2,650,994	45,592,530	230,580	48,474,104
28. Add expenses unpaid December 31, prior year .....	0	3,580,270	25,704,543	187,071	29,471,884
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)	26,785,154	12,242,385	174,005,955	813,304	213,846,798
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Expenses .....	(814)	(110)	1,157,750		1,156,826
2502. Other Claims Adjustments .....		3,257,175	3,478,850		6,736,025
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)	(814)	3,257,065	4,636,600	0	7,892,851

(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) 1,176,011	1,278,833
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 8,076,522	8,065,669
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	2,044	2,044
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 74,118	69,914
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	944
10. Total gross investment income	9,328,695	9,417,405
11. Investment expenses		(g) 856,813
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) (42,044)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		814,769
17. Net investment income (Line 10 minus Line 16)		8,602,636
<b>DETAILS OF WRITE-INS</b>		
0901. Contra Investment Income		944
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	944
1501. Other Expense		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 490,100 accrual of discount less \$ 1,999,410 amortization of premium and less \$ 138,346 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 444 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	150,211		150,211		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	132,913	(2,333,751)	(2,200,838)	3,454,661	
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	0	0	0	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)	283,124	(2,333,751)	(2,050,627)	3,454,661	0
<b>DETAILS OF WRITE-INS</b>					
0901. Other Change in Unrealized Capital Loss			0		
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	9,611,737	8,473,001	(1,138,736)
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 .....	0	199	199
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	545,420	780,811	235,391
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.....	198,337	228,453	30,116
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.....	4,151,852	2,204,589	(1,947,263)
25. Aggregate write-ins for other-than-invested assets .....	1,579,219	659,485	(919,734)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,086,565	12,346,538	(3,740,027)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	16,086,565	12,346,538	(3,740,027)
<b>DETAILS OF WRITE-INS</b>			
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. Other assets non-admitted.....	1,579,219	659,485	(919,734)
2502. ....			0
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)	1,579,219	659,485	(919,734)

**ANNUAL STATEMENT FOR THE YEAR 2021 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.....	156,246	163,216	162,002	160,982	156,719	1,902,650
4. Point of Service.....	6,618	5,838	5,621	5,817	6,514	74,118
5. Indemnity Only.....	41	39	38	33	33	433
6. Aggregate write-ins for other lines of business.....	6,432	6,417	6,436	6,482	6,495	77,127
7. Total	169,337	175,510	174,097	173,314	169,761	2,054,328
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	6,432	6,417	6,436	6,482	6,495	77,127
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)	6,432	6,417	6,436	6,482	6,495	77,127

# ANNUAL STATEMENT FOR THE YEAR 2021 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 2021, ("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 and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey is shown below:

	SSAP #	F/S Page	F/S Line #	2021	2020
<b>NET LOSS</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	(50,050,927)	(6,456,533)
(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>(50,050,927)</u>	<u>(6,456,533)</u>
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	229,333,852	261,953,062
(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>229,333,852</u>	<u>261,953,062</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) Anticipated investment income as a factor in the premium deficiency calculation - None
- (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
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

### 4. Discontinued Operations - None

**ANNUAL STATEMENT FOR THE YEAR 2021 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:

	(1)	(2)	(3)
	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 - 2
OTTI recognized 1 <sup>st</sup> Quarter			
a. Intent to sell	\$ 0	\$ 0	\$ 0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
c. Total 1 <sup>st</sup> Quarter	\$ 0	\$ 0	\$ 0
OTTI recognized 2 <sup>nd</sup> Quarter			
d. Intent to sell	\$ 0	\$ 0	\$ 0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
f. Total 2 <sup>nd</sup> Quarter	\$ 0	\$ 0	\$ 0
OTTI recognized 3 <sup>rd</sup> Quarter			
g. Intent to sell	\$ 0	\$ 0	\$ 0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
i. Total 3 <sup>rd</sup> Quarter	\$ 0	\$ 0	\$ 0
OTTI recognized 4 <sup>th</sup> Quarter			
j. Intent to sell	\$ 0	\$ 0	\$ 0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 9,373,626	\$ 2,333,751	\$ 7,039,875
l. Total 4 <sup>th</sup> Quarter	\$ 9,373,626	\$ 2,333,751	\$ 7,039,875
m. Annual Aggregate Total		\$ 2,333,751	

- (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:

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
61764X-AP-0	1,538,314	1,296,500	241,813	1,296,500	1,296,500	12/31/2021
94989D-AG-4	551,588	494,478	57,110	494,478	494,478	12/31/2021
48244X-AB-8	2,321,527	1,787,249	534,278	1,787,249	1,787,249	12/31/2021
44422P-CA-8	2,058,694	1,533,566	525,128	1,533,566	1,533,566	12/31/2021
553514-AN-0	2,903,504	1,928,082	975,422	1,928,082	1,928,082	12/31/2021
Total	XXX	XXX	\$ 2,333,751	XXX	XXX	XXX

