



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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.amerhealth.com

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

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President & C.E.O.</u>	<u>Juan Alfonso Lopez, Jr. #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Executive Vice President</u>	<u>Daphne Klausner</u>	<u>Senior Vice President</u>
<u>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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1,689,049	4,796,821	3,616,868	10,871,719	8,842,051	12,132,406
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	2,279,052	325,119	53,080	26,260	769,686	1,913,825
0299999 Total group	2,279,052	325,119	53,080	26,260	769,686	1,913,825
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,968,101	5,121,940	3,669,948	10,897,979	9,611,737	14,046,231

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	33,767,544	40,863,025	732,946	36,896,154	34,500,490	27,577,051
2. Claim overpayment receivables	2,259,121	(1,479,801)	557,280	1,638,826	2,816,401	2,141,184
3. Loans and advances to providers	1,419,192				1,419,192	1,419,192
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	37,445,857	39,383,224	1,290,226	38,534,980	38,736,083	31,137,427

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	5,141,162	4,769	1,282	513	1,692	5,149,418
0499999 Subtotals	5,141,162	4,769	1,282	513	1,692	5,149,418
0599999 Unreported claims and other claim reserves						138,922,940
0699999 Total amounts withheld						
0799999 Total claims unpaid						144,072,358
0899999 Accrued medical incentive pool and bonus amounts						20,676,472

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Independence Hospital Indemnity Plan.....	215,993					215,993	
AmeriHealth HMO, Inc.....	3,677,763					3,677,763	
Keystone Health Plan East, Inc.....	1,523,036					1,523,036	
AmeriHealth Administrators, Inc.....	141,568					141,568	
0199999 Individually listed receivables	5,558,360	0	0	0	0	5,558,360	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	5,558,360	0	0	0	0	5,558,360	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	39,289	.0.0	6,514	3.8		39,289
2. Intermediaries	0	.0.0		0.0		
3. All other providers	845,251	.0.1	6,514	3.8		845,251
4. Total capitation payments	884,540	.0.1	13,028	7.7	0	884,540
Other Payments:						
5. Fee-for-service	82,725,209	.8.6	XXX	XXX		82,725,209
6. Contractual fee payments	878,936,257	91.0	XXX	XXX		878,936,257
7. Bonus/withhold arrangements - fee-for-service	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,672,342	.0.4	XXX	XXX		3,672,342
9. Non-contingent salaries	0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0.0	XXX	XXX		
11. All other payments	0	.0.0	XXX	XXX		
12. Total other payments	965,333,808	99.9	XXX	XXX	0	965,333,808
13. Total (Line 4 plus Line 12)	966,218,348	100 %	XXX	XXX	0	966,218,348

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	301,156		102,819	198,337	198,337	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	102,819	198,337	198,337	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2021						NAIC Company Code		60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	169,337	104,353	58,552	6,432								
2. First Quarter	175,510	109,074	60,019	6,417								
3. Second Quarter	174,097	108,253	59,408	6,436								
4. Third Quarter	173,314	108,071	58,761	6,482								
5. Current Year	169,761	104,423	58,843	6,495								
6. Current Year Member Months	2,054,328	1,266,099	711,102	77,127								
Total Member Ambulatory Encounters for Year:												
7. Physician	4,050,923	2,317,072	1,433,921	299,930								
8. Non-Physician	423,157	244,933	142,981	35,243								
9. Total	4,474,080	2,562,005	1,576,902	335,173	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	72,492	41,371	19,583	11,538								
11. Number of Inpatient Admissions	10,867	6,119	3,641	1,107								
12. Health Premiums Written (b)	1,012,682,323	549,491,864	443,380,470	17,229,564	1,055,647	1,524,778						
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	1,023,818,622	557,728,163	446,280,470	17,229,564	1,055,647	1,524,778						
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	966,218,348	559,798,655	391,274,965	13,673,757	588,636	882,335						
18. Amount Incurred for Provision of Health Care Services	951,488,148	556,007,281	381,354,227	12,655,669	588,636	882,335						

(a) For health business: number of persons insured under PPO managed care products156,719 and number of persons insured under indemnity only products33

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

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REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021							NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	169,337	104,353	58,552	6,432	0	0	0	0	0	0		
2. First Quarter	175,510	109,074	60,019	6,417	0	0	0	0	0	0		
3. Second Quarter	174,097	108,253	59,408	6,436	0	0	0	0	0	0		
4. Third Quarter	173,314	108,071	58,761	6,482	0	0	0	0	0	0		
5. Current Year	169,761	104,423	58,843	6,495	0	0	0	0	0	0		
6. Current Year Member Months	2,054,328	1,266,099	711,102	77,127	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	4,050,923	2,317,072	1,433,921	299,930	0	0	0	0	0	0		
8. Non-Physician	423,157	244,933	142,981	35,243	0	0	0	0	0	0		
9. Total	4,474,080	2,562,005	1,576,902	335,173	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	72,492	41,371	19,583	11,538	0	0	0	0	0	0		
11. Number of Inpatient Admissions	10,867	6,119	3,641	1,107	0	0	0	0	0	0		
12. Health Premiums Written (b)	1,012,682,323	549,491,864	443,380,470	17,229,564	1,055,647	1,524,778	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,023,818,622	557,728,163	446,280,470	17,229,564	1,055,647	1,524,778	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	966,218,348	559,798,655	391,274,965	13,673,757	588,636	882,335	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	951,488,148	556,007,281	381,354,227	12,655,669	588,636	882,335	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products156,719 and number of persons insured under indemnity only products33

