

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

		AmeriHealth	Insurance Comp	any of New J	lersey	
			(Name)			
NAIC Group Code	0936 Current Period)	,0936 (Prior Period)	NAIC Company Cod	e60061	Employer's ID Number	22-3338404
Organized under the Laws	s of	New Jerse	ey, :	State of Domicile	or Port of Entry	New Jersey
Country of Domicile			U	nited States		
Licensed as business type	Life, 7 toolat	ent & Health [ X ] vice Corporation [ ]	Property/Casualt Vision Service Co Is HMO, Federa	,	Hospital, Medical & Dental Se Health Maintenance Organiza s [ ] No [ ]	, , ,
Incorporated/Organized _		04/06/1994	Comm	enced Business	06/16/1	995
Statutory Home Office		259 Prospect Plains F (Street and N		,	Cranbury, NJ, US 085 (City or Town, State, Country and	
Main Administrative Office	:		259 Pros	spect Plains Road	, Building M	
Coop		00540 0700		(Street and Number	-)	
	bury, NJ, US C Fown, State, Count				609-662-2400 (Area Code) (Telephone Number)	
Mail Address	<u>2</u> 59 Prosp	ect Plains Road, Build	ding M,		Cranbury, NJ, US 08512-3	
	,	et and Number or P.O. Box)	·		(City or Town, State, Country and Zip	
Primary Location of Books	and Records			•	ains Road, Building M and Number)	
Cran	bury, NJ, US 0	8512-3706	,	(Sireer	609-662-2400	
(City or	Town, State, Count	ry and Zip Code)		(Area	Code) (Telephone Number) (Extensio	n)
Internet Web Site Address			WW	w.amerihealth.cor	n	
Statutory Statement Conta	act	Frederick E. (Name)	Felter	_,	215-241-4397 (Area Code) (Telephone Number) (	(Extension)
I	Fred.Felter@ik (E-Mail Addre	x.com			215-241-2309 (Fax Number)	(Extension)
Name Michael Walsh Sulli Lilton Roosevelt Taliafe		Title President & C		Name Juan Alfonso Lo	pez, Jr. #,E.V.P.,	Title C.F.O. & Treasurer
LIIION KOOSEVEIL Tallaie	<u> </u>	V.F. & Corporate	OTHER OFFIC	`EDQ		
Stephen Paul Fei	ra ,	Executive Vice F		Daphne Klau	usner , Senio	or Vice President
Michael Anthony Mu		Senior Vice Pr		Ryan Jeffrey F		ice President
G. Kenneth Robinso Richard Lamar Snyder		Vice Presic Executive Vice F		ul Lawrence Stau	idenmeier #,Senic	or Vice President
Brian Lobley Paula June Sunshir			ECTORS OR T	RUSTEES Richard Lamar Sn	yder, M.D. Micha	nel Walsh Sullivan
State of	•	ss				
above, all of the herein descr that this statement, together liabilities and of the condition and have been completed in a may differ; or, (2) that state r knowledge and belief, respec	ibed assets were with related exhand affairs of the accordance with ules or regulatio tively. Furthermont copy (except	e the absolute property of ibits, schedules and ex e said reporting entity a the NAIC Annual Staten has require differences in one, the scope of this att for formatting differences	of the said reporting entity planations therein contains of the reporting period is soft the reporting and Account reporting not related to a destation by the described	, free and clear from ed, annexed or refetated above, and of unting Practices and coounting practices officers also include	said reporting entity, and that on to any liens or claims thereon, excerred to, is a full and true staten its income and deductions thereful differencedures manual except to the and procedures, according to the set the related corresponding elected attement. The electronic filing may	cept as herein stated, and nent of all the assets and from for the period ended, e extent that: (1) state law best of their information, tronic filing with the NAIC,
	alsh Sullivan & C.E.O.		Juan Alfonso Lope E.V.P., C.F.O. & Tr		Lilton Roosevelt V.P. & Corpora	·
Subscribed and sworn to		s ıry, 2022		b. If n 1. S	his an original filing? o: State the amendment number Date filed	Yes [ X ] No [ ]
				3. N	lumber of pages attached	

Marla Matteo, Notary Public April 27, 2022

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

1	2	3	1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1,689,049		3,616,868		8,842,051	12,132,406
Group subscribers:	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Group dubosilibrio.						
0299997 Group subscriber subtotal		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		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

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted						
Pharmaceutical Rebate Receivables					•							
OptumRx 0199999 - Pharmaceutical Rebate Receivables Claim Overpayment Receivables				1,955,746	1,955,746	35,673,354						
0199999 - Pharmaceutical Rebate Receivables	35,673,354		0		1,955,746	35,673,354						
Claim Overnayment Receivables	0010101001			1,000,1.10	1,000,110	00,0.0,00.						
Amounts not Individually listed					2,196,106	0						
Amounts not Individually listed	2,196,106	(	1	Λ	2,196,106	<u>ال</u>						
0233333 - Granii Overpayliient Recervances	2,130,100		,	· ·	2,130,100	0						
					·····							
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0799999 Gross Health Care Receivables	37,869,460	(	0	1,955,746	4,151,852	35,673,354						