- (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	\$ (1,226,254)
2. 12 Months or Longer	\$ (595,454)

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

1. Less than 12 Months	\$ 113,325,535
2. 12 Months or Longer	\$ 18,442,186

- (5) Unrealized losses for loan-backed securities were primarily driven by the increase in market rates throughout the second half of 2021 as inflation expectations increased and the market started to price in multiple rate hikes in 2022 and 2023. The impairment review process considers a number of factors including, but not limited to: the length of time and the extent to which the fair value has been less than book value, the financial condition and credit rating of the issuer, our intent and ability to retain the investment for a period of time sufficient to allow for any anticipated recovery in fair value, our intent to sell or the likelihood that we will need to sell a loan-backed security before recovery of its amortized cost basis and general market conditions and industry or sector specific factors. In accordance with the Company’s impairment policy, the Company evaluated the unrealized losses as of December 31, 2021 and recognized \$2,333,751 of OTTI on specific loan-backed securities due to changes in credit ratings.

- 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, 2021.
- 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



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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	160,600	84,800	75,800	0	160,600	0.0%	0.0%
j. On deposit with states	117,888	115,776	2,112	0	117,888	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)	85,751,225	70,703,374	15,047,851	0	85,751,225	11.5%	11.7%
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
<b>o. Total Restricted Assets</b>	<b>\$ 86,029,713</b>	<b>\$ 70,903,950</b>	<b>\$ 15,125,763</b>	<b>\$ 0</b>	<b>\$ 86,029,713</b>	<b>11.5%</b>	<b>11.7%</b>

(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	..... 4
(2) Aggregate Amount of Investment Income		..... 139,173

R. Reporting Entity's Share of Cash Pool by Asset type – None

**6. Joint Ventures, Partnerships and Limited Liability Companies**

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

**7. Investment Income**

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

**8. Derivative Instruments – None**

**ANNUAL STATEMENT FOR THE YEAR 2021 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.

		12/31/2021		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 23,817,639	\$ 545,420	\$ 24,363,059
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 23,817,639	\$ 545,420	\$ 24,363,059
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 545,420	\$ 545,420
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ 23,817,639	\$ 0	\$ 23,817,639
(f)	Deferred Tax Liabilities	\$ 2,249,831	\$ 0	\$ 2,249,831
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 21,567,808	\$ 0	\$ 21,567,808

		12/31/2020		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) 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

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ 18,058,901	\$ (235,391)	\$ 17,823,510
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 18,058,901	\$ (235,391)	\$ 17,823,510
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ (235,391)	\$ (235,391)
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ 18,058,901	\$ 0	\$ 18,058,901
(f)	Deferred Tax Liabilities	\$ 106,424	\$ 0	\$ 106,424
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 17,952,477	\$ 0	\$ 17,952,477

2.

		12/31/2021		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 21,769,390	\$ 0	\$ 21,769,390
(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	\$ 31,164,907
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 2,047,707	\$ 0	\$ 2,047,707
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 23,817,639	\$ 0	\$ 23,817,639

		12/31/2020		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) 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

		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.	\$ 17,817,123	\$ 0	\$ 17,817,123
(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)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ (7,585,753)
(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.	\$ 241,778	\$ 0	\$ 241,778
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 18,058,901	\$ 0	\$ 18,058,901

3.

		2021	2020
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	514%	725%
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 207,766,044	\$ 258,337,731

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

4.

12/31/2021	
(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 9A1(c)	23,817,639	545,420
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)	23,817,639	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

12/31/2020	
(3)	(4)
Ordinary	Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	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

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

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	18,058,901	(235,391)
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)	18,058,901	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)
12/31/2021	12/31/2020	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 9,307,775	\$ 24,196,054	\$ (14,888,279)
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 9,307,775	\$ 24,196,054	\$ (14,888,279)
(d) Federal income tax on net capital gains	\$ 88,984	\$ 309,460	\$ (220,476)
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ 9,396,759	\$ 24,505,514	\$ (15,108,755)

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 519,921	\$ 600,438	\$ (80,517)
(2) Unearned premium reserve	\$ 1,071,256	\$ 983,045	\$ 88,211
(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	\$ 77,330	\$ 0	\$ 77,330
(9) Other Reserves	\$ 13,612,577	\$ 0	\$ 13,612,577
(10) Receivables - nonadmitted	\$ 3,263,641	\$ 2,428,803	\$ 834,838
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 5,272,914	\$ 1,746,452	\$ 3,526,462
(99) Subtotal	\$ 23,817,639	\$ 5,758,738	\$ 18,058,901
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 23,817,639	\$ 5,758,738	\$ 18,058,901
(e) Capital:			
(1) Investments	\$ 545,420	\$ 780,811	\$ (235,391)
(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	\$ 545,420	\$ 780,811	\$ (235,391)
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 545,420	\$ 780,811	\$ (235,391)
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 23,817,639	\$ 5,758,738	\$ 18,058,901

3. Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 2,007,682	\$ 1,756,533	\$ 251,149
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 242,149	\$ 386,874	\$ (144,725)
(99) Subtotal	\$ 2,249,831	\$ 2,143,407	\$ 106,424
(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)	\$ 2,249,831	\$ 2,143,407	\$ 106,424

4. Net deferred tax assets/liabilities (2i - 3c)	\$ 21,567,808	\$ 3,615,331	\$ 17,952,477
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**ANNUAL STATEMENT FOR THE YEAR 2021 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:

	12/31/2021	12/31/2020
Current income tax (benefit) expense incurred	\$ 9,396,759	\$ 24,505,514
Change in deferred income tax (without tax on unrealized gains and losses)	(18,442,565)	2,421,451
Total income tax (benefit) expense reported	(9,045,806)	26,926,965
Income before taxes	(40,654,169)	18,048,980
Statutory Tax Rate	21%	21%
Expected income tax benefit at statutory tax rate	(8,537,375)	3,790,286
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	(9,019)	(7,222)
c. Nondeductible expenses for Meals and Entertainment	1,651	54,552
d. §832(b)(5)(B) Add-Back (25%)	2,255	1,806
e. Change in deferred taxes on nonadmitted assets	(834,838)	18,573,131
f. Change in valuation allowance adjustment	0	0
g. Health Insurer Fee	0	4,332,381
h. Nondeductible Compensation	315,000	178,412
i. Other - rounding	16,520	3,619
j. Effect of Change in Tax Law	0	0
Total income tax (benefit) expense reported	(9,045,806)	26,926,965

E. Operating loss carry-forward  
(1) As of December 31, 2021, 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:

	<u>Ordinary</u>	<u>Capital</u>
2021	\$ 9,307,775	\$ 88,984
2020	\$ 24,196,054	\$ 309,460

(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

	<u>Amount</u>
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	\$ 0
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)	\$ 0

**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 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 and was 4.8% in 2021 and 2020.

As of December 31, 2021, and 2020, 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 2021 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 \$79,670,408. 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
<b>1. Current Year</b>		
(a) Membership Stock – Class A		0
(b) Membership Stock – Class B		160,600
(c) Activity Stock		0
(d) Excess Stock		0
(e) Aggregate Total (a+b+c+d)		160,600
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer		79,670,408
<b>2. Prior Year-end</b>		
(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

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	160,600	160,600	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	86,519,088	85,751,225	0
2. Prior Year-end Total Collateral Pledged	73,900,617	70,703,374	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	96,931,287	95,131,399	0
2. Prior Year-end Total Maximum Collateral Pledged	80,808,526	77,270,027	0

- (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	4,200
2. Funding Agreements	0
3. Other	0
4. Aggregate Total (Lines 1+2+3)	4,200

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 2021 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 \$1,722,567 in 2021 and \$1,488,025 in 2020. The postretirement benefit income allocated by IBC LLC was \$402,839 in 2021 and \$426,587 in 2020.

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 regardless of whether the employee contributes and IBC LLC will make 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 2021 and 2020 was \$1,966,618 and \$2,024,800, 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, 2021.
- 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 2022, subject to unassigned funds restrictions, without the approval of the State of New Jersey Department of Banking and Insurance (the "DOBI") is \$22,933,385. In accordance with regulatory guidance, any future payment of dividends without regulatory approval is not permitted due to the Company's negative balance in unassigned funds.
- 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 \$(263,487)
- 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 specific 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.

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, 2021, the Company has paid \$7,640,000 for assessments received. 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 Guaranty funds 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, 2021, the Company's total discounted asset was \$1,451,209.
 

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 2,140,218
b.	Decreases current year: Amortization of Asset	\$(763,917)
c.	Increases current year: Interest Accretion	\$ 74,908
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$ 1,451,209

- 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

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period – None

- E. Joint and Several Liabilities – None
- F. All Other Contingencies  
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.

Litigation – The Federal 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.

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. In 2021, the Company received settlement proceeds of \$60,790,813, relating to results the 2017 RADV audit. Additionally, the Company has estimated the impact of the 2019 and 2020 audits and has accrued \$56,877,437 related to potential settlements to be paid. The Company is not able to predict whether the outcome of future audits will have a material impact on the Company's financial position, results of operations, or cash flows.

CSR – CSR subsidies 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 the subsidies in 2017. Insurers reduced the eligible individuals' cost-sharing obligations and CMS would reimburse insurers for the reduction amounts through a data submission/reconciliation process. The Company initiated a process to analyze its CSR submissions for various years. The Company identified issues relating to certain types of claims in its 2017 CSR submission. The Company notified CMS of the matter and it is taking steps to further analyze its 2017 submissions. The Company will continue to monitor developments.

**ANNUAL STATEMENT FOR THE YEAR 2021 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 2021 and 2020 was \$828,491 and \$801,611, respectively.