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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Affiliates - U.S. Other												
95044	23-2314460	11/01/1996	AMERIHEALTH HMO INC.	PA	OTH/G	CMM	337,072					
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/I	CMM	97,253,528			19,145,077		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/G	CMM	40,022,353			5,571,963		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/I	MR	0			3,986		
0299999 - Total Affiliates - U.S. Other							137,612,953	0	0	24,721,026	0	0
0399999 - Total Affiliates - U.S. - Total							137,612,953	0	0	24,721,026	0	0
0799999 - Affiliates - Total Affiliates							137,612,953	0	0	24,721,026	0	0
Non-Affiliates - U.S. Non-Affiliates												
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	31,312			25,607		
0899999 - Total Non-Affiliates - U.S. Non-Affiliates							31,312	0	0	25,607	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates							31,312	0	0	25,607	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							137,644,265	0	0	24,746,633	0	0
9999999 Totals							137,644,265	0	0	24,746,633	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/I	D	533,062						
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/G	D	1,124,286						
0299999 - General Account - Authorized - Affiliates - U.S. - Other													
							1,657,348	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total													
							1,657,348	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates													
							1,657,348	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized													
							1,657,348	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
							1,657,348	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
							1,657,348	0	0	0	0	0	0
9999999 Totals													
							1,657,348	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums.....	1,657	1,107	1,227	1,866	2,314
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	552	391	398	694	648
5. Total hospital and medical expenses.....	85,313	77,569	68,633	739	10,482
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	5,867	9,942	8,886	0	0
8. Reinsurance recoverable on paid losses.....	79,603	68,256	58,907	431	7,337
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	552,544,498		552,544,498
2. Accident and health premiums due and unpaid (Line 15).....	16,167,660		16,167,660
3. Amounts recoverable from reinsurers (Line 16.1).....	79,603,409	(79,603,409)	0
4. Net credit for ceded reinsurance.....	XXX	85,175,429	85,175,429
5. All other admitted assets (Balance).....	84,263,691	(136,208)	84,127,483
6. Total assets (Line 28)	732,579,258	5,435,812	738,015,070
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	138,204,902	5,867,456	144,072,358
8. Accrued medical incentive pool and bonus payments (Line 2).....	20,676,472		20,676,472
9. Premiums received in advance (Line 8).....	25,506,107		25,506,107
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	431,644	(431,644)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	318,426,281		318,426,281
15. Total liabilities (Line 24).....	503,245,406	5,435,812	508,681,218
16. Total capital and surplus (Line 33).....	229,333,852	XXX	229,333,852
17. Total liabilities, capital and surplus (Line 34)	732,579,258	5,435,812	738,015,070
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	5,867,456		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	79,603,409		
22. Other ceded reinsurance recoverables	136,208		
23. Total ceded reinsurance recoverables	85,607,073		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	431,644		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	431,644		
31. Total net credit for ceded reinsurance	85,175,429		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0		NO	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	NO	0
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	84.9	Independence Health Group, Inc.	NO	0
		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Independence Health Group, Inc. / Gateway Medical Associates, Inc.	NO	0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)	Ownership	50.0	Independence Health Group, Inc. / Comcast Connected Health, LLC	NO	0
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Independence Health Group, Inc.	NO	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	NO	1
00671	Anthem, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	NO	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	23-2824200				NS Assisted Living Communities, Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Independence Health Group, Inc / Mercy Health Plan	NO	0
00936	Independence Health Group, Inc	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc	NO	0
		00000	23-2903313				Highway to Health, Inc	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc	NO	0
		00000	98-0408753				HTH Re, Ltd	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Independence Health Group, Inc	NO	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Independence Health Group, Inc	NO	0
		00000	23-2521508				AmeriHealth Administrators, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
00936	Independence Health Group, Inc	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
00936	Independence Health Group, Inc	95044	23-2314460				AmeriHealth HMO, Inc	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
00936	Independence Health Group, Inc	95056	23-2405376				Keystone Health Plan East, Inc	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0
00936	Independence Health Group, Inc	54704	23-0370270				Independence Hospital Indemnity Plan, Inc	PA	IA	Independence Blue Cross, LLC	Board	0.0	Independence Health Group, Inc	NO	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc	Board	0.0	Independence Health Group, Inc	NO	0
00936	Independence Health Group, Inc	54763	23-0724427				Inter-County Hospitalization Plan, Inc	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc / Highmark Health	NO	0
00936	Independence Health Group, Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc / Highmark Health	NO	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	NO	0
		00000	25-1686685				CompServices, Inc	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	25-1765486				CSI Services, Inc.....	PA	NIA	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.....	PA	UIP	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	61-1741302				AmeriHealth New Jersey, LLC.....	DE	UDP	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC.....	NJ	NIA	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	60061	22-3338404				AmeriHealth Insurance Company of New Jersey.....	NJ	RE	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.....	NJ	NIA	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
		00000	45-3672640				IBC MH LLC.....	DE	NIA	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	96660	23-2408039				Vista Health Plan, Inc.....	PA	IA	IBC MH LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	30-0703311				BMH LLC.....	DE	NIA	IBC MH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
		00000	45-5415725				AmeriHealth Caritas Services, LLC.....	DE	NIA	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
		00000	85-4321302				Social Determinants of Life, Inc.....	DE	NIA	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
		00000	47-5496220				Wider Circle, Inc.....	DE	NIA	Social Determinants of Life, Inc.....	Ownership.....	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