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	33,767,544	40,863,025	732,946	36,896,154	34,500,490	27 , 577 , 051
Claim overpayment receivables	2,259,121	(1,479,801)	557 , 280	1,638,826	2,816,401	2,141,184
Loans and advances to providers	1 ,419 , 192				1,419,192	1,419,192
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered						
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						144,072,35
0899999 Accrued medical incentive pool and bonus amounts						20,676,47

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Independence Hospital Indemnity Plan	215,993					215,993	
AmeriHealth HMO, Inc	3,677,763					3,677,763	
Keystone Health Plan East, Inc	1,523,036					1,523,036	
Independence Hospital Indemnity Plan AmeriHealth HMO, Inc Keystone Health Plan East, Inc 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

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

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth, Inc.	Intercompany Settlements.	53,243,421	53,243,421	
Independence Health Group, Inc	Intercompany Settlements	225.698	225,698	
QCC Insurance Company	Intercompany Settlements	819,815	819,815	
Independence Blue Cross, LLC.	Intercompany Settlements.	4 ,599 ,449	4,599,449	
AmeriHealth, Inc Independence Health Group, Inc  QCC Insurance Company Independence Blue Cross, LLC AmeriHealth New Jersey, LLC	Intercompany Settlements Intercompany Settlements Intercompany Settlements Intercompany Settlements Intercompany Settlements Intercompany Settlements	6,833	6,833	
0199999 Individually listed payables. 0299999 Payables not individually listed		58 , 895 , 216	58,895,216	0
0299999 Payables not individually listed				
0399999 Total gross payables		58,895,216	58,895,216	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0	6,514	3.8		39 , 289
Intermediaries		0.0				
3. All other providers		0.1	6,514	3.8		845,251
Total capitation payments		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
Contractual fee payments	878,936,257	91.0	xxx	XXX	,	878,936,257
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	3,672,342	0.4	xxx	XXX		3,672,342
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		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**

	EXHIBIT / - PART 2 - SUMMART OF TRANSACTIONS	4411111141 <b>F</b> L	VIAIL DIVIL	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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9999999 Totals			XXX	XXX	XXX

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

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



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

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

(LOCATION) **DURING THE YEAR 2021** NAIC Company Code NAIC Group Code BUSINESS IN THE STATE OF New Jersey 60061 Comprehensive (Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: .58.552 .169.337 ..6.432 .104.353 1. Prior Year 175.510 109.074 60.019 6.417 2 First Quarter ..174,097 .59,408 ..6.436 3 Second Quarter .108,253 ..173,314 .108,071 .58,761 ..6.482 4. Third Quarter 169,761 104,423 58,843 6,495 Current Year 6 Current Year Member Months 2,054,328 1,266,099 711,102 77,127 Total Member Ambulatory Encounters for Year: .4,050,923 .2,317,072 .299,930 7. Physician . ..1,433,921 423,157 244,933 142,981 35,243 8. Non-Physician 9. Total 4.474.080 2,562,005 1,576,902 335,173 72.492 41.371 19.583 11.538 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 10.867 6.119 3.641 1.107 .1,012,682,323 .549,491,864 .443,380,470 .17,229,564 ..1,055,647 .1,524,778 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written. 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 .966.218.348 .559.798.655 .391.274.965 .13.673.757 .588.636 .882.335 17. Amount Paid for Provision of Health Care Services

12.655.669

588.636

882.335

556.007.281 ...156,719 and number of persons insured under indemnity only products ...33 (a) For health business: number of persons insured under PPO managed care products

381.354.227

951.488.148

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

18. Amount Incurred for Provision of Health Care Services



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

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

(LOCATION)

IAIC Group Code 0936 BUSINESS IN THE STATE (	OF Consolidated			DURING THE YEAR	2021			NAIC Company Code		60061
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	169,337	104,353	58,552	6,432	0	0	0	0	0	
2 First Quarter	175,510	109,074	60,019	6,417	0	0	0	0	0	
3 Second Quarter	174,097	108,253	59,408	6,436	0	0	0	0	0	
4. Third Quarter	173,314	108,071	58,761	6,482	0	0	0	0	0	
5. Current Year	169,761	104,423	58,843	6,495	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	
Total Member Ambulatory Encounters for Year:										
7. Physician	4,050,923	2,317,072	1,433,921	299,930	0	0	0	0	0	
8. Non-Physician	423 , 157	244,933	142,981	35,243	0	0	0	0	0	
9. Total	4,474,080	2,562,005	1,576,902	335,173	0	0	0	0	0	
10. Hospital Patient Days Incurred	72,492	41,371	19,583	11,538	0	0	0	0	0	
11. Number of Inpatient Admissions	10,867	6,119	3,641	1,107	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	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	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	
16. Property/Casualty Premiums Earned	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	
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	

<sup>....156,719</sup> and number of persons insured under indemnity only products ..... (a) For health business: number of persons insured under PPO managed care products ...