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

Year Ending December 31	Operating Leases
2022	\$ 854,261
2023	\$ 875,298
2024	\$ 442,996
2025	\$ 0
2026	\$ 0
Total	\$ 2,172,555

(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
<b>a. Assets at Fair Value</b>					
Exempt Money Market Mutual Funds.....	\$ 123,338,577	\$ 0	\$ 0	\$ 0	\$ 123,338,577
Other Money Market Mutual Funds.....	\$ 8,024	\$ 0	\$ 0	\$ 0	\$ 8,024
Total Cash Equivalents & Other Short Term Investments.....	\$ 123,346,601	\$ 0	\$ 0	\$ 0	\$ 123,346,601
Bonds – Industrial and Misc.....	\$ 0	\$ 11,251,139	\$ 0	\$ 0	\$ 11,251,139
Total Bonds.....	\$ 0	\$ 11,251,139	\$ 0	\$ 0	\$ 11,251,139
Total assets at fair value/NAV.....	\$ 123,346,601	\$ 11,251,139	\$ 0	\$ 0	\$ 134,597,740
<b>b. Liabilities at Fair Value – None</b>					
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	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.....	\$ 427,044,030	\$ 423,384,436	\$ 2,195,025	\$ 424,849,005	\$ 0	\$ 0	\$ 0
Cash Equivalents & Other							
Short Term Investments.....	\$ 123,346,601	\$ 123,346,601	\$ 123,346,601	\$ 0	\$ 0	\$ 0	\$ 0

D. Not Practicable to Estimate Fair Value – Not Applicable

**ANNUAL STATEMENT FOR THE YEAR 2021 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 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 Company's 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	3,817,623	3,848,033	3,780,876	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	5,379,291	5,379,519	5,463,794	0
e. Equity investment in SCAs *	0	0	0	0
f. Other assets	0	0	0	0
g. Total	9,196,914	9,227,552	9,244,670	0

\* The Company has no such equity investments in SCAs. 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, 2021, 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, 2021.

**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



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**24. Retrospectively 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	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	18,036,299	3,934,101	2,231,608	0	24,202,008
(2) Medical loss ratio rebates paid	0	2,134,101	3,031,608	0	5,165,709
(3) Medical loss ratio rebates unpaid	18,036,299	3,400,000	3,300,000	0	24,736,299
(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	24,736,299
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	26,339,607	9,120,332	1,992,134	0	37,452,073
(8) Medical loss ratio rebates paid	34,575,906	10,220,332	3,792,134	0	48,588,372
(9) Medical loss ratio rebates unpaid	9,800,000	2,300,000	1,500,000	0	13,600,000
(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	13,600,000

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

	<u>AMOUNT</u>
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 2,121,429
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 405,153
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ 123,387,968
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (96,394,761)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 401,608
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 recoverable 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

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

	Accrued During the Prior Year on Business Written Before 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	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	7	8			
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 0	\$ 0	\$ 3,463,153	\$ 0	\$ (3,463,153)	\$ 0	\$ 3,463,153	\$ 0	A	\$ 0	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$ 0	\$ (132,654,627)	\$ 0	\$ (111,246,002)	\$ 0	\$ (21,408,625)	\$ 0	\$ 21,408,625	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (132,654,627)	\$ 3,463,153	\$ (111,246,002)	\$ (3,463,153)	\$ (21,408,625)	\$ 3,463,153	\$ 21,408,625		\$ 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	\$ 0	\$ 0	\$ 0	\$ 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	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ (132,654,627)	\$ 3,463,153	\$ (111,246,002)	\$ (3,463,153)	\$ (21,408,625)	\$ 3,463,153	\$ 21,408,625		\$ 0	\$ 0

Explanations of Adjustments  
A Updated for current claim information  
B Updated for current claim information

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year – None

Risk Corridors Program Year	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	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	7	8			
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 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	\$ 0	\$ 0	\$ 0	\$ 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	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 0	\$ 0	\$ 0	\$ 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)

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Nonaccrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Nonadmissions) (1-2-3)	5 Nonadmitted 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, 2020 were \$154,387,631. As of December 31, 2021, \$129,218,242 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,533,896 as a result of re-estimation of unpaid claims. Therefore, there has been \$19,635,493 of favorable prior year 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
12/31/2021	\$ 18,477,687	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2021	\$ 17,179,036	\$ 17,195,667	\$ 0	\$ 0	\$ 0
06/30/2021	\$ 15,260,311	\$ 16,899,739	\$ 634,124	\$ 15,639,433	\$ 0
03/31/2021	\$ 15,273,189	\$ 15,239,097	\$ 518,241	\$ 12,758,646	\$ 3,091,361
12/31/2020	\$ 13,870,229	\$ 13,579,952	\$ 648,039	\$ 14,084,597	\$ 1,549,494
09/30/2020	\$ 12,969,181	\$ 13,643,417	\$ 611,937	\$ 12,164,983	\$ 2,192,850
06/30/2020	\$ 12,404,686	\$ 12,717,878	\$ 551,862	\$ 11,524,738	\$ 1,643,602
03/31/2020	\$ 10,004,017	\$ 12,973,652	\$ 513,269	\$ 10,001,776	\$ 2,104,777
12/31/2019	\$ 5,224,200	\$ 6,422,927	\$ 464,141	\$ 5,927,838	\$ 5,121
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

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 12/31/2021
- Was anticipated investment income utilized in the calculation? Yes [ ] No [X]

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ X ]
- 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 [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2021
- 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 [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]  
 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 [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes, .....0.0 %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the DIHC.