41.3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	27-0863878				PerformRx, LLC.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1729412				PerformSpecialty, LLC.	PA	NIA	PerformRx, LLC.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1809217				PerformRx IPA of New York, LLC.	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company / GoodLife Partners, Inc.	NO	.0
00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.2
00936	Independence Health Group, Inc.	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

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00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.		10,000,000			(31,729,763)	175,357			(21,554,406)	41
00000	47-1233198	Independence Health Group, Inc.					148,320,094				148,320,094	
00000	46-3867722	Independence Blue Cross, LLC	153,100,000	(34,117,007)			797,892,710				916,875,703	
93688	23-2184623	QCC Insurance Company	(101,550,000)				(492,768,497)	(3,091,972)			(597,410,469)	(10,854,136)
00000	23-2425461	AmeriHealth, Inc.	93,500,000	(78,150,000)			(16,257,424)				(907,424)	
95056	23-2405376	Keystone Health Plan East, Inc.	(93,500,000)	(3,850,000)			(328,587,084)				(425,937,084)	
00000	82-3774494	KHPE SubCo, Inc.	(50,000)				81				(49,919)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(75,460,664)	(3,767,570)			(79,228,234)	(7,521,094)
95044	23-2314460	AmeriHealth HMO, Inc.					(13,806,333)	3,767,570			(10,038,763)	7,521,094
00000	23-2800586	The AmeriHealth Agency, Inc.					(800)				(800)	
00000	23-2521508	AmeriHealth Administrators, Inc.					21,017,783				21,017,783	
00000	23-2795357	AmeriHealth Services, Inc.	(3,000,000)				(1,392,351)				(4,392,351)	
00000	25-1686685	CompServices, Inc.		5,000,000			(652,694)				4,347,306	
00000	25-1765486	CSI Services, Inc.					1,886				1,886	
95794	51-0296135	Healthcare Delaware, Inc.					437				437	
60254	23-2865349	Independence Insurance, Inc.					994				994	
00000	23-2982367	Independence Holdings, Inc.	315,405				(212)				315,193	
96660	23-2408039	Vista Health Plan, Inc.		77,000,000			(2,194,523)				74,805,477	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(754,649)				(754,649)	
00000	61-1741302	AmeriHealth New Jersey, LLC					141,250				141,250	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(175,357)			(175,357)	(41)
00000	46-5339475	Tandigm Health, LLC	(30,000,000)				(3,769,762)				(33,769,762)	
16053	81-3078234	Independence Assurance Company					(126)				(126)	
00000	82-3756593	AHI SubCo 1, Inc.					104				104	
00000	82-3770369	AHI SubCo 2, Inc.	(3,500,000)				(457)				(3,500,457)	
00000	85-1428394	1901 Market, LLC	(15,000,000)								(15,000,000)	
00000	66-0195325	PRHP, Inc.	(315,405)								(315,405)	
12812	30-0326654	Group Retiree Health Solutions, Inc.		24,117,007				3,091,972			27,208,979	10,854,136
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas District of Columbia, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Mexico, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas North Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Ohio, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Texas, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth HMO, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Insurance Company of New Jersey.....	AmeriHealth New Jersey, LLC.....	95.100 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Michigan, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Blue Cross Complete of Michigan LLC.....	AmeriHealth Caritas Health Plan 50% / Michigan Medicaid Holdings Company 50%.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
CBHNP Services, Inc.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Group Retiree Health Solutions, Inc.....	GR Health Solutions, LLC.....	100.000 %	NO	Anthem, Inc. Independence Health Group, Inc.....	Anthem, Inc. (See Anthem Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Healthcare Delaware, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Assurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Hospital Indemnity Plan, Inc.....	Independence Blue Cross, LLC.....	0.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Insurance, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Inter-County Health Plan, Inc.....	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Inter-County Hospitalization Plan, Inc.....	Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Keystone Health Plan East, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
QCC Insurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Select Health of South Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Vista Health Plan, Inc.....	IBC MH LLC.....	95.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

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

Bar code:

- 11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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6 0 0 6 1 2 0 2 1 3 7 1 0 0 0 0 0



6 0 0 6 1 2 0 2 1 3 7 0 0 0 0 0 0



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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2021 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-18 (Policies Issued Through 2018 and Policies Issued in 2019, 2020, 2021). Rows include individual policies and summary rows for individual and group policies.

GENERAL INTERROGATORIES

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

360.NJ