### **SCHEDULE S - PART 1 - SECTION 2**

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

	2	3	4	5	6	7	8	9	10	11	12	13
'	<sup>2</sup>	3	4	5	Type	Type	0	9	Reserve Liability	''	12	13
NAIC					Of	Of			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -	U.S. Other			ouriou.ou	7.00000	, 100aoa	1.0		1 10111101110	and onpaid 200000	11000.110	Toniaci Comicanance
95044	23-2314460 23-2314460 23-2314460	11/01/1996	AMERIHEALTH HMO INC	PA.	0TH/G	CMM_	337,072					
95044 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		ļ	5,571,963		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC	PA	QA/I	MR	0			3,986		
	Total Affiliates						137,612,953	0	0	,	0	0
	Total Affiliates						137,612,953	0	0		0	0
0/99999 -	Affiliates - Tota es - U.S. Non-Af	ar Affiliates					137,612,953	U	0	24,721,026	0	0
95253	52 15/2260 I	01/01/2012	UNITED CONCORDIA DENTAL PLANS.	MD	QA/G	n l	31,312			25.607		т
	Total Non-Affilia	ates - U.S. Non-Ai	ffiliates		QA70	υ	31,312	Λ	0	25,607	0	0
		ates - Total Non-A					31,312	0	0		0	<u> </u>
		of 0399999 and 089					137 . 644 . 265	0	0	24,746,633	0	1 0
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9999999	Totals						137,644,265	0	0	24,746,633	0	0

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

	Re	insurance Recover	rable on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year	
	2	3	4	5	6	7
1						
NAIC Company	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Code	Number	Date	Company	Jurisdiction	Losses	Losses
Accident and He	alth - Affiliates				005 500	
93688 1399999 - Acc		- Affiliates - U.S.	QCC INS CO	PA.	205,593 205,593	0
1499999 - Acc	ident and Health	- Affiliates - U.S.	- Total		205,593	0
		- Affiliates - Tota ates - U.S. Non-Aff			205,593	0
00000	21-6000928	01/01/2019	STATE OF NEW JERSEY	NJ	79 ,397 ,816	5,867,456
1999999 - Acc	ident and Health	- Non-Affiliates -	Ü.S. Non-Affiliates		79,397,816	5,867,456
		- Non-Affiliates - - Total Accident an	Total Non-Affiliates		79,397,816 79,603,409	5,867,456 5,867,456
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 14	99999 and 1999999)		79,603,409	5,867,456
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9999999 To	otals—Life, Annu	ity and Accident a	nd Health		79,603,409	5,867,456
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### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by	v Reinsuring Company as of December 31, Current Year	
Reliisurance Ceded Accident and nearth insurance Listed by	y Remouning Company as or December 31, Current rear	

				Reinsurance Ceded A	Accident and Healt	h Insurance Listed	by Reinsuring Com	pany as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	ount - Authorize	d - Affiliates -	U.S Other					(					
93688	23-2184623	01/01/2017	QCC INS CO	PA	QTH/ I	D.							
93688	23-2184623	01/01/2017 01/01/2017	QCC INS CO	PA.	OTH/G	D	1,124,286						
0299999 -	General Account	- Authorized - A	Affiliates - U.S Other	•			1,657,348	0	0	0	0	0	0
0399999 -	General Account	- Authorized - A	Affiliates - U.S Total				1,657,348	0	0	0	0	0	0
0799999 -	General Account	- Authorized - A	Affiliates - Total Authorized Affiliates				1,657,348	0	0	0	0	0	0
1199999 -	General Account	- Authorized - 1	Total General Account Authorized				1,657,348	0	0	0	0	0	0
4599999 -	General Account	- Total General	Account Authorized, Unauthorized, Reciproca	al Jurisdiction and Certif	ied		1,657,348	0	0	0	0	0	0
9199999 -	Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 36	699999, 4199999, 4899999,	5399999, 5999999, 64	99999, 7099999,							
7599999,	3199999 and 86999	999)					1,657,348	0	0	0	0	0	0
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9999999	Totals						1.657.348	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

# **SCHEDULE S - PART 6**

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

	1	Omitted) 2	3	4	5
	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1. Premiums	1,657	1,107	1,227	1,866	2,314
Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance	552	391	398	694	648
Total hospital and medical expenses	85,313	77,569	68,633	739	10 , 482
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	0
7. Claims payable	5,867	9,942	8,886	0	0
Reinsurance recoverable on paid losses	79,603		58,907	431	7 ,337
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		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		

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

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA						
12. Hawaii							
13. Idaho							
14. Illinois	IL					·	-
15. Indiana	JN					ļ	-
16. lowa	JA		·			-	-
17. Kansas			-				-
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	HN						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania	-						
40. Rhode Island		• • • • • • • • • • • • • • • • • • • •					
41. South Carolina						<u> </u>	
42. South Dakota							
43. Tennessee	TN	•					
44. Texas	TX	•		• • • • • • • • • • • • • • • • • • • •			
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
•							
50. Wisconsin						†	·
51. Wyoming						·	-
52. American Samoa							
53. Guam							
54. Puerto Rico							-
55. US Virgin Islands			-			ļ	-
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien	OT			i			1