- 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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ X ]  
 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]  
 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 involved .....0  
     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 | \$..... | 0 |
| 22.22 Amount paid as expenses                  | \$..... | 0 |
| 22.23 Other amounts paid                       | \$..... | 0 |
- 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
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

### INVESTMENT

- 25.01 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 25.03) Yes [ X ] No [ ]

## GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 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 ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

25.08 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 ]

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

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

26.1 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 24.1 and 25.03). Yes [ X ] No [ ]

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

- 26.21 Subject to repurchase agreements \$.....0
- 26.22 Subject to reverse repurchase agreements \$.....0
- 26.23 Subject to dollar repurchase agreements \$.....0
- 26.24 Subject to reverse dollar repurchase agreements \$.....0
- 26.25 Placed under option agreements \$.....0
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....0
- 26.27 FHLB Capital Stock \$.....160,600
- 26.28 On deposit with states \$.....117,888
- 26.29 On deposit with other regulatory bodies \$.....0
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....0
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....85,751,225
- 26.32 Other \$.....0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

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

- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
  - 27.42 Permitted accounting practice Yes [ ] No [ ]
  - 27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 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.

28.1 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 ]

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

29. 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 [ ]

29.01 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

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?  
 29.04 If yes, give full and complete information relating thereto:

Yes [ ] No [ X ]

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

29.05 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.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 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.....
106595.....	Wellington Management Co., LLP.....	549300YHP12TEZNLX41.....	SEC.....	NO.....
104559.....	PIMCO (Pacific Investment Management Co).....	549300KGPYQZXMYYN38.....	SEC.....	NO.....
282732.....	Brown Brothers Harriman.....	5493006KMX1VFTYPW14.....	Not a Registered Investment Advisor.....	NO.....
125334.....	CastleOak Securities.....	N/A.....	SEC.....	NO.....

30.1 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 ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 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

31. 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 (+)
31.1 Bonds.....	423,384,436	427,044,030	3,659,594
31.2 Preferred Stocks.....	0		0
31.3 Totals	423,384,436	427,044,030	3,659,594

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

Refinitiv Pricing Service via Clearwater Analytics.....

32.1 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 [ ]

32.2 If the answer to 32.1 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 [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. 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 ]

35. 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 ]

36. 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 ]

37. 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 37.a -37.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 [ X ] NA [ ]

## GENERAL INTERROGATORIES

### OTHER

- 38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....118,000
- 38.2 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

- 39.1 Amount of payments for legal expenses, if any? \$ .....833,911
- 39.2 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.....	\$.....230,705

- 40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....378,220
- 40.2 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, Part 1, #14.21

As a result of our ongoing compliance improvement initiatives, the Code of Conduct document has been updated for 2021.

- Message to the Independence Workforce – The message has been updated to strengthen the message regarding the Company’s commitment to diversity and inclusion.
- The Code of Conduct: Our Mission, Vision, and Values in action – This section was updated to include definitions for the Company’s values.
- Diversity and Inclusion – This section has been expanded to explain that our Company’s commitment to diversity and inclusion is the cornerstone of our culture.
- Conflicts of Interest – This section was enhanced to explain that associates must inform their manager and update their Conflict of Interest Certification and Disclosure Statements if they are or become a relative of another associate. In addition, associates must update management and their Conflict of Interest Certification and Disclosure Statements if they become involved in a personal relationship with another associate that may result in an actual or perceived conflict of interest.
- Compliance with Federally-Funded Program Requirements – This section was updated to state that our Qualified Health Plans will be offered on the Federally-facilitated Marketplace or the state-based exchanges.