									1				T	1 1	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s	) (Yes/No)	*
		00000	47 - 1233198				.Independence Health Group, Inc	. PA	UIP			0.0		NO	0
		00000	00 0405464				Amarillanith Inc	PA	UIP	Independence Health Group,	O	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2425461				AmeriHealth, Inc	PA	VIP	Inc	Ownership	100.0	Independence	NU	
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	٥
			40-0000410					- DL		Allier mearth, mc	. Owner sirrp	100.0	Independence		
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100 0	Health Group, Inc.	NO	0
													Independence		
		00000	47 - 2516811				Tandigm Scholars, Inc	PA	OTH	Tandigm Health, LLC	Board	0.0	Health Group, Inc.	NO	0
													Independence		
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc.	NO	0
													Independence		
		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership	84.9	Health Group, Inc.	NO	0
		00000	85-0682780				Tandigm Specialist Alliances,	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
			03-0002700				LLU	FA	N I A	. Tanurgiii HVIN, LLG	. Ownerstrip	100.0	Independence	INU	0
		00000	85-0693771				TPS Hold Co., LLC.	PA	NIA	Tandigm HVN, LLC	Ownership.	100.0	Health Group, Inc.	NO	0
			00 0000111				110 11010 00:, 220	1		Tanargiii 11111, EEO	. O WITTO TOTT P		Independence		
													Health Group, Inc.		
													/ Gateway Medical		
		00000	85-2543447				Tandigm Physician Services, LLC.	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Associates, Inc	NO	0
											,		Independence		
													Health Group, Inc.		
										AmeriHealth, Inc. (50%) /			/ Comcast		
		00000	00 5004007				1819 LLC	DE	NII A	Comcast Connected Health, LLC		50.0	Connected Health,	NO	0
			82-5264307				. 1819 LLG	. DE	NIA	. (50%)	.Ownership		Independence		
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Health Group, Inc.	NO	n
			00 0002100				Levio i narmady doractions, elo	1		741101 111041 (11, 1110. (20%)	0 #1101 0111 p	20.0	Independence		
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	0
		İ					<u>'</u>			·			Independence		
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Health Group, Inc.	NO	0
			00 0000505					<b>.</b>	1	l		100 -	Independence		
		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	. Independence Blue Cross, LLC	. Uwnership	100.0	Health Group, Inc.	NO	0
									1	Independence Blue Cross, LLC / Anthem Partnership Holding			Independence Health Group, Inc.		
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Company, LLC	Ownership	50 0	/ Anthem, Inc.	NO	1
			UT-401 ZUJZ				Jon nearth oututions, LLo			. Toomparry , LEG	1 041101 9111h		Independence		
							Group Retiree Health Solutions,		1				Health Group, Inc.		
00671	Anthem, Inc.	12812	30-0326654				Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	/ Anthem. Inc.	NO	0
	Independence Health Group,												Independence		
00936	Inc	95794	51-0296135				Healthcare Delaware, Inc	DE		. Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	NO	0
	Independence Health Group,	1							Ī				Independence		
00936	Inc	60254	23-2865349				Independence Insurance, Inc	DE	I A	. Independence Blue Cross, LLC	.Ownership	100.0	Health Group, Inc.	NO	0
		00000	00.0400040				Amonilloolah Accuses 144	DMII	I NIIA	Independence Divisions: 110	0	100.0	Independence	NO	
		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	. ownersnip	100.0	Health Group, Inc.	NO	<sup>0</sup>
		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownerchin	100 0	Health Group, Inc.	NO	^
		UUUUU	∠J•ZI ∀JJJJI				Anner mearth services, inc	. j / /\		. I muependence brue cross, LLG	10MIGL2111b		Thearth broup, INC.		U

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group	Oracia Mara	NAIC Company		Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	Relationship to Reporting Entity	Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling		*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates NS Assisted Living Communities,	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Independence	(Yes/No)	
		00000	23-2824200				Inc.	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc.	N0	0
		00000	. 23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc. Independence Health Group, Inc.	NO	0
	Independence Health Group,	00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	/ Mercy Health Plan Independence	NO	0
00936	Inc	93688	23-2184623				QCC Insurance Company	PA		Independence Blue Cross, LLC	Ownership	100.0		NO	0
		00000	81-0681081				Veridign Health Solutions, LLC International Plan Solutions,	PA	NIA	QCC Insurance Company	Ownership	100.0		NO	0
		00000	. 27 -0204996				LLC	DE	NIA	QCC Insurance CompanyInternational Plan Solutions,	Ownership	38.2	Health Group, Inc	NO	0
		00000	. 23-2903313				Highway to Health, Inc	DE	NIA	LLC	Ownership	13.0	Health Group, Inc	NO	0
		00000	98-0408753				HTH Re, LtdWorldwide Insurance Services,	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc.	NO	0
		00000	54-1867679				LLCAmeriHealth Administrators.	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N0	0
	Independence Health Group,	00000	23-2521508				Inc.	PA	NIA	Independence Blue Cross, LLC	.Ownership		Health Group, Inc	NO	0
00936	IncIndependence Health Group,	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	.Ownership		Heal'th Group, Inc Independence	NO	0
00936	IncIndependence Health Group,		23-2314460				.AmeriHealth HMO, Inc	PA	I A	Independence Blue Cross, LLC	'		Independence	NO	0
00936	. Inc	95056	. 23-2405376				.Keystone Health Plan East, Inc	РА	I A	Independence Blue Cross, LLC Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan,		100.0	Health Group, Inc	NO	0
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Inc. (23%)	Ownership	100.0		N0	0
	Independence Health Group,	00000	85-1428394				1901 Market, LLCIndependence Hospital Indemnity	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0		NO	0
00936	Inc.	54704	23-0370270				Plan, Inc Independence Blue Cross	PA	I A	Independence Blue Cross, LLC Independence Hospital	. Board		Health Group, Inc	NO	0
		00000	36-4685801				Foundation	PA	0TH	Indemnity Plan, IncIndependence Hospital	Board	0.0	Heal'th Group, Inc Independence	NO	0
00936	Independence Health Group, Inc	54763	23-0724427				Inter-County Hospitalization Plan, Inc	PA		Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)Independence Hospital	Board	0.0	Health Group, Inc. / Highmark Health Independence	NO	0
00936	Independence Health Group,	53252	. 23-2063810				.Inter-County Health Plan, Inc AmeriHealth Casualty Holdings,	PA	I A	Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	. Board	0.0	Health Group, Inc. / Highmark Health Independence	NO	0
		00000	. 46-3878323				LLC	PA	NIA	AmeriHealth, Inc AmeriHealth Casualty	Ownership	100.0	Health Group, Inc., Independence	NO	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	Holdings, LLC	Ownership	100.0	Health Group, Inc.	NO	0

		1 2 1	4	- E	6	7	I 0	1 0	10	14	10	12	14	1 15	16
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
		1 1				Securities					(Ownership,				
		1 1				Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Yes/No)	*
						,				, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Ŭ	Independence		
		00000	25 - 1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Health Group, Inc	N0	0
		1 1					AmeriHealth New Jersey						Independence		
		00000 4	46-3893959				Holdings, LLC	PA	UIP	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	NO	0
		1 1								AmeriHealth New Jersey			Independence		
		00000 (	61-1741302				AmeriHealth New Jersey, LLC	DE	UDP	Holdings, LLC	Ownership	95 . 1	Health Group, Inc	NO	0
		1					AmeriHealth TPA of New Jersey,						Independence		
		00000	61 <b>-</b> 1741805				LLC.	NJ	NIA	AmeriHealth New Jersey, LLC	.Ownership	95.1	Health Group, Inc	N0	0
	Independence Health Group,						AmeriHealth Insurance Company		25	l		05.4	Independence		
00936	Inc	60061 2	22 <b>-</b> 3338404	-			of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC	Ownership	95.1	Health Group, Inc	NU	0
			0544070				AmeriHealth HMO of New Jersey,	N. I	NII A	Anna di la a lata Mana da a a a a di la	O	05.4	Independence	NO	0
		00000	35 <b>-</b> 2511976	-			Inc	NJ	NIA	AmeriHealth New Jersey, LLC	. Uwnersnip	95.1	Health Group, Inc	NU	
										AmeriHealth, Inc. (95%) / Keystone Health Plan East			Ladanadana		
		00000	45 <i>-</i> 3672640				IBC MH LLC	DE	NIA	(5%)	Ownership.	100.0	Independence Health Group, Inc	NO	0
	Independence Health Group.		+3-30/2040				TIDO WITH LLO	.	N TA	(5%)	. ownersirip	100.0	Independence	INU	
00936	Inc.	96660	23-2408039				Vista Health Plan. Inc.	PA	I A	IBC MH LLC	Ownership	100 0	Health Group. Inc.	NO	0
00930	. 1116	90000	23-2400039	-			Vista Hearth Fran, Inc		I A	TDC WIT LLC	Ownerstrip	100.0	Independence	INU	
		1 1											Health Group, Inc.		
		1 1											/ Blue Cross Blue		
		1 1											Shield of Michigan		
		1 1											Mutual Insurance		
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC.	Ownership.	61.3	Company	NO.	0
								1					Independence		
													Health Group, Inc.		
		1 1											/ Blue Cross Blue		
		1 1											Shield of Michigan		
		1 1					AmeriHealth Caritas Services,						Mutual Insurance		
		00000 4	45 <b>-</b> 5415725				LLC.	DE	NIA	BMH LLC.	Ownership	61.3	Company	N0	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
							Occial Determinants of Life						Shield of Michigan		
			DE 4004000				Social Determinants of Life,	<sub>N</sub> _		DMIL I LO	0	04.0	Mutual Insurance	No	
		00000	35 <b>-</b> 4321302	-			Inc	DE	NIA	BMH LLC.	Ownership		Company	NU	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
										Social Determinants of Life.			Mutual Insurance		
		00000	47 <b>-</b> 5496220				Wider Circle, Inc	DE	NIA		Ownership	16.6	Company	NO	0
	-		+1 -0490220	-				.	N I A	IIIC	10mig12iiih		[ Uliipal Iy	INU	U