# 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. \$ .....17,229,564
- 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. \$ .....12,655,669
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ .....1,828,770
- 1.62 Total incurred claims \$ .....1,275,825
- 1.63 Number of covered lives .....875
- All years prior to most current three years:
- 1.64 Total premium earned \$ .....15,400,794
- 1.65 Total incurred claims \$ .....11,379,844
- 1.66 Number of covered lives .....5,620
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ .....0
- 1.72 Total incurred claims \$ .....0
- 1.73 Number of covered lives .....0
- All years prior to most current three years:
- 1.74 Total premium earned \$ .....0
- 1.75 Total incurred claims \$ .....0
- 1.76 Number of covered lives .....0

2. Health Test:

	1		2
	Current Year		Prior Year
2.1 Premium Numerator	\$ .....1,148,669,240	\$	.....1,090,496,999
2.2 Premium Denominator	\$ .....1,148,669,240	\$	.....1,090,496,999
2.3 Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4 Reserve Numerator	\$ .....352,846,777	\$	.....319,347,262
2.5 Reserve Denominator	\$ .....352,846,779	\$	.....319,347,262
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 year .....74,880
- 8.2 Number of providers at end of reporting year .....77,801
- 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 months .....965,105
- 9.22 Business with rate guarantees over 36 months .....0

# 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        | \$.....10,430,623 |
|  | 10.24 Amount actually paid for year withholds | \$.....2,419,174  |
- 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	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	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 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	732,579,258	655,365,571	508,862,211	551,450,939	396,786,007
2. Total liabilities (Page 3, Line 24)	503,245,406	393,412,509	322,796,237	341,806,545	228,666,683
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)	229,333,852	261,953,062	186,065,974	209,644,394	168,119,324
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	1,158,895,879	1,090,496,999	1,107,228,226	1,095,404,902	1,072,237,949
6. Total medical and hospital expenses (Line 18)	974,109,851	858,518,139	891,906,009	837,717,850	864,829,718
7. Claims adjustment expenses (Line 20)	38,098,263	36,176,684	37,080,071	30,441,087	32,116,209
8. Total administrative expenses (Line 21)	193,893,942	189,398,507	154,869,391	185,524,270	160,712,899
9. Net underwriting gain (loss) (Line 24)	(47,206,177)	6,403,669	23,372,755	41,721,695	14,579,123
10. Net investment gain (loss) (Line 27)	6,463,025	11,335,852	11,581,877	9,229,093	2,870,509
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(50,050,927)	(6,456,533)	34,954,632	50,950,788	17,310,832
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(19,541,897)	133,657,002	(42,306,103)	178,309,496	86,512,897
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	229,333,852	261,953,062	186,065,974	209,644,394	168,119,324
15. Authorized control level risk-based capital	40,424,723	35,630,997	36,903,031	35,087,101	35,045,390
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	169,761	169,337	164,323	160,483	138,667
17. Total members months (Column 6, Line 7)	2,054,328	2,080,527	2,068,366	1,982,673	1,772,288
<b>Operating Percentage</b> (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)	84.1	78.7	80.6	76.5	80.7
20. Cost containment expenses	2.3	2.3	1.4	0.8	1.2
21. Other claims adjustment expenses	1.0	1.0	1.9	2.0	1.8
22. Total underwriting deductions (Line 23)	104.1	99.4	97.9	96.2	98.6
23. Total underwriting gain (loss) (Line 24)	(4.1)	0.6	2.1	3.8	1.4
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	104,084,461	98,962,977	113,687,939	82,330,072	155,464,700
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	132,238,102	119,160,032	126,066,316	124,780,097	156,836,667
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
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	1,012,682,323							1,012,682,323	.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	1,012,682,323	.0	.0	.0	.0	.0	.0	1,012,682,323	0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	1,012,682,323	0	0	0	0	0	0	1,012,682,323	0	
<b>DETAILS OF WRITE-INS</b>											
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	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

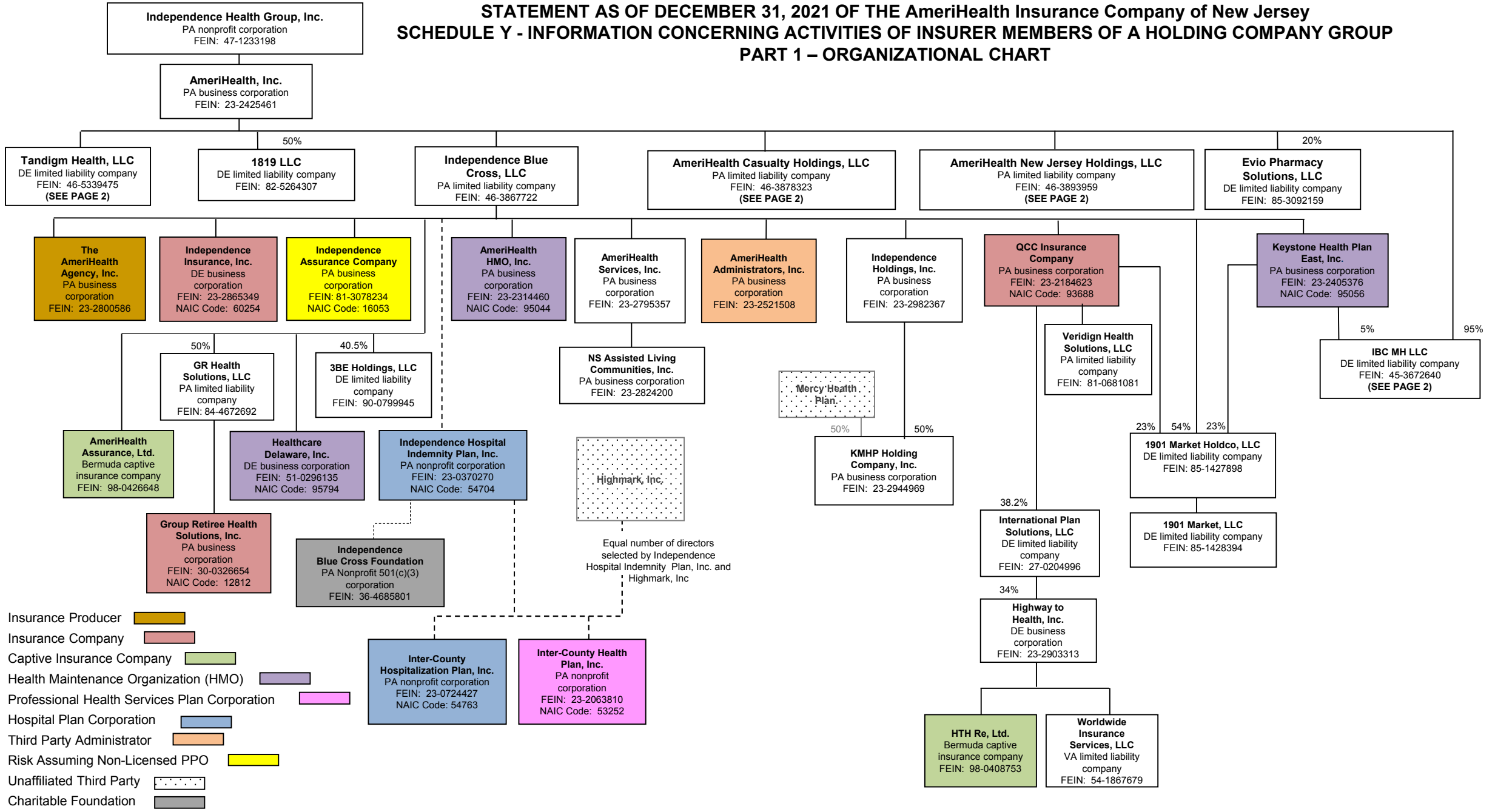
(a) Active Status Counts

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, 2021 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**