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							DIEL OUBOO I III O	5-		David A de			Mutual Insurance		
		. 00000	38-3946080	-			BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership		Company	N0	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							Date of Book and the	5-		David A de			Mutual Insurance		
		. 00000	80 - 0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership		Company	N0	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										DIEL CUROS LA LA CESSO LA RIEL			Shield of Michigan		
										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
		. 00000	23 <b>-</b> 2842344				Keystone Family Health Plan	PA	NIA	SUBCO    LLC (50%)	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										DIEL CUROS LA LA CESSO LA RIEL			Shield of Michigan		
			00 0050500					B.4		BMH SUBCO I LLC (50%) / BMH		04.0	Mutual Insurance		
		. 00000	23 - 2859523	-			AmeriHealth Caritas Health Plan.	PA	NIA	SUBCO    LLC (50%)	Ownership		Company	NU	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
00000	Independence Health Group,	14440	07 0575000				AmeriHealth Caritas Louisiana,		1.4	AMUD Haldinas Ossa	O	04.0	Mutual Insurance	NO.	
00936	Inc	. 14143	27 <b>-</b> 3575066	-			Inc	LA	I A	AMHP Holdings Corp	Ownership		Company	NU	
				1									Independence		
				1									Health Group, Inc.		
				1									/ Blue Cross Blue		
		1		1						Annel Health Contact Health			Shield of Michigan		
			47 202227	1			Amenille alth Conites Ious IIO	1.4	NI A	AmeriHealth Caritas Health	O	04.0	Mutual Insurance	NO.	_
		. 00000	47 - 3923267	-			AmeriHealth Caritas Iowa, LLC	I A	NIA	Plan	.Ownership		Company	NU	0
				1									Independence		
		1		1									Health Group, Inc.		
				1									/ Blue Cross Blue		
	Ladaranda and Hall C												Shield of Michigan		
00000	Independence Health Group,	45404	40, 0000000				Anna Stractate Milatriana de		1	AMUD Hald'ana Oana	O	04.0	Mutual Insurance		_
00936	. Inc	. 15104	46-0906893				AmeriHealth Michigan, Inc	MI	I A	AMHP Holdings Corp	Ownership		Company	NO	

	T			_							T	1			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	ή	Management,	Ownership		Filing	
Group		Company	, ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
						,					, , , , , , , , , , , , , , , , , , , ,	J	Independence Health Group, Inc.		
													Health Group, Inc.		
													I/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						Select Health of South						Mutual Insurance		
00936	Inc	95458	57 - 1032456				Carolina, Inc	SC	I A	AMHP Holdings Corp	. Ownership	61.3		NO	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group.						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc.	15088	46-1480213				Columbia, Inc	DC	I A	AMHP Holdings Corp	.Ownership	61.3	Company	NO	٥
00000	1110		140-1400210				00141111014, 1110			Amili Horarings corp			Independence	ino	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		00000	27 - 0863878				PerformRx, LLC	PA	NIA	P1an	Ownership	61.3	Company	NO	0
											·		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
		00000	61-1729412				DanfarmCrassialty IIC	PA	NIA	DanfarmDy II C	O	61.3	Mutual Insurance	NO	
		00000	01-1/29412	-			PerformSpecialty, LLC	. PA	N I A	PerformRx, LLC	Ownership		CompanyIndependence	- NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership.	61.3	Company	NO	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													/ Blue Cross Blue		
									1				Shield of Michigan		
		1	l					l <u>.</u> .	1	AmeriHealth Caritas Health	l		Mutual Insurance		
		00000	26-1144363				. AMHP Holdings Corp	PA	NIA	Plan	.Ownership	61.3		NO	0
									1				Independence		
									1				Health Group, Inc. / Blue Cross Blue		
							Community Behavioral		1				Shield of Michigan		
							Healthcare Network of		1				Mutual Insurance		
		00000	25-1765391				Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	.Ownership	61 3	Company	NO	n
			120 1100001				-4. Omio 2. valina, illo	4 //			-1 ~ " oi i i p		I company	-  vo	

	0		1 4		0	7			10	1 44	10	40	1 44	45	40
1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicly	8  Names of	9	10 Relationship	11	12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership	14	15 Is an SCA Filing	16
Group		Company		Federal	0114	Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code 00936	Group Name  Independence Health Group, Inc	Code 13630	Number	RSSD	CIK	International)	Or Affiliates  CBHNP Services, Inc	LocationPA	Entity	(Name of Entity/Person)  Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership		Entity(les)/Person(s) Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc.	(Yes/No)	0
		00000	. 45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company / Goodlife Partners, Inc Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	I A	AmeriHealth Caritas Health Plan	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc.	NO	0
00572	Blue Cross Blue Shield of Michigan	11557	. 47 -2582248				Blue Cross Complete of Michigan	MI	l A	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance CompanyIndependence	NO	0
00936	Independence Health Group,	16451	. 82-1141687				AmeriHealth Caritas Texas, Inc	TX	A	AMHP Holdings Corp	Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	61-1847073				AmeriHealth Caritas Delaware,	DE	NIA	AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	2
00936	Independence Health Group,	16422	61-1857768				AmeriHealth Caritas New Mexico,	NM	IA	AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

	<b>,</b>			,											
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		` Board,	If Control is		Is an SCA	
0		NAIC	ID	Fadanal		Publicly	Names of	D i - i i i	to	Discoult Constant and have	Management,	Ownership	Lukimanta Camturallina	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	ROOD	OIR	international)	Of Allillates	Location	Littly	(Name of Entity/1 erson)	iniliderice, Other)	rercentage	Independence	(163/140)	
													Health Group, Inc.		
													/ Blue Cross Blue		
	Independence Health Croup						AmeriHealth Caritas North						Shield of Michigan Mutual Insurance		
00936	Independence Health Group, Inc.	16539	83-1481671					NC	IA	AMHP Holdings Corp	Ownership	61 3	Company	NO	0
00000	1110		00 140107 1				Journa, mo.			Therefore the second se	. O #1101 O111 P		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
							AmeriHealth Caritas Minnesota.						Shield of Michigan Mutual Insurance		
			83-3241979				Inc	MN	NIA	AMHP Holdings Corp	Ownership	61 3	Company	NO	0
			00 02+1070				1110			Time Horarings oorp	. O #1101 O111 P		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	Independence Health Group,						AmeriHealth Caritas New						Shield of Michigan Mutual Insurance		
00936	Inc	16496	83-0987716				Hampshire, Inc	NH	IA	AMHP Holdings Corp	Ownership	61 3	Company	NO	0
00000	1110		00 00011 10							Trum Tierumgs oorp	. O #1101 O111 P		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	Independence Health Group,												Shield of Michigan Mutual Insurance		
00936	Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	OH.	I A	AMHP Holdings Corp	Ownership.	61 3	Company	NO	0
00000	1110		01 210007 1				Transfer risearch dair read sirro, mo		1	The rainings of processing the second	. o #1101 o111 p		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
							AmeriHealth Caritas Oklahoma,						Shield of Michigan Mutual Insurance		
		00000	81-4458766				Inc.	0 <b>K</b>	NIA	AMHP Holdings Corp	Ownership.	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
							AmeriHealth Caritas Nevada,						Mutual Insurance		
	<u> </u>	000008	85-3713213	]			Inc	NV	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO.	0
								1					Independence		
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
							AmeriHealth Caritas California.						Mutual Insurance		
		000008	86-2442207				Inc	CA	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
							AmeriHealth Caritas VIP Next.						Mutual Insurance		
		000008	87 - 4065041				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													1 - 7		
								.			l			l	

Asterisk	Explanation
1 5	50% owned by unaffiliated investors
2 E	Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018

### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
'					Purchases, Sales or	Income/ (Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
NAIC Company	/ ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.		10,000,000		1	(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		(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)		L		(425,937,084)	
00000			(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)		ļ		(800)	
00000	23-2521508	AmeriHealth Administrators, Inc.					21,017,783		ļ		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 <b>-</b> 1765486	CSI Services, Inc.					1,886				1,886	
95794	51-0296135	Healthcare Delaware, Inc					437				437	
60254	23-2865349	Independence Insurance, Inc					994		ļ		994	
00000	23-2982367	Independence Holdings, Inc.					(212)		ļ		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			ļ	ļ	141,250		ļ		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)		ļ		(33,769,762)	
16053	81-3078234	Independence Assurance Company					(126)		ļ		(126)	
00000		AHI SubCo 1, Inc					104		ļ		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)	04 447 007		<del> </del>		3.091.972			(315,405) 27,208,979	40.054.400
12812	30-0326654	Group Retiree Health Solutions, Inc		24 , 117 , 007	····	<del> </del>			·····		27 , 208 , 979	10,854,136
	-								ļ			
					·····				·····			
	1			·····	†	†			·····	+		
						†				+		
					†	†			·····	+		
						†						
						<b>†</b>						
9999999 C	ontrol Totals		0	0	0	0	0	0	l xxx	0	0	0

### **SCHEDULE Y**

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

1	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage Column 2 of	of Control\Affiliation of Column 2 Over Column 1		U.S. Insurance Groups or Entities	Ownership Percentage (Columns 5	of Control\Affiliation of Column 5 Over Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan.	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Amerilleelth Coritoe Levisione Inc	AMUD Holdings Corp	100.000 %	NO NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	NO NO
AmeriHealth Caritas Louisiana, Inc	AMHP Holdings Corp		JNU	BCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	JNU
AmeriHealth Caritas District of Columbia, Inc	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO.
TAINOT THOUTH GATTERS DISTITUTE OF GOTGINDIA, THE	Allin Horarings our p			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
AmeriHealth Caritas New Hampshire, Inc.	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
		i		BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, inc	100 . 000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas North Carolina, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc.	Independence Health Group, Ìnc	100 . 000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Ohio, Inc	. AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc	100 . 000 %	NO
	AMUD II I I I	400 000 %		BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO
AmeriHealth Caritas Texas, Inc	. AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
AmeriHealth HMO, Inc	Independence Blue Cross, LLC	100.000 %	NONONO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO NO
Affier Thearth Trisurance Company of New Jersey	. Amerinearth New Jersey, LLC	95.100 %	NU	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	]JNU
AmeriHealth Michigan, Inc.	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Alliot theatth wroningan, the	AmeriHealth Caritas Health Plan 50% / Michigan			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
Blue Cross Complete of Michigan LLC	Medicaid Holdings Company 50%		NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO.
Brad droop domprote or involvigan Ezo	Community Behavioral Healthcare Network of			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	1100.000 %	
CBHNP Services, Inc.	Pennsylvania, Inc.	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
,				Anthem, Inc.	Anthem, Inc. (See Anthem Sch Y)		
Group Retiree Health Solutions, Inc.	GR Health Solutions, LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
Healthcare Delaware, Inc	Independence Blue Cross, LLC	100.000 %	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 %	N0	Independence Health Group, Inc	Independence Health Group, Inc	100 . 000 %	N0
Lates County Health Blee Lee	Independence Hospital Indemnity Plan, Inc. /	0.000 %	NO.	Highmark Health	Highmark Health (See Highmark Health Sch Y)	100.000 %	NO NO
Inter-County Health Plan, Inc	Highmark, IncIndependence Hospital Indemnity Plan, Inc. /	0.000 %	NO	Independence Health Group, Inc Highmark Health	Independence Health Group, Inc.	100 .000 %	NU
Inter-County Hospitalization Plan, Inc.	Highmark, Inc.	0.000 %	NO NO	Independence Health Group, Inc	Highmark Health (See Highmark Health Sch Y)	100.000 %	NO NO
Keystone Health Plan East, Inc	Independence Blue Cross. LLC.	100.000 %	NONO	Independence Health Group, Inc	Independence Health Group, Inc.	1100.000 %	NO
QCC Insurance Company	Independence Blue Cross, LLC		NO	Independence Hearth Group, Inc	Independence Health Group, Inc.	100.000 %	NO
1 Tiour arrow Company	Tridoporidorido Brad diddo, EEd			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
Select Health of South Carolina, Inc.	AMHP Holdings Corp.	100.000 %	NO	Independence Health Group, Inc.	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