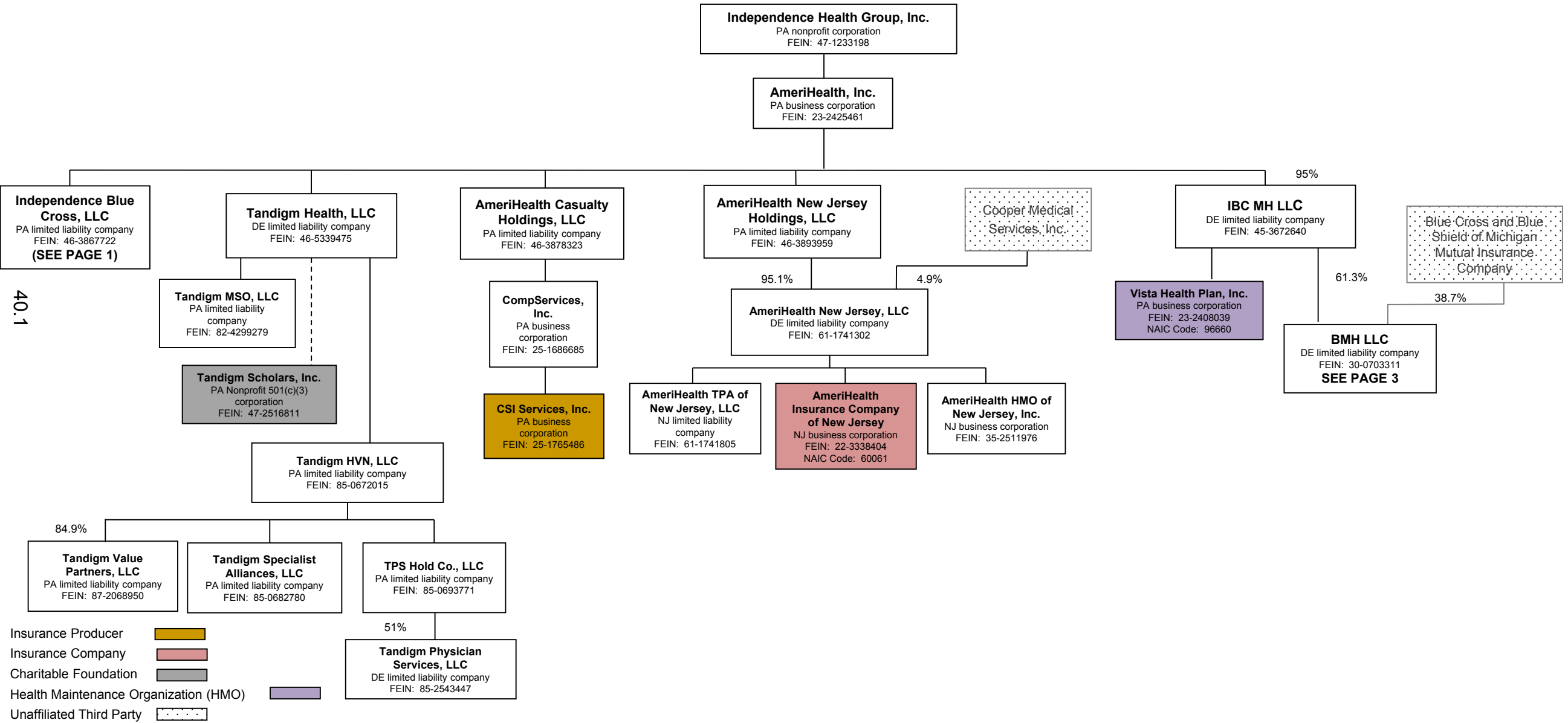


40

- Insurance Producer
- Insurance Company
- Captive Insurance Company
- Health Maintenance Organization (HMO)
- Professional Health Services Plan Corporation
- Hospital Plan Corporation
- Third Party Administrator
- Risk Assuming Non-Licensed PPO
- Unaffiliated Third Party
- Charitable Foundation



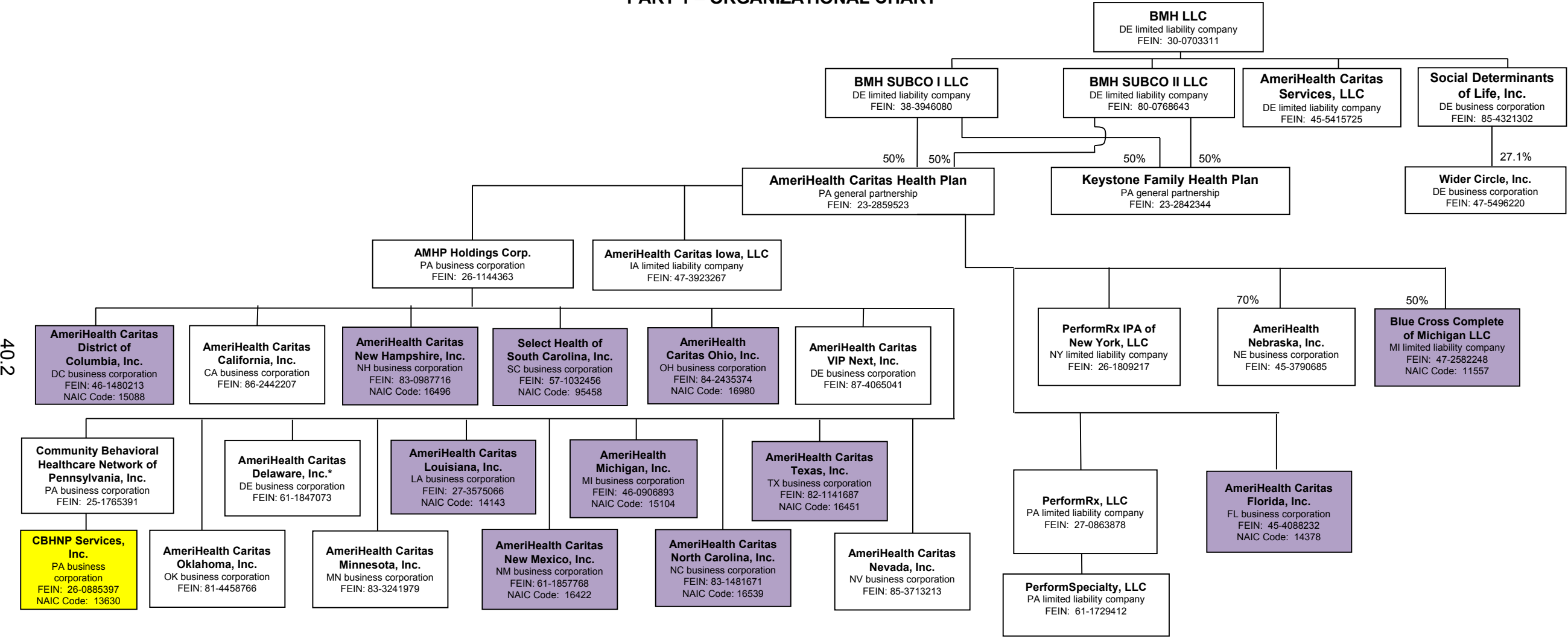
**STATEMENT AS OF DECEMBER 31, 2021 OF THE AmeriHealth Insurance Company of New Jersey  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**



40.1

- Insurance Producer
- Insurance Company
- Charitable Foundation
- Health Maintenance Organization (HMO)
- Unaffiliated Third Party

**STATEMENT AS OF DECEMBER 31, 2021 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