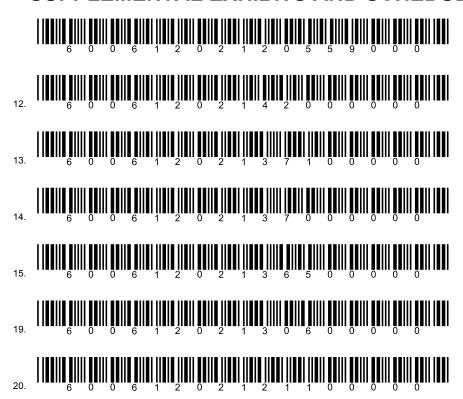
interro	ogatory questions.	
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES.
2.	Will an actuarial opinion be filed by March 1?	YES.
3.	·	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.		YES
Howe interr	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?  bllowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business coverer, in the event that your company does not transact the type of business for which the special report must be filed, your response of ogatory 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 or reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	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?	N0
15.	·	NO
16.		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.		SEE EXPLANATION
	APRIL FILING	
19.		N0
20.		N0
21.		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	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
Expla	nation:	
	usiness not written	
12. B	usiness not written	
13. Bi	usiness not written	
14. Bi	usiness not written	
15. Bi	usiness not written	
16. TI	he Company did not file for approval	
17. TI	he Company did not file for approval	
18. TI	he Company did not file for approval	

Bar code:

19. Business not written

20. Business not written

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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



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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

		Addres	Group Code 093 ss (City, State and Completing This Director, Actua	d Zip Code) s Exhibit J	onathan Woodwo	rth							AIC Company Co				
1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2018			Policies Issued in	2019, 2020, 2021	1
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	16877	A	No	. 0234000	01/01/2015				AmeriHealth Medicare Supplement Plan A	54 , 118	23,234	42.9	29	7,629	1,898	24.9	6
Yes	16866		No	. 0204060	01/01/2015				AmeriHealth Medicare Supplement Plan C	773,869	1,029,108	133.0	348	102,233	123,032	120.3	47
Yes	16867	F	No	. 0234000	01/01/2015				AmeriHealth Medicare Supplement Plan F	13 , 172 , 150	9,489,786	72.0	4,570	747 , 273	550,706	73.7	295
Yes	16868	N	No	. 0234000	01/01/2015				AmeriHealth Medicare Supplement Plan N AmeriHealth Medicare	1,400,657	837,716	59.8	673	232 , 188	119,372	51.4	140
Yes	18796	D	No	. 0204060	01/01/2020			·····	Supplement Plan D		0	0.0	0	29,559	70,563	238.7	16
Yes	18797	G	No	0234000	01/01/2020				AmeriHealth Medicare Supplement Plan G		0	0.0	0	709,888	410,254	57.8	371

Yes	18/9	96D	. <b>.</b> NoNo	. 0204060	101/01/2020	L	L	L	Supplement Plan D	1	L0 I		10	29,559	L/0,563 L	238 . /	L
									AmeriHealth Medicare						· /		
Yes	1879	97G	No	0234000	01/01/2020			ļ	Supplement Plan D AmeriHealth Medicare Supplement Plan G	ļ	0	0.0	0	709,888	410,254	57 .8	37
019999	0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES								15,400,794	11,379,844	73.9	5,620	1,828,770	1,275,825	69.8	87	
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**GENERAL INTERROGATORIES** 

1	If response in	Column	1 is no	give full:	and com	plete details

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
  - 2.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
- 3. Bi
- 4. Explain any policies identified above as policy type "O"

ng address and contact person for user fees established ur	nder 41 U.S.C. 1395u(h) (3) (B).
.1 Address: 1901 Market Street Philadelphia, PA 19103-14	480
.2 Contact Person and Phone Number: Mark Sobieski	215-241-